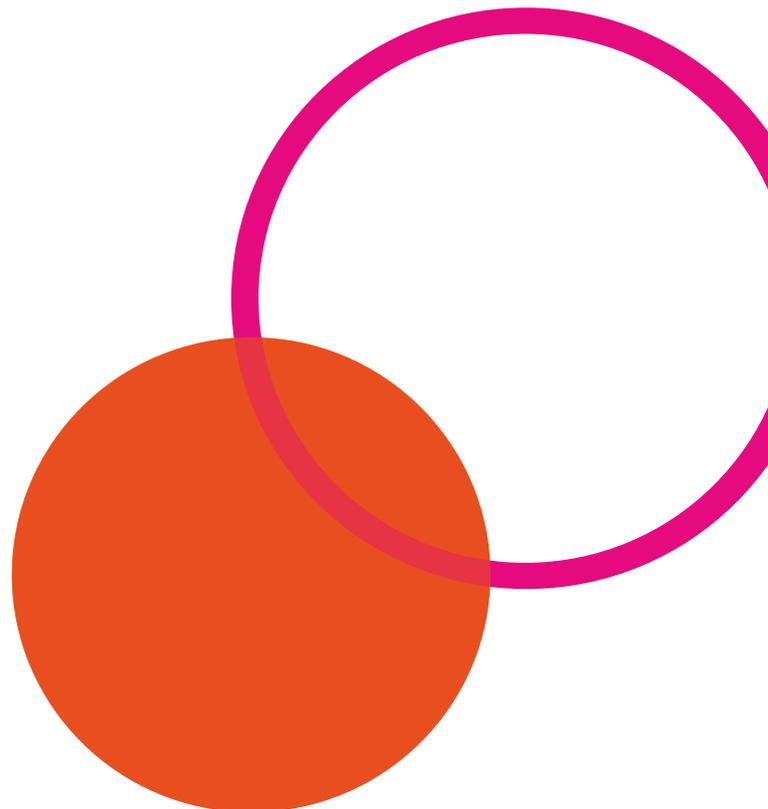
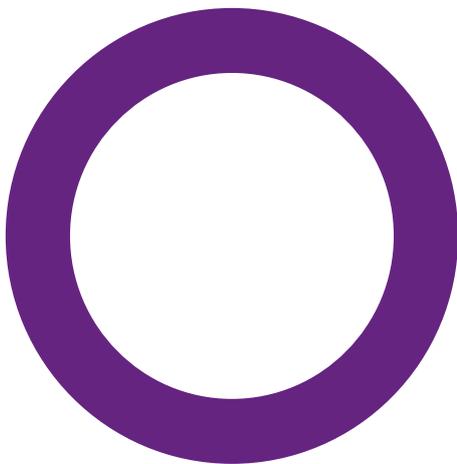


Improving the scrutiny of integrated care systems and sustainability and transformation partnerships

A guide to good practice



What is the Integrated Care Systems Network?

A critical part of delivering the ambitions of the NHS Long Term Plan will be empowering local systems and giving them the autonomy they need. At the NHS Confederation, we are supporting emerging systems and helping local areas on the journey to becoming integrated care systems by April 2021. We believe the ambitions of the plan can only be met through greater collaboration, partnerships and system working.

We are undertaking a number of activities to support local systems. Alongside tailored support for integrated care system (ICS) and sustainability and transformation partnership (STP) independent chairs, programme directors, clinical leads, mental health leads, workforce leads, non-executive directors and lay members, we have now established a national network for ICS and STP leaders – this is called the Health and Care Leaders Forum. This was set up in response to feedback from ICS and STP leaders across the NHS and local government who told us they wanted an independent safe space to exchange ideas, share experiences and challenges, and develop solutions.

Stay in touch by:

- contacting your regional lead – see page 14 for details
- signing up to our *Integrated Care Bulletin* by subscribing at www.nhsconfed.org/newsletters
- visiting us online at www.nhsconfed.org/ICSNetwork

For these and other ways of staying in touch please see page 15.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.

To find out more, visit www.nhsconfed.org

About the Centre for Public Scrutiny (CfPS)

CfPS is a national centre of expertise on governance and scrutiny. We passionately believe that better governance and scrutiny leads to more effective decision making, reduced risk and, ultimately, improved outcomes. Our work spans corporate decisions impacting on the public, to how tax payers' money is spent. We focus on behaviours and culture, as well as design and delivery.

Our work championing governance and scrutiny in public, private and voluntary sector organisations is for everyone's benefit. The challenges facing businesses and organisations now and in the future, require collaborative approaches.

To find out more, please visit www.cfps.org.uk

Key points

- Scrutiny leads have reported that there is little or no contact with integrated care systems (ICSs) or sustainability and transformation partnerships (STPs) in many areas, and the predominant feeling is that the ICS/STP process could do better in engaging with them.
- For many, ICSs and STPs need to ensure scrutiny committees feel they are a valued part of the partnership.
- Recognising that informal dialogue can facilitate more effective formal scrutiny, the relationship with a scrutiny committee should not exist purely through formal meetings. Taking time to build knowledge and relationships in between formal scrutiny sessions is an important part of developing trust between new partners.
- Particularly in the context of councils' statutory duties around substantial variations, ICSs and STPs should recognise and account for the additional pressures that joint health scrutiny working puts on under-resourced council staff and members.
- ICSs and STPs should provide good quality, simple, timely information upon which scrutiny committees can ask questions and make decisions. They should avoid 'death by PowerPoint', and leave plenty of space for open discussions.
- Some areas reported (and welcomed) a change in leadership culture in ICSs and STPs, with much greater openness and transparency, space for private informal meetings and having a link/liaison role within the local system. This new relationship had helped generate a sense of shared purpose, with collaborative working, thinking and reflection more much common.

Foreword



Jacqui McKinlay
Chief Executive
Centre for Public Scrutiny

We are in the middle of a period of unprecedented change in how public services in England are being designed, commissioned and delivered. The cumulative impact of austerity, technological innovation, changing demographics and a whole host of social and economic factors are driving change in every part of civil society.

There is no better example of this change than in the world of the NHS and social care. The arguments around an ageing society, improved treatments and better medicines and the need for new ways of working are well rehearsed. But the NHS Long Term Plan takes these ideas further, promoting a move away from markets and competition towards collaboration, to upstream investment, and a shift to local, whole public service partnership working as a strategy for improving the health of our communities.

The mechanism for delivering this new vision for health and care in England are local partnerships that are built around NHS and local government partners in each of 42 local 'systems'. Integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) look to mirror some of the best practice being shown around the world, integrating healthcare systems horizontally and vertically in a defined geographical 'place'.

What is fascinating about this process is the way that this is happening without primary or secondary legislation. Partnerships are being built around relationships, trust between civic leaders, a shared vision for healthier communities and a recognition that, in the current national political environment, change needs to be driven locally.

In this environment, health scrutiny has a clear and significant role in overseeing and holding to account this new strategy with its variations and other service changes. Substantively, scrutiny can engage with and challenge some of the assumptions that underpin change and can bring democratic accountability to what might otherwise feel like a technocratic process.

This guide has been produced from the views of 70 scrutiny leaders at our conference in July 2019. It is real, live feedback that we hope will be of use to both scrutiny leaders and ICSs and STPs in a changing world.



Niall Dickson
Chief Executive
NHS Confederation

Introduction

What is this guide designed to do?

This paper is based on discussions with around 70 local government health and care scrutiny chairs, members and officers at the Centre for Public Scrutiny (CfPS) Conference in London on 18 July 2019.

The discussions were facilitated by Olivia Butterworth, head of public participation at NHS England and Improvement, and Rory Deighton, regional lead for the NHS Confederation.

The guidance is designed for scrutiny leads and communications and engagement directors within integrated care systems (ICSs) and sustainability transformation partnerships (STPs). Its purpose is to help them understand how they might work more effectively together to produce a relationship that works in the best interests of local partnerships and communities.

The paper covers:

1. The experiences of scrutiny leads and their supporting officers in engaging with ICSs and STPs to date.
2. The steps that ICSs and STPs could take to improve these relationships.
3. The way that the role of health scrutiny might evolve to support the move to whole system partnership thinking.

What are people's experiences of how health scrutiny works with ICSs and STPs?

In response to the question of health scrutiny and ICSs and STPs, many areas reported little or no contact with ICS/STP systems in their area, and the overwhelming majority replying that the ICS/STP process could do better in engaging with them.

It was acknowledged that the logistics of health scrutiny working across a large geographical area are difficult for two key reasons:

- Getting multiple authorities together, over a large area, requires significant resource and should not be underestimated by NHS partners. Joint health overview and scrutiny committees (JHOSCs) that work on larger footprints come with significant additional work, but with no additional resources for local authority partners who are already under resourced.
- It is harder to work as a JHOSC, operating over a larger geographical footprint covering multiple local authorities, because there may not be pre-existing relationships and the new committee may not work automatically together as a team.

It was felt that ICSs and STPs need to work harder to communicate clearly and simply what their proposals are all about. Instead of developing a sense of partnership and shared purpose, scrutiny committee members can feel done to, not engaged with. Partnerships need to extend the place-based narrative that binds them together to ensure that scrutiny committees feel a valued part of the partnership, not just a box to be ticked off.

Finally, it was noted that it can be hard to gain consensus for complex regional decisions over multiple local authority areas at JHOSCs. New JHOSCs will

need to spend time building trust with NHS partners, and other members of the JHOSC, and this takes time. Many JHOSCs have worked hard to transcend parochialism around local health challenges, and NHS leaders should recognise that there is a necessary tension between strongly expressed community views and the strategic intentions of ICSs and STPs that is entirely healthy and understandable.

Some areas, however, were positive about their ICS/STP, where there had been a change in leadership culture and values that had produced open, constructive relationships and a good scrutiny process.

Some key features in these areas were identified:

- The importance of NHS leadership values and culture in setting a new, more open relationship.

“We have a history of good partnership working. We need to recognise that building trust takes time – and that that’s ok.”

- Space for private informal meetings to build trust and facilitate transparent discussions was critical.

“Our STP runs multi-agency workshops that help all parts of the system work together. We are invited to them, they are nice and friendly and help us understand the issues better.”

“Private meetings mean that we don’t need to worry about asking stupid questions in public.”

- A link/liaison role within the STP developing relationships with councillors and the scrutiny committee helps to build trust and supports clarity in the communications and the development of a shared sense of purpose.

What does good look like?

Ten tips to help ICSs and STPs work better with health scrutiny

Good scrutiny is a two-way process. Councillors require good, timely information from the ICS/STP, but members also have a duty to ask good questions and use the time well. These tips should help both sides produce a better scrutiny process.

1. Develop a common understanding of what you are trying to achieve.

“We need to be clear what we are looking to achieve with this scrutiny process.”

2. Work in partnership with the ICS to co-design the scrutiny schedule well in advance, and support members so that they understand the issues and are equipped to ask better questions.

“Early conversations build trust.”

3. Having a consistent point of contact in the ICS/STP works well. It enables trust to be built between the scrutiny body and partnership. Building time in between meetings to discuss issues informally works well.

4. Preparation, focus, simplicity. Scrutiny committees need clarity on what they want to know and clear, simple information upon which it can ask questions and make decisions. The presentation of detailed reports, written in the NHS’s own terms, is likely to be unproductive.

“We need good reports well in advance of the meeting.”

5. **Reports need to be plain, clear, simple and easy to read**, giving members just the information they need for that meeting – not the whole kitchen sink. It should be based on dialogue which involves NHS partners having a proper understanding of what councillors actually need and expect.

“Give us clear reports and don’t give us information overload.”

“Be clear what is going to change, and what improvements this will bring.”

6. **Do leave time for discussion and genuine questions**, as opposed to using half the session talking to a PowerPoint.
7. **Be clear on the principles of subsidiarity**. Work with the panel to collectively identify system-wide issues, and focus on them.
8. **Be open about risk**, and how it is shared and mitigated across the system under your new proposals. Describe how your proposals link back to the joint strategic needs analysis (JSNA), and how the actions will help reduce health inequalities in a local area.
9. **The scrutiny committee might consider using members from the Clinical Senate** as subject-specific experts, and also voluntary and community groups with experience of the issues being discussed. Make it clear to these experts what they can expect from the process.

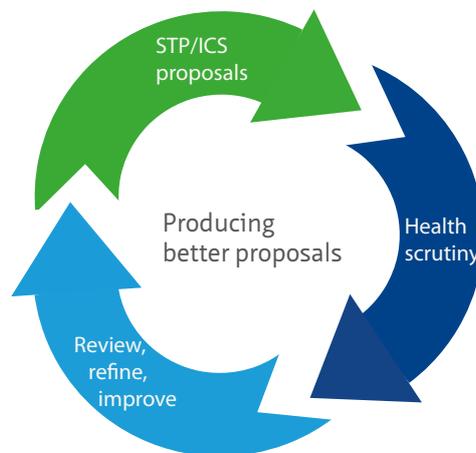
“Sometimes we really need independent expertise to help us understand the issues better.”

10. **Scrutiny bodies and partnerships should self-review** after each meeting to assess how effective they have been, and how they could improve the process next time.

“Scrutiny committee members should take care with personal anecdotes, making sure that they add value to the debate.”

How the health and social care scrutiny process might change and adapt to work in the new ICS/STP world

1. Scrutiny committee should be clear what its principles are and consider whether they need to be different in the new partnership environment in which we are all considered to be working. It needs to operate to principles that enable JHOSC to think in a non-partisan way, for the benefit of the whole community in every borough.
2. A good health scrutiny process will provide constructive feedback that will support ICSs and STPs to develop better proposals that will improve the health of our communities.



3. There is evidence that some health scrutiny bodies are maintaining their statutory duties but also shifting their approach to work more in the space of a trusted partner in a complex system. In doing so, the scrutiny committee can review, refine and improve proposals that benefit local communities. This role has to be balanced with a recognition that scrutiny has a role to perform, and health partners should recognise that effective scrutiny will not always be a comfortable process.

“Scrutiny can be a critical friend to a partnership – not a threat.”

4. JHOSC can help by selecting members who can see the bigger picture, work objectively and sensitively around local political disputes, for the benefit of complex communities over large areas.
5. Scrutiny committee could see its role in bringing together and empowering all of the different parts of the system that represent the views of the community. From non-executive directors, Healthwatch and lay members, to residents’ associations and small community groups
6. Scrutiny committee could see its role as a champion for active citizenship, building better relationships between public services and people.
7. Scrutiny committee should consider using live streaming and using social media to extend conversations outside of traditional meetings.

“We need to be open and transparent, but also be able to show how we’ve made decisions and why.”

8. JHOSC recommended agreeing a set of core values that would help a scrutiny panel make good decisions over a complex geography. This example was shared by a participant in the discussions.

ICS/STP working will bring together a wide range of partners across a number of different local authority boundaries. The example on the following page shows how a joint health overview scrutiny committee tries to set principles for how to reconcile local political concerns with the need to consider the wider impact of transformation over the whole healthcare system.

North Central Joint Health Overview Scrutiny Committee

Members believe that effective public scrutiny helps local providers to reduce inequalities, to improve people's lives, to improve people's experiences, to deliver better health and better services and to achieve greater value from the public's money.

Effective public scrutiny uses democratic accountability, openness, transparency, searching questions and focused recommendations to deliver public good.

1. Putting patients and residents at the centre of all we do

Our priorities are to reduce health and wellbeing inequalities, to improve health and wellbeing outcomes, to improve the experience of patients and residents, to prevent ill health and to make the best use of the public's money.

2. Establishing our common ground, focusing at all times on our common purpose, setting objectives and planning

Our priorities are clear and focused. We are clear about the strategic risks and who is responsible for what, what will be different, and for whom. We are not distracted from our real business.

3. Working collaboratively

Before we make recommendations and before we act, we listen and learn from experts – patients, residents, clinicians, colleagues, partners, the voluntary and community sector, local businesses, elected members, council officers, NHS officials, and from each other.

4. Acting in an open and transparent way

We always use inclusive language, that is free of jargon and acronyms and is understandable to all.

5. Publicly accountable

We demonstrate consistently that we are publicly accountable for how we conduct business, for what we do, for how and when we make decisions and take actions, in everything we do.

6. Integrity

We consistently demonstrate that we understand that health sectors, local councils and the voluntary and community sectors have different cultures and priorities. We always individually and collectively, act at all times with the highest standards of integrity and behaviour.

Next steps

In 2020, NHS Confederation and Centre for Public Scrutiny will be collaborating further to improve the way that health scrutiny works as a genuine partner to the NHS. This short guide is the beginning of a long-term relationship that will look to support effective scrutiny of NHS decision making, and in doing so support the ability of ICSs and STPs to transform the way that healthcare services in England are commissioned and delivered.

If you'd like to be part of this discussion, please contact:

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rory.deighton@nhsconfed.org

Ed Hammond, Director of Research and Campaign, CfPS:
ed.hammond@cfps.org.uk

For further information on how to contact your regional lead and how to stay in touch, please see pages 14 and 15.

Who to contact – your regional lead

Our regional leads are on hand to support ICSs and STPs across the different regions in England. They provide access to learning and good practice, support relationships and leadership development, and create opportunities to influence national policy and thinking. They also provide a stronger and more direct link between members and the NHS Confederation, acting as a conduit to transmit messages and concerns to national bodies.



Fiona Claridge

London and East

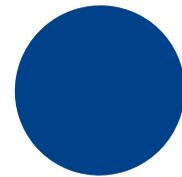
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How to stay in touch

We offer a wide range of email newsletters, including:

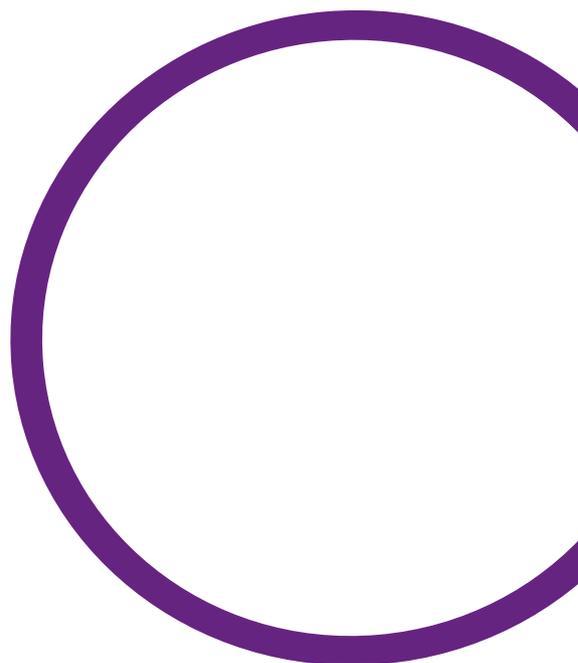
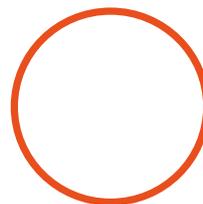
- Regional integrating care bulletins
- Media summaries
- Member update
- Health policy digest
- Local growth bulletin
- NHS European office update
- Mental Health Network update

Visit us at www.nhsconfed.org/ICSNetwork

Contact your regional lead – see [page 18 for details](#)

Blog with us on NHS Voices – visit www.nhsconfed.org/blog

Showcase a case study of innovative work – visit www.nhsconfed.org/resources



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