

BSol ICS Overview and Scrutiny Approach

Joint Health Overview and Scrutiny Committee
2 December



Overview of the work

We have completed a short review to understand how scrutiny could operate in our ICS. We have held a small number of interviews and completed desktop research of scrutiny documents and guidance.

There is **limited formal guidance** on the role that scrutiny will play once ICSs become statutory bodies in April 2022, but recommendations that existing relationships and arrangements should be built upon.

ICSs are **complex and in ongoing development** which can make them feel inaccessible and can make productive scrutiny feel challenging. Scrutiny is fundamentally about how we can further improve and well understand issues and our communities, which is something that ICSs can strongly benefit from particularly as they become established.

Our ICS works for the benefit of communities, citizens and patients. This transition is an opportunity to bridge the **democratic deficit** that has existed for too long in health. In Birmingham and Solihull we have established health scrutiny. Interviews for this piece of work have outlined the work taken to create effective scrutiny, and **opportunities to further strengthen** this as the ICS develops.



What will help to make this successful

Success Criteria 1: Scrutiny has an important role to play in the developing ICS

Success Criteria 2: ICS and health scrutiny need a common understanding and shared objectives

Success Criteria 3: Successful scrutiny is built on strong relationships which we need to invest in

Success Criteria 4: We need to be clear about the roles and responsibilities of system boards and forums

Success Criteria 5: The ICS will develop over time and we can define our approach and culture of scrutiny

Summary recommendations

In order to establish...	We will...
The important role that scrutiny has to play in our ICS	Within our ICS establishment and constitution documents make a clear and explicit commitment to overview and scrutiny within our governance structure , and as part of our ongoing system development.
Common understanding and shared objectives	Knowledge sharing session with a look at a forward plan for the next year to identify key points of decision and changes, including lengthier sessions for key strategic issues and points of development.
Strong relationships and a coherent approach to scrutiny in the system	Identify a single point of contact within the ICB Board-level executive (suggest Executive Director for Place, Primary Care, Partnerships) who should support designing the scrutiny schedule, liaising with system partners and be responsible for providing information.
Clarity about the roles and responsibilities of system boards and forums	Develop a 'ways of working' document outlining the respective roles and responsibilities of constituent ICS groups including the ICP, ICB, Place-Based Partnerships, HOSC, JHOSC, HWBs, Healthwatch.
An approach to scrutiny that encourages safe and accountable experimentation and can grow and develop along with the ICS	Following establishment schedule regular points of review to mutually consider improvements so that our approach to overview and scrutiny can grow and adapt as the ICS develops.

The role of scrutiny in our developing ICS

Scrutiny works today at a number of levels:

Health scrutiny

- **JHOSC** held four times a year, covers anything that is strategic and which has an effect across BSol
- **HOSC** held monthly separately by each council
- Reviews policies, decisions and services to scrutinise whether they meet the needs of the community. Can call in organisations and make reports and recommendations to NHS bodies.

Healthwatch

- Oversees the views and experiences of patients, carers and other users are taken into account.

Health and Wellbeing Board

- Partners coming together to promote reduction in health inequalities and deliver on our strategy.

The ICS also operates on a number of levels:

The ICP which has broad membership and sets strategy (building on HWB assessments and strategy) for the ICS.

The ICB responsible for allocating resources, accountable to NHS regulators and oversees performance of the system.

Place-Based Partnership Committees delegated by the ICB and the delivery group building on the HWB. Focused on delivering programme of work centred on integrated improvements at place, commissioning and delivery of some services through strong local authority and health integration.

(Birmingham only) **Locality Forums** delivering priorities at a locality level, site of collaboration between NHS and LA providers.



Developing our ways of working

One of our recommendations is to develop a Ways of Working document that describes the role and commitment between the key scrutiny and ICS bodies. This will need to be developed in partnership between these groups, ideally through a facilitated session.

Suggested ICS shared commitments:

- We welcome scrutiny as it will help us to fulfil our role successfully and aid our development.
- We will operate openly and transparently.
- We will focus on simplicity. Our reports will be clear, simple and easy to understand.
- We will have a strong relationship with scrutiny that goes beyond formal meetings, prioritising information sharing and shared learning.
- We will proactively seek out a range of voices, views and perspectives in our development.

What this could mean in practice

- Do the success criteria resonate with your aspirations for scrutiny of the ICS?
- Do the recommendations seem practical? Are there any ways that we could go further or faster?
- Are there any particular levels of the system that you think scrutiny would be most impactful?

Following our discussion today we will:

- establish any identified key roles and responsibilities;
- update our ICS Constitution with our planned approach;
- plan and schedule a knowledge sharing session with both committees to agree on the details of our approach; and
- at the same session, jointly develop our ways of working document.