

Workshop discussion on Health Scrutiny and Health and Wellbeing Boards

Present:

CWB members

Cllr Izzi Seccombe, Cllr Gillian Ford, Cllr Katie Hall, Cllr Fay Howard, Cllr Ian Malcolm, Cllr Liz Mallinson, Cllr Colin Noble, Cllr Vic Pritchard, Cllr Sandra Samuels and Cllr Linda Thomas

HAF members

- Ann Harris (Dorset)
- Claire Lee (East Sussex)
- Cllr John Muldoon (Lewisham)
- Jilly Syzmanski (Redbridge)
- David Gordon (Slough)
- Theresa Harden (Suffolk)
- Cllr Michael Ladd (Suffolk)
- Julian Johnson (Warrington)
- Ann Mawdsley (Warwickshire)

1. Local experience of joint working between HWB, health scrutiny and adult lead members

- 1.1 Participants reported very different experiences locally, with some reporting good, collaborative relationships that provided constructive challenge between HWB and health scrutiny while others described the relationship as 'too polite' and tentative. Different areas had a wide variety of arrangements for HWBs, health scrutiny and ASC lead members to work together, ranging from attendance at each other's formal meetings, input and collaboration on work programmes and forward plans, informal meetings between Chairs to formal protocols and MoUs to share information and develop better understanding of each other's perspectives and roles. There is no one right model for all areas but working to share information and plan work is essential.
- 1.2 Despite arrangements to share information and work together, there is still confusion over roles and contributions of HWBs and health scrutiny, with some elected members on HWBs acting in a quasi-scrutiny role to CCG representatives. We all agreed that there is a need for every area to discuss and clarify the roles and contributions of HWBs, health scrutiny and local Healthwatch in order for the right people to be involved in discussions at the right time in order to influence commissioning plans. In areas where NHS reconfigurations are planned, it is particularly important to understand the respective roles and when to be involved in providing constructive challenge.
- 1.3 Some participants felt that health scrutiny had been overshadowed by HWBs and did not routinely scrutinise the effectiveness of the HWB or any of its outputs – the JSNA, the Joint Health and Wellbeing Strategy or the Better Care Fund Plan.
- 1.4 Relationships are important – and need to build up over time – to ensure that they can withstand disagreements and challenge. This can be difficult with change in political control.
- 1.5 Scrutiny and HWB need to operate strategically and understand how they can exert influence across the whole health and care system – including within the cabinet.
- 1.6 Absence of key partners at HWB, in particular NHSE reps doesn't help with accountability.

2. What needs to improve?

- 2.1 Leadership is crucial and all leaders across the system need to develop skills in developing common goals, managing conflict, collaborative (rather than directive) leaders.
- 2.2 Councillors need to take responsibility to ensure the key local experiences are not being missed.
- 2.3 Improving and maturing relationships to offer and withstand challenge.
- 2.4 Developing a shared system-wide culture to underpin shared strategies – ‘culture eats strategy for breakfast’.
- 2.5 Further clarity about respective roles and contribution of Cabinet, CCG boards, HWBs, health scrutiny and Healthwatch in order to add value and avoid duplication.
- 2.6 Greater transparency and communication within local health and care systems and outwards to partners, stakeholders and the public is needed – preferably a joint communication strategy.
- 2.7 Aligning scrutiny priorities with priorities in the HWB Joint Health and Wellbeing Strategy to test what progress is being made in term of tangible changes for the population and any really ‘hot’ issues.
- 2.8 HWBs, ASC leads and health scrutiny need to have a better understanding of the value and impact of scrutiny – what recommendations have been accepted and acted on. How do you measure improvement and who is responsible for doing so?
- 2.9 Make time for informal opportunities for health scrutiny and HWBs to meet and understand culture and role. Most importantly, to understand that there is a shared ambition to improve health and wellbeing – with each having a role to play.

3. Possible support from CfPS and/or LGA

- 3.1 More good practice examples of HWB and health scrutiny arrangements with clear evidence of impact and an outcome focus.
- 3.2 More focus on regional networking bringing together HWBs and health scrutiny, especially in relation to skills development and good practice.
- 3.3 Identifying ‘what good looks like’ in terms of roles and responsibilities of health scrutiny and HWB and of officers and members
- 3.4 Something on the ‘methods’ / models scrutiny can use to build up confidence and ambition. Equipping scrutiny and HWBs for the right questions to asked at the right time.
- 3.5 Map what is happening in terms of HWB action and what outcomes are expected
- 3.6 Consideration of how other partners can be involved, including providers, CVS and Healthwatch
- 3.7 Good practice on communications – especially social media and online resources
- 3.8 Development of clear principles/characteristics for HWBs and OSCs – local or national.