

## **Feedback from the workshop: Is health scrutiny supporting healthy partnerships?**

A workshop focusing on scrutiny of the Sustainability and Transformation Partnerships was held twice at the national scrutiny conference. These are some of the findings. Speakers were Dr John Bullivant of the Good Governance Institute and Susanne Hasselmann, Chair of the national network of CCG lay members.

Participants were from a cross-section of councils from across England and Wales, who shared experience of providing a non-executive lay challenge to those making decisions regarding STPs. John set out key principles of good governance to support effective health and care partnerships and scrutiny. He outlined the multi-agency scrutiny etiquette card and commended the joint publication of GGI and CfPS 'Scrutiny: the new assurance? A good governance discussion document'. Susanne reflected on the experience of lay members of health organisations and urged health scrutineers to work with other lay non-executives in the system.

The question posed in the workshop was 'Is health scrutiny supporting healthy partnerships?' There was insufficient time to define those partnerships, but the focus in group work was on the implications of a partnership approach for health and care governance, eg STPs, and the requirements of HOSCs so that they might be more effective.

HOSC members and officers wanted to know how health scrutiny is supposed to work in relation to the STPs, including provision for joint scrutiny across local authorities in an STP footprint. Specific issues included:

- The need for better understanding of the role of the health and wellbeing board and its relationship to scrutiny
- The need for greater understanding of governance arrangements of CCGs and other NHS decision makers to enable partnership working and scrutiny
- The need for more access to leads on the STP
- The need for more timely scrutiny of the flow of financial resources
- The challenge of making an adequate response by HOSCs to impending substantial variations or reconfigurations that seem inevitable through STPs
- The need to build and strengthen public engagement mechanisms

The following points emerged from discussion about the implications of partnerships for health scrutiny:

- The complexity of structures, geographies and culture across the organisations within a partnership
- The challenge of navigating a complex health and care system
- The number of local authorities within an STP footprint, some of whom are two tier
- The lack of co-terminosity of boundaries across the publicly funded sector
- The lack of understanding within the NHS of local government and specifically the role and powers of health scrutiny
- Diverse motivations and expectations within the system; inescapable politics around STPs
- The increased information required by and work required of health scrutiny
- Limited knowledge of councillors of the financial model of the STP
- Budget challenges and funding arrangements around STPs
- Difficulty in finding work arounds for the reforms

- The prospect of resource intensive work around service variations in the new system and new provision in a short space of time

The following points emerged from discussion about the requirements for health scrutiny to be effective in scrutinising partnerships in health and care systems:

- Greater understanding of local authorities and specifically health scrutiny by NHS partners
- The need for better informed executives, including understanding of and support for health and care scrutiny
- Better understanding of the NHS, social care and local government by lay members and non-executives
- Greater rationale behind the STP footprints
- Need to work across local authorities and with other partners
- Willingness of decision makers (or lack thereof) to be held to account
- Importance of communications; need to increase awareness of complexities in the system and keep the language simple and jargon free
- Mutual respect among all engaged in health scrutiny
- Reciprocal attendance between health scrutineers and those they are scrutinising at their respective meetings in order to increase understanding and better to share information
- Access to information about the STP
- Need to raise the profile of health scrutiny
- Greater resourcing of health scrutiny; building of the capacity of HS and JHOSCs
- Value of continuity of membership of health scrutiny and JHOSCs in terms of relationships and knowledge
- Engagement with local authorities' public health teams, health and wellbeing boards, local Healthwatch and others in the system
- Value of protocols/concordats to shape relationships, roles, responsibilities and reporting