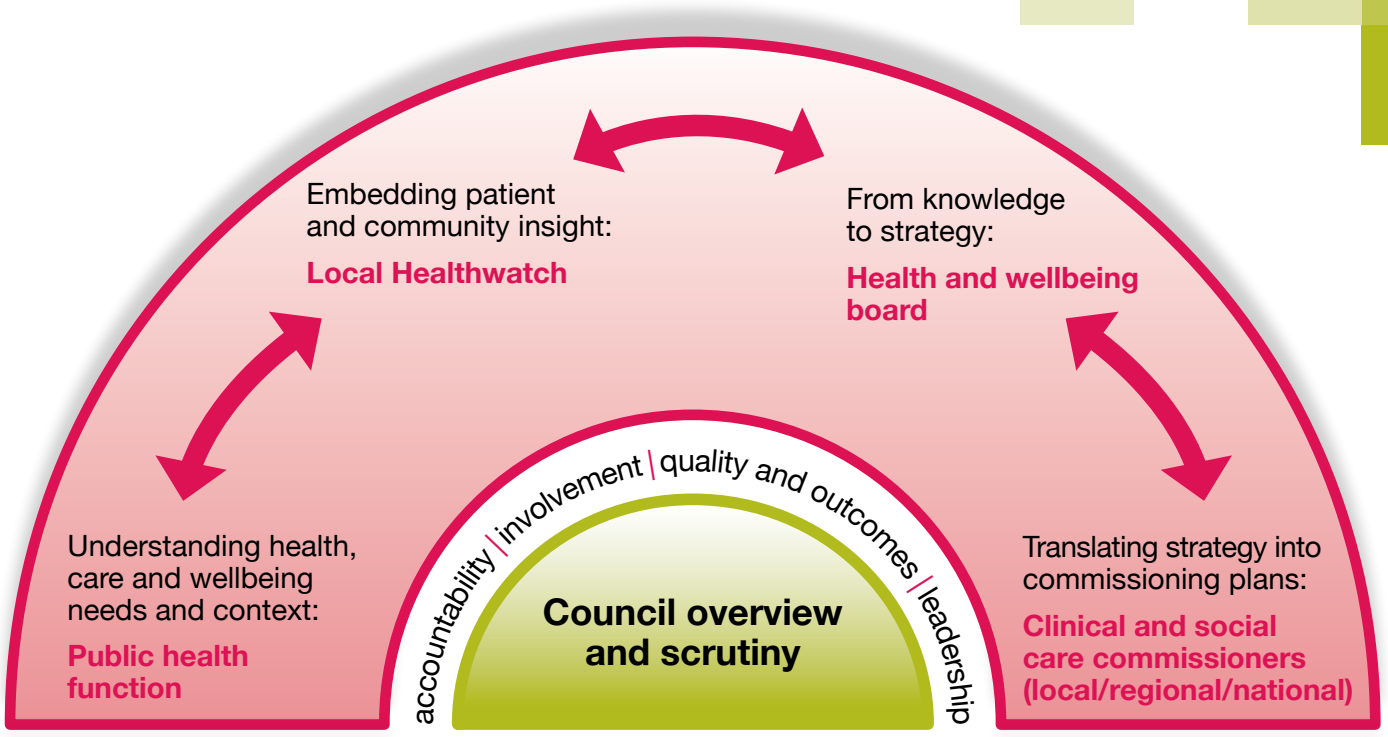
Spanning the system

Broader horizons for council scrutiny

Scrutiny Development Area case studies



About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Acknowledgements

These case studies have been produced by the 14 scrutiny development areas and the CfPS Expert Advisers that supported them, and describe in their own words what they did and how they did it.

CfPS is grateful to the councillors, officers and Expert Advisers that took part in this programme for their hard work and commitment in showcasing the expanding role of scrutiny within the health reforms.

Introduction

In April 2012, CfPS received funding from the Department of Health to help support scrutiny and accountability as the health system changed in response to the Health and Social Care Act 2012. 14 Scrutiny Development Areas worked with CfPS to develop their own relationships and ways of working and the learning has been shared in the partner publication to these case studies 'Spanning the System.'[1]

This publication seeks to share the journeys that individual areas took in exploring the new landscape. Each case study sets out what the area hoped to achieve by being part of the programme, what they did, what they learned and what's next for them.

1 Spanning the system – broader horizons for council scrutiny http://cfps.org.uk/publications?item=7274&offset=0

Scrutiny Development Area	Contact details	Products and tools that areas have generated
Birmingham City Council	Rose Kiely Rose.kiely@bimingham.gov.uk	Newsletters Principles, Priorities and Protocols for working with partners
Bristol City Council	Romayne De Fonseka romayne.de.fonseka@bristol.gov.uk	Protocol with health and wellbeing board
Bury and Oldham Councils	Andrea Tomlinson and Sangita Patel a.j.tomlinson@bury.gov.uk sangita.patel@oldham.gov.uk	Guide for councillors Protocol with clinical commissioning groups, and health and wellbeing board Healthwatch and Public Health
Calderdale Council	Mike Lodge Mike.lodge@calderdale.gov.uk	An approach personal development - shadowing Clinical commissioners
Central Bedfordshire Council	Jonathon Partridge jonathon.partridge@centralbedfordshire.gov.uk	Draft protocol and framework for working with clinical commissioning groups Framework for working with Bedford Borough Council on health scrutiny, social care and children's services
Cornwall Council	Leanne Martin lmartin2@cornwall.gov.uk	Case studies and communications Live JSNA online
Croydon London Borough	Solomon Agutu Solomon.Agutu@croydon.gov.uk	Draft scheme of delegation for Public Health (checklist for director of Public Health)
Lincolnshire County Council	Simon Evans simon.evans@lincolnshire.gov.uk	Protocol for working with clinical commissioning group
North Lincolnshire Council	Dean Gillon Dean.Gillon@northlincs.gov.uk	Protocol with health and wellbeing board and clinical commissioning group Toolkit for scrutiny on substantial variation and reconfiguration
Plymouth City Council	Ross Jago Ross.Jago@plymouth.gov.uk	Protocol with clinical commissioning group, health and wellbeing board, Healthwatch and Devon based councils
Staffordshire County Council	Nicholas Pountney nicholas.pountney@staffordshire.gov.uk	Protocol with Districts/Boroughs and Healthwatch Framework in progress for clinical commissioning groups
Warrington Borough Council	Julia Nelson jsykes@warrington.gov.uk	Legacy report
Warwickshire County Council	Ann Mawdsley annmawdsley@warwickshire.gov.uk	Protocol with district councils New Quality Accounts Process with district/borough councils and LINK
West Sussex County Council	Helen Kenny Helen.Kenny@westsussex.gov.uk	Protocol for scrutiny of NHS substantial change and service reconfigurations

Birmingham

Size, complexity, degree of deprivation, scale of child poverty, and the size of efficiencies required from both council and NHS all present challenges in Birmingham. These are compounded further by the scale of structural changes in health and care.

The agreed project objectives were as follows:

- Assist members and officers in working out how they can add value through health scrutiny activities.
- What early priorities should be and how to begin to create the envisaged new ways of working.
- Create opportunities for a broad group of stakeholders to share their approaches and priorities in order to inform the health scrutiny work.
- Build positive working relationships in the new structures and review early progress.

Observations and learning

Birmingham used a stakeholder event and a new 'select committee' style of working to bring together local partners. Participants identified four priority themes for future work by all: the prevention agenda; whole system approach; working together; innovation.

- Prevention, promotion of Birmingham as a 'healthy city'.
- Innovation, integrating the money – pooling resources and budgets;
- Consistent, realistic working together.
- Ensuring the whole system approach thoroughly involves the third sector.

These 4 themes offered a lynchpin for reviewing and planning, not only for the health and social care overview and scrutiny committee but more widely.

Other key messages from this work were:

- The importance of the role of scrutiny in providing focus, continuity and leadership in a changing situation was emphasised.
- Learning that other parties welcome the challenge of scrutiny done well – here Clinical Commissioning Groups explicitly encouraged the scrutiny committee to 'challenge the way we create the new system.'
- In a changing health landscape, the importance of scrutiny explaining and communicating its role, how it differs from the executive and setting out its expectations and aims with a degree of clarity, whilst recognising the legitimate anxieties and concerns of partners.
- Importance of scrutiny focusing on outcomes for citizens, getting beyond responding to NHS agenda and raising issues of social care, the wider prevention, education and health inequalities agenda.

- That scrutiny is almost uniquely well placed to provide a bridge between the NHS trusts, social care, third sector, Clinical Commissioning Groups, local Healthwatch, health and wellbeing board, Fire and Ambulance Service, Care Quality Commission and councillors providing accountable and transparent services.

Next steps

Principles and priority concerns were agreed that will guide the committee's future approach, enabling it to set priorities for work and inform lines of enquiry for specific reviews:

Principles

1. The core purpose of health scrutiny committee activity is to improve the health and life experience of people in Birmingham, by focusing on the impact of health and care services and other initiatives for health and wellbeing.
2. There should be a consistency of approach across the city to provision of and access to services and funding for health and care.
3. Tackling health inequalities must be at the core of how decisions about health and care are taken.
4. Whole system approaches to problems and solutions are critical to success.

Priority concerns

1. **Decisions and commissioning:** How are services valued? What is not a priority? What can we do without? What is not working? How can successful pilots be mainstreamed and not cut? How will cash and outcomes/benefits flow across the system?
2. **Collaborative working:** How do elements of the system work together, across and with other organisations?
3. **Quality:** What has happened to patient choice? What will happen about single-handed GPs in the city? What will be the impact of self-regulation on quality? What can scrutiny do to provide challenge?
4. **Innovation:** How can what is working be developed further and faster? How can new ways of improving health be developed?
5. **Prevention agenda:** What are the broader issues that should be taken up? How can the system make preventative investments?
6. **Tackling health inequalities:** How are health inequalities taken into account when decisions about health and social care are being taken?

Bristol

The primary reasons for wanting to take part in this programme were to:

- Help health scrutiny members and officers to better understand their role and the lines of accountability in the new health landscape.
- Begin to build the necessary relationships with new partners.
- Ensure that the considerable experience of health scrutiny was retained and used effectively when dealing with major reconfigurations under the new arrangements.

The agreed project objectives were as follows:

- To clarify the working arrangements and relationships that will underpin effective health scrutiny in the new health landscape.
- To give scrutineers a better understanding of their role.
- To engage and establish a level of understanding between members of health scrutiny and the health and wellbeing board.
- To set in place a process to establish the effective working relationships that will be required and to agree and develop a protocol around communication to provide a framework for these.

Observations and learning

A workshop was held to bring together stakeholders to understand in more detail implications and opportunities that the Health and Social Care Act brings, and the role of health scrutiny in this new health landscape. The event looked at three aspects:

1. Where we are now – our experience of how health scrutiny works with the key agencies and the relationships it has with them.
2. How we want it to be – how health scrutiny should work in the new environment, the relationships it will need and what would characterise a 'good' relationship.
3. Key priorities for action.

This was followed by a smaller scenario based workshop that focused on 'real life' issues – working through implications for both scrutiny and the health and wellbeing board.

They learnt that health scrutiny is particularly effective when it:

- Sees the bigger picture – making links across services and engaging a broad range of stakeholders and partners, not just health and social care services; working outside and across individual services and organisations and is not constrained by any single perspective or by the current pattern of service.

- Gets the right people in the room – all stakeholders together, in the same room, all hearing the same thing; hearing from good expert witnesses; and ensuring the right person attends.
- Maintains its focus on the concerns of residents and the services they are receiving – and not getting too distracted by 'process' or bogged down in the detail of service management and delivery.

They also learned:

- The increased emphasis on the role of commissioners and the increased diversity of providers, coupled with the expansion in the powers of health scrutiny means that the quality of commissioning and contracting becomes more important. Health scrutiny needs to consider how best to engage in the commissioning cycle and its role in relation to other agencies in order to ensure that its influence adds value.
- Good relationships are vital – both formal and informal relationships – do not rely on the existence of legislation to legitimise the role of scrutiny.
- There is value in establishing clear agreements and protocols between partners, setting out how they share information, interact and work together – the process itself helps to establish understanding and build the relationship; in particular between health scrutiny and the health and wellbeing board – the scenario based workshops were particularly helpful with this.
- Health scrutiny, the health and wellbeing board and Healthwatch have common goals and should work together:
  - Value their independence and keep control of their own agendas.
  - Share work plans, coordinate activity and avoid duplication.
  - Collaborate, complement and support each other, to add value to each other's work.
  - Know what each other are doing, with members receiving agendas and attending each other's meetings.

Next steps

Work on establishing and developing effective relationships will be ongoing, as the agencies prepare for April 2013, and thereafter as members develop into their new roles.

- A protocol will be developed between health scrutiny and the health and wellbeing board, followed by work on protocols with other partners.
- The findings of the project will be used to inform members of the new bodies and support training and development.
- The health scrutiny commission will consider how it can more effectively engage in commissioning and ensure the quality of commissioning and contracting.

Calderdale

Calderdale's aim was to make sure that proactive overview and scrutiny can continue and develop, ensuring that it becomes the fundamental way that councillors voice views about health and wellbeing and hold services to account.

The agreed project objectives were as follows:

- Build on the success of our engagement with health, local authority and community and voluntary sector partners to make sure that they address the dementia review recommendations.
- Use the dementia review as a prototype for developing the relationship between overview and scrutiny, the Clinical Commissioning Group and General Practitioners.
- Develop overview and scrutiny understanding of health and social care commissioning and how overview and scrutiny can make an effective contribution to good commissioning that improves outcomes.
- Work across all Scrutiny Panels to make sure that a silo is not created for wellbeing in health overview and scrutiny structures.

Observations and learning

This project was timely and gave members the opportunity to use a recent Dementia review as a 'springboard' to help to develop strong and effective partnerships. The main focus of the work was scrutiny's role in relation to the Clinical Commissioning Group and GPs (as the dementia work pointed to the importance of General Practice). GPs, like councillors, have a constituency. Unlike some councillors, they meet 95% of their constituents (patients) over a three year period. Calderdale cited the following as learning points:

- GPs, like all professions, can sometimes be protective. Scrutiny's observation of the Clinical Commissioning Executive showed that variations in General Practice is a matter of some importance for GPs on the Clinical Commissioning Group but, of course, Primary Care is commissioned through the NHS Commissioning Board, rather than locally.
- Face to face contact was key - members met the Chair of the health and wellbeing board and the Chief Officer (designate) of the Clinical Commissioning Group as part of this work and developed a shared understanding of each others' roles. Work is still underway on developing the role of the health and wellbeing board and the Scrutiny Panel will re-examine this emerging relationship in the Spring.
- Councillors benefit from observing the Clinical Commissioning Groups in action. This provides an insight into what their members are thinking and what the issues are for them – this cannot be discerned from just reading their agendas and papers.
- Senior NHS managers said that coming to the Health Overview and

Scrutiny Committee was a daunting experience and they sometimes felt "summoned". Councillors said that they sometimes felt intimidated by senior people with vast clinical experience and expertise; it is important to talk to each other about how it feels as well as about what is happening.

- Look for the connections – the dementia work influenced the draft Wellbeing Strategy and used learning from the dementia work when it considered the implications of the major Health and Social Care Strategic Review that is currently underway in Calderdale and Kirklees.

Next Steps

Two projects in early 2013 on how the housing needs of people with mental ill health are met and on the prevention, diagnosis and treatment of diabetes will both involve the Clinical Commissioning Group and General Practitioners.

The Scrutiny Panel will continue to discuss issues concerning the establishment of the health and wellbeing board, the Clinical Commissioning Group and the introduction of Healthwatch during 2013.

It is anticipated that the style of the Scrutiny Panel's work will be significantly different as a result of the SDA work; the panel will;

- Be involved as critical friend partners in the development of strategies, particularly for long term conditions.
- Make sure that the panel considers commissioning decisions in the work they undertake.
- Make a special effort to get the views of GPs of both health services and social care services.
- Build consideration of the quality and effectiveness of primary care services into a work programme.
- Always consider presenting recommendations to the Clinical Commissioning Group as well as to the Council's Cabinet.

Central Bedfordshire

Taking part in this programme allowed Central Bedfordshire to discuss the new health reforms and take a lead both internally and externally in terms of their health scrutiny approach. The aim was to strengthen the role of scrutiny as a 'critical friend' and develop a more strategic, outcome focused and evidence driven approach to health scrutiny. The programme was intended to reflect complex local circumstances of having a Clinical Commissioning Group covering more than one local authority area, not having a general hospital in the area and acute services being provided out of area. These circumstances lead to a greater reliance on joint working with neighbouring authority scrutiny.

The agreed project objectives were as follows:

- To improve understanding of the NHS reforms and relevant local partners in the region.
- Encourage commitment to engagement and evidence based policy making in overview and scrutiny.
- Develop a more strategic and outcomes focused overview and scrutiny process.

Observations and learning

The project used stakeholder events to improve understanding of the health reforms and to enhance working relationships across the health sector. Local circumstances described above led to the development of proposals for new models of working with other authorities and how the Council's committee structure might support collaborative working between scrutiny committees on children's health matters.

Learning points were general in relation to health scrutiny rather than specific organisations. Discussions identified four universal issues for discussion by health scrutiny:

- Integration.
- Improving demonstrable outcomes.
- Enhancing responsiveness.
- Reducing the gap in health inequalities.

A seminar provided a shared understanding of the role of scrutiny, what was needed to support this role and the specifics on what scrutiny should focus on in relation to health and social care scrutiny.

- For health scrutiny to have the greatest influence it should focus on those items where it can have the greatest impact. Prioritised work programmes that were delivered in a timely way were important to ensure that members could affect proposals and drive performance.

- The health scrutiny committee would need to focus at a strategic level and should provide a forum for explaining changes in health services to members and the public. Scrutiny needs to ensure that providers are held to account for delivering strategies and that they develop positive relationships so as to influence providers in a constructive way.
- As the Clinical Commissioning Group covers more than just Central Bedfordshire and acute services being provided outside of the area, it is important that relationships between neighbouring scrutiny committees (Milton Keynes, Luton, Bedford and Northamptonshire) continue to develop to ensure the timely and effective sharing of information; and to ensure that joint scrutiny committees are able to collaborate effectively.
- It is important to ensure that scrutiny members are aware of the plans of health organisations so they can scrutinise in an effective way. Information needs to be shared in a timely way to ensure that relationships are effective. Relationships should not be 'one-way', there needs to be a genuine commitment from organisations to working with scrutiny and a genuine understanding of the role of council scrutiny. An effective relationship will be one that results in there being 'no surprises'.

Next steps

1. Agree arrangements for collaborative working with Bedford Borough Council on joint health scrutiny matters; and internally arrangements for social care and children's scrutiny committee working more collaboratively.
2. Provide a framework for effective scrutiny of the Clinical Commissioning Group, including scrutiny of outcomes and ensuring services are responsive.
3. Provide an effective process for developing the scrutiny committee's work programme based on local priorities and patient feedback.
4. Consider how effective training for scrutiny members might be implemented to encourage a focus on outcomes and to continue to develop knowledge as the health reforms are implemented.

Cornwall

Cornwall is uniquely placed geographically and culturally. It is felt that, being distant from London, the challenges faced are not always understood by those based beyond the border. Cornwall wanted to share their experiences and emerging good practice with others and locally develop increased cohesive working between those involved in the local health system; working together to achieve better health outcomes for the population. Cornwall Council is keen to stimulate innovative ways of working and used the reforms as an opportunity to implement new models of working.

The agreed project objectives were as follows:

- To develop the relationship of health scrutiny with the Clinical Commissioning Group and health and wellbeing board, possibly to provide a joint working protocol.
- To ensure that newly formed organisations were aware of and understood the health scrutiny function - its role and responsibilities.
- To bring together the key players locally in a joint learning format to develop a shared understanding of the health reforms and their impacts.

Observations and learning

Cornwall Council shares a Clinical Commissioning Group with the Isles of Scilly, and this work was able to bring together representatives from the Isles of Scilly but also wider connections to the rest of the South West as approximately 20 percent of the Cornish population use Plymouth Hospital Trust for services, approximately five percent of the Cornish population use services provided by Northern Devon Healthcare Trust and that the population of the Isles of Scilly use the Royal Cornwall Hospital Trust. This cross-border delivery will continue to be the focus as new arrangements embed locally and throughout the peninsula. They used meetings, research and scenario based events to think through the challenges faced. They learned that:

- A shared understanding was developed and that health scrutiny is the one constant in the new arrangements, and that it can use its collective memory, existing relationships and expertise to help implement the reforms, whilst providing a constructive challenge to commissioners and service providers and to strategies and policies around health and social care.
- Scenario based workshops work well – and were designed to explore the different responsibilities and expectations of organisations, and how they fit together, avoiding duplication. Health scrutiny made it clear that the health and wellbeing board is responsible for the Health and Wellbeing Strategy, but that scrutiny could contribute evidence to the Joint Strategic Needs Assessment and review delivery of the Health and Wellbeing Strategy.

- Aspects of commissioning were still unclear – such as the different roles of the Clinical Commissioning Group and the Local Area Teams of NHS England.
- There was a possible conflict of interest with a Healthwatch representative sitting on both the health and wellbeing board and scrutiny committee. It is envisaged that other areas will have the same consideration to make and that this locally might be able to be resolved by contractual performance specification.
- There is a shared understanding of two key priorities:
  1. The need to ensure that the NHS is patient centred.
  2. The need to better integrate health and social care commissioning and provision.
- Clarity was still required in relation to some aspects of the new legislation, which may challenge traditional roles and responsibilities and that these may be difficult for people to adjust to.
- Stakeholders felt that they have a responsibility to understand, and be committed to, developing a shared outcome of improved health and social care.
- Discussion within the groups highlighted that there should be early discussion of any substantial variations or developments in order to ensure proper consultation and involvement in proposals.
- Local Area Teams of NHS England will be important in respect of many key services, and that this is a difference from existing well developed arrangements. It therefore would be important for the health scrutiny committee to develop understanding and relationships with other commissioners as well as the Clinical Commissioning Group.
- Maintaining communication is key to achieving successful transitions and working practices going forward.

Next steps

Participants identified the steps that would enable closer working together in the new arrangements. They considered what further actions were required, such as a workshop involving more stakeholders after Healthwatch is commissioned, the possibility of drafting working protocols and an agreement to work on joint scrutiny with neighbouring councils. Participants were invited to contribute ideas for the preparation of a legacy document currently being compiled due to the forthcoming local elections and the changes in local governance arrangements. Discussions will take place to develop a Memorandum of Understanding when the legislative requirements are understood.

London Borough of Croydon

Croydon wanted to be at the forefront of developing a clear set of relationships between scrutiny, the shadow health and wellbeing board, the Clinical Commissioning Group and the LINk/Shadow Healthwatch. All these stakeholders involved in the new health arrangements shared the aim of exploring their distinct but also potentially overlapping responsibilities, with a view to developing clarity about who is responsible and accountable for what.

The agreed project objectives were as follows:

- To equip Croydon councillors (particularly the 2012/13 health scrutiny and shadow health and well-being board members) and other stakeholders with a deeper understanding of how the different parts of the system work.
- To explore how to use limited resources to maximum effect for the benefit of local people, develop synergies between the different agencies involved and minimise the risks of resources being wasted through duplication and misunderstandings.

Observations and learning

Croydon used a three hour evening event to facilitate a 'world café' approach which helped to secure maximum involvement of the participants and to ensure that they addressed different aspects of the new health arrangements and explored how the health and wellbeing board, the Clinical Commissioning Group and Healthwatch could work with scrutiny to avoid duplication but reap the benefits of developing synergies. By mixing up participants from different sectors, the result was that some important foundations were laid for relationship building, as well as a number of positive proposals emerging for sharing information and developing more knowledge and understanding of each other's work. From this work they:

- Enabled scrutiny members and health and wellbeing board, Clinical Commissioning Group and Healthwatch members to appreciate fully the resources and the need to prioritise and share the resource burden where appropriate.
- Established that to perform its role effectively of holding the health and wellbeing board and Clinical Commissioning Group to account, being a 'critical friend', evaluating policies and strategies and assessing if health and social care services are meeting Croydon residents' needs, scrutiny will need to draw on other organisations' work, to avoid duplication.
- Captured valuable insight regarding using Healthwatch's 'enter and view' work; getting feed-in from Clinical Commissioning Groups via local ward councillors to help understand local communities' needs; and drawing on information and assurances provided to the Clinical Commissioning Group about the safety of services.

- Brought together participants from across the sector to come to a common understanding about key issues. These were: the importance of developing clarity about their different roles; the need to understand each other's responsibilities; the need to understand the pressures on decision makers, commissioners and providers and the hard choices these were enforcing; the importance of communication among partners; and the need for clarity about the responsibility of holding to account.
- Identified a tension about how influence and accountability were affected by the positioning of public health teams in an organisations hierarchy – and resolved this by drafting a scheme of delegation.
- Identified that communicating well was prominent as a means to develop understanding and co-operation. Suggestions were made for:
  - Sharing work plans and for suggesting items for work plans where appropriate.
  - Ensuring minutes of meetings were circulated to all partners.
  - Synchronising meeting dates for maximum effectiveness.
  - Attending meetings as observers in order to develop understanding.
  - Inviting scrutiny councillors to Healthwatch meetings for particular discussions.
  - Having a regular slot at scrutiny meetings for the Healthwatch co-optee to provide an update.

Next steps

Scrutiny plans to cover the Joint Health and Wellbeing Strategy and health and wellbeing board and Clinical Commissioning Group commissioning plans, and ask Healthwatch to prioritise "enter and view". Its agenda will also be influenced by the Clinical Commissioning Group's ability to have robust contract monitoring (not Scrutiny's role).

While the role of Scrutiny in relation to local health organisations became clearer through the project, its role in relation to the NHS Commissioning Board did not. This is an issue that scrutiny will need to tackle in the future.

Lincolnshire County

The Committee wanted to develop relationships with the four Clinical Commissioning Groups and the health and wellbeing board so that the committee can begin to hold them to account. They also wanted to continue to involve the seven district councils.

The agreed project objectives were:

- Hold two development / training sessions. The first session would provide an overview of the Health and Social Care Act 2012, but focusing on the role of the different health players; the second session would focus more specifically on the relationships between the different parts of the local system.

Observations and learning

The Committee uses a variety of approaches in its scrutiny work:

- "Select committee" style meetings.
- Stakeholder events and a Public Health awareness session for members were held to ensure information and knowledge was shared.
- Task and finish groups and ad hoc working groups, working on particular tasks, such as drafting responses to consultations or formulating statements on Quality Accounts.

The strength of the above variety of approaches is that district councillors become involved; bringing their local understanding of how the issues affect their own district. Through this work they learned that:

- There is a need to further develop the knowledge of health scrutiny committee members, to help them undertake their scrutiny role. The delivery of health services will become more complex, as £1.2 billion of NHS annual expenditure, currently managed by Lincolnshire PCT, will become the responsibility of at least six 'successor' organisations from 1 April 2013.
- Each of the seven district councils in Lincolnshire is active on the Health Scrutiny Committee. The four Clinical Commissioning Group areas do not align directly with district council boundaries and this will lead to the district councils focusing on one or two Clinical Commissioning Groups. The make-up of the Committee works well, ensuring that the district councils have a meaningful role and voice in respect of health issues across the county.
- Tackling health inequalities will be given greater emphasis, as each Clinical Commissioning Group will be more locally focused. The challenges for the Lincolnshire East Clinical Commissioning Group Area are clear, given the concentration of deprivation and demographics of the coastal area of this Clinical Commissioning Group – an increasingly ageing and transient population.

- There needed to be better liaison arrangements, including:
  a. Regular briefing meetings between the Health Scrutiny Committee Chairman and Vice Chairman and the Accountable Manager of each Clinical Commissioning Group, perhaps two / three meetings per annum.
  b. Involvement of a senior representative from each Clinical Commissioning Group at the monthly agenda planning meetings.
  c. Continued involvement of Committee representatives at Clinical Commissioning Group events, for example stakeholder events.
  d. No 'surprises' for either any Clinical Commissioning Group or the Committee.
- They should develop a protocol that covers:
  a. Co-operation / participation of Clinical Commissioning Groups in scrutiny reviews.
  b. Arrangements for sharing draft reports, with the Clinical Commissioning Group, prior to the report's formal publication and approval.
  c. Arrangements for a Clinical Commissioning Group to respond to any report / recommendation from the Clinical Commissioning Group, including timescales.
- The value of early involvement of the Committee in consultation exercises (whether a substantial variation or not), with pre-consultation engagement and discussions continuing.

Next steps

Over the coming months, the focus will be on:

- Developing protocols / relationships with Clinical Commissioning Groups, the health and wellbeing board, and Healthwatch – of these the most important will be the protocol with the Clinical Commissioning Groups.
- Prioritising the content of the Committee's work programme, in particular making the most of the Committee's time and focusing on strategic issues and health inequalities, particularly in those areas affected most by deprivation.
- Developing the knowledge of its members, with further developmental sessions – The events will need to be timed with care, as there are County Council elections in May 2013.

North Lincolnshire

North Lincolnshire sought to ensure the necessary infrastructure was in place to ensure effective and transparent scrutiny of the Clinical Commissioning Group and the health and wellbeing board, and to consider how they might respond to a forthcoming major reconfiguration. To ensure health scrutiny is outcome focused and aligned with, and informed by strategic direction.

The agreed project objectives were as follows:

- To ensure an effective working relationship between scrutiny the Clinical Commissioning Group and the health and wellbeing board.
- To ensure that decisions about health in the area are open, accountable and transparent.
- To improve the local response to planned substantial developments and variations, including ensuring effective joint working (if required).
- To help tackle the deep-rooted health inequalities locally.

Observations and learning

Historically, substantial developments and reconfigurations have largely been dealt with on a reactive and relatively light touch basis. Given the challenging health service changes, members were keen to take the opportunity to strengthen the health scrutiny role in this aspect, and therefore used this project to help them to develop a protocol for dealing with reconfigurations, which they are confident will be adopted. They approached this slightly differently and decided that a good way to develop joint understanding was for scrutiny and the Clinical Commissioning Group to respond jointly to the consultation on the Health Scrutiny Regulations. This approach helped to forge an agreed way forward which resulted in the protocol.

To gain a fuller understanding of the health and wellbeing board, scrutiny lobbied for key scrutiny members and the scrutiny officer to receive observer status on the Board, which was granted. They now receive all paperwork for the Board and (pending further guidance) can request any other papers from the sub-committees. This provides a fuller understanding of forthcoming issues, the context that decisions are being taken in, and how policy is formulated. A protocol for this relationship is being developed.

They learned that:

- Whilst there is some continuity locally, in many ways health scrutiny has reverted to where it was in 2002.
- There is a need to build relationships and agree ways of working with a new cohort of people. Whilst agreeing protocols etc. is important, soft skills for building trust are equally important. Scrutiny needs to emphasise that it is not a threat to new stakeholders and partners (although it should constructively challenge), and can assist them in their work.

- A key area for learning is the need to 'get a seat at the table' and to understand issues in terms of the context and development. Understanding and challenging early is far preferable to raising concerns when proposals are at the stage of public consultation.
- The relationship with Healthwatch needs to be reciprocal. Each has their own strengths and weaknesses, and through discussion, can inform each other's priorities. In addition, Healthwatch has powers that scrutiny does not have, notably access, whereas scrutiny has the power to refer to the Secretary of State. It is important therefore that whilst maintaining the integrity of both functions, opportunities for collaborative working are explored and utilised where appropriate.
- Building relationships with the Commissioning Board will also be a consideration. When Local Area Teams are in place, scrutiny needs to initiate a conversation as early as possible.

Finally, there needs to be a discussion about 'who' scrutiny recommendations are to be addressed to. Clinical Commissioning Groups are not used to being accountable to elected members and there is a danger that they will not respect the views of scrutiny. It is vital that there is some work carried out to support each other's knowledge and understanding of the differing cultures, and ways of working. It is possible that scrutiny might be perceived as adversarial by health colleagues, which could create barriers to constructive working. Scrutiny was invited to do a presentation to the Clinical Commissioning Group, describing the role of scrutiny overall and putting forward some thoughts about how they might work together.

Scrutiny members need to understand the differing (and sometimes competing) priorities of providers and commissioners when major service change is proposed. Commissioners' wishes cannot be implemented immediately, and providers will be focused on ensuring there is enough income to remain financially viable, whilst maintaining quality outcomes.

Realistically, financial pressures are a key driver for service change, but they cannot be the only one. Any rationale must focus on the wider picture.

Next steps

- Protocols will form the basis of scrutiny's relationship with the Clinical Commissioning Group and the health and wellbeing board (although these will be kept under review as 'living documents').
- A draft toolkit for local authority scrutiny where substantial service development or reconfiguration is proposed will be consulted on and altered / updated as an ongoing process.

Oldham and Bury

Both Oldham and Bury wanted to undertake a proactive role at an early stage to begin dialogues and discussions with key bodies affected by the health reforms. Understanding the health reforms and then determining how scrutiny plays a central role in accountability was the purpose of this work.

The agreed project objectives were to use a strength based approach to:

- Ensure members responsible for health scrutiny have a good understanding of the health reforms and are equipped and confident to carry out their functions of scrutinising and holding health agencies to account.
- To identify gaps in members current expertise to carry out their role and learn from previous best practise, for example concerning commissioning, tendering, procurement and holding to account.
- To ensure that good working relationships are developed with Health O&S, Clinical Commissioning Group, Health Watch, and Public Health in and across Bury and Oldham through the development of protocols, based on shared understanding, influence and support. The protocols will be developed through health task and finish groups and will cover:
  - Work with different partners on information sharing.
  - How O&S can be involved in Joint Strategic Needs Assessment.
  - Holding to account – what happens to O&S recommendations.
  - Mechanisms that involve forward planning together.
  - Involvement is as early as possible.

Observations and learning

Oldham and Bury used a joint stakeholder event to reach their objectives. The event aimed to:

- Improve everyone's understanding of the health reforms and to suggest improvements.
- Facilitate discussions between O&S and other key bodies affected by the health reforms about what was needed in a working protocol post April 2013.

The event used an asset approach to bring an excellent mixture of people together and the informal participative style provided great opportunities for people to get to know and informally learn from one another within and across organisations and also to get a sense of how another borough council was developing its new structures. It provided good opportunities to identify questions participants wanted to explore further and a model for future events. Also assuming no pre-existing knowledge and the use of an open space approach to start with 'councillors concerns' worked very well. Despite some councillors having reservations about the health reforms, there was enormous interest in discussing them. Several people seemed pleased that it was participative rather than listening to speakers and that they had an active role in developing a councillor guide and protocols.

From this work they learned that:

- Scrutiny needs to undertake a proactive role and the focus should be on the 'overview' element enabling members to be an integral part at an early stage, which reduces the need to undertake 'scrutiny' element of their role.
- The Directors of Public Health are keen to offer scrutiny members regular informal briefings which will provide the intelligence and information on health inequalities and preventive work which will enable them to effectively challenge the key health agencies. These briefings should also be used to agree any training members need in order to effectively undertake their scrutiny role.
- Scrutiny plays a central and a key role in bringing different organisations together from various sectors and facilitating discussions to undertake 'overview' and 'scrutiny' of key health bodies jointly.
- Scrutiny can undertake a dual role with the health and wellbeing board by scrutinising them as well as working with them to produce the Joint Strategic Needs Assessment and strategy at an early stage.
- Scrutiny can work jointly with Healthwatch sharing work programmes and co-opting their members onto Task and Finish Groups utilising their experience in undertaking specific reviews.
- The Clinical Commissioning Groups will have a lot of responsibility in terms of budget and commissioning services to providers – scrutiny will need to hold them to account – good working relationships will be vital.
- Using the asset based approach is a quick way to achieve an outcome within a short timescale. It required a lot of planning and organisation in advance of the actual event but this approach proved worthwhile due to the positive feedback received from those who had attended.

Next steps

Oldham and Bury expect to continue joint working initially and then in the future, to share their work with Manchester authorities to widen joint working. The draft councillor guide and protocol will be revised and finalised in time for April 2013. A follow up event will also take place inviting the same participants again to discuss progress at both Oldham and Bury and have answers to questions raised at the last event. In Oldham, further events will be organised with representatives of key health bodies to further develop members understanding.

Plymouth

Health inequalities are a major challenge for Plymouth. Health and wellbeing is therefore a high priority. The project focused on the following areas:

- Provide scrutiny members with a clear understanding of the future changes in the health sector and the implications.
- Provide an opportunity for Peninsula scrutineers to come together to discuss issues of mutual interest.
- To develop a work programme to address the key risks to the successful delivery of an integrated health system.
- Use the opportunity to identify other areas linked to health and wellbeing (growth agenda, crime and policing).

Observations and learning

Plymouth shares a Clinical Commissioning Group and already undertakes joint health scrutiny of specialist regional hospitals and some community health services with other authorities namely Cornwall Council, Devon County Council and Torbay Council. The scrutiny committee wanted to support the transition and coordinate health scrutiny in light of the health reforms on a cross-boundary basis, particularly to understand and ease the possible tensions which could be created by an urban/rural split in commissioning. They held an event which brought together NHS colleagues and councillors from across Plymouth, Devon and Torbay to consider arrangements post April 2013. They learned that:

- Local democratic involvement in health presented a huge opportunity, and it was timely to explore how scrutiny is carried out and how evidence is gathered when there are a myriad of providers.
- It is important to emphasise scrutiny should include the wider determinants of health, care and well being.
- Scrutiny of health and social care needs an ethical agenda when working with patient experience.
- Scrutiny often happens when things go wrong, but also is useful when things go well; Appreciative Inquiry can help to identify why things succeed and can emphasise and learn from the positives.

Key issues discussed during the project included:

- The need for scrutiny and new players to have clear interfaces and roles and to avoid duplication.
- The need for all to collate information, share communications, give early warning and exchange work planning; 'no surprises' is a difficult policy, but it would be useful for organisations to share at least what is coming on the horizon.

- There are risks in the new system including its complexity, untried structures, changing people and partners.
- The reforms are likely to open up health and social care to more scrutiny.
- Healthwatch and scrutiny will need to keep pressure on all bodies to ensure that communities take responsibility and are involved in health and wellbeing consultations.

Health and wellbeing boards: scrutiny will be able to:

- Contribute to and review the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Scrutinise the decisions and actions of the health and wellbeing board, and make reports and recommendations.
- Help redefine relationships between clinicians, other professionals and service users.
- Scrutinise the development and operation of the health and wellbeing board.

Healthwatch: scrutiny will be able to:

- Review arrangements for local Healthwatch.
- Scrutinise performance and value for money.
- Draw on evidence from Healthwatch.
- Receive concerns from Healthwatch.
- Seek help with consultation from Healthwatch.

Clinical Commissioners: scrutiny will be able to:

- Seek information and evidence for reviews.
- Send reports and make recommendations.
- Scrutinise arrangements for Clinical Commissioning Group.
- Liaise with NHS England on concerns about the Commissioning Group.
- Undertake joint health scrutiny of cross-border commissioning decisions.

Next steps

A series of events will be planned covering the further development of joint working with neighbouring health and social care authorities.

Staffordshire

Staffordshire County Council had identified that they needed to work collaboratively with the new commissioners to promote a wider understanding of the role and potential value of scrutiny amongst GPs and their new Clinical Commissioning Groups. They also wanted to broaden the scrutiny functions understanding of how scrutiny might 'partner' Healthwatch. As a two tier local authority area, they also wanted to work through how the county, district and boroughs could best work together in these areas.

The agreed project objectives were as follows:

The project was envisaged as consisting of three separate strands:

- To prepare scrutiny committee members by assisting them to further understand the changes in relationships across the County via examining and building their views about the future of Healthwatch.
- To stimulate a process of mutual understanding between the local Clinical Commissioning Group's and the appropriate tier of local government in the County.
- To enable officers and members to recognise and formalise joint working channels and relationships in order to strengthen the role of scrutiny across the County – this strand was deferred until after the publication of the Francis Inquiry into the NHS Mid-Staffordshire Hospitals Acute Foundation Trust and therefore fell outside of the time for this project.

Observations and learning

Staffordshire used two events to facilitate meeting the above objectives.

The first focused on scrutiny of the procurement process for local Healthwatch and scrutiny's role within this – during this opportunities were highlighted where scrutiny and local Healthwatch could effectively work together. They learned that:

- Considerations about how the potential data base and research capabilities of the new Healthwatch might be supported and utilised for both organisations and their partners advantage.
- Powers of 'enter and view' and Healthwatch's presence on the health and wellbeing board should be explored and utilised.
- The power of joint working around developing clinical pathways and the strength that Healthwatch's national contacts may bring.
- It is important to ensure all committee members understand the processes that lie behind the internal commissioning arm of their own organisation and giving time to develop a cohesive view of such a major subject to be scrutinised will influence and set the pathway for relationships in the future.

The second event brought together scrutiny members and officers from tiers of government, clinical commissioning and LINk representatives. It provided the opportunity for discussion and an exchange of learning between partners and enhanced all parties understanding of their structures and roles; explored opportunities to work together and the resources needed for this and to provide evidence to support the next steps in the process of strengthening the relationship between scrutiny, Clinical Commissioning Groups and other partners. They learned that:

- Health economies with a number of Clinical Commissioning Groups need to recognise that they may be at different stages of development and understanding of scrutiny.
- Sitting round the table earlier avoids misunderstandings about how each local authority tier is involved in scrutiny. It is important however to be inclusive of all partners or ensure that at least there is a mechanism for joint dialogue in place.
- Do not underestimate the passion and interest that district and borough councils may bring to the table particularly in counties with a geographical spread or distinctive community clustering around services or main providers.

Essential learning about scrutiny also emerged, including:

- That scrutiny can play an essential role in supporting other partners to develop robust governance systems. This emerged as the scrutiny committee prepared for and then scrutinised the commissioning and tendering process for Healthwatch.
- There is a need clarify how scrutiny works with Clinical Commissioning Groups that balances their need to demonstrate real community involvement in service change at a localised level without undermining the separate roles of district and county tiers.
- Staffordshire's current protocols had provided a good starting point and the strategic approach of the scrutiny committee is still pertinent but now needs to be reviewed.

Next steps

The reports and evidence gathered will be used in three ways: to inform a refresh of current protocols for health scrutiny in the county taking into account the role of district/borough councils and Healthwatch; to support consideration of the Francis Inquiry report; and to develop framework for closer joint working between the committee and the Clinical Commissioning Groups involved.

Warrington

Warrington was in the promising position of already having established the foundations of a good working relationship between health scrutiny, the health and wellbeing board and the local Clinical Commissioning Group prior to starting this project. However members and support officers wanted to appreciate and understand more fully how best to develop these relationships moving forward, in order to ensure that health scrutiny continues to play a full role in ensuring the quality and best outcomes for Warrington residents. The council is also in the process of considering new committee arrangements under the Localism Act. The anticipated proposal for a hybrid type model has implications for health scrutiny. It was recognised that a better understanding of where and how health scrutiny might develop is an important part of ensuring the continuity of the relationships concerned and keeping health scrutiny effective under the new system.

The agreed project objectives were as follows:

- To explore the relationship between the health and wellbeing board and the health scrutiny function with other relevant partners in order to define and strengthen the current communication pathways.
- Support member understanding of how health scrutiny and the local health economy relationships might interact with their new committee structures.
- Produce a report specific to Warrington and future considerations for the new scrutiny system to support future work.
- Increase members' awareness and capture their views for use in the overall council process of shaping the new committee structure.

Observations and learning

An elected member workshop was used to:

- Inform and bring members up to date about the impact of the Health & Social Care Act and the implications for health scrutiny in particular.
- To start an examination of the councils processes and relationships to date and to stimulate members into starting their thinking about the future relationship between relevant partners and health scrutiny committee arrangements post the Health & Social Care Act legislation.
- To collate evidence of members views about important relationships within the health sector.

They learned that:

- Scrutiny can be a very powerful way of bringing disparate agendas to the table and highlighting a common agenda. The medium of scrutiny can be an effective way to explore these in a positive way. This process should also include the direct and indirect involvement of the wider community. The

impetus for this is that when relationships work well, there can be tangible positive outcomes all round for the community at all kinds of levels as well as patients and service users.

- Scrutiny committees may also have a role in keeping the balance between relationships in the wider health economy when key processes or personnel change. They can do this by continuing the focus on the vision and priorities for the area through their work programmes and reviews. Maintaining the momentum may provide stability in a time of change and the use of professional and clinical advice to support actions keeps the process of joint working sound.
- It was hard to assess whether the project did actually improve members awareness or gave the time for members to absorb the implications of the new committee structures. It did however highlight the higher information and skill levels of the current health scrutiny committee members and the importance of ensuring that this valued asset was preserved and not lost in any subsequent system changes.
- Resources of all kinds, from expertise in funding to constrained budgets, will always be a consideration. However, an open and honest dialogue with the public and a clearly articulated joint vision of the future including a commitment to new ways of working may show the way.
- Challenges arise around ensuring that the communication channels between partners remain unimpeded, as relationships develop, by both internal and external political activity. Sometimes you may also need to plan for agreeing how not to agree.
- The joint leadership challenge is that of addressing and changing embedded cultures together, at the same time as clearly identifying and working through ways to overcome fixed agendas.

Next steps

The evidence from the workshops within this project have been written up and consolidated into a legacy report for future use.

The council has also used the provisions within the Localism Act to undertake a review of its committee structure and is adopting a hybrid type model which has implications for health scrutiny. The functions of health scrutiny as set out under the National Health Service Act 2006 will be split between the new policy committee 'Protecting The Most Vulnerable' and an overarching Scrutiny Committee. A series of on-going discussions between the chairs of the newly configured committees and officers are currently underway.

Warwickshire

The Warwickshire Adult Social Care and Health Overview and Scrutiny Committee wanted to develop strong working relationships with key agencies in the new health economy in the county.

The agreed project objectives were:

- To develop a shared understanding amongst the key organisations in Warwickshire's health and social care sector about their respective roles and relationships.
- To enable different council tiers to work towards ensuring the delivery of health and wellbeing and bringing the public health contributions of district and borough councils into the mix.
- To enable each key organisation to make an effective contribution to reducing health inequalities across the county.
- To support councillors to challenge both commissioners and providers of health and wellbeing services across the county, including private providers.

Observations and learning

Warwickshire used two areas of focus to meet the above objectives:

1. To explore how to involve district/borough councils in health scrutiny in ways that would exploit their potential to contribute (particularly drawing on their experience and capability to engage with communities and using their responsibility for a wide range of services that can contribute to reducing health inequalities) whilst respecting the statutory duties of the county council to lead on health scrutiny.
2. To use Quality Accounts as an experiment in partnership working by creating Task and Finish Groups related to each of the five NHS trusts in the county. The groups included representatives of the county and district/borough councils, Coventry City Council and both Warwickshire and Coventry LINks. They are working with each of the Trusts to evaluate the effectiveness of the past year's quality accounts and to help set priorities for the coming year. This approach has been embedded, and will not only make the Quality Accounts process more effective, but will develop members of the committee as "champions" for the different trusts they are working with.

During this work they learned that:

- To make the new health system work there is a need for key agencies to understand and respect the different roles and responsibilities that they all have; and what is best done together and those things that are best done separately.
- Scrutiny can play a key role in helping other agencies to understand their respective roles and responsibilities.

- Scrutiny needs to work out when to challenge and hold others to account and when to contribute to policy development and innovative ways to do things better.
- The importance of having good informal relationships between people in different parts of the health system has been demonstrated very clearly. Informal discussions about how different organisations operate has helped to increase mutual understanding and generated ideas about how to improve ways of working.
- This approach has enabled and encouraged people to think about the health system as a whole rather than to focus solely on their own part of the system in isolation from what others are doing.
- Improved understanding has led to improvements in communication between different parts of the system. An example of this came from a conversation at one of our meetings when a councillor expressed concern that a hospital ward in her electoral ward had been closed temporarily but she had no knowledge of the closure until her constituents started to bring their complaints and concerns to her and she read about it in the local press. To avoid this happening in future the hospital trust agreed to inform the County Council immediately when it needed to close a ward or restrict visiting times so that councillors could be informed and would be able to advise and explain the reasons to constituents. Everyone wins! This practice has now been expanded to all the Trusts in Warwickshire.
- By involving district and borough councils in health scrutiny new opportunities become available for developing strategies that can help to address inequalities through this wide range of services.

Next steps

A final partnership event will sign off agreed protocols for how partners will work together and share work programmes for the coming year. The event will include the county and district/borough council scrutiny committees, the Care Quality Commission, Health Watch, Clinical Commissioning Group Community Engagement leads and health and wellbeing board representatives.

It is expected that there will be formal meetings of the partnership twice a year, one to scrutinise the Joint Strategic Needs Assessment and the other on an agreed topic. The topic for 2013 is likely to be Community Engagement. Officers will meet more regularly to exchange information, to share work programmes and to ensure that any issues about how they work together are identified and addressed at the right time.

West Sussex

West Sussex Health and Adult Social Care Select Committee specifically wanted to review guidelines previously developed for the scrutiny of NHS service reconfigurations, to build on strong relationships and ensure effective working with emerging health bodies. The work involved the scrutiny committee, Clinical Commissioning Groups, key NHS trusts, voluntary sector, county and district councils.

The agreed project objective was as follows:

To support West Sussex County Council's development of a protocol/ guidance for the scrutiny of NHS substantial change and service reconfigurations both within West Sussex and across the South East Coast Region through the South East Health Scrutiny Network (West Sussex, East Sussex, Brighton & Hove, Surrey, Kent and Medway), by exploring stakeholders' perceptions of how scrutiny was operating currently and what needed to be different with the new health structures.

Observations and learning

West Sussex's project had quite specific objectives – to review existing scrutiny guidance on NHS service change. They developed a 'Survey Monkey' questionnaire which covered these key issues:

- Processes for public and stakeholder engagement.
- Cross-border working across local authority boundaries.
- NHS consultation with statutory bodies (health and wellbeing boards, commissioning groups, scrutiny committees).
- Accountability arrangements.
- Process for making referrals to Secretary of State.
- Avoiding unnecessary blockages or duplications in the system.
- Identification of risks – and how to mitigate against these.

The responses were analysed, fed back and used to review the West Sussex 'Triggers Checklist'. However the project also helped them to have a much broader discussion around NHS reforms, the impact on scrutiny and relationships in the new system. By focusing on a very practical issue (i.e. how potentially controversial service change will be scrutinised), the work helped to tease out some of the tensions and challenges in the system – and to begin the dialogue around how to resolve these locally. They learned that:

- Scrutiny is seen as an important sounding board throughout the service change process (not just at the end-point).
- There is a need for greater understanding of the role and remit of scrutiny, particularly given NHS reform and the changing role of local government.

- District and borough councils want to be more closely engaged with health scrutiny, both formally and informally.
- Avoid duplication and conflicts of interest, particularly in terms of overlap between Local Healthwatch and health and wellbeing boards, by developing clear roles, responsibilities, demarcations of boundaries and consultation/ engagement protocols and sharing these widely.
- New health bodies are still evolving, so there is a need to be sensitive to their pressures and to take a gradual approach to developing new ways of working/collaboration.
- A key challenge for the future (for scrutiny and new/emerging health bodies) will be managing multiple relationships, dealing with conflicts of interest, managing out duplication and ensuring effective communication.
- The use of the Survey Monkey and confidential follow-up interviews meant that more detailed views could be gathered.
- Don't assume people's level of knowledge: West Sussex circulated a background briefing note to all participants in the surveys, providing information on the project and health scrutiny and its powers. Feedback suggests this in itself was very useful for stakeholders.
- Projects like this can be an end in themselves, helping to build understanding and to make connections. (E.g. some NHS Trusts have been in touch as a result of the project, on specific issues relating to local services).
- Getting Clinical Commissioning Group involvement can be very difficult.
- Whilst all our Clinical Commissioning Groups signed up to this project, in reality groups found it hard to commit the necessary time. In the end, we were able to incorporate their views, but perhaps online surveys aren't the best way of guaranteeing input.

Next steps

The scrutiny committee is developing new guidance for the scrutiny of NHS service change, including more general information on health scrutiny and its role/powers. This will be an evolving document, changing as the new system develops. In addition, the South East Health Scrutiny Network is using the learning from the West Sussex project to develop a training session for scrutiny members and NHS colleagues as well as a health scrutiny best practice guide, both of which will be used to support future training and induction for new members.

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