

Solving the puzzle

How scrutiny can add value to complex health and care challenges

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About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for the development and application 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.

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TACKLING TODAY'S HEALTH AND CARE CHALLENGES

Key messages

Health and care are important and urgent public policy priorities. Councils, through their social care, public health and scrutiny roles are central to tackling local challenges and making changes a reality, working with other health and care system leaders

Councils' scrutiny role can add value to mechanisms for integration and joint working to solve local challenges (for example Better Care Fund plans and actions on service improvement). Leaders of Sustainability and Transformation Plans should engage scrutiny in the development and implementation of plans

Areas can draw on the key messages and lessons from an inquiry day approach taken in Knowsley, Lancashire and North Somerset, reflecting on how scrutiny can contribute to meeting local health and care challenges

This report summarises key lessons and messages from scrutiny inquiry days held in conjunction with Knowsley Council, Lancashire County Council and North Somerset Council, supported by the Centre for Public Scrutiny. The inquiry days assessed the current role of scrutiny in the development of solutions to health and care challenges and how this can be improved in the future. Other areas can draw on the key lessons and messages in considering how scrutiny can contribute to the improvement of local plans for tackling future challenges.

Health and care is a major public policy priority. Services face a number of well documented challenges in the context of increasing demand and reduced resources - and there are no easy solutions. No one organisation acting alone can solve these issues and increasingly there are mechanisms through which local partners are coming together to plan and implement changes to the way services are commissioned and delivered – for example NHS vanguards, new models of care, the Better Care Fund and Sustainability and Transformation Plans. These show how local services will evolve and become sustainable over the next five years - ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. Some devolution deals also have action on health and care as priorities.

There is no appetite for organisational restructuring, so existing responsibilities and accountabilities remain, but this has implications for governance and public voice across complex planning and delivery footprints. CfPS promotes a strong and influential role for council scrutiny in improving health and care services and securing better outcomes for residents, patients and carers. Our work has shown the value of scrutiny in facilitating better joint working in areas, bringing partners together to focus holistically across the health and care systems.

Outcome focused scrutiny can provide a valuable and relevant platform for councillors, professionals and communities to come together around the complexities of health and wellbeing and to help to evaluate the planning, delivery and reconfiguration of health and care services. The scrutiny inquiry day approach was developed by CfPS in 2015 as a tool for bringing key stakeholders and partners together to focus on local challenges that they had identified in their shared work. The appreciative nature of the inquiry day approach creates the right environment for shared local solutions to emerge to address particular health and care challenges.

Three inquiry days were organised as part of a national learning project to promote the contribution of effective scrutiny in the health and care system. The three areas focused on some of the greatest health and care challenges facing those who plan, commission and deliver health and social care services:

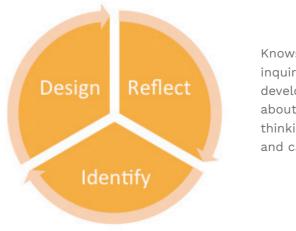
- Knowsley substantial service changes and service reconfiguration
- Lancashire health and social care integration and the Better Care Fund
- North Somerset integration of services to support effective discharge from hospital

Aware that good governance, engaged public voice and effective scrutiny are vital components of the health and care system, CfPS believes there is a clear role for scrutiny to ensure that local plans are robust, sustainable and transformational. We hope that the experience and insights gained from this national learning project will help to influence future 'inclusive' discussions around the development of health and care in England.

DEVELOPING THE SCRUTINY ROLE – COPRODUCING SOLUTIONS FOR THE FUTURE

The inquiry days were planned around the following overarching principles about the value of the scrutiny role:

- Scrutiny of plans to tackle major service challenges is fundamental to councils' health and social care scrutiny role.
- Scrutiny can add value to local implementation plans by improving the evidence base for decisions and holding system leaders to account for their ambition to improve health and care.
- system leaders to get the best out of the scrutiny function for the benefit of local people.



Reflect on the experience of previous contributions of council scrutiny to local approaches to health and care challenges

Identify opportunities and barriers that can help or hinder council scrutiny to influence better health, and integration of health and care services

Design a framework for scrutiny of health and care planning, and proposals for service redesign

Scrutiny is best when it is proactive rather than passive or reactive. There is a responsibility on

Knowsley, Lancashire and North Somerset used the inquiry day approach to take a three stage journey to developing a common understanding with stakeholders about the value of scrutiny. This may be useful when thinking about local approaches to scrutiny of health and care challenges

To get the best value from the inquiry days, participants answered some questions in advance which helped to establish a context for local discussions.

- What is your current knowledge of the subject of the inquiry day?
- What do you anticipate are the main challenges associated with the subject of the inquiry day?
- What do you think the benefits of closer joint working to solve the challenges will be?
- How should scrutiny review local actions to solve the challenges?

Engaging with stakeholders in advance of the inquiry days helped to:

- Establish who has responsibilities for solving the challenges and assess how partners work together to secure better outcomes, so that the views of people who use services and the public are represented constructively.
- Begin to develop shared protocols for joint working and information sharing, together with agreed arrangements for future scrutiny.

Knowsley, Lancashire and North Somerset identified a number of benefits that emerged from this approach:

- Developing the role of scrutiny, its value and how health and care partners can engage with scrutiny in the future.
- Open and honest discussions between all stakeholders about challenges to local health and care systems and how to tackle them.
- Developing common understanding between commissioners, providers and scrutineers, on the basis of a shared local concern.
- Working through some of the challenges of the past and co-producing solutions for the future.

SHARING THE LEARNING – REFLECTING ON THE INQUIRY DAY APPROACH

Bringing together those with strategic oversight of services, frontline practitioners, providers, public voices and councillors helped everyone to understand the varied roles and responsibilities in the system and to identify potential to help address challenges that would not otherwise have been achieved.

Part of the discussions involved learning from past engagement with scrutiny in order to build a platform for improving the effectiveness of scrutiny in the future. The discussions recognised that there were potential risks to implementing change if scrutiny was not engaged effectively in a timely way.

Each of the challenges chosen by the areas were different, but they had common overarching themes of integration and service change which highlighted the need for the early involvement of scrutiny and the inherent risk of a failure effectively to engage.

Risks of poor working relationships between commissioners, providers and scrutiny can be avoided through adopting the following common principles:

- right insight, so that no voice is unheard or evidence overlooked.
- Scrutiny can ensure that engagement is effective demonstrating influential patient and public participation helps commissioners and providers set out the case for change.
- Scrutiny can use its statutory powers to escalate concerns effective engagement and local resolution can reduce the risk of service changes being delayed.

scrutiny in the future:

Communication and relationship building

Health scrutiny powers have existed since 2003, but health and care partners are sometimes unclear about how best to engage with scrutiny. Scrutiny is sometimes unclear about how it can influence changes to services. The potential benefits and value of health scrutiny need to more visible and accessible, through effective relationship management and routine channels of communication between health commissioners, providers and scrutiny.

The role of councillors can be underestimated as 'bridge builders' between the public and services. Regular conversations throughout the year around future plans and proposals provides an opportunity for valuable, proactive scrutiny instead of limited, reactive scrutiny towards the end of a process.

Shared understanding and consistency in approach

A shared understanding about the value of scrutiny to commissioners and providers is important, particularly when substantial variations are under consideration. Areas need to develop a shared understanding of the kinds of proposed changes to services that are likely to be substantial enough to trigger formal consultation with scrutiny. With little in legislation about the definition of 'substantial variations', it is important for partners to share their own understanding and to develop a common approach to consultation with scrutiny. Formal consultation with scrutiny should not be confused with separate duties for the NHS to ensure patient and public participation.

Early engagement is crucial

Involving councillors early in the development of proposals can help build the evidence base for decisions. This early engagement can generate understanding about the case for the change and the extent to which patients and the public have influenced proposals. Demonstrating this can help commissioners and providers avoid escalation of local concerns. Scrutiny can be an advocate of service improvement if they have had the opportunity to engage in early discussions.

Proactive scrutiny

Scrutiny is best when it is proactive, helping stakeholders to understand the issues that communities face and suggest and test solutions. Scrutiny has the ability to look through a different lens to help:

- Develop local understanding of the area and the experiences of people who live and work there.
- Engage the community, involving the right people at the right time in the right place.
- Improve partnership working, acting as a 'bridge' between partners and tackling barriers to joint working.

Good scrutiny adds value to decision making by ensuring that evidence is sound and based on the

Opportunities and steps to improving scrutiny's role were explored to build effective engagement with

Improve leadership and ownership through collectively tackling shared health and care challenges.

Working across boundaries

Service change, integration and effective discharge from hospital are not challenges that are confined to one council's area - they are issues that can straddle one or more local authority population. It is important for councils and scrutiny to develop joint protocols in advance of the need for any joint scrutiny arrangements that can arise under legislation. This includes having a clear view about how councils should work together, what joint arrangements would look like (for example - structure, political balance and support). Developing this shared understanding helps build the foundations for effective joint working. Communicating about the approach to joint scrutiny can help the NHS engage more effectively.

Ensuring effective scrutiny

Communicating with scrutiny is important, but so is the quality of scrutiny's handling of the issues. Timely, appropriate, evidence based, proportionate and balanced scrutiny can help make the case for better integration of services, better joint working around service improvements and better approaches to major service reconfigurations. Councillors involved in scrutiny should consider how best to use their scrutiny role to help local system leaders to develop ambitious but achievable plans for health and care services and to improve the health and wellbeing of local people. Having the right support for scrutiny can help develop effective project plans, hear from the right people and make realistic recommendations.

CASE STUDIES

Knowsley - substantial services changes and service reconfiguration

Knowsley Council's Scrutiny Inquiry Day focus was on major service change and improving the consultation process and the involvement of scrutiny.

Participants explored how this could be best achieved, and discussions focused on:

- The need for clarity and common understanding of what substantial variation means and what triggers consultation with scrutiny.
- Understanding who the stakeholders are that need to be involved and what their roles are.
- Involving councillors from the start strengthens the evidence base leading to better decisions.
- The need to understand how scrutiny should work across boundaries.
- Carrying out 'quality' scrutiny reviews that add value.

NHS CQC and England (in support and other regulators and Providers assurance Community Local Counc organisations Executives ther bodi Health and Healthwatch

Who's involved?

Discussions helped focus on what worked well within the current system and how to improve this for the future. This led participants to identify actions that could improve engagement with scrutiny:

Ensuring that commissioners and providers are fully aware of their responsibilities to lead on

consultations and at what point.

- Encouraging providers and commissioners (and other proposers) to engage with health scrutiny at the earliest opportunity on proposals for service changes.
- Working with commissioners and providers to ensure that health scrutiny is aware of their commissioning and delivery intentions and their procurement practices.
- Ensuring that there is a continued dialogue about what constitutes a 'substantial variation' and exploring options for developing a protocol or checklist.
- Exploring further opportunities for councils to work together to develop shared understanding/ protocols in relation to joint health scrutiny.
- Supporting health scrutiny activity so that it is meaningful and takes on board the views of various stakeholders.
- Exploring opportunities for health scrutiny to evaluate the impact of changes to health and care services to investigate the outcomes.

Next steps

It was agreed to take a collaborative approach to improving working practices and processes in the future. A further meeting will be held to look at the practical implementation of ideas. The full benefits and impact of the inquiry day will be tested during future engagement with scrutiny.

Lancashire - health and social care integration and the Better Care Fund

Lancashire Councy Council's inquiry day generated ideas to contribute to the development of an effective and affordable integrated health and care system within Lancashire. Participants learned about the design and implementation of the Better Care Fund; explored a role for scrutiny and developed a shared commitment to support and engage the scrutiny function to capitalise on the actions and outcomes from the event.

Participants used workshops to look at the following:

- the local context.
- Identifying what successes there have been so far.
- Looking at the tensions in the current system.
- Exploring future opportunities, including those for scrutiny and suggestions on where scrutiny might focus and add value.
- Addressing barriers that might restrict the influence of scrutiny.
- Exploring further the roles that different organisations can play.

More than anything, the inquiry day helped to bring together partners from across a large and diverse county area. The county has a large number of organisations commissioning and delivering services for its population, and those charged with planning and delivering services don't always get a chance to discuss with others how services and engagements with scrutiny could be improved in practice.

Gaining a better understanding of the objectives and processes for the integration of services in

Next steps

Conversations are taking place between scrutiny and health and care system leaders about how best to take forward the outputs from the event.

North Somerset - health and social care Integration - hospital discharge

North Somerset Council used the inquiry day approach in response to local interest in a particular problem, which had been picked up in a Care Quality Commission hospital inspection (particularly of older patients).

The inquiry day explored how to strengthen the role of scrutiny in contributing to the development and sustained implementation of a collective "whole system" based plan to improve patient discharge. Using a Healthwatch report on hospital discharge, the inquiry day tested five key findings in the local context:

- 1. People are experiencing unsafe, delayed or untimely discharge due to lack of co-ordination between health, social care and community services.
- 2. There is a lack of support available for people after discharge, often leading to readmission.
- 3. Many people feel discriminated against or stigmatised during their care, often feeling 'rushed out the door'.
- 4. People do not feel involved in decisions about their ongoing care post discharge.
- 5. Individuals' full range of needs are not considered when being discharged from hospital or a mental health setting including their housing situation, carer responsibilities etc.

Small group discussions focused on the key themes of:

- 1. Health and social care integration.
- 2. Information about and access to support (including equalities issues).
- 3. Pathways of care and discharge.
- 4. The patient experience.
- 5. The interface between health services, social care, GP practices, housing and other agencies.

Solutions considered included:

- The development of a shared Responsibility Charter.
- The establishment of a specialist ward for older or more vulnerable patients, which is under consideration.
- Increasing the communication between hospital and care homes.
- Support from Home from Hospital, timescales for extended care plans and discharge plans.
- Housing issues and family support.
- Risk management of care home services.

Next steps

A scrutiny working group has been set up to ensure that the discussions and ideas generated are implemented. So far, a positive meeting has been held with key system leaders to test the inquiry day proposals, and agree next steps and who will lead their implementation.



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