



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 8 APRIL 2014 at 5.30pm

P R E S E N T :

Councillor Sangster – Chair

Councillor Chaplin	Councillor Desai
Councillor Cleaver	Councillor Grant
Councillor Singh	

Also in attendance:

Councillor Palmer	Deputy City Mayor
Surinder Sharma	Healthwatch Leicester
Richard Morris	Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group

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**121. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Cooke and Westley.

**122. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were made.

**123. MINUTES OF PREVIOUS MEETING**

RESOLVED:

that the minutes of the meeting held on 25 February 2014 be approved as a correct record.

**124. PETITIONS**

The Monitoring Officer reported that no petitions had been submitted in

accordance with the Council's procedures.

#### **125. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

#### **126. WORK PROGRAMME**

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2013/14 which was noted.

#### **127. CORPORATE PLAN OF KEY DECISIONS**

The Commission noted the items that were relevant to its work in the Corporate Plan of Key Decisions that would be taken after 1 April 2014.

#### **128. HEALTHWATCH PROTOCOL**

The Commission received the proposed protocol for the relationship between the Commission and Healthwatch Leicester, which would be signed by the Chair of Healthwatch and the Chair of the Commission.

It was noted that the Commission had agreed to establish a protocol to help clarify the relationship between the Commission and Healthwatch. The protocol was a positive way forward and would help everyone to understand the roles and responsibilities of Healthwatch and the Commission in working together.

The Deputy City Mayor endorsed the document as a positive development that set out clearly both party's responsibilities and removed any confusion of the respective roles. He stated that the protocol did not refer to the role of the Health and Wellbeing Board, the fact that Healthwatch had a seat on the Board and that the Health and Wellbeing Scrutiny Commission could make recommendations to the Health and Wellbeing Board on health matters. He felt his should be reflected in the protocol.

In response to a Member's question on the accountability of Healthwatch in relation to Healthwatch being commissioned by the local authority and the Commission being a body of the local authority, it was stated that although Healthwatch were commissioned by the Council they were established under the Social Care Act 2012 and have statutory responsibilities for it policy work, representing patients views and for raising issues of concern with a number of bodies including the Commission.

RESOLVED:-

- 1) That the protocol be received and supported, subject it being amended to include the references to the Health and Wellbeing Board, Healthwatch as a member of the Board and the Commission's role in making recommendations to the Health and Wellbeing Board, and the final protocol be submitted to the next meeting for approval.
- 2) That the Chair of the Scrutiny Commission sign the final protocol.

## **129. FIT FOR PURPOSE REVIEW**

The Commission considered the Draft Action Plan arising from the Centre for Public Scrutiny's Fit for Purpose Review and were asked to agree the actions to be taken in the future as the next step in the how the Commission would improve its scrutiny arrangements.

Members and the Healthwatch representative discussed the proposals and the following comments were made:-

- a) One member felt that providing a basket of possible questions for members to ask took away the autonomy and organic nature of scrutiny, whilst another member took this to mean that members did not ask the same questions in different ways.
- b) The proposal to have public questions was welcomed but this would need to be managed effectively.
- c) Recommendation 10 seemed too prescriptive to one member, whereas another member saw this in conjunction with Recommendation 9 as avoiding asking questions for information when those giving evidence had already provided it. Other members also suggested that questions should be succinct and clear.
- d) The Draft Action Plan had no reference to equality impact assessments and the Healthwatch representative felt these should be considered.

The Chair commented that the draft action plan should be seen as aspirational and not prescriptive and it would be revisited during the next year and views taken of what worked and what did not.

RESOLVED:

That subject to the comments made by members, the Action Plan be noted and that the actions be developed and progress at implementing them be considered at future meetings.

## 130. COMPLAINTS MONITORING

Members considered a report and were asked to agree arrangements for scrutinising NHS complaints and City Council Complaints. The Commission had previously identified that it needed to be better prepared to receive complaints monitoring in the future. The report set out the process and arrangements for future scrutiny of NHS complaints monitoring and City Council complaints monitoring.

During a general discussion, the Commission Members and the Deputy City Mayor made the following observations:-

- a) The report set out clearly what was expected of those submitted a report on complaints monitoring.
- b) A member felt that complaints monitoring was essential to ensure that an organisation acted to improve areas of poor performance.
- c) Other members stated that it should be recognised that complaints were not the only drivers of service improvements as these could also result from positive comments/compliments, involvement with service users and events, working with other partners and stakeholders and outcomes of market research etc.

The Healthwatch representative stated that Healthwatch had undertaken work with healthcare providers and commissioners and had produced a document on how to achieve a 'Gold Standard' in handling complaints and offered to share this with the Commission.

Richard Morris, Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group stated that the report clearly set out for external stakeholders what information and analysis was expected of them and that assurances were sought that the complaints process was robust, complaints were dealt with adequately, stakeholders recognised when an issue arose and could demonstrate the steps to remedy the issue.

RESOLVED:-

- 1) That the Director of Information & Customer Access, Leicester City Council, plus representatives of the 4 major local NHS providers, University Hospitals of Leicester, Leicestershire Partnership NHS Trust, Leicester City Clinical Commissioning Group and East Midlands Ambulance Service, be invited to submit reports and attend commission meetings to provide an overview of their complaints process and discuss how they use the issues identified through complaints to improve quality and safety.
- 2) The organisations: NHS England, Care Quality Commission, Trust Development Authority, Monitor, plus City Mayor &

Executive at Leicester City Council, be invited to submit reports and attend commission meetings to provide an overview of their complaints process and discuss how they use the issues identified through complaints to improve quality and safety of services.

- 3) That these reports be received annually and staggered throughout the year.
- 4) That the advice and guidance, as set out in Appendix 1 be welcomed and adopted for the future consideration of complaints.
- 5) That the content and format required when receiving complaints reports in the future be based upon the criteria set out in paragraph 3.4 of the report.

**131. REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG BLACK BRITISH MEN**

Members were asked to agree the dates for this review, which was approved at the last meeting of the Commission. Following the Commission's approval of the terms of reference for the review at its last meeting, the Overview Select Committee subsequently endorsed the scope and terms of reference of the review at its February meeting. A list of Suggested dates for 3 review meetings was submitted to the meeting for Member's availability.

RESOLVED:-

That the Scrutiny Support Officer notify members of revised dates based upon their availability.

**132. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING**

The Commission received an update on the following items that had been considered at a previous meeting:-

**1) Financial Position of the University Hospitals of Leicester NHS Trust**

Following a question from a Member it was noted that the Trust was preparing a 5 year financial recovery strategy which had to be submitted to the Trust Development Authority for approval in June.

**2) Paediatric Audiology Services**

It was reported that contrary to the minute text, the funding for the audiology service was funded by the Clinical Commissioning Group.

### **133. DATES OF COMMISSION MEETINGS IN 2014/15**

The Commission noted that meetings for the Commission were being planned to be held in 2014/15 on an 8 week cycle of meetings as follows:-

Tuesday 8 July 2014  
Tuesday 2 September 2014  
Wednesday 29 October 2014  
Tuesday 16 December 2014  
Tuesday 10 February 2015  
Tuesday 7 April 2015

All meetings were scheduled to start at 5.30pm.

### **134. ITEMS FOR INFORMATION AND NOTING**

#### **Care Quality Commission Report and their Inspections of Leicester Hospitals**

Members noted a briefing note on the Quality Report issued by the Care Quality Commission following their inspection of Leicester's Hospitals between the 13<sup>th</sup> - 16<sup>th</sup> January 2014, and requested the item be added to the Commission Work programme.

### **135. CLOSE OF MEETING**

The Chair declared the meeting closed at 6.40 pm