



# Is health scrutiny supporting healthy partnerships?

#cfpscomplexity



## Dr John Bullivant FCQI

John is GGI Founder and Chair. He has published and lectured widely on governance, quality and benchmarking and is now focusing on consolidating our wide range of knowledge management materials within a single body of knowledge for governance. John has introduced many of our standard products including maturity matrices, board assurance prompts and our approach to risk appetite, governance between organisations, challenge and review. He has recently updated the seminal Integrated Governance Handbook ten years after its original launch by the Department of Health. John is a former VFM auditor, board director of a health authority, visiting fellow at the Open University Business School and the University of South Wales.



## Susanne Hasselmann

Susanne is currently Audit and Deputy Chair at South Eastern Hampshire CCG and a Lay Member on the Hampshire CCGs Partnership Board, as well as Chair of NHS Clinical Commissioners Lay Members Network. Susanne has over ten years' experience as a non-executive director in the NHS having served as a Non-executive Director at Hampshire PCT and the SHIP PCT Cluster between October 2006 and September 2012 before joining the CCG. Her main area of responsibility over the years has been focused on quality and clinical governance.

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**Susanne Hasselmann**

**Chair, CCG Lay Members Network**

# Lessons from sustainable and transformation plans (STP)

NHS Clinical  
Commissioners

The independent collective voice  
of clinical commissioning groups

- Time constraints
- Political realities
- Historical relationships

BUT

- Engagement is key – what does it mean?
- Transparency
- Information flows
- Co-production

This affects both NEDs, Lay Members and local authority elected members.

What about ACS?



[www.nhsc.org](http://www.nhsc.org)

A networked organisation of

**NHS CONFEDERATION**



# The role of NEDs and Lay Members

NHS Clinical  
Commissioners

The independent collective voice  
of clinical commissioning groups

- Accountability as a Board member for delivery of organisation
- Main role is challenge, scrutiny and holding to account
- Differences: Provider and commissioner (organisational v system focus)
- Different Governance:
  - CCGs do not have non-executive chairs – most CCGs have a clinical chair (GP)
  - Provider trusts have a majority non-exec Board, CCGs don't
  - 2 – 3 Lay members in each CCG (one has to be Audit/ RemCom chair, the other PPI)



# STP/ ACS non-executive community

NHS Clinical  
Commissioners

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- Who provides challenge and scrutiny?
  - NEDs and Lay Members around the Board table
  - Healthwatch investigations and reports
  - Overview and Scrutiny Committees in Local Authorities
- Example of good partnership working

We have a duty to our population to make this work through close collaboration in order to maximise intelligence, leverage and impact on behalf of local people.

