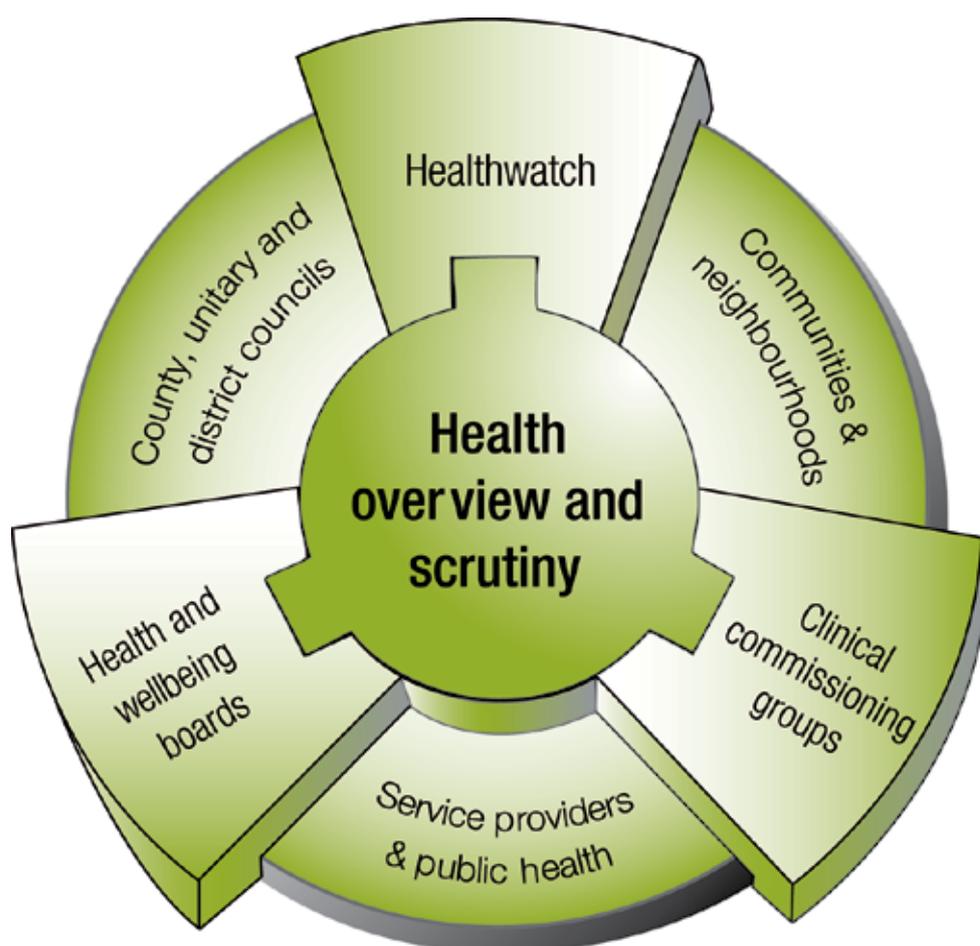
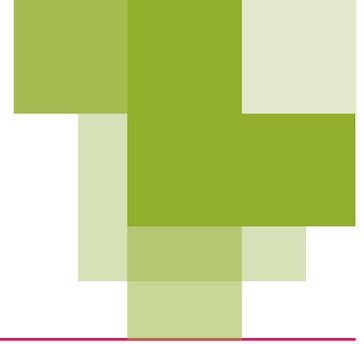


Health Overview and Scrutiny: Exploiting opportunities at a time of change





The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services.

In recognition of the value that scrutiny can bring, the Centre received funding from the Healthy Communities Programme at the Local Government Association (LGA) and the Department of Health to deliver a programme that examined in more detail the role and relationships that scrutiny has within the proposed health reforms. This publication is the learning so far from the programme.

Acknowledgements

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We are very grateful to the following for their assistance in creating this publication:

Brenda Cook

Mike Cooper

Judith Emanuel

Rachel Harris

Andrew Lawrence

Linda Phipps

We would also like to thank Councillors and Officers from the seven Scrutiny Development Areas, as without their hard work and commitment this publication would not be possible.

Introduction

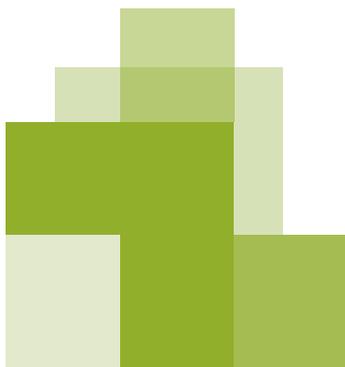
In July 2010, the Government proposed placing the functions and powers of health overview and scrutiny committees with the proposed health and wellbeing boards – however, following consultation, this proposal was changed. Now is the right time then to explore the vital role that non-executive councillors can play through councils’ independent scrutiny functions – not only to help improve healthcare and social care services and tackle inequalities but also to help establish the health reforms in their areas.

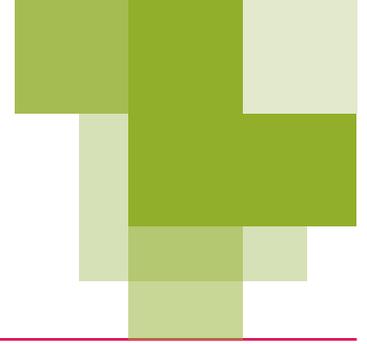
The reforms present an opportunity to redefine relationships between clinicians, other professionals, people who use services and communities. Reducing central control; focusing on outcomes; increasing patient and public influence; improving people’s health – all of these have potential to create the right environment for local solutions to emerge for local health and care challenges. If they result in greater co-design of commissioning strategies and plans with a broader focus on public health and wellbeing, improved prevention and pathways of care and shared decision-making in individual treatment and care, then we could take a step towards people becoming ‘fully engaged’ in health and care in their areas.

How can non-executive councillors use the overview and scrutiny function to play a key role in this new landscape?

Overview & Scrutiny – a key cog in the reforms

In this time of major structural change, councillors on health overview and scrutiny committees and the officers that support them represent a ‘collective memory’ - a significant body of knowledge about healthcare, social care and health improvement in their areas. Since 2003, health overview and scrutiny has provided a platform for councillors, professionals and communities to come together around the complexities of health and wellbeing and the planning, delivery and reconfiguration of health services.





Health and wellbeing boards will be a way for decision-makers to better understand and meet local health needs and to ensure that planning, delivery and reconfiguration of services becomes more inclusive and accountable.

The work detailed in this publication demonstrates the value that independent health overview and scrutiny can add to the work of commissioners and providers of healthcare and social care services, enabling them to be:

- ✓ Transparent – combining clarity of data with understanding of who does what and why.
- ✓ Inclusive – making sure that views are heard, understood and responded to.
- ✓ Accountable – establishing credibility of needs assessments, strategies and plans so quality and outcomes improve.

The reforms provide an opportunity for non-executive councillors to consider how they can best establish relationships in the new environment and how they can best go about their work in relation to commissioning (through the NHS Commissioning Board and clinical commissioning groups) and stimulating healthcare, social care and health improvement together with health and wellbeing boards.

The Health Overview and Scrutiny Health Reform Programme

Over the coming months as health and wellbeing boards and clinical commissioning groups take shape – it will be important for scrutiny to develop its role and relationships with these new bodies. In order to understand these new relationships in more detail and to ensure that boards and clinical commissioning groups are effective, accountable, transparent and inclusive, CfPS secured funding from the LGA to work with seven Scrutiny Development Areas (SDAs) from across the country to help to carve out the best ways that scrutiny, clinicians and boards can work together and support each other to achieve good outcomes across health and social care.

The seven areas were commissioned in June 2011 (see section three) and concluded their projects at the end of August 2011. The intention of the programme was to kick start the involvement of the scrutiny function in defining their role – and start the journey for making overview and scrutiny a key component of the health reforms. Whilst their involvement within the programme ended in September 2011, the work in each area is ongoing, as actions to embed some of the lessons learned will continue over the coming months¹.

¹ See www.cfps.org.uk/what-we-do/health/scrutiny-and-the-health-reforms/ for further details on each of the seven Scrutiny Development Areas.

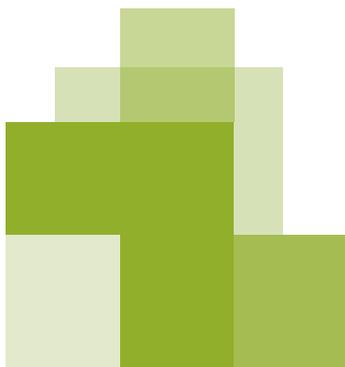
Learning from the SDAs

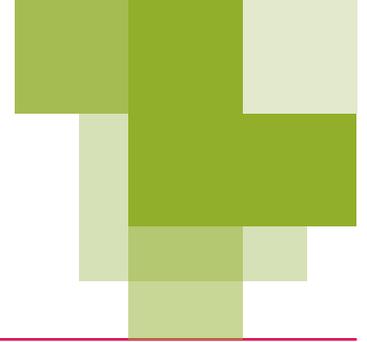
This publication has been developed by following the journeys of the seven SDAs, and is aimed at those scrutiny members and officers involved in, or who have an interest in establishing effective working and governance arrangements with emerging health and wellbeing boards, clinical commissioning groups and local HealthWatch.

It is fair to say that overview and scrutiny committees were not generally included in early conversations regarding the reforms in the SDAs; and that arrangements are still developing, however this programme has highlighted overview and scrutiny as an important consideration within developing local arrangements.

The SDAs concluded that scrutiny has an important role to play, supporting the transition, providing local intelligence to inform needs assessments and the work of the health and wellbeing board and clinical commissioning groups; acting as critical friend and passing on valuable experience in relation to reconfiguration, and providing insight to support health and wellbeing boards in developing an integrated and broad approach to health and wellbeing strategies.

Their work has also identified a number of specific opportunities and challenges. Seizing these opportunities and working pro-actively with the challenges will ensure that overview and scrutiny becomes an instrumental cog within the changing landscape locally of the broader health & wellbeing system.





Opportunities

- ✓ Building strong, effective and accountable relationships.
- ✓ Pro-active scrutiny.
- ✓ Focusing on outcome.
- ✓ Recognising the importance of 'layered' scrutiny.

Challenges

- ✓ Scrutiny with 'teeth' and being a 'critical friend'.
- ✓ Strategic overview and local focus.
- ✓ Early involvement and managing public debate.
- ✓ Scrutiny of process and scrutiny of outcomes.
- ✓ Cross-cutting issues and service focus.
- ✓ Integrated services and specific focus.

These opportunities and challenges are explored in section one. Links are also provided later in the publication to the project journeys of each of the seven SDAs. Although it is early days in the development of their local arrangements, the journeys show their 'work-in progress', what they have learned about the role of health overview and scrutiny within the reforms and their focus over the coming months. Section two sums up the conclusions from the seven areas and offers a checklist of questions that arise for other authorities. Section three offers an overview of the seven SDAs and their work.

Section one

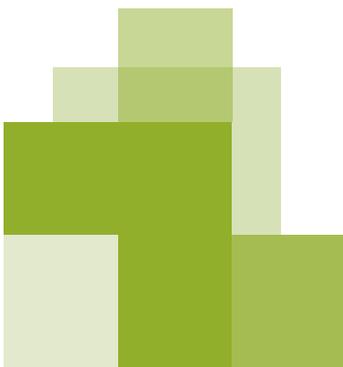
Opportunities and challenges for health overview and scrutiny

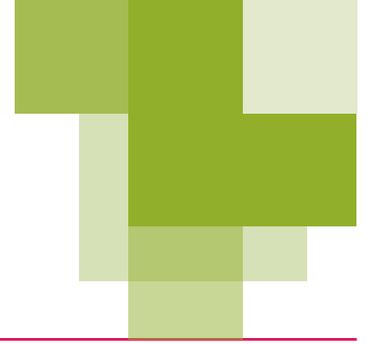
During the transition period health overview and scrutiny committees have a great opportunity to play a leading role in bringing people together to design ways of working for the future.

The new health and social care architecture provides the opportunity for areas to get things right – the right people, the right information, and the right systems and services. Ensuring that the new architecture is effective, accountable, transparent and inclusive will help to provide a strong and sustainable health and social care system for future generations, and one that is integrated with social care and public health improvement activities.

Fresh approaches that focus on improved health and wellbeing outcomes can help remove old barriers to improvement and make relationships more productive. This section sets out an overview of the opportunities and challenges identified by this programme, together with the key issues and actions the SDAs took that illustrate these; it points to useful learning for other authorities.

- Building strong, effective and accountable relationships.
- Being pro-active.
- Ensuring a focus on outcomes.
- Recognising the importance of ‘layered’ scrutiny - a stronger role for district level health scrutiny.





Building strong, effective and accountable relationships

Overview

There has been a great deal of debate about the readiness of clinical commissioning groups to take on responsibility for improving healthcare services – but they may well find powerful allies in local councils. With their democratic mandate and their roots in social issues, councils and councillors are central to arrangements for co-ordinating the planning and delivery of healthcare, social care, public health and health improvement activities.

Health and wellbeing boards will be the focus of new relationships between local authorities and clinical commissioning groups and the strength of this partnership will determine how effective needs assessments and health and wellbeing strategies are at developing commissioning solutions.

It was too early in the development of local HealthWatch arrangements to fully understand how it would work with overview and scrutiny within a reformed system. However CfPS has undertaken a separate piece of work which examined the development of LINKs – this will be useful for local areas when developing their own HealthWatch over the coming months².

An effective overview and scrutiny function can be a key tool in helping areas to develop these effective relationships, as well as to ensure that the reformed system is improving health and wellbeing outcomes.

Crucially, overview and scrutiny has a history: a wealth of experience of working with health partners on matters relating to service configuration. This will be invaluable in providing insights for health and wellbeing boards as they develop health and wellbeing strategies that will provide a high-level framework for local system change.

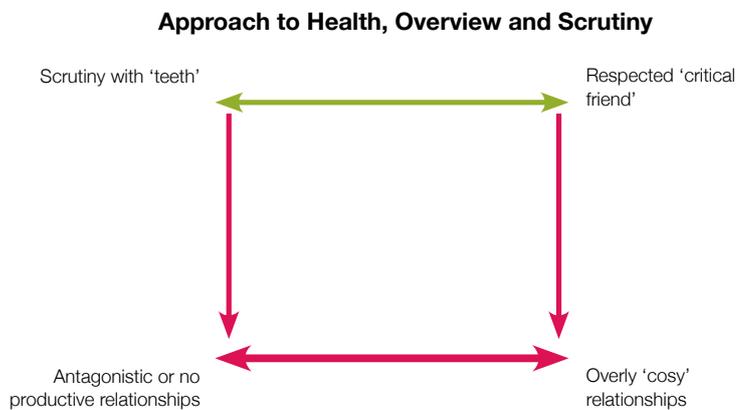
Crucially, overview and scrutiny has a history: a wealth of experience of working with health partners...

² www.cfps.org.uk/what-we-do/publications/cfps-health/?id=184

Challenges

Health overview and scrutiny committees can develop a careful approach to partnership that enables transparent communication and respect but retains the right to challenge.

How can health overview and scrutiny committees stay on the top line of the diagram, doing both, and not sink to the negative areas at the bottom?



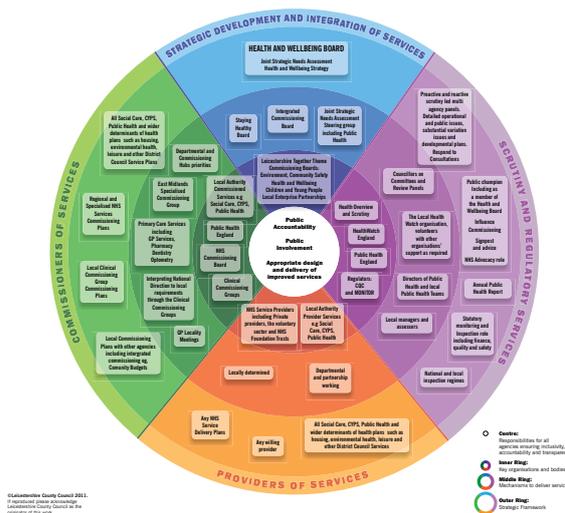
The 'critical friend' role will be even more important with new faces and partnerships becoming involved. In this current financial climate 'doing what we've always done and getting what we've always got' is not an option if we want to tackle the challenges of our ageing society and improve quality and life chances for communities by addressing the wider determinants of health – scrutiny can help by providing the challenge needed to change and to take up the broader test of coordinating health and social care commissioning.

Neither descending into antagonism, nor having too cosy a relationship with key bodies is helpful to achieving this balance. Working at both ends of the spectrum will make a huge difference to trust in the new landscape and to making it work.

What practical steps helped?

- In Rotherham, consistency and diligence were identified as important qualities for scrutiny. A getting to know you session helped build relationships.
- In Sheffield the SDA experimented with an ‘appreciative’ approach that worked from strengths and assets and drew on common aims to build respect and trust for the ‘critical friend’ role.
- In Staffordshire the SDA focused on ‘tough but constructive challenge to how the whole system is working’.
- Stakeholder mapping was an effective tool in several cases to help people make connections as well as identify gaps. Leicestershire’s diagram shows what can be achieved in this mapping.
- Many SDAs held stakeholder events: engaging a wide list of stakeholders in working out and influencing local arrangements.
- Most of the shire counties struck up good working relationships with their districts; recognising that everyone has a role in the health infrastructure.

Health Reforms: Stakeholders Relationships and Interdependencies 2011³



³ The full diagram can be seen by following the link: www.cfps.org.uk/what-we-do/health/scrutiny-and-the-health-reforms/

Key Messages

There are some common key messages that have emerged from the work of all seven areas that can help to develop strong, effective and accountable local arrangements. These include:

- ✓ Develop your relationship management and channels of communication between health and wellbeing boards and health overview and scrutiny committees – but don't reinvent the wheel – where protocols already exist, use them.
- ✓ Keep dialogue with partners going and work through the uncertainties with them during the transition to the new structures.
- ✓ Work on developing relationships constantly and consistently - developing a universal language for health locally that all partners can understand.
- ✓ The role of the elected member should not be underestimated – in these changing times, they can act to reassure local people, listen to concerns, and follow through on these.
- ✓ Develop an understanding about how health scrutiny powers can best be shared across two-tier areas.
- ✓ Try to ensure that you get the right information at the right time.
- ✓ Don't underestimate the value of face-to-face events – these were particularly important in establishing links, breaking down culture barriers and understanding the stakeholders that need to be working together.
- ✓ Never neglect perceptions or expectations particularly around contentious service change. Everyone needs to be involved in early conversations about the issues, (not just the popular ones), and channels used by people to get information should not be neglected.

For health and wellbeing boards, scrutiny can:

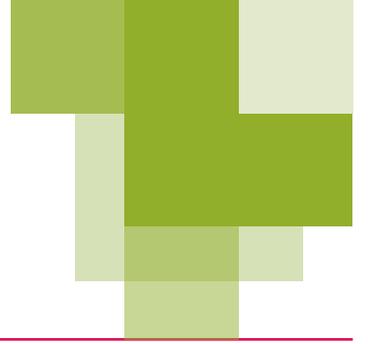
- ✓ Examine the broader strategic view that the health and wellbeing board is taking.
- ✓ Check the vision and evidence base for the joint strategic needs assessment and joint health and wellbeing strategy.
- ✓ Explore the outcomes for people who use services and communities.
- ✓ Evaluate the effectiveness of the commissioning cycle to drive change.
- ✓ Act as the voice of local people and help to get communities involved.

For clinical commissioning groups - scrutiny can:

- ✓ Help them to understand the role of overview and scrutiny.
- ✓ Take an overview of service configuration and debate changes.
- ✓ Check that clinical commissioning groups involve people who use services and carers as well as other clinicians.



Being pro-active



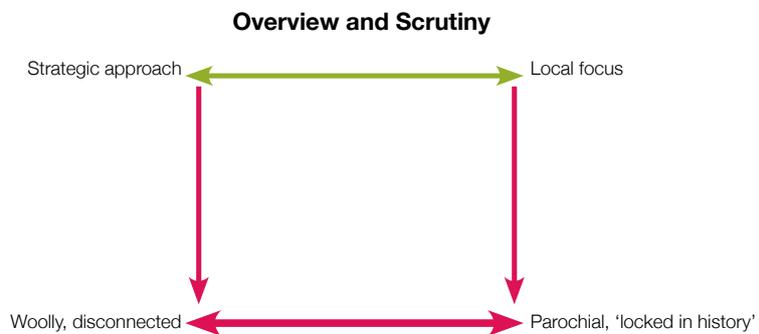
Overview

Our work has highlighted a pro-active role for scrutiny – not just moving in when things go wrong. Overview and scrutiny can have an active and vital role in helping the council and its partners to understand the issues that communities face and suggest solutions. Overview and scrutiny has the ability to look through a different lens to help to:

- ✔ Develop local understanding – of the area, the data and the people – helping with the development of the joint strategic needs assessment.
- ✔ Engage the community – the right people at the right time in the right place – getting to understand the local picture to build an effective health and wellbeing strategy.
- ✔ Improve partnership working – overview and scrutiny can be a bridge across barriers.
- ✔ Improve leadership and ownership – improving health and wellbeing lies with all of the council and its partners – overview and scrutiny helps to build this bond.

Challenges

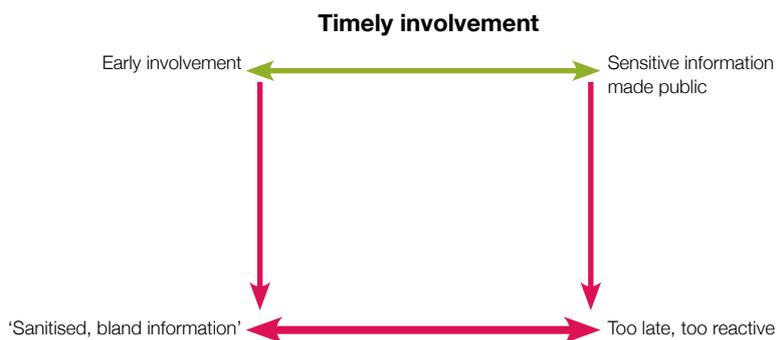
In times of uncertainty the overview element of health overview and scrutiny committees comes into play helpfully – as organisations with a track record and history they can help others to form their approach. Also they have a unique mandate - all members of the health overview and scrutiny committee are democratically elected and can bring everyone together to create an overview of a fragmented landscape – a real opportunity that the SDAs all took up in various seminars held for stakeholders. At the same time health overview and scrutiny committees can be at their best in focusing on practical local issues for health and wellbeing – just the thing to ground new bodies in what matters to local people.



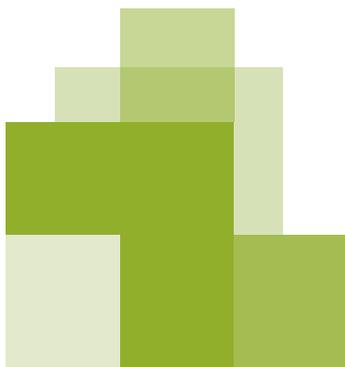
How can health overview and scrutiny committees stay on the top line of the diagram, doing both, and not sink to the negative areas at the bottom?

Taking a pro-active role to overview and scrutiny means ensuring strategic overview and local focus are both achieved. Often energy can be used up in an overly narrow focus that seems to respond to local interests or previous history; or conversely energy can be dissipated on an unclear and over-broad approach so that people lose interest.

Timing is also key to being pro-active – contributing to debates and decisions early on and making sure the health overview and scrutiny committee has the relationships and information to do this well. Here lies another ‘challenge’ for working with partners: how to have early involvement and deal with sensitive information that may not be in the public domain.



Trusting each other with sensitive information is critical: the issue of when partners share information and when the health overview and scrutiny committee is kept away from potential decisions due to their sensitivity in the public domain. Health overview and scrutiny committees can work to build trust, to be respected and brought into potentially tricky issues early on when their input can bring an independent dimension that may aid decision makers.



What practical steps helped?

- In Rotherham stakeholder mapping led to a clear focus on ‘local realities’ with the broad context.
- In Staffordshire the focus on the whole system as well as specific services led to focusing on ‘scrutiny at the seams’ to explore connections and interfaces that often perform poorly.
- In Derbyshire pre-decision scrutiny was explored as an important way for the health overview and scrutiny committee to get information and to influence decisions.
- In Cambridgeshire a similar emphasis was put on pro-active and early dialogue with the emerging health and wellbeing board to influence decisions and with GPs to build shared knowledge, goals and trust.
- Sheffield noted how the multiple perspectives of health overview and scrutiny and its independence could test out ideas early on and strengthen the decision-making process.
- Norfolk emphasised the importance of clear contact points to achieve early and good communication.
- Derbyshire recognised the added value of working better together with district councils.



Key Messages

There are some common key messages that have emerged from the work of all seven areas that can help to make the overview and scrutiny function more pro-active. These include:

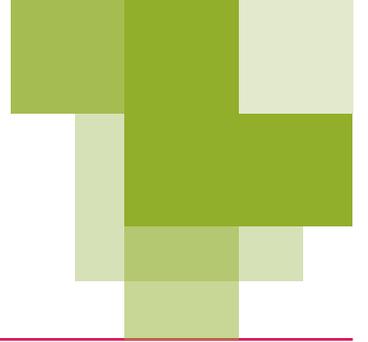
- ✓ Use overview and scrutiny's knowledge and "collective memory" of local health services to inform the development of new arrangements.
- ✓ Scrutiny can make the first move – being pro-active in initiating discussions with the emerging health bodies.
- ✓ Commit time to member learning and development – and build in from an early stage in relation to the new arrangements and the understanding of the wider determinants of health – getting beyond just thinking about health and social care.
- ✓ Remember the breadth of the wellbeing agenda – prioritise wellbeing in its widest sense and don't rule anything out.
- ✓ Maintain focus by ensuring overview and scrutiny adds value and achieves change.
- ✓ Think strategically and view topics from the perspectives of care pathways and the experiences and outcomes for people who use services.
- ✓ Speak confidently and with authority from a deep understanding of community and health issues.

Scrutiny can:

- ✓ Exercise its pro-active role and help health and wellbeing boards to understand their communities and therefore develop an effective joint strategic needs assessment.
- ✓ Use the vital overview role to keep a bird's eye view in a time of change.
- ✓ Be flexible and adaptable and provide feedback and challenge.
- ✓ Focus on in-depth reviews of specific issues/concerns – and follow up implementation and impact. It should demonstrate added value.
- ✓ Ensure that the work of the health and wellbeing board and clinical commissioning group(s) are rooted in reality and spotting potential problems at an early stage by acting as the eyes and ears of the local community in partnership with local HealthWatch.



Ensuring a focus on outcomes



Overview

The Health and Social Care Bill promotes a shift to focusing on outcomes – ensuring that health services on the ground are delivering what was intended. So how can scrutiny support this shift from needs-led to outcomes-focused assessment of health and social care?

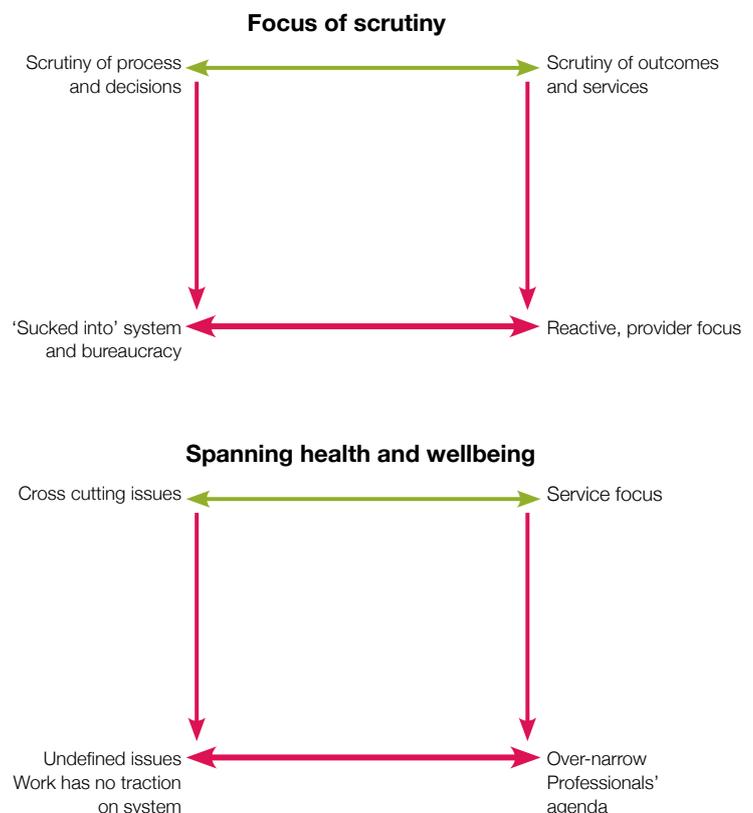
There was a real consensus among SDAs that a renewed focus on outcomes was critical in the new landscape. This allows overview and scrutiny to tackle cross-cutting issues as well as specific service concerns and to avoid being overly focused on scrutinising the work of the new bodies and their decision processes, important though these are.

Moving from scrutiny of organisations to looking at care pathways and outcomes can help ensure that the actions of the health and wellbeing board and the clinical commissioning groups impact positively on the community in an integrated system of care.

Challenges

As just described, a focus on commissioning could narrow the health overview and scrutiny committee approach to reviewing decision-making and processes such as how people were involved or consulted rather than scrutinising end results and outcomes of decisions and services.

There is a danger that the health reforms could also produce an emphasis on commissioning and pathways; i.e. a focus on existing services that may push out wider, more cross-cutting and complex issues such as health inequalities or public health challenges, or limit innovative thinking that looks outside current provision. Of course the public health work of health and wellbeing boards should counteract some of this, but the consuming potential of the NHS commissioning agenda, a focus on single providers and services that already exist should not be under-estimated! The overview in health overview and scrutiny committees' brief is a huge strength here.

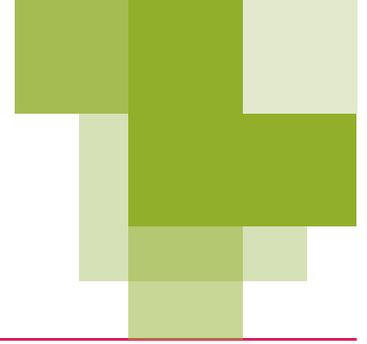


How can health overview and scrutiny committees stay on the top line of the diagram, doing both, and not sink to the negative areas at the bottom?

Approaches to public health have been criticised for focusing on the 'deficits' in communities – health problems, needs and deficiencies. But local members are also aware, usually from first-hand experience, of the community resources and resilience that frequently characterise excluded groups and disadvantaged communities. So, in a scrutiny review members are well placed to draw attention to the assets that are to be found within a community, those assets which communities can use to build their future, and that public health action can then support. Contrasting and comparing professional perspectives with that of lay members, who know their communities well, can enrich reviews, gaining insights and identifying possible ways of proceeding that either alone would possibly not have identified. In this way we can avoid the negative area of undefined work or simply responding to the professionals' agenda.

Scrutiny also needs to respond to the push on integrating health and social care services – by using this opportunity to join up the scrutiny of health and social care at a local level.





What practical steps helped?

- Leicestershire concluded the health overview and scrutiny focus should be on ‘scrutiny of outcomes not just organisations’.
- Two SDA authorities used scenarios to test out how the health overview and scrutiny committee would work in the new landscape and were careful to use a range of scenarios of both service and broader issues to ensure both were considered (Leicestershire and Staffordshire).
- Using Appreciative Inquiry helped Sheffield to consider a whole systems response to defining the local infrastructure by building on what was good.
- Norfolk concluded that the drive towards integration of health and social care in the new legislation requires an integrated approach by scrutiny.

Key Messages

There are some common key messages that have emerged from the work of all seven areas that can help to focus on outcomes. These include:

- ✓ Focus together on outcomes for the public in terms of their positive health and wellbeing, not only in terms of responding to illness.
- ✓ Value multiple perspectives, especially lay views, to balance those of professionals.
- ✓ Think broadly, not just focusing on existing services but on broader issues of wellbeing and health inequalities, and new ways of improving health with the public through co-production.
- ✓ Avoid the trap of only focusing on commissioning, decisions and processes and not also reviewing actual experiences of services and pathways.
- ✓ Whole system scrutiny – joining up health and social care scrutiny.

Scrutiny can:

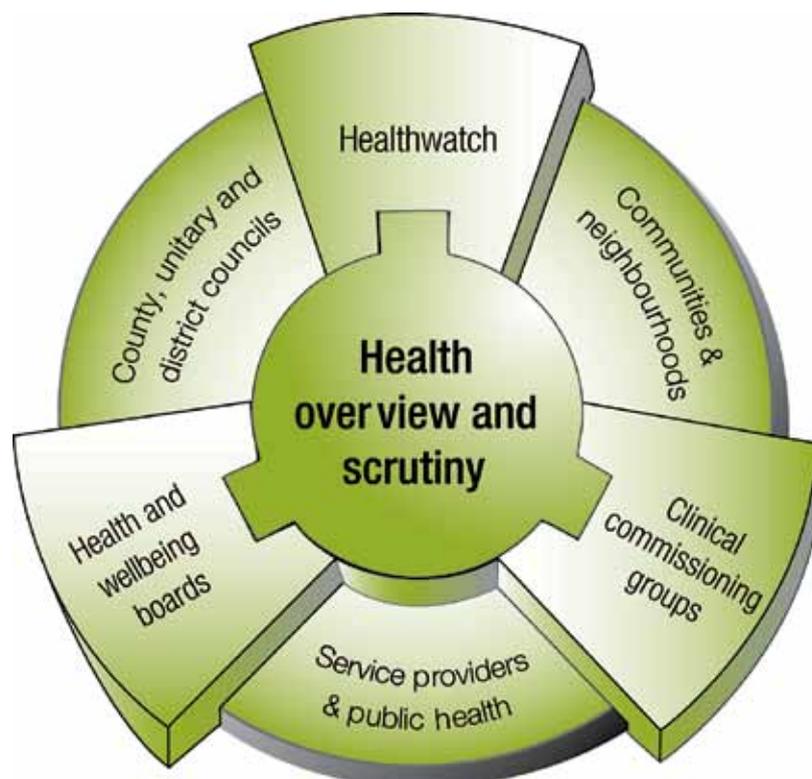
- ✓ Explore outcomes as they impact on the community.
- ✓ Enable a range of perspectives to be recognised and listened to.
- ✓ Use appreciative techniques to improve the content of joint strategic needs assessments and build on health and social assets not solely address ‘needs’.
- ✓ Promote integrated working that will result in integrated outcomes for people.

Recognising the importance of 'layered' scrutiny

Overview

County and district councils have different service responsibilities, but both have a significant impact on health and wellbeing - County Councils through their responsibility for education, social care and their new public health role; and District Councils through their responsibilities for social housing, planning and economic development. This programme has highlighted how the health reforms can be used as a lens through which to evaluate the co-ordination of local government scrutiny to improve services and reduce inequalities. The scale and pace of the health reforms, together with reducing resources to support council scrutiny, requires a fundamental rethink of the way scrutiny works and agreement locally about who is best placed to scrutinise different aspects of the new healthcare and social care landscape – for example commissioning services; providing services; and tackling inequalities.

The 'wheel' illustration shows three new bodies that are key in the health reforms – Healthwatch, clinical commissioning groups and health and wellbeing boards. Of course, these new arrangements encompass aspects of previous systems – for example, GP practices; LINks; Directors of Public Health and Councillors. But they also encompass some new players – for example the NHS Commissioning Board; clinical senates; Public Health England. The wheel illustrates the complex world in which health scrutiny will increasingly operate:



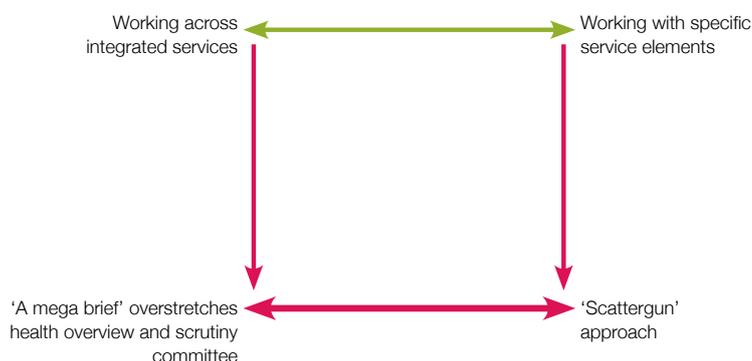


- ✓ Holding council executives to account.
- ✓ Amplifying voices and concerns of the public.
- ✓ Making sure services are safe.
- ✓ Tackling inequalities.
- ✓ Checking that needs and aspirations are understood.
- ✓ Assessing whether priorities for action are credible.
- ✓ Looking at outcomes.

Health overview and scrutiny in two tier areas needs to link together the capacity of counties and districts so that all aspects of the new arrangements can be effectively and efficiently kept under review. Of course, duplication needs to be avoided and the NHS needs to be protected from excessive burdens. This might be about counties looking at strategic aspects – for example, commissioning through health and wellbeing boards and clinical commissioning groups – and districts looking at patient experience in primary, acute and social care.

Using health overview and scrutiny to understand communities, the issues that they face and whether any difference is being made to their lives could be an effective role for a district council. Where districts are not effectively represented on health and wellbeing boards, using overview and scrutiny to ensure effective engagement of all stakeholders in the health reforms could help to fill the gap.

Scope of Health Overview and Scrutiny brief



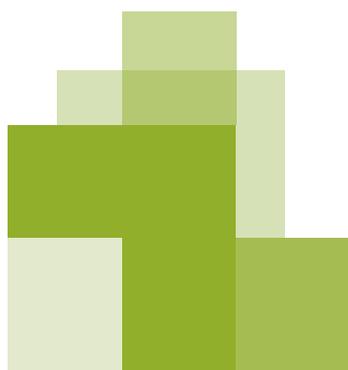
Challenges

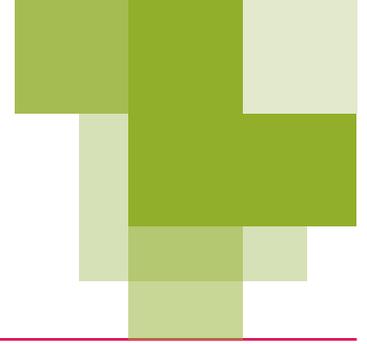
The challenge of taking a strategic approach verses taking a local focus also comes in to play within this opportunity, understanding how counties and their districts can complement each other and add value to scrutinising local health matters.

For health overview and scrutiny committees there are also dilemmas in the choice of focus – specific services that can easily be reviewed and commented on, where the public is perhaps concerned and ‘quick wins’ are possible. On the other hand reviewing integrated services that cross agency boundaries, are more complex, and may affect the whole of people’s lives as in older people’s services or learning disability services, is critical – and a growing issue as commissioners and providers aspire to integration.

How can health overview and scrutiny committees stay on the top line of the diagram, doing both, and not sink to the negative areas at the bottom?

Health overview and scrutiny committees focus on integration may also help resist possibilities for fragmenting hitherto integrated services in a complex landscape of many different providers. Here the overview dimension of health overview and scrutiny committees work is crucial. But SDAs identified a potential to accrue a huge brief and workload in relation to integrated services, requiring a grip on planning and coordinating the work programme and resources.





What practical steps helped?

- ✓ All of the shire county SDAs recognised the vital role that districts can bring and involved them in all stages of their projects.

How SDAs are tackling this:

Cambridgeshire identified the need to develop an overview and scrutiny response to the more localised approach emerging in relation to the shadow health and wellbeing board – and have district and county scrutiny members committed to working together to respond to these challenges.

Derbyshire is using some of their development time to work together with interested district and borough councils on how they can improve the flow of information between scrutiny committees and use scrutiny resources more effectively across the county.

In **Leicestershire**, district councils were involved by attending the multi agency workshop that looked at scrutiny and the new relationships. They are currently planning the involvement of district colleagues in the future health overview and scrutiny in the area.

In response to their work, **Norfolk** will be considering different models for carrying out scrutiny that is responsive to the changing environment including the role of district councillors in scrutiny of wellbeing.

Staffordshire will continue to work with district/borough councils to co-ordinate health scrutiny work programmes across the county – understanding where they can work more effectively together and add value.

- ✓ Rotherham concluded that scrutiny can bring together all key local players in the health and social care economy, to understand respective roles, potential overlaps and gaps.

Key Messages

There are some common key messages that have emerged from the work of all seven areas that can help to develop effective working relationships with all tiers of government in an area. These include:

- Involve districts in shaping the new arrangements.
- Ensure joint scrutiny arrangements are in place for health related work.
- Draw in other authorities through their impact on broader determinants of health such as housing, planning impacts, environmental issues, economic development and so on.

Section two

Summary and conclusions

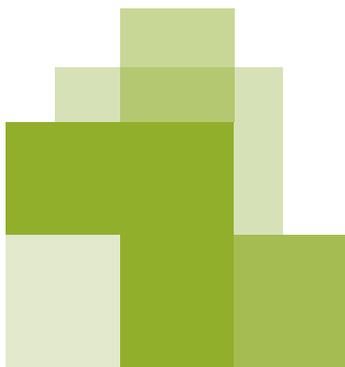
What will help us keep health overview and scrutiny at the centre of the wheel, and play a key role in formulating local arrangements?

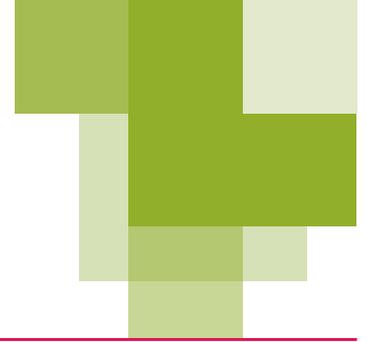
The short timescale of this programme meant that the work of the SDAs highlighted as many questions as they answered. However as you can see from the project journeys (in section three), steps are being taken to ensure that scrutiny is firmly embedded in the development of their local health reforms.



At their joint learning event, participants from each of the SDAs explored the idea of health overview and scrutiny as a potential 'glue' or cog holding local interests, given the challenges that scrutiny is used to addressing and given the uncertainties of the changing landscape of the health reforms. They drew on their experience in their project work and their conversations focused not only on ideas for action by scrutineers but also on identifying critical questions that should be pursued. They concluded:

- **Scrutiny has a history...** Health and wellbeing is 'new' and 'sexy' but 'let's not forget scrutiny.' Health overview and scrutiny needs to focus on the new role but also keep up the 'day job', ie usual health scrutiny role continues despite the changes (Sheffield).
- **Overview is crucial...** 'we need the bird's eye view' to pull the whole new environment together. Existing protocols and arrangements are good starting points, so as not to 'reinvent the wheel' (Norfolk and Derbyshire).
- **Cultures matter...** The differences in culture between NHS, GP practices, social care, commissioners, voluntary sector (and public) are huge. The leadership role of chairs was seen to be helpful in bridging cultures and mending past difficulties e.g. between different tiers of local authorities (Derbyshire). Creating shared vision and understanding was a catalyst to relationships (Sheffield and Cambridgeshire).





- **Making connections...** 'Health overview and scrutiny is the only place you can bring together all the right people to address a particular issue without pre-existing interests taking over' – health overview and scrutiny is not new but needs to build new relationships. Health scrutiny is a conduit between organisations but everyone needs to know their role and respect others' – not doing each others' jobs. This is crucial to work in two tier areas and how to make the most of the scrutiny potential. Stakeholder mapping was an effective tool in several cases to help people make connections as well as map current connections and gaps. Leicester's diagram shows what can be achieved in this mapping.

Health and Scrutiny
is not new but
needs to build new
relationships

- **Accountability...** Many questions remain about this aspect in the new landscape but health overview and scrutiny:
 - Has clear identity and independence, a defined role and relationships, made up of local councillors who are local people and democratically elected.
 - Can demonstrate effectiveness and credibility – with the public and those scrutinised - but needs to follow up and ask if recommendations have happened.
 - Can hold bodies to account and act as an independent and 'external' challenger.
- **Promoting health overview and scrutiny...** The benefits of health overview and scrutiny work and its potential need to be made more visible and more accessible to all stakeholders, especially the public. Some of the SDAs developed broad based seminars that raised the profile of health overview and scrutiny and resolved to continue this in future to help with the changes.
- **Commissioning...** Integration of commissioning of services affects scrutiny. Health overview and scrutiny needs to focus on the cost versus quality challenge facing clinical commissioning groups. But equally should not just focus on structures and diagrams - but on issues. Being clear on what element of the commissioning cycle to work on helps to focus on outcomes rather than organisations.

The following **critical questions** were therefore identified to ask of your own councils and health overview and scrutiny committees when areas begin to develop their local arrangements:

1. How can health overview and scrutiny be the 'glue' between multiple cultures to smooth the process of building new linkages?
2. How is our council taking up the opportunities that overview and scrutiny offers in the new environment, including reviewing structures and arrangements for scrutiny in the council?
3. Who are the local stakeholders and how can we map their relationships most clearly?
4. Who holds who to account? How can we pay attention to the accountability thread? For example, who should health overview and scrutiny send its recommendations to in the new landscape? Who is the health and wellbeing board accountable to?
5. How can health and wellbeing board decisions best be scrutinised?
6. How can overview and scrutiny and HealthWatch best complement each other?
7. How far does overview and scrutiny have the capacity and resources for its role in the new environment?
8. How will local councillors and the public be involved at the strategic, commissioning, implementation and scrutiny levels?
9. How can we best promote the role and potential of overview and scrutiny?
10. What are the risks for us of not taking action to put overview and scrutiny at the centre of the new landscape?



Section three

Scrutiny Development Areas overview

Scrutiny Development Areas

In June 2011, seven areas (see table below) were chosen to develop and share learning about how overview and scrutiny can add value in the new health and social care architecture, and how effective relationships can be built with emerging health and wellbeing boards and clinical commissioning groups.

These short projects have enabled the Centre for Public Scrutiny to support areas to begin to develop a shared understanding of the role of scrutiny within the context of the reforms, including:

- ✓ Understanding the functions of health overview & scrutiny committees, clinical commissioning groups and health and wellbeing boards, and how they relate.
- ✓ Understanding the commissioning cycle and consider the 'web of accountability'⁴ within which health and wellbeing boards and clinical commissioning groups will operate.
- ✓ Using the principles of inclusiveness, transparency and accountability to describe how the reforms will work.
- ✓ Developing arrangements that involve all tiers of local government, local HealthWatch, people who use services and communities.
- ✓ Thinking about the role of overview and scrutiny committees in a credible process for re-configuring services.

This section summarises the Scrutiny Development Areas; their local arrangements, and a short overview of what they did. Project journeys have also been produced, giving you more detailed information. These can be found on the CfPS website by following the links highlighted.

⁴ Accountability Works for you www.cfps.org.uk/what-we-do/accountability-works/

Local health reform activity		Summary of work as a Scrutiny Development Area	
Scrutiny Development Area	Local health reform activity	Project Objectives	Project activities
Cambridgeshire	<p><u>Health and wellbeing board</u></p> <p>An early implementer – there is a shadow board with a small core membership providing strategic focus. This is supported by a wider network.</p> <p><u>Clinical commissioning</u></p> <p>Several commissioning clusters emerging. The GP Senate, a sub-committee of the Primary Care Trust Board consisting of eight GP members elected by GPs on a locality basis is involved in managing the transition. Configuration plans are being developed.</p>	<p><input checked="" type="checkbox"/> Identify how the health and wellbeing board and clinical commissioning groups are developing and the likely model that they will use for implementation.</p> <p><input checked="" type="checkbox"/> Develop a model for building effective scrutiny into these arrangements and plans.</p>	<p>The project focused on:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sharing and learning. <input checked="" type="checkbox"/> Exploring challenges and opportunities. <input checked="" type="checkbox"/> Facilitating face-to-face events. <input checked="" type="checkbox"/> Developing a shared understanding of how overview and scrutiny can add value.
Derbyshire	<p><u>Health and wellbeing board</u></p> <p>An early implementer – Shadows board structure received approval from the Derbyshire Partnership Forum, and held its first meeting in July 2011.</p> <p><u>Clinical commissioning</u></p> <p>Five groups covering Derbyshire County and Derby City (three with Pathfinder status). NHS Derby City and Derbyshire County (a Primary Care Trust Cluster) are leading the development of these via appointed Chief Operating Officers.</p>	<p><input checked="" type="checkbox"/> Develop working relationships with the health and wellbeing board.</p> <p><input checked="" type="checkbox"/> Develop an approach to scrutinising health and social care that emphasises strategic scrutiny and the role of district councils.</p> <p><input checked="" type="checkbox"/> Raise awareness of the health scrutiny function to the wider health community in Derbyshire.</p>	<p>The project focused on:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sharing knowledge and understanding of the reforms. <input checked="" type="checkbox"/> Working in a two-tier area. <input checked="" type="checkbox"/> Facilitating a stakeholder event.

Scrutiny Development Area		Local health reform activity		Summary of work as a Scrutiny Development Area	
Leicestershire	<u>Health and wellbeing boards</u> An early implementer with a functioning shadow board that has been meeting since April 2011. <u>Clinical commissioning</u> Two clinical commissioning groups in Leicestershire are both pathfinders. They have developed officer support structures and held their first board meetings. Each has two places on the shadow health and wellbeing board.	<u>Project Objectives</u> <ul style="list-style-type: none"> ✓ To consider the role of scrutiny in relation to the health and wellbeing board. ✓ To understand commissioning routes and accountability, including scrutiny, for commissioners. ✓ To identify how to embed the principles of inclusiveness, transparency and accountability into the health reform infrastructure. ✓ To consider the role of scrutiny in service re-configuration. 	<u>Project activities</u> <p>The project focused on:</p> <ul style="list-style-type: none"> ✓ Mapping all stakeholders so that relationships are clear. ✓ Holding two workshops – the agenda for the 2nd being formed by the 1st. ✓ Developing the concept of ‘outcome focused scrutiny’. 		
	Norfolk	<u>Health and wellbeing board</u> An early implementer with a functioning shadow health and wellbeing board – working through role and form (currently all districts and clinical commissioning groups have places). <u>Clinical commissioning</u> There are six emerging commissioning groups in Norfolk (three pathfinders). The groups cover populations ranging from 230,000 to 40,000.	<u>Project Objectives</u> <ul style="list-style-type: none"> ✓ Establish new relationships between scrutiny, clinical commissioning groups, the health and wellbeing board and public health directors. ✓ Understand how progress of the Health and Social Care Bill impacts on local implementation. ✓ Identify how scrutiny might function in light of the health reforms. 	<u>Project activities</u> <p>The project focused on:</p> <ul style="list-style-type: none"> ✓ Shared knowledge and understanding of the reforms. ✓ Mapping who is involved in implementing the reforms locally. ✓ Facilitating a stakeholder event. 	

Scrutiny Development Area		Local health reform activity		Summary of work as a Scrutiny Development Area	
Rotherham	<p><u>Health and wellbeing board</u></p> <p>Draft terms of reference for their shadow health and wellbeing board – 1st meeting September 2011.</p> <p><u>Clinical commissioning groups</u></p> <p>One clinical commissioning group emerging with reciprocal places on the clinical commissioning group and health and wellbeing board for their chairs.</p>	<p><u>Project Objectives</u></p> <ul style="list-style-type: none"> ✓ To provide early insight into the development of local accountability arrangements. ✓ Minimise duplication of scrutiny effort. ✓ Understand how scrutiny can remain effective in a situation of reduced – but more integrated – resources. ✓ Enhance Rotherham's own process of scrutiny and show how scrutiny can add value. 	<p><u>Project activities</u></p> <p>The project focused on:</p> <ul style="list-style-type: none"> ✓ Stakeholder analysis and producing a timeline of activities. ✓ Understanding the soft behaviours in developing effective relationships. ✓ Face-to-face events with stakeholder. 		
Sheffield	<p><u>Health and wellbeing board</u></p> <p>An early implementer with a shadow board – developing terms of reference. Engagement events have taken place between Councillors and GPs to talk about the role, remit and potential of the Shadow Health and Wellbeing Board.</p> <p><u>Clinical commissioning</u></p> <p>One clinical commissioning group will be established as a committee of the South Yorkshire and Bassetlaw Primary Care Trust Cluster Board. The process for electing GPs to sit on the Clinical Commissioning Group is taking place during September and October 2011.</p>	<p><u>Project Objectives</u></p> <ul style="list-style-type: none"> ✓ To create a vision for effective health and social care scrutiny in the new health landscape. ✓ To take initial to steps reach this vision by developing a shared understanding between the embryonic clinical commissioning group, the shadow health and wellbeing board and overview and scrutiny about how each organisation's role, structure, values and purpose can develop in a way that maximises impact effectively. 	<p><u>Project activities</u></p> <p>The project focused on:</p> <ul style="list-style-type: none"> ✓ Using Appreciative Inquiry to find out what was good about scrutiny. ✓ Developing an appreciative questionnaire. ✓ Appreciative face-to-face meetings. 		

Scrutiny Development Area		Summary of work as a Scrutiny Development Area	
Local health reform activity	Project Objectives	Project activities	
Staffordshire <u>Health and wellbeing board</u> An early implementer – a shadow board due to launch autumn 2011 – along with supporting arrangements – this was developed by a stakeholder event in July. <u>Clinical commissioning</u> Six emerging clinical commissioning groups (two pathfinders). The Primary Care Trust Cluster is working to support the transition process.	<input checked="" type="checkbox"/> Explore how health and social care scrutiny should operate and relate to the agencies that will be established by the Health and Social Care Bill. <input checked="" type="checkbox"/> Consider how scrutiny can contribute to the new arrangements being inclusive, transparent and accountable. <input checked="" type="checkbox"/> Begin to explore and develop a model of accountability that clarifies the specific roles of each of the new bodies, avoids duplication and ensures that the interrelationships are effective.	The project focused on: <input checked="" type="checkbox"/> Raising knowledge and understanding of the reforms. <input checked="" type="checkbox"/> Working in a two-tier area. <input checked="" type="checkbox"/> Using real life scenarios to test ideas.	

