

Wiltshire Council

Health Select Committee

1 November 2022

**Report of the Rapid Scrutiny Exercise:
New Health Overview and Scrutiny Principles document**

Purpose

1. To present the findings and recommendations of a Rapid Scrutiny Exercise reviewing the implications of a new Health Overview and Scrutiny Principles document published by the Department for Health and Social Care (DHSC).

Background

2. In February 2021, the Government published the White Paper "*Integration and innovation: working together to improve health and social care for all*".
3. This was followed by the introduction of the Health and Care Bill (2021), which was passed into law at the end of April 2022. The Health and Care Act introduced Integrated Care Systems (ICSs), the purpose of which is to:
 - improve outcomes in population health and healthcare;
 - tackle inequalities in outcomes, experience and access;
 - enhance productivity and value for money; and
 - help the NHS support broader social and economic development.
4. In June 2022, Health Select Committee received a report on the development of the new ICS arrangements in the BaNES, Swindon and Wiltshire (BSW) area. The Committee resolved to receive a future report on the development of the ICS. A diagram showing the structure of the BSW ICSs is included at **Appendix 1**.
5. On 29 July 2022, the DHSC published a '[Health overview and scrutiny committee principles](#)' guidance document. This sets out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.
6. The guidance states that:

"HOSCs, local authorities, ICBs, ICPs and other NHS bodies should use this document to ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the importance of oversight and

scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.”

7. In September 2022, Health Select Committee established a rapid scrutiny exercise to review the new principles document and report back to committee on its implications for health scrutiny in Wiltshire.
8. The rapid scrutiny group met on 20 October 2022 and comprised the following members:
 - Cllr David Bowler
 - Cllr Johnny Kidney
 - Cllr Gordon King
 - Cllr David Vigar

Main considerations

General findings

9. While the new principles document does not present significant changes to Health Overview and Scrutiny’s formal role, the Rapid Scrutiny Group found it useful in reaffirming health scrutiny’s importance and what is needed to make it effective. The Group therefore recommends that the Committee uses the document as a catalyst for reviewing its approach as outlined in the Group’s recommendations, particularly during this period of transition to an Integrated Care System.
10. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 continue to apply and HOSCs retain their powers to:
 - review and scrutinise matters relating to the planning, provision and operation of the health service in the area (including finances);
 - require information to be provided by certain NHS bodies about the planning, provision and operation of health services;
 - require employees, including non-executive directors of certain NHS bodies, to attend to answer questions;
 - make reports and recommendations to certain NHS bodies and expect a response within 28 days;
 - set up joint health scrutiny and overview committees (JHOSCs) with other local authorities;
 - respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals;
 - deal with referrals made by local Healthwatch organisations or local Healthwatch contractors.
11. The only expected change to HOSCs’ powers is that the formal statutory route to refer significant service reconfigurations to the Secretary of State (when the

HOSC is sufficiently concerned) will be removed when the Health and Care Act 2022 takes effect.

12. Overall, the principles document reaffirms the key role of health and care scrutiny as:

- providing an opportunity for local people and their elected representatives to contribute to and comment on the local priorities for improving health and care services and outcome;
- giving a voice to local people and communities on the quality, safety, accessibility and effectiveness of local health and care services;
- assuring local elected members and the public that health and care services are safe and effective, address local health priorities and reduce health inequalities;
- helping health and care providers and commissioners gain insight into the health needs and concerns of particular groups; and
- enabling health and care providers and commissioners to develop new services and care pathways to address local health priorities more effectively.

Principles for effective health and care overview and scrutiny

13. The document sets out five principles for ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits of scrutiny are realised. These should form the basis of ongoing discussions between these partners about how they will work together. The 5 principles are:

- outcome focused
- balanced
- inclusive
- collaborative
- evidence informed

14. The rapid scrutiny group framed its discussions and recommendations against these principles, presented in the following table:

New Guidance for HOSCs from DHSC	Rapid Scrutiny recommendations for Wiltshire HSC
1. Outcomes focused	
1.1 HOSCs should overview how well integration is working and make recommendations on how it could be improved.	Receive regular updates on implementation of the new arrangements, including their implications in practice, e.g., what services are being commissioned at a place- and system level and where are service budgets aligned or pooled.

New Guidance for HOSCs from DHSC	Rapid Scrutiny recommendations for Wiltshire HSC
	Engage in the development of the system-level Integrated Care Strategy by the Integrated Care Partnership. Place particular focus on its objectives and how their delivery will be measured.
1.2 HWBs will continue to develop Joint Strategic Needs Assessments (JSNAs) and establish joint local health and wellbeing strategies (JLHWS); HOSCs will continue to scrutinise place-based health services in relation to these.	Receive the JSNA and JLHWS for Wiltshire and understand how it will be used to design services at place-level.
1.3 HOSCs will play a valuable role in scrutinising the wider ICB area and should work with other LAs, forming JHOSCs where appropriate, to scrutinise outcomes against the 5-year forward plan and ICS.	The Chair and Vice-chair to meet with counterparts from BaNES Council and Swindon Borough Council to discuss the programme of integration and opportunities for collaboration, including a JHOSC as appropriate.
2. <i>Balanced</i>	
2.1 Good scrutiny needs balance between future focused and responsive.	<p>Chair and Vice-chair to review the HSC work programme with Cabinet Members and directors on the dates below, ensuring appropriate balance:</p> <ul style="list-style-type: none"> • 9 November 2022 – Adult Social Care and Transformation • 22 November 2022 – Public Health <p>Chair and Vice-chair to schedule equivalent work planning meetings with the Integrated Care Board.</p>
<p>2.2 ICBs and ICPs should build scrutiny into the cycle of planning, commissioning, delivery and evaluation.</p> <p>2.3 ICBs should share at an early stage proposals on reconfigurations.</p> <p>2.4 ICBs should be proactive in involving relevant bodies on contentious matters.</p>	To be discussed in the meetings outlined above (2.1).

New Guidance for HOSCs from DHSC	Rapid Scrutiny recommendations for Wiltshire HSC
<p>2.5 Leaders should establish shared priorities and FWP to improve outcomes.</p> <p>2.6 ICBs can assist by working with HOSCs to shape their forward plans.</p> <p>2.7 Providers and commissioners should respond positively to the requests</p> <p>2.8 ICBs should have protocols in place for sharing information</p>	<p>To be discussed in the meetings outlined above (2.1).</p>
<p>2.9 Scrutiny also needs to be responsive to issues of concern to local communities.</p> <p>2.10 Local Healthwatch should pass on the views of people about their needs and experience</p>	<p>Following the work planning meetings outlined above, HSC to ensure its work programme has capacity for issues of concern to local communities.</p> <p>Chair and Vice-chair to meet with Wiltshire Healthwatch to share information and reports and inform HSC's topic selection and questioning.</p>
<p>2.11 ICBs should be open and transparent with HOSCs about performance.</p>	<p>In September, HSC agreed to explore how to achieve focused, ongoing scrutiny of key performance indicators within its health and care remit.</p>
<p>3. <i>Balanced</i></p>	
<p>3.1 HOSCs should strengthen the voice of local people and provide local accountability.</p>	<p>The Chair and Vice-chair to arrange regular meetings with Wiltshire Healthwatch and other service user groups to share information and inform HSC's topic selection and questioning.</p>
<p>3.2 HOSCs should ensure that people's needs and experiences are considered as an integral part of commissioning and delivery</p>	<p>All HSC scrutiny reviews to include consideration of how people's needs and experiences have been considered in developing the proposals or monitoring the quality of service.</p>

New Guidance for HOSCs from DHSC	Rapid Scrutiny recommendations for Wiltshire HSC
3.3 HOSCs, subject to time and resources, may engage with members of the public directly	Where appropriate, HSC scrutiny reviews to include engagement with members of the public via appropriate local patient participation groups (PPG's) and the Patient Advice and Liaison service (PALs) to seek their views.
3.4 Systems and NHS bodies should form trusting working relationships with HOSCs	Following work planning discussions with the Integrated Care Board, the Chair and Vice-chair to arrange further discussions with the local NHS trusts.
4. Collaborative	
4.1 HOSC work plans should be informed by communities, providers and planners	To be addressed via the work planning meetings outlined above.
4.2 Need clarity about roles of the HOSC, ICBs, ICPs, NHS, HWBs and Healthwatch	Roles addressed in this report and Appendix 1 .
<p>4.3 JHOSCs will be important in assessing issues that cover 2+ LA areas</p> <p>4.4 JHOSCs have a strategic role to play in scrutinising the delivery and outcomes of the integrated care strategy</p>	<p>The meetings with the ICB and other HOSC chairs outlined above to include consideration of what services will be commissioned at system level and whether scrutiny of these is most effectively considered via a JHOSC.</p> <p>All parties will need consider the resource implications of JHOSCs and consider appropriate.</p>
4.5 HOSC work plans should be informed by communities, providers and planners	To be discussed at the meetings with Cabinet members, the ICB, NHS trusts and Wiltshire Healthwatch outlined above.
<p>4.6 ICBs, councils and HOSCs should develop joint protocols in advance of joint scrutiny arrangements</p> <p>4.7 ...and should clarify how councils work together, structure of joint</p>	Collaboration with the HOSCs from BaNES Council and Swindon Borough Council to be discussed in the first instance, taking into account the challenges of each approach including resource implications.

New Guidance for HOSCs from DHSC	Rapid Scrutiny recommendations for Wiltshire HSC
<p>arrangements, and time needed to establish these arrangements</p> <p>4.8 JHOSCs to recognise potential difficulties of working together, particularly around the political balance between different local areas, as well as resourcing.</p> <p>4.9 ICBs should support in these situations and recognise the time involved in establishing JHOSCs.</p>	
5. Evidence gathering	
<p>5.1 Qualitative evidence from those with lived experience particularly valuable</p>	<p>To be addressed by introducing regular dialogue and information sharing with Wiltshire Healthwatch, plus engagement with local patient participation groups (PPG's) and the Patient Advice and Liaison service (PALs) where appropriate for deep-dive reviews.</p>
<p>5.2 HOSCs can seek performance info from health services and institutions; challenging and testing this by drawing on different sources</p>	<p>As agreed in September, HSC is exploring how to achieve focused, ongoing scrutiny of key performance indicators within its remit for both council-led and NHS services.</p>

Proposal

15. That Health Select Committee endorses the following recommendations from the Rapid Scrutiny Group:

1. **Health Select Committee to receive regular updates on the transition to integration, including its implications in practice such as the funding, commissioning and delivery of services at both place- and system level.**
2. **Health Select Committee to engage in the development of the system-level Integrated Care Strategy, placing particular focus on its objectives and how their delivery will be measured.**
3. **Health Select Committee to receive the next Joint Strategic Needs Assessment (JSNA) being developed by Wiltshire's Health and Wellbeing Board and understand how it informs the design of services at place-level.**

4. The Chair and Vice-chair to meet with their counterparts from BaNES Council and Swindon Borough Councils to discuss the programme of integration and opportunities for collaboration.
 5. The Chair and Vice-chair to review and update the HSC work programme with Cabinet Members and directors at the meetings scheduled in November, ensuring appropriate balance between proactive scrutiny and retaining capacity for scrutiny of issues of concern to local communities, reporting back to Committee.
 6. The Chair and Vice-chair to meet with representatives from the Integrated Care System to discuss the following and report back to HSC:
 - a) How they can work together to achieve efficient and effective HSC engagement on system-level proposals and performance.
 - b) HSC's forward work programme, ensuring key integration milestones and system level service proposals are reflected;
 - c) How the ICB will be proactive, open and transparent in sharing information, involving HSC early in contentious matters and building scrutiny into the cycle of planning, commissioning, delivery and evaluation;
 - d) How the ICB can engage in the HSC's performance data monitoring arrangements, currently being developed;
 7. The Chair and Vice-chair to invite regular liaison with Healthwatch Wiltshire to discuss work priorities, share information and reports and ensure people's needs and experiences are reflected in HSC's work.
 8. Future HSC task groups and rapid scrutiny exercises to consider direct engagement with residents via local patient participation groups (PP'G) and the Patient Advice and Liaison service (PALs) to ensure their voices are heard.
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Cllr Johnny Kidney, Lead Member for the Rapid Scrutiny Exercise and Chair of Health Select Committee

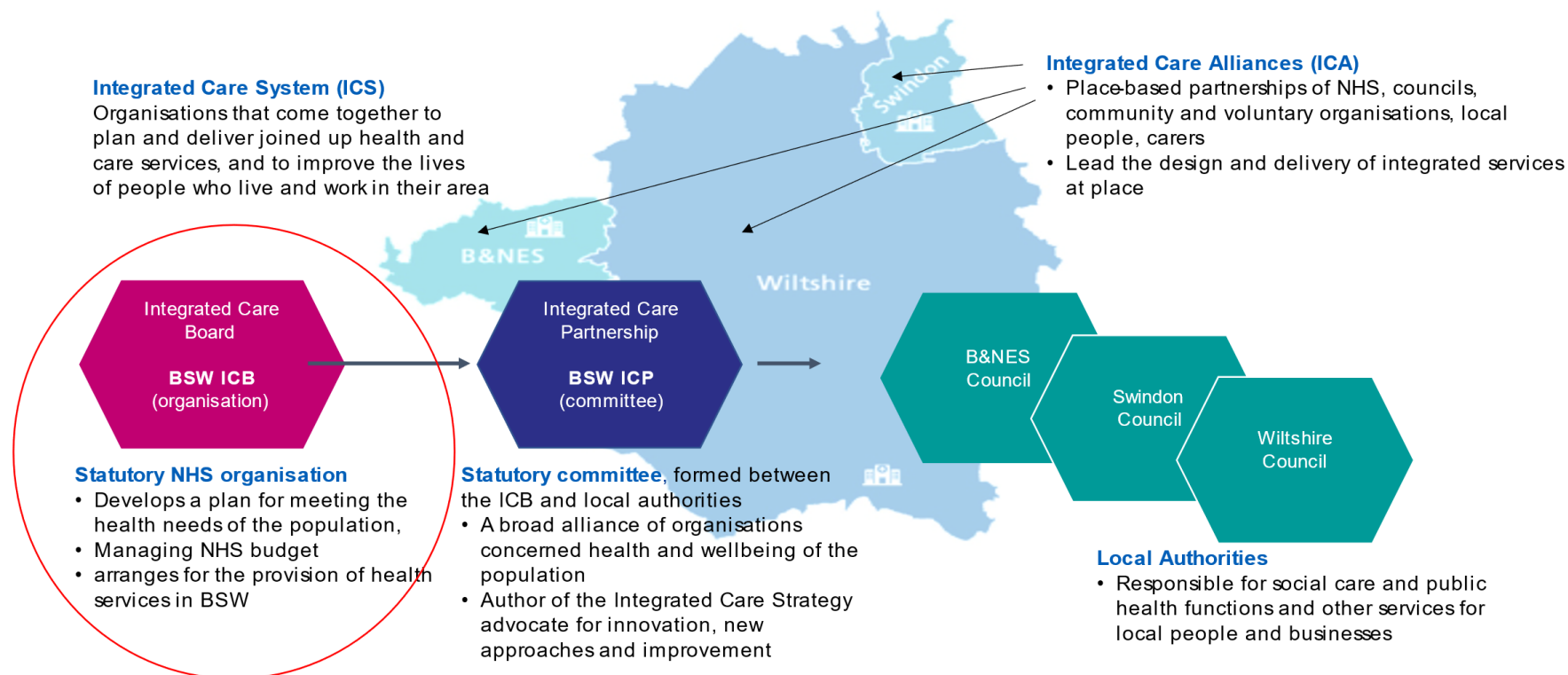
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Appendices

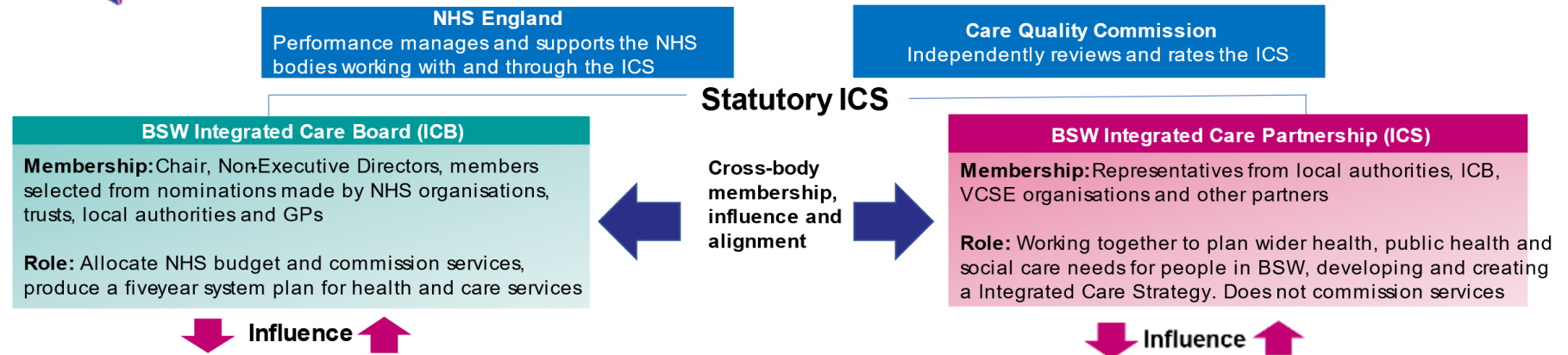
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| Appendix 1 | Integrated Care System structure and roles |
| Appendix 2 | Glossary of acronyms used in this report |

Appendix 1 – BSW Integrated Care System structure and roles

The BSW Integrated Care System (ICS)



BSW Integrated Care Board (ICB) with the ICP



Partnership and delivery structures		
Geographical footprint	Name	Participating organisations
System Populations of 12m	Provider collaboratives	NHS trusts (including acute, specialist and mental health), VCSE sector and the independent sector. Can also operate at place level
Place Populations of 250,000-500,000	Health and wellbeing boards	ICS, Healthwatch, local authorities and wider membership as appropriate. Can also operate at system level
	Place-based partnership	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Populations of 3650,000	Primary care networks	GPs, community pharmacists, dentistry, opticians



BSW Integrated Care Board (ICB) Composition

Statutory, required by law:

- Chair
- Chief Executive
- One member nominated jointly by NHS trusts and NHS foundation trusts
- One member nominated jointly by primary care providers
- One member nominated jointly by local authorities

Mandatory national expectation:

- Non-executive member Audit
- Non-executive member RemCom
- Chief Finance Officer
- Director of Nursing
- Medical Director

The BSW ICB Board will have 18 members:

- Chair
- Chief Executive
- Chief Finance Officer
- Chief Nurse Officer
- Chief Medical Officer
- Two members nominated jointly by NHS trusts and NHS foundation trusts- one from acute sector, one from mental health sector
- One member nominated jointly by primary care providers
- Three members nominated jointly by local authorities- one from Bath and North East Somerset (BaNES), one from Swindon, one from Wiltshire
- Five non-executive members – Audit, RemCom and People, Finance, Quality, Community Engagement
- One member from the Voluntary Community and Social Enterprise (VCSE) sector
- One member from community provider sector

Appendix 2 – Glossary of acronyms used in this report

BaNES	Bath and North East Somerset
BSW	BaNES, Swindon and Wiltshire
HOSC	Health Overview and Scrutiny Committee
HSC	Health Select Committee (Wiltshire's HOSC)
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System (a combination of the ICB and ICP)
JHOSC	Joint Health Overview and Scrutiny Committee
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment