



Leicester
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION**

DATE: TUESDAY, 8 APRIL 2014

TIME: 5:30 pm

**PLACE: THE TEA ROOM - FIRST FLOOR, TOWN HALL, TOWN
HALL SQUARE, LEICESTER**

Members of the Commission

Councillor Cooke (Chair)

Councillor Sangster (Vice-Chair)

Councillors Chaplin, Cleaver, Desai, Grant, Singh and Westley

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Graham Carey (Democratic Support Officer):

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Anita Patel (Members Support Officer):

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Leicester City Council, Town Hall, Town Hall Square, Leicester LE1 9BG

INFORMATION FOR MEMBERS OF THE PUBLIC

ACCESS TO INFORMATION AND MEETINGS

You have the right to attend Cabinet to hear decisions being made. You can also attend Committees, as well as meetings of the full Council. Tweeting in formal Council meetings is fine as long as it does not disrupt the meeting. There are procedures for you to ask questions and make representations to Scrutiny Commissions, Community Meetings and Council. Please contact Democratic Support, as detailed below for further guidance on this.

You also have the right to see copies of agendas and minutes. Agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk or by contacting us as detailed below.

Dates of meetings are available at the Customer Service Centre, 91 Granby Street, Town Hall Reception and on the Website.

There are certain occasions when the Council's meetings may need to discuss issues in private session. The reasons for dealing with matters in private session are set down in law.

WHEELCHAIR ACCESS

Meetings are held at the Town Hall. The Meeting rooms are all accessible to wheelchair users. Wheelchair access to the Town Hall is from Horsefair Street (Take the lift to the ground floor and go straight ahead to main reception).

BRAILLE/AUDIO TAPE/TRANSLATION

If there are any particular reports that you would like translating or providing on audio tape, the Democratic Services Officer can organise this for you (production times will depend upon equipment/facility availability).

INDUCTION LOOPS

There are induction loop facilities in meeting rooms. Please speak to the Democratic Services Officer at the meeting if you wish to use this facility or contact them as detailed below.

General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Graham Carey, Democratic Support on 0116 229 8813 or email graham.carey@leicester.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on 0116 454 4150

THE 6 PRINCIPLES OF EFFECTIVE SCRUTINY

In March 2014, the Health & Wellbeing Scrutiny Commission adopted 6 principles of effective scrutiny and subsequently agreed that these would be included on all agenda to enable anyone observing or attending meetings to be clear about the role of the Commission.

The Commission adopted the four principles developed by the Centre for Public Scrutiny and added two further local principles.

The **Centre for Public Scrutiny's** four principles of effective scrutiny to underpin the work of Scrutiny are:

- 1. To provide a 'critical friend' challenge to executive policy- makers and decision-makers.**
- 2. To carry out scrutiny by 'independent minded governors' who lead and own the scrutiny process.**
- 3. To drive improvements in services and finds efficiencies.**
- 4. To enable the voice and concerns of the public and its communities to be heard.**

The Health & Wellbeing Scrutiny Commission also agreed to add the following two additional local principles to enable effective scrutiny in its work:

- 5. To prevent duplication of effort and resources.**
- 6. To seek assurances of quality from stakeholders and providers of services.**

TERMS OF REFERENCE OF SCRUTINY COMMISSIONS

Scrutiny Committees hold the Executive and Partners to account by reviewing and scrutinising policy and practices. In particular Scrutiny Committees may:-

- a)
 - i. Review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
 - ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
 - iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in

- comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
- iv. make recommendations to the City Mayor, the Executive, committees and the Council arising from the outcome of the scrutiny process.
 - v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
 - vi. question and gather evidence from any person (with their consent).
- (b) **Finance.** Scrutiny Committees may exercise overall responsibility for the finances made available to them.
- (c) **Annual report.** Scrutiny Committees may report annually to Full Council on their work and make recommendations for future work programmes and amended working methods if appropriate.
- (d) **Work programme.** Scrutiny Committees shall design and be responsible for their annual work programme, subject to endorsement thereof by Overview Select Committee (OSC).

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 25 February 2014 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

<http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MIId=5795&Ver=4>

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. WORK PROGRAMME

**Appendix A
(Page 1)**

The Scrutiny Support Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2013/14. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

7. CORPORATE PLAN OF KEY DECISIONS

**Appendix B
(Page 13)**

The Commission is recommended to note the items that are relevant to its work in the Corporate Plan of Key Decisions that will be taken after 1 April 2014.

- 8. HEALTHWATCH PROTOCOL** **Appendix C
(Page 21)
(15 Minutes)**

To receive the proposed protocol for the relationship between the Commission and Healthwatch Leicester, which will be signed by the Chair of Healthwatch and the Chair of the Commission.

- 9. FIT FOR PURPOSE REVIEW** **Appendix D
(Page 29)
25 Minutes)**

To consider the Draft Action Plan arising from the Centre for Public Scrutiny's Fit for Purpose Review and to agree the actions to be taken in the future.

- 10. COMPLAINTS MONITORING** **Appendix E
(Page 53)
(20 Minutes)**

To consider a report and agree arrangements for scrutinising NHS complaints and City Council Complaints.

- 11. REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG BLACK BRITISH MEN** **(5 Minutes)**

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. Suggested dates will be submitted to the meeting.

- 12. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING** **(5 Minutes)**

To receive any updates on matters that were considered at previous meetings of the Commission.

- 13. DATES OF COMMISSION MEETINGS IN 2014/15** **(5 Minutes)**

To note that meetings of the Commission are 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 are scheduled to start at 5.30pm.

14. ITEMS FOR INFORMATION / NOTING ONLY

**Appendix F
(Page 63)
(5 Minutes)**

Care Quality Commission Report on their Inspections of Leicester Hospitals.

To receive the attached briefing note on the Quality Report issued by the Care Quality Commission following their inspection of Leicester's Hospitals between the 13th -16th January 2014.

15. ANY OTHER URGENT BUSINESS

**Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14**

CURRENT / ONGOING / FUTURE ISSUES – Updated March 2014

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
Standing Items – Accountability of Deputy City Mayor, lead for Health Issues (Cllr Rory Palmer)	
<ul style="list-style-type: none"> -The broad issues around the implementation of NHS & Public Health White Paper (Deb Watson/Rod Moore) -Public Health Work by the City Council & Health & Wellbeing Board (Deb Watson/Rod Moore) -Implementation of the Health and Social Care Act (Deb Watson / Tracie Rees) -Public Health Budget (Deb Watson / Tracie Rees/Rod Moore) -Commissioning Process for Patient Representative Body - HealthWatch (Tracie Rees) -Leicester City Council City Mayors Forward Plan (Cllr Palmer/Deb Watson / Miranda Cannon) -Leicester City Clinical Commissioning Group (Simon Freeman/Richard Morris) 	
9th April 2013 (agenda mtg 26 th March 2013)	
Draft Work Plan 2013/14 (Cllr Cooke/Anita) – work in progress	Agreed to discuss in private planning session 18 th September to enable effective scrutiny
The Francis Report – Implications for Health Scrutiny Commission and lessons to be learnt <ul style="list-style-type: none"> - An overview of the Francis Report and the implications for the local authority (Rod Moore) - Responses from LCCCG on the Francis Report (Richard Morris) - Responses from UHL on the Francis Report (Stephen Ward) 	Agreed for external review of the council’s scrutiny arrangements for scrutinising the provision of health services in the city. Agreed to explore mandatory training for health commission members (John/legal re: constitution). Agreed to review the development and delivery plans of partner organisations/bodies in light of the Francis Report recommendations (ongoing)

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
<p>LINKS (Local Involvement Network for Patients) – The Emergency Pathways (Michael Smith/Sue Mason)</p>	<p>Agreed Healthwatch to reassure the commission that the Emergency Pathways work will continue.</p> <p>Agreed to contact LPT re: views on LINKs treatment during Bradgate Unit visit.</p>
<p>Regulations on new Health & Wellbeing Board – Implications for Health Scrutiny (Pretty Patel)</p>	<p>Agreed to note</p>
<p>Healthwatch and Scrutiny – Framework (Tracie /Jo Clinton)</p>	<p>Agreed Healthwatch to bring a paper on draft protocol, setting out how it will actively engage with the scrutiny commission.</p>
<p>Councils Forward Plan</p>	<p>Agreed to note</p>
<p>28th May 2013 (agenda mtg 14th May 2013)</p>	
<p>1) University Hospitals of Leicester (UHL)</p> <p>1a) UHL - Strategic Direction Presentation (Stephen Ward/John Adler)</p> <p>1b) UHL Annual Quality Accounts (Sharon Hotson, UHL)</p> <p>1c) UHL Unannounced Hospital Visits – feedback report (Richard Morris)</p> <p>1d) Urgent Care Centre (A&E) at Leicester Royal Infirmary, to monitor progress on the pilot programme to refer non urgent cases to GP (Richard Morris)</p>	<p>Agreed:</p> <p>1a) The Strategic Direction report was noted.</p> <p>1b) The Quality Accounts 2013/14 report noted and comments to be sent to UHL (done)</p> <p>1b) HSC members invited to visit the hospital to see how services are provided.</p> <p>1c and 1d) Reports noted and further updates in 6 months.</p>
<p>NHS 111 Non-Emergency Helpline – Information/update report on plans for this emergency helpline to go live in Leicestershire on 25th June 2013 (Richard Morris)</p>	<p>Agreed for comments made by HSC to be taken into account by the West Leicestershire CCG when implementing the NHS 111 System (Richard to action).</p>

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Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
Public Health Structure – to include organisation chart, posts and functions, plus current areas of work, budgets and schedule of commissioning areas and timescales (Rod Moore)	Agreed private session to be arranged to discuss functions and commissioned services. Report noted.
Healthwatch – Protocols of how HW will actively engage with and support the commission in its scrutiny of health issues (Vandna Gohill, VAL/ Jo Clinton)	Agreed Report noted.
Drugs and Alcohol Scrutiny Review – draft report of findings for members of the commission to discuss/approve (cllr Sangster/Anita)	Agreed Draft report and recommendations endorsed. Final report to go to OSC, then to the City Mayor. Agreed for Chair to discuss procedures and mechanisms for council to commission drug and alcohol services.
Draft Work Programme 2013/14 – update/suggestions from commission members (cllr Cooke/Anita) Summary of Work Completed 2012/13 – for information, commission contribution to Scrutiny Annual Report (cllr Cooke/Anita)	Agreed to note.
City Mayor’s Delivery Plan – Leicester City Council 2013/14, referred from Overview Select Committee for comments (Rod Moore)	Agreed to arrange private session for further discussion on the Plan. Agreed HSC reserved the right to submit comments at a later date. Agreed to receive progress report in 6 months - Joint scrutiny reviews with Adult Social Care SC is supported.
a) Health & Wellbeing Board – minutes of last meeting b) Council’s Forward Plan c) Glenfield Hospital Heart Unit Review – verbal update (cllr Cooke)	Agreed to note these items

**Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14**

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
17th July 2013 (agenda mtg 25 th June 2013)	
East Midlands Ambulance Service "Being the Best" Report (Karlie Thompson)	Agreed Six monthly updates in order to monitor progress Re: detailed management performance criteria and data.
Glenfield Hospital Heart Unit Review – Update (Cllr Cooke)	Agreed Update to September meeting.
'Alcohol Awareness Social Marketing' consultation proposals (Julie/Rod)	Agreed Feedback to September meeting
Development Training Session for HSC members to cover the following: a) 'Better Understanding of the New Structures of the NHS' (Rod) b) Feedback from Derbyshire CfPS Workshop 8 th July on 'Developing Relationships with Public Health England and NHS England, including lessons from the Francis Report' (Anita/Rod)	Agreed Proposal for Leicester to be offered as a venue for a future regional event (Anita to liaise with CfPS)
External Review of Health Scrutiny Arrangements (Cllr Cooke/Anita)	Agreed Engaged expert advisor from CfPS.
6th August 2013	
Glenfield Heart Unit – NHS ENGLAND new review process to discuss. SPECIAL MEETING ARRANGED FOR THIS ITEM ONLY	Actions: HSC to monitor progress
3rd September 2013 (agenda mtg 14 th August 2013)	
Council's Procurement Plan – Health & Wellbeing Topics (Neil Bayliss)	Agreed Further breakdown of Commissioning Contracts re: Public Health budgets to future meeting – Nicola Hobbs/Rod Moore
Access for All Document – referred by Overview Select Committee to all scrutiny commissions for comments (Paul Lenard-Williams)	Agreed Deferred to future meeting

**Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14**

PROPOSED TOPICS / ITEMS AND LEADS		ACTIONS / OUTCOMES
	Alcohol Awareness Project feedback (Julie)	Agreed Project not started, deferred to future meeting.
	LCCCG Response to Francis Report – Update (Simon Freeman)	Agreed An update to further responses by the CCG still to be reported to future meeting.
	UHL Emergency Floor Scheme Report – (Stephen/Mark) RE: to brief the Commission on UHL Emergency Floor scheme and the associated enabling scheme under which it is proposed to move temporarily some outpatient services from Leicester Royal Infirmary to Leicester General Hospital.	Agreed Noted and agreed in principle.
CT	Leicestershire Partnership NHS Trust re: Bradgate Mental Health Unit	Agreed Viv Addey submitted a letter of representation on concerns about the number of recent suicides of people in Bradgate Unit calling for an independent inquiry into the failing. Agreed HSC members voiced their concerns /disappointment for the failings at Bradgate Unit and at LPT.
	a) Glenfield Heart Unit NHS England Review – Update for information b) External Review of Health Scrutiny Arrangement – Update for info	Items noted.
18th September 2013 - PRIVATE DEVELOPMENT SESSION FOR HSC MEMBERS		
	<i>Private session planned to discuss the work programme to enable effective scrutiny and give members the opportunity to shape and direct the commission's activities.</i> To be led by the Chair, assisted by Brenda Cook, expert health scrutiny advisor, and Anita Patel/Graham Carey	Agreed Work plan to be updated / progressed as part of the Fit for purpose review outcomes.
15th October 2013 (agenda 1 st October 2013)		
	Procurement & Commissioning Public Health Budget – Further breakdown of Commissioning Contracts to better understand Public Health budgets and who provides services (Nicola Hobbs/Rod Moore)	Agreed Further reports on commissioning items to future meetings

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
Access for All – Deferred from last meeting (Paul Leonard-Williams)	Agreed report noted
Work Programme – Update from 18 th September private members session (Chair/Anita)	Agreed to Update work programme - in progress
Glenfield Heart Unit Review Update - NHS England letter and Response from Cllr Cooke RE NHS England Review Team request to visit Joint Health Scrutiny (Chair/Anita)	Agreed Meeting with John Holden, NHS England Review team lead on 25 th Oct
Leicestershire Partnership NHS Trust – Update on Progress to improve services and feedback from minutes of last meeting RE Bradgate MHU.	Agreed to invite to October meeting to report progress.
'Fit for Purpose' Health Scrutiny Review – Progress update (Chair/Anita)	Agreed to progress
Alcohol Awareness Project – feedback on progress (Julie/Rod)	Agreed report noted
NHS 111 Service – Update on progress (Dr Johri/Richard Morris)	Agreed to note, Equality Impact Assessment to Oct mtg.
26th November 2013 (agenda mtg 13 th November 2013)	
Francis Report Recommendations - Progress Reports from UHL, LCCCG, LPT, LCC Public Health	Agreed to note progress reported Agreed that commission was concerned that there was not reference in the Governments response to the Francis Report to the local gov scrutiny role in the process.
Closing the Gap – Review of progress (Adam Archer/Rod)	Agreed that health implications should be included in reports suggesting revisions to budget strategies. Agreed that it would be beneficial if these monitoring reports could be presented to the commission prior to the Health and Wellbeing Board so that the commissions comments can be considered as part of the monitoring process.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
	Agreed a report be submitted to the next meeting on why the indicators relating to 'carer-reported quality of life' and the proportion of carers who reported that they had been included or consulted in discussions about the person they cared for were declining and what steps were being taken to improve them.
Hospital Unannounced Visits – Reports from CCG (Richard Morris)	Agreed to note report
UHL Emergency Department Assessment Service and CQC planned inspection – Progress Reports (Mark / John Adler)	Agreed for CQC inspection report to be submitted to future meeting. Agreed that UHL consider using the dashboard monitoring process being used by LPT to triangulate various performance indicators to see if there was any correlation between them.
Winter Care Plan Review – Update (Cllr Chaplin)	Agreed to note progress
Bradgate Adult Mental Health Unit – LPT update report and CQC latest inspection report (Cheryl Davenport)	Agreed report noted and further update be submitted to next meeting with CQC report of second inspection visit.
Oral Health in the City, Dental Health Policy and Strategy (Jasmine Murphy)	Agreed for members comments to be incorporated into the strategy. Agreed to ask the Health and Wellbeing Board to revisit the issue of whether local water supplies should be fluoridated as a measure to improve oral health and reduce oral health inequalities.
Health Visitors report (Rod/Jo)	Agreed to note report.
Responses to Scrutiny Review Reports (MHR and VCS) from UHL, CCG, LPT and City Council	Agreed on progress as chair attended Council's Executive on 5 th Nov 2013 to present the 2 reports. Both reports well received and resulted in the chair being appointed as the Council's Advocate for Mental Health. Agreed that some procedural issues were outstanding around

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
	feedback from the Executive, but the chair will raise this at OSC. Agreed with joint response from ASC and CCG. LPT and UHL responses also noted.
For info , Congenital Heart Disease Review – Update (Chair) For info, East Midlands Regional Health Scrutiny Network – update (Chair) For info, External Scrutiny Review 'Fit for Purpose' by CfPS – update (Chair)	Agreed to note
14th January 2014 (agenda mtg 31 st December 2013)	
Question submitted by Cllr Singh (taken as any other urgent business) to the Chief Executive of UHL re: financial position budget deficit.	Question answered by John Adler. No discussion / debate, under rules of this item.
EMAS - East Midlands Ambulance Service 'Being the Best' Progress Report Stephen Firman, Programme Director of EMAS	Agreed to receive report in 6 months on the Trust's achievements in relation to Key Performance Indicators in 6 months' time. Agreed for Future reports to identify the Trust's performance both within the context of Leicester City specifically compared to the East Midlands as a whole.
NHS Complaints and Leicester City Council Complaints UHL – Moira Durbridge, Director of Safety and Risk. Mark Wightman, Director of Communications & External Relations LPT – Paul Miller, Chief Operating Officer and Richard Chester, head of Patient Experience & Partnerships LCCCG – Richard Morris, Chief Corporate Affairs Officer EMAS – Clare Wade, Patient Safety and Experience Manager LCC - Melinda Capewell, Customer Service Development Manager, Jo Tansey, Complaints Manager, Adult Social Care and Jane Boulton, Head of Quality Practice &	Agreed to thank all orgs for their participation and responses. Agreed to receive further future reports on the analysis of complaints when the Commission's work programme has been finalised.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
Service Imp. ASC.	
External 'fit for purpose' health scrutiny arrangements review Brenda Cook, Consultant for Centre for Public Scrutiny	Agreed that the implementation of the recommendations be discussed at the proposed member development event that is planned as part of the external review.
Francis Report – Department of Health responses	Agreed to defer this item – future meeting to consider the Governments response to the Francis Report recommendations
'Closing the Gap' Update on Performance Indicators for Carers Director of Care Services and Commissioning Adult Social Care	Agreed that the Commission be involved in the formulation and review of the survey particulars. Agreed to report the Commission concerns and disappointment with the performance of the 2 indicators to the Health and Wellbeing Board.
Bradgate Adult Mental Health Unit Update - for members information	Agreed to monitor results of further inspections by the Care Quality Commission.
Oral Health in the City Update – for members information	Agreed that the Oral Health Board would consider the comments made by the Commission at a previous meeting.
Response to the Commission's Scrutiny Review Reports Update - for members information	Agreed that the issue of formal feedback from the Executive was in hand and the Deputy City Mayor would be responding in due course.
East Midlands Regional Health Scrutiny Network – Update – for members information	Agreed that the next meeting will be hosted by Leicester City Council to be held in the Town Hall on 17 th Feb 2014.
Improving Mental Health Services in Leicester City – for members information	Agreed to note the presentation received from Leicester City Clinical Commissioning Group.
Congenital Heart Disease Review – for members information	Agreed to note the NHS England Information.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
25th February 2014 (agenda mtg 11 th February 2014)	
5.30pm to 6.30pm – Private session?? for HSC members Private development session for members led by Brenda Cook, Centre for Public Scrutiny	Agreed to produce an action plan to address the recommendations in the report.
6.30pm to 7.30pm – main public meeting items:	
Budget 2014/15 & Pubic Health Budget – Cllr Palmer/Rod Pearson / Rod Moore	Agreed to note the report
City Mayors Plan 2013/14 Update – Rod Moore	Agreed to note the changes.
Draft Scoping Report for the Review of Mental Health Services of Black/Black British Young Men – Mark Wheatley / Rod Moore	Agreed scope of review and to submit to OSC for approval.
For info: NHS England Notes of Congenital Heart Disease Meeting with Local Authorities 8 th January 2014 For info: Feedback from 17 th Feb 2014 East Midlands Region Health Scrutiny Network Event, hosted by Leicester City Council.	Agreed to note
8th April 2014 (agenda mtg 25 th March 2014)	
Healthwatch Protocol – Philip Parkinson and Mercy Lett	
Draft Action Plan for Fit for Purport Review – Chair / Anita Patel	
Complaints Monitoring Future Arrangements – Chair / Anita Patel	
Review of Mental Health Services Young Black British Men – To set dates for review – Chair / Anita Patel	

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Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
20th May 2014	
UHL Quality Accounts 2013 – 2014 (<i>anticipated report from Stephen Ward, Director of Corporate & Legal Affairs</i>)	
EMAS Quality Accounts 2013-2014 - tbc	
June 2014 onwards (<i>dates to be set for next cycle of meetings</i>)	
Leicestershire Partnership NHS Trust Quality Accounts 2013 – 2014 (<i>anticipated report from Paul Miller, Chief Operating Officer</i>)	
<u>Suggested Items for the Work Plan:</u>	
<ul style="list-style-type: none"> - Public Health Team – Structures, responsibilities, budgets and outputs - Capital Programme - Leicestershire Partnership NHS Trust – The Agnes Unit and Bradgate Unit (follow up) - Better Care Together - Health Variations – Public Health Team (April 2014 meeting – tbc) - EMAS – Better Patient Care (report expected Aug/Sept 2014 as requested by HSC for the purpose of the Trust’s achievements in relation to key performance indicators. Also the Trust to identify performance both within the context of Leicester City specifically compared to the East Midlands as a whole. - NHS and Leicester City Council Complaints (to be added to the work plan above after March 2014 date tbc. Following the Jan 2014 HSC mtg, agreed that these orgs submit further reports on the analysis of complaints) - NHS Reconfiguration – G.P practices fit for purpose 	

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
<ul style="list-style-type: none">- Annual Reports – LOROs, UHL, ICAS, LPT NHS TRUST and HEALTHWATCH- ICAS and HEALTHWATCH – Regular Reports- Hospital Discharges- Homelessness Strategy – Implementation- Corporate Strategies – monitoring role- Stickle Cell Anemia Services- BME groups – targeting of specific health services- HIV/AIDS Services- Mental Health Services for BME e.g. Black/Black British Young Men	

Leicester City Council

CORPORATE PLAN OF KEY DECISIONS

On or after 1 April 2014

What is the plan of key decisions?

Each month, the Council publishes a forward plan to show all the key decisions, which are currently known about, that are intended to be taken by the Council's Executive (City Mayor, Deputy City Mayor and Assistant City Mayors) over the next few months. Each plan runs from the first of each month.

What is a key decision?

A key decision is an executive decision which is likely:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- to be significant in terms of its effects on communities living or working in two or more wards in the City.

In addition to the key decisions, the City Mayor and the Executive also take other non-key decisions. Details of these can be found at

www.cabinet.leicester.gov.uk/mgdelegateddecisions.aspx?bcr=1

What information is included in the plan?

The plan identifies how, when and who will take the decision and in addition who will be consulted before the decision is taken and who to contact for more information or to make representations.

The plan is published on the Council's website.

Prior to taking each executive decision, please note that the relevant decision notice and accompanying report will be published on the Council's website and can be found at www.cabinet.leicester.gov.uk/mgdelegateddecisions.aspx?bcr=1

Corporate Plan of Key Decisions

On or after 1 April 2014

Contents

1. A place to do business
2. Getting about in Leicester
3. A low carbon city
4. The built and natural environment
5. A healthy and active city
6. Providing care and support
7. Our children and young people
8. Our neighbourhoods and communities
9. A strong and democratic council

1. A place to do business

What is the Decision to be taken?	CITY DEAL FUNDING Decision required on City Council to act as accountable body for city deal funds. No definite figures available at this stage.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	A number of key stakeholders have been engaged during preparation of the City Deal – LLEP, county and district councils, businesses.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

2. Getting about in Leicester

What is the Decision to be taken?	BUS LANE ENFORCEMENT - AYLESTONE QUALITY BUS CORRIDOR Decision to implement Bus Lane Enforcement on the Aylestone Road corridor bus lanes. Funding for this project is included in the approved capital programme budget allocation for the A426 project.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Done as part of Aylestone Bus Corridor Scheme.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

What is the Decision to be taken?	CONNECTING LEICESTER STREET IMPROVEMENT SCHEME/S Approval of funding for second phase of Connecting Leicester street improvement projects. Up to £4.9m. from resources set aside for the Economic Action Plan. Note, the precise amount for which approval will be sought depends upon the scope of the schemes brought forward.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Consultation through Connecting Leicester initiative and TRO process.

Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk
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What is the Decision to be taken? NEW	HAYMARKET BUS STATION REDEVELOPMENT SCHEME Decision to approve and commission the construction work with an overall budget total of £13.5million, from resources set aside for the Economic Action Plan and Government Grant.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Consultation already carried out – http://consultations.leicester.gov.uk/city-development-and-neighbourhoods/bus_station
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

3. A low carbon city

No key decisions are currently scheduled to be taken during this current period.

4. The built and natural environment

What is the Decision to be taken?	TOWNSCAPE HERITAGE INITIATIVE Scheme and funding approval. £2m, being £0.5m from resources set aside for the Economic Action Plan and £1.5m anticipated Heritage Lottery Fund grant.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Requirement for external consultation. Community engagement included in the project.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

What is the Decision to be taken?	RELEASE OF THE PROPERTY MAINTENANCE PROVISIONS 2014/15 Release of block fund from Capital Programme.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014

Who will be consulted and how?	Not applicable.
Who can I contact for further information or to make representations	Mark.Lloyd@leicester.gov.uk

5. A healthy and active city

No key decisions are currently scheduled to be taken during this current period.

6. Providing care and support

What is the Decision to be taken?	DEVELOPMENT OF AN INTERMEDIATE CARE FACILITY To consider the options for the development of intermediate care facilities In Leicester.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	N/A
Who can I contact for further information or to make representations	Ruth.Lake@leicester.gov.uk

What is the Decision to be taken?	REVIEW THE POTENTIAL OPTIONS FOR PROVIDING THE MOBILE MEALS SERVICE IN FUTURE To consider the outcome of a consultation exercise regarding the future of the Mobile Meals Services.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Formal consultation with the existing service has been completed. http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/mobile-meals
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	THE REDESIGN OF ADULT SOCIAL CARE PREVENTATIVE SERVICES The re-design will inform future procurement activities.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Formal consultation will started with service users and providers on 17 th January 2014.. http://consultations.leicester.gov.uk/adult-

	social-care-health-and-housing/proposed-changes-to-advocacy-services http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/proposed-change-to-counselling-services
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	HOME MAINTENANCE SUPPORT FOR LOW INCOME OWNER OCCUPIERS Finance from Housing General Fund Revenue Budget.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Consultation ends 28 March 2014.
Who can I contact for further information or to make representations	Ann.Branson@leicester.gov.uk

7. Our children and young people

No key decisions are currently scheduled to be taken during this current period.

8. Our neighbourhoods and communities

What is the Decision to be taken?	PROPOSALS FOR FUTURE USE OF LOWER HASTINGS STREET AND LOUGHBOROUGH ROAD HOSTEL BUILDINGS
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Ward Members and Local Residents Group.
Who can I contact for further information or to make representations	julia.keeling@leicester.gov.uk

What is the Decision to be taken?	TRANSFORMING NEIGHBOURHOOD SERVICES PROJECT: CHANGES TO SERVICE DELIVERY IN SOUTH AREA PILOT Informed by the community engagement exercise undertaken in October, a decision is sought on the content of proposals for reconfiguring neighbourhood service delivery in the South of the city (4 wards) and on the
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	consultation process. This decision relates to the refocussing of service delivery.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Public consultation underway. http://consultations.leicester.gov.uk/city-development-and-neighbourhoods/tns-south
Who can I contact for further information or to make representations	Liz.Blyth@leicester.gov.uk

What is the Decision to be taken?	DEVELOPMENT OF A COMMUNITY SPORTS ARENA The expected financial parameters have not yet been confirmed.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Consultation with a range of stakeholders.
Who can I contact for further information or to make representations	Liz.Blyth@leicester.gov.uk

What is the Decision to be taken?	ILLUMINATING CULTURE - THE CITY OF CULTURE PROGRAMME FOR 2014 and 2015 The expected financial parameters have not yet been confirmed.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Consultation with a range of stakeholders.
Who can I contact for further information or to make representations	Liz.Blyth@leicester.gov.uk

9. A strong and democratic council

What is the Decision to be taken?	SUPPORTING THE VOLUNTARY AND COMMUNITY SECTOR (VCS) To approve future arrangements for supporting the VCS, engaging with the VCS to support cohesion and to support volunteering in the city. The current revenue budget in scope of the review is £582,200. There are no previously agreed savings required to be delivered from this budget, but the review is included in the
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	Council savings review programme.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Apr 2014
Who will be consulted and how?	Public Consultation was carried out between 28.10.13 until 17.01.14 and has now closed. Results are currently being analysed.
Who can I contact for further information or to make representations	Miranda.Cannon@leicester.gov.uk

**PROTOCOL BETWEEN THE LEICESTER CITY COUNCIL
HEALTH AND WELLBEING SCRUTINY COMMISSION AND
HEALTHWATCH LEICESTER**

This protocol concerns the relationship between the Leicester City Council Health and Wellbeing Scrutiny Commission and Healthwatch Leicester. Its purpose is to ensure that:

- (i) Mechanisms are put in place for exchanging information and work programmes so that issues of mutual concern/ interest are recognised at an early stage and are dealt with in a spirit of co-operation and in a way that ensures the complementary responsibilities of Healthwatch Leicester and the Scrutiny Commission are managed to avoid the risk of duplication of effort;
- (ii) There is a shared understanding of the process of referrals and arrangements for dealing with such referrals.
- (iii) There is a clear understanding of accountability between Local Healthwatch and the Scrutiny Commission.

: _____

Chairperson of the Health
Scrutiny Commission

: _____

Chairperson of Healthwatch
Leicester

ROLE AND RESPONSIBILITY OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION IN LEICESTER CITY

The Health and Wellbeing Scrutiny Commission is made up of elected Councillors and is established to review and scrutinise both matters relating to health and wellbeing of the population and the services that exist to improve health and wellbeing in Leicester. This includes NHS services and services commissioned or provided by Leicester City Council itself.

The Health and Wellbeing Scrutiny Commission may:

- Make reports and recommendations to local NHS bodies, the Secretary of State or the regulator;
- Make recommendations to the City Council elected City Mayor and local decision makers on how to improve services and policies impacting on the everyday lives of people living, working and visiting Leicester.
- Require any officer of an NHS body to attend before the committee to answer questions.
- Be consulted by local NHS bodies on matters laid out in the regulations.
- Undertake specific reviews of services.

ROLE OF HEALTWATCH LEICESTER

Healthwatch is the consumer champion for both health and social care, gathering knowledge, information and opinion, influencing policy and commissioning decisions, monitoring quality, and reporting concerns to inspectors and regulators.

Healthwatch aims to give Leicester citizens and communities a stronger voice to influence and challenge how health and social care services are

provided within the locality. Its creation reflects patients and the public at the heart of health and social care services.

The Health and Social Care Act 2012 sets out the powers and duties of Healthwatch. It has a national body - Healthwatch England established in 2012 under the Care Quality Commission. At the local level, Healthwatch Leicester was established and took on its full powers in April 2013.

The Department of Health funds Leicester City Council to commission Healthwatch Leicester and the Local Authority is responsible for monitoring the effectiveness of the service and ensuring value for money.

Local Healthwatch must carry out the following activities:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services, including asking providers for information which they must make available to you;
- Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- Provide advice and information about access to local care services so choices can be made about local care services;
- Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and
- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

WORKING PRINCIPLES

Given the common aims of both the Scrutiny Commission and Healthwatch to improve health outcomes and social care services for the people of Leicester City, it is vital that they: -

- (i) Work in a climate of mutual respect and courtesy;
- (ii) Have a shared understanding of their respective roles, responsibilities and priorities;
- (iii) Promote and foster open relationships where issues of common interest and concern are shared in a constructive and mutually supportive way;
- (iv) Where possible share information or data they have obtained to avoid the unnecessary duplication of effort.

Whilst recognising the common aims and the need for closer working, it is important to remember that the Scrutiny Commission and Healthwatch are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude either body from working with any other local, regional or national organisation to deliver their aims.

The application of the principles and commitments in this protocol will depend on both Healthwatch officers and the City Council's officers (principally, but not exclusively, Democratic Support) maintaining effective communication at an early stage. To this end, regular meetings will be arranged and every effort made to ensure good communication.

COMMITMENTS BY THE HEALTH SCRUTINY COMMISSION

The Commission recognises that the scrutiny of health and social care services cannot be undertaken in isolation and that Healthwatch is a key source of local information on the health and social care needs of the local population.

The Chair of the Health and Wellbeing Scrutiny Commission will invite Healthwatch Leicester to participate and contribute to meetings in its role of a voice for patients and the public in Leicester. It is important that the Healthwatch representative provides the Commission with the view of Healthwatch as a whole, not individual or personal opinion.

The Commission:

- (i) Will seek the views of the Healthwatch, when considering its focus and work programme and inform it of the outcome so as to avoid duplication of effort and resources;
- (ii) Will provide Healthwatch with a copy of all reports considered at meetings of the Commission;
- (iii) Will provide Healthwatch with a copy of the minutes of the Commission meetings;
- (iv) May invite Healthwatch to contribute to an ongoing item of scrutiny by providing information and data or identifying useful contacts from within their network;
- (v) May in rare instances, as it does not have automatic rights to enter health and social care premises, request Healthwatch to consider using the power of 'enter and view' in order to contribute to a scrutiny review. It is noted that where such a request is made the Commission, will give as much notice as possible. It will also inform the relevant health or social care organisation of the request. Healthwatch will normally only exercise its powers if to do so would assist in the delivery of its work programme, and will have the right to decline the request.
- (vi) Will acknowledge and consider any referral made by Healthwatch provided that any such referral sets out:

- Evidence that the issue has been raised with the relevant health or social care organisation and their response thereto;
- Reasons for the referral and specifically the outstanding concerns;
- What is expected of the Scrutiny Commission.

The Commission will seek a response from the relevant health or social care organisation if Healthwatch has not provided this. It is noted that whilst such references will often provide useful information to the Scrutiny Commission or give rise to an issue for further consideration by the Commission, there may be instances where the Commission may decide not to act on the referral; if it does so it will advise Healthwatch and provide reasons for not taking the issue further.

COMMITMENTS BY THE HEALTHWATCH LEICESTER

Healthwatch Leicester will seek to develop a constructive, non-adversarial and independent relationship with the Health and Wellbeing Scrutiny Commission. Therefore, Healthwatch:

- (i) Will keep the Scrutiny Commission informed of its work programme, so as to avoid duplication of effort and resources;
- (ii) Will provide the Scrutiny Commission with a copy of any report that responds to a consultation exercise undertaken by a local health or social care organisation;
- (iii) Will escalate matters to the Scrutiny Commission with any information that indicates serious and widespread patient and public concerns when necessary;
- (iv) Will provide the Scrutiny Commission with a copy of the annual report and reports arising from any completed reviews;

- (v) May assist, where possible, the Scrutiny Commission in its scrutiny of local health and social care issues;
- (vi) Give careful consideration before making a referral to the Scrutiny Commission.

ACCOUNTABILITY

Whilst it is important for the Health and Wellbeing Scrutiny Commission and Healthwatch have a close working relationship, it is also important for clear lines of accountability.

Both Healthwatch Leicester and the Health Scrutiny Commission are accountable to the public they serve.

Healthwatch Leicester will be bound by contractual obligations with the local authority commissioning team to ensure Healthwatch Leicester operates effectively and is value for money.

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
A) IMPROVING PRACTICE		
1.COMMUNITY LEADERSHIP		
<p><u>Recommendation 1</u> The commission needs to find a way to reduce the length of agenda’s and maximise the time in meetings spent on scrutiny whilst still ensuring that members have adequate information.</p>	<p>a)To improve work programme planning in 2014/15</p> <p>b)To improve agenda management in 2014/15, such as:</p> <ul style="list-style-type: none"> • by adding time slots for each item of business, • by limiting the number of main items on each agenda, • by limiting the numbers to one person per organisation to present their report/item. • by adopting a select committee style layout of meetings e.g. horseshoe shape. • by adopting a different format to meetings e.g. avoiding long presentations and to trial Q&A only sessions*. • by providing a basket of possible questions for members for each item. <p>*subject to members having had sight of reports prior to meetings</p> <p>c) To ensure that microphones are in correct working order and that they are used by those speaking to enable all present to hear.</p>	Short / Medium
<p><u>Recommendation 2</u> Include the principles of effective scrutiny agreed by the Scrutiny Commission in the ‘information for members of the public’ section of agendas, to enable anyone observing or attending meetings to be clear about its role.</p>	<p>All future agendas to include ‘information for members of the public’ including the 6 principles of effective scrutiny, as agreed by members of the commission.</p> <p><i>CfPS 4 principles for effective scrutiny:</i></p> <ul style="list-style-type: none"> • To provide a critical friend challenge to the executive policy makers and decision makers; 	Short

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
	<ul style="list-style-type: none"> • To enable the voice and concerns of the public and communities to be heard; • To carry out scrutiny by ‘Independent minded governors’ who lead and own the scrutiny process; • To drives improvements in services and finds efficiencies: <p><i>Members added in 2 further local principles for effective scrutiny:</i></p> <ul style="list-style-type: none"> • To prevent duplication of effort and resources; • To seek assurances of quality from stakeholders and providers of services. 	
<p><u>Recommendation 3</u> Clearly inform witnesses and stakeholders invited to attend Scrutiny Commission meetings why they are being invited and who should attend.</p>	<p>a)To provide clear instructions when inviting witnesses or stakeholders, such as:</p> <ul style="list-style-type: none"> • To inform them of the purpose and the objectives of why their item is on the agenda and what is expected of them at the meeting, • To inform them of how much time is allocated to their item, • To agree beforehand who will be attending and who will be participating in answering questions. 	Short
<p><u>Recommendation 4</u> Develop and implement a consistent approach to prioritising items in the work plan and agendas.</p>	<p>a) Future Work programme planning to be based on:</p> <ul style="list-style-type: none"> • Councils Forward Plan items impacting on health and wellbeing issues, • City Mayors Delivery Plan, corporate priorities and key strategies impacting on health and wellbeing issues e.g. scrutinising health inequalities, ill health and death. 	Medium / Long

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
	<ul style="list-style-type: none"> • ‘Closing the Gap’ Leicester’s Joint Health and Wellbeing Strategy 2013 -16. • Councils Budget cycle process, plus Commissioning & Procurement of Public Health Services. • Monitoring the local NHS healthcare providers e.g. UHL, LPT & EMAS. • Engagement with voluntary and community organisations, especially with regard to priority and agenda setting. This will be arranged at the beginning of the annual cycle, to hold an event inviting VCS to inform the work programme (see recommendation 14) <p>b) Exploring different scrutiny models & techniques to enable effective scrutiny (see recommendation 5)</p>	
<p><u>Recommendation 5</u> Consider using different approaches to scrutiny of different issues e.g appreciative inquiry, mini scrutiny and the CfPS Return on Investment models.</p>	<p>To explore different approaches when scrutinising different issues (see recommendation 4b).</p>	<p>Medium / Long</p>
<p>2. INVOLVING AND LISTENING TO LOCAL PEOPLE</p>		
<p><u>Recommendation 6</u> Undertake further discussions with Healthwatch and Leicester Voluntary Action representatives about building local concerns into the work of the Scrutiny Commission.</p>	<p>a) To discuss with Healthwatch, Leicester Voluntary Action and representatives of other voluntary community sector health related groups, how best to build local concerns into the work programme planning.</p>	<p>Medium / Long</p>

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
	b) The Chair to continue to invite Healthwatch to commission meetings, under the agreed working arrangements draft protocol (final copy of protocol to be agreed by April 2014). Healthwatch will continue the role of expert witness and to participate and contribute to the meetings. c) To explore co-opting a place for Healthwatch on the Health & Wellbeing Scrutiny Commission.	
<u>Recommendation 7</u> It is recommended that the Scrutiny Commission considers building an opportunity for members of the public to ask questions at its meeting.	a) A procedure is already in place for members of the public to ask questions at meetings. b) An information sheet to be available for members of the public to explain the format of meetings.	Short
3. QUESTIONING AND LISTENING		
<u>Recommendation 8</u> Make more effective use of pre-meeting by considering reports, identifying lines of inquiry and key areas for questioning, and discussing how questions may be articulated. Use de-brief meeting to reflect on what went well and what could be improved in the future.	a) To be more focussed at agenda meetings, in setting out lines of inquiry, key areas for questioning, and basket of questions. b) To be more focussed at de-brief meetings, in taking stock and improving meetings.	Short / Medium
<u>Recommendation 9</u> Develop an approach to 'active listening' to what local people are telling individual councillors and the committee, to what anonymised complaints data shows, and to the stakeholders that present at meetings or act as witnesses.	Members to consider how this can be addressed	Medium / Long

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
<p><u>Recommendation 10</u> Work more effectively as a 'team' rather than as individuals in questioning and probing witnesses.</p>	<p>a) Prior to main meeting, to discuss format of meeting and line of questioning for each item. b) To prepare basket of questions relevant to topic areas.</p>	<p>Short / Medium</p>
B) WORKING WITH OTHER STAKEHOLDERS		
<p><u>Recommendation 11</u> The review highlighted that the Scrutiny Commission has not yet developed a working relationship with NHS England or the Care Quality Commission. This should be addressed and consideration given to the role of scrutiny in relation to Quality Surveillance Groups organised by the local area team of NHS England and to the new approaches to CQC inspection and implications locally. The Scrutiny Commission may also want to scrutinise services commissioned by NHS England such as community primary care services (including dental health) and specialised services.</p>	<p>To clarify working relationships with Care Quality Commission, NHS England and Monitor.</p>	<p>Long</p>
<p><u>Recommendation 12</u> We recognise that establishing processes for joint working and joint committees can be challenging. However, some issues need to be scrutinised jointly. It is recommended that the Scrutiny Commission reviews the experience of joint scrutiny with Leicestershire County Council and Rutland Council and establishes a joint protocol that establishes processes for stronger and more effective joint scrutiny before it is required.</p>	<p>a) To improve joint working with Adult Social Care Scrutiny Commission, to enable effective scrutiny of common issues/topics. b) To clarify position on joint working relationship with countywide Joint Health Scrutiny partners, Leicestershire and Rutland. c) To continue involvement with East Midlands Health Scrutiny Network Forum (Leicester City Council hosted this event on 17th Feb 2014).</p>	<p>Med /Long</p>

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
<p><u>Recommendation 13</u> In response to the confusion amongst stakeholders that was identified in the 360 feedback, we recommend that Leicester City Council develops a common understanding between the Health and Wellbeing Board and the Health and Wellbeing Scrutiny Commission about roles and how each adds value and influence.</p>	<p>a) To clarify roles and responsibilities of the Health & Wellbeing Board, Healthwatch and Health & Wellbeing Scrutiny Commission (see guidance from Centre for Public Scrutiny, appendix A).</p> <p>b) To explore developing a protocol between Health & Wellbeing Board, Healthwatch and Health & Wellbeing Scrutiny Commission.</p>	Medium / long
<p><u>Recommendation 14</u> We recommend that an annual work programme event is held that involves the voluntary, community and advocacy sectors to help inform the Scrutiny Commission about the state of health and health services in Leicester. This might take the form of an inquiry day or form part of a development session for members.</p>	<p>a) To improve engagement with local voluntary and community organisations (<i>see recommendation 4a</i>).</p> <p>b) To develop better engagement with NHS Trusts. Members to consider outreach work to promote the work of health scrutiny at NHS Trust Boards</p>	Medium / Long
<p><u>Recommendation 15</u> Build the use of local public health data, such as health inequalities into priority setting and approaches to questioning.</p>	Public Health Team (Rod Moore) to provide and interpret relevant data to enable commission members to prioritise issues and conduct effective scrutiny.	Medium / Long
C) MEMBER DEVELOPMENT		
<p><u>Recommendation 16</u> It is recommended that one or more development sessions are held, open to all councillors, to present and discuss local public health data and priorities.</p>	Members to consider how this can be addressed	
<p><u>Recommendation 17</u> Organise a development day for the existing Scrutiny Commission members to include, an overview of the NHS system, prioritisation skills, training on questioning and active listening skills and to look at how scrutiny in meetings can be outcome focussed.</p>	Members to consider how this can be addressed	Medium / Long

ACTION PLANNING FOR THE IMPROVEMENT OF HEALTH SCRUTINY ARRANGEMENTS – following the ‘Fit For Purpose’ Review Report

CENTRE FOR PUBLIC SCRUTINY RECOMMENDATIONS	ACTIONS TO BE TAKEN	TIMESCALES
<p><u>Recommendation 18</u> Recommend that there is mandatory training for all new health scrutiny councillors that includes how the system works, questioning skills, active listening, and how the Scrutiny Commission relates to other systems of accountability.</p>	<p>a) To develop an ‘Introduction to Health Scrutiny’ session for new commission members, to enable them to understand the health economy landscape.</p> <p>b) Other issues to be addressed by wider members development and training.</p>	<p>Medium / Long</p>
<p><u>Recommendation 19</u> Hold a development session for members of the Scrutiny Commission to discuss the implementation and implications of national guidance soon after it has been published.</p>	<p>Members to consider how this can be addressed</p> <p>E.g. Centre for Public Scrutiny advice /guidance and networking with other health scrutiny committees</p>	<p>Medium / Long</p>
<p><u>Recommendation 20</u> It is recommended that Leicester City Council considers reviewing progress in the implementation of these recs twelve months after the acceptance of this report.</p>	<p>Members to consider how this can be addressed</p>	<p>Long</p>

PLEASE NOTE TIMESCALES mean:

Short = upto 1 month, **Medium** = upto 3 months, **Long** = from 6–12 months

Local Healthwatch, health and wellbeing boards and health scrutiny

Roles, relationships and adding value





The Centre for Public Scrutiny

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

Local Government Association

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA covers every part of England and Wales, supporting local government as the most efficient and accountable part of the public sector.

Visit www.local.gov.uk

Acknowledgements

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Bournemouth Borough Council

Derbyshire County Council

Devon County Council

Dorset County Council

Gateshead Council

London Borough of Sutton

Introduction and what we know

Local authorities, the NHS and local community organisations have a history of working together to improve outcomes for local people. The health and care reforms introduce some new structures and processes and working out how best to bring these together with continuing existing arrangements can be complex. But what remains constant throughout the transition is a shared goal: to improve health, social care and wellbeing outcomes for communities.

This guide aims to help local leaders and others to understand the independent, but complementary, roles and responsibilities of council health scrutiny, local Healthwatch and health and wellbeing boards. This guide does not aim to cover every eventuality; it is a 'snapshot' that can be a basis for discussions about how existing and new bodies will work together and how they can build on local agreements and legislative requirements.

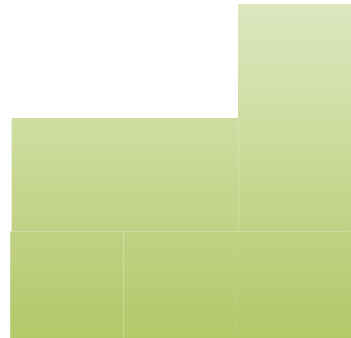




Council health scrutiny

Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services. The way councils use the powers is commonly known as ‘health scrutiny’ and forms part of councils’ overview and scrutiny arrangements. From April 2013 all commissioners and providers of publicly funded healthcare and social care will be covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Health scrutiny also has a valuable pro-active role; helping to understand communities and tackle health inequalities.

Local Healthwatch



Local Healthwatch will be the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build up a local picture of community needs, aspirations and assets and the experience of people who use services. It will report any concerns about services to commissioners, providers and council health scrutiny. It will do this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. Through its seat on the health and wellbeing board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy. It will also present information to Healthwatch England to help form a national picture of health and social care. Local authorities will need to ensure that their local Healthwatch operates effectively and is value for money; managing this through their local contractual arrangements.

Health and wellbeing boards

Health and wellbeing boards are committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children’s services; clinical commissioning groups; and local Healthwatch. They will collectively take the lead on improving health and wellbeing outcomes and reducing health inequalities for their local communities. Although set up with a minimum prescribed membership, how Boards operate will be different in response to local circumstances. Health and wellbeing boards are an executive function of the council and are responsible for identifying current and future health and social care needs

and assets in local areas through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategies to set local health and social care priorities, providing a framework for the commissioning of local health and social care services. Individual Board members will be held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) but health and wellbeing boards can also be collectively held to account for their effectiveness through council scrutiny.

All three have a role to play in the way local services are planned and delivered. How they interact with each other will have a direct influence on improving outcomes for communities and people who use services. The 'commissioning cycle' provides a number of opportunities for each function to add value.

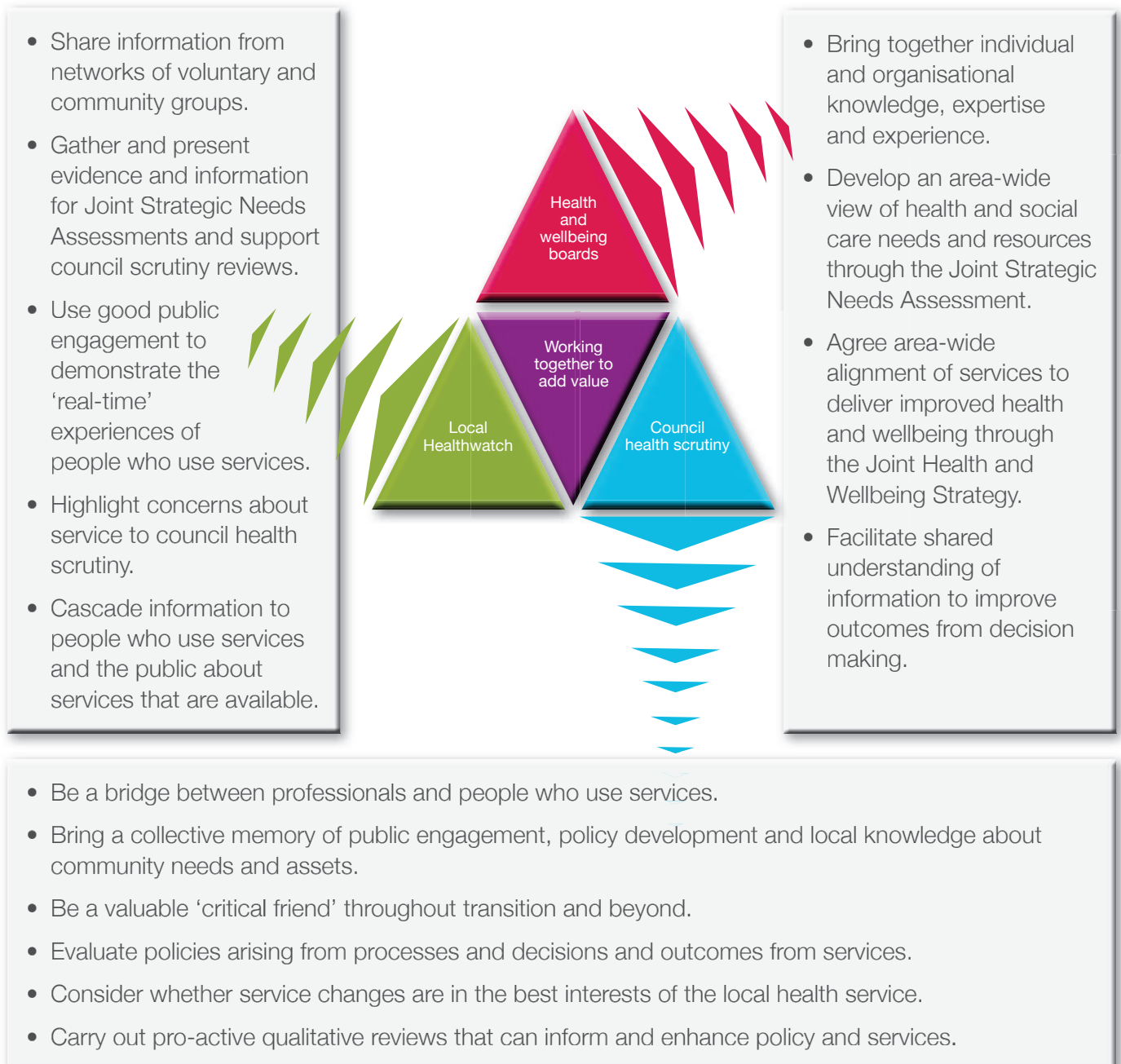


Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

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Working together for better outcomes

Local structures and ways of working will be different. With a focus on the fundamental principle of improving outcomes for local people, there are opportunities for bodies to better work together and add value to each other's work. Here are just some ways that each can bring value to the other.



Listening and responding to communities and people who use services is fundamental to each function but each will have different reasons and ways to gather views and experiences. Sharing information and expertise is just one example of how value can be added at different points throughout the cycle of assessing need, devising strategies, commissioning and providing services.

How might this work?

The following basic scenarios are examples of how the three functions might complement rather than duplicate each other's work.

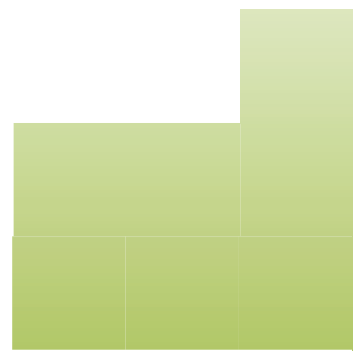
Scenario 1: Refreshed Joint Strategic Needs Assessments indicate a need for integrated health and social care teams aligned with GP practices:

Health and wellbeing board	The Board has a duty to support integrated services and, reflecting on the Joint Strategic Needs Assessment decides to include integrated teams as a priority in Joint Health and Wellbeing Strategy.
Local Healthwatch	Undertakes local research about what people who use services are looking for, identifies gaps in service provision and feeds the outcomes into the health and wellbeing board to influence the Joint Health and Wellbeing Strategy.
Council health scrutiny	Examines the process in light of councillors' knowledge of their local area and makes recommendations about how the people who use services, particularly vulnerable groups, can be informed about changes to services. Six months after implementation of the strategy, it assesses what impact the changes have had and makes recommendations for improvement.



Scenario 2: An issue related to health inequalities: a low uptake of child vaccination in particular wards:

Health and wellbeing board	The refreshed Joint Strategic Needs Assessment indicates a low uptake which has implications for health and social care in some council wards. Because the reasons are unclear, the health and wellbeing board asks health scrutiny to review the issue.
Local Healthwatch	Through their seat on the health and wellbeing board, local Healthwatch were involved in reviewing the Joint Strategic Needs Assessment, and it now uses it's local networks to gather views about why some children are not being immunised and reports this to the Board and health scrutiny.
Council health scrutiny	Health scrutiny asks local Healthwatch to gather local views. As a result of discussions with clinical commissioning groups, schools, health visitors and social workers, makes recommendations about ways to improve the uptake of immunisations. (Alternatively, in a two-tier area the District/Borough Council in which the particular wards lie could undertake the review on behalf of the county council – this is determined and co-ordinated locally to avoid duplication).



Scenario 3: A reconfiguration of maternity services across council areas:

<p>Health and wellbeing board</p>	<p>Providers have proposed this as a solution to improving outcomes and make better use of available resources. The health and wellbeing board assesses whether the plans fit their Joint Health and Wellbeing Strategy and takes a strategic view on the outcomes and engagement with the clinical commissioning groups.</p>
<p>Local Healthwatch</p>	<p>Undertakes a comprehensive exercise to gather the views from people who use services and the public, checks whether consultations reflect what is known about best practice and presents views as a health and wellbeing board member and to council health scrutiny during the formal consultation process.</p>
<p>Council health scrutiny</p>	<p>Agrees that proposals are a substantial/ significant variation, and through joint arrangements with other councils, engages in early discussions with the commissioners/ providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of the local health service.</p>

Pulling out the learning



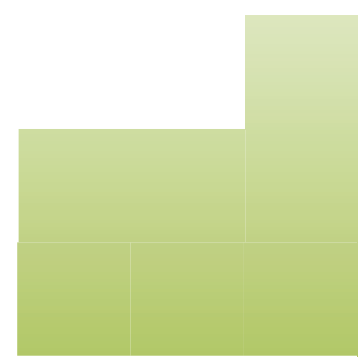
Fundamental principles

There are some fundamental principles, which have been identified by councils, these include:

- Improved health and social care are a common goal.
- Early discussions are vital to ensure no one is left out.
- Everyone has responsibility to develop relationships, not just to engage formally.
- Good relationships lead to good communication, identifying where value can be added.

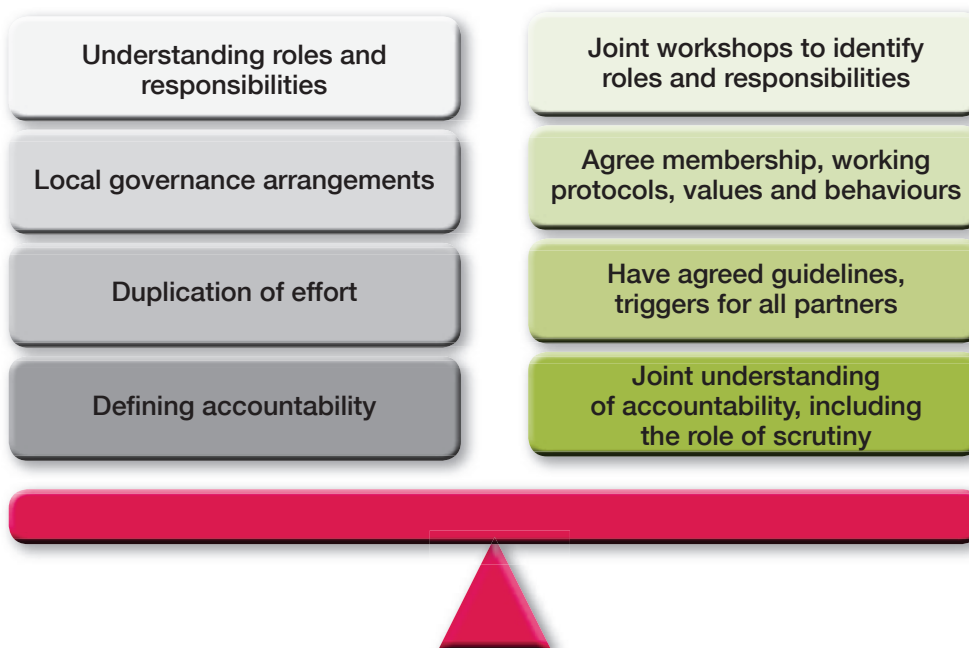
The challenges, myths and solutions

Our work has identified a number of challenges for local leaders and some possible ways to achieve solutions. These challenges will be solved according to their local context and are likely to be best overcome where there is a shared willingness to work together. Whilst each function will have ways to check their progress, scrutiny can cement arrangements for transparency, inclusiveness and accountability.



The challenges

The solutions



Relationships – a gaze into the future...

Taking the emerging learning from our work, below is an ‘appreciative’ look at what roles and relationships could look like in “Healthyshire” in 2015.

Representatives from health scrutiny, local Healthwatch and the Healthyshire Health and Wellbeing Board meet together with a range of other partners to evaluate how health and care outcomes have improved over the last year. Whole system events are very popular, allowing partners to draw on their strengths and complement each other. The event creates an atmosphere of ‘togetherness’ where partners can contribute or challenge knowing that their views will be understood and acted on. They’ve got to this stage because:

Health and wellbeing board members are committed to working with others with clear lines of accountability. They encourage open and honest discussions about the challenges faced by all partners in the new landscape and have dealt with any conflicts quickly and openly. By actively seeking and sharing information, the Board has developed a comprehensive analysis of health and social care needs and assets. Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted. They work constructively with health scrutiny, welcoming their involvement. People who use services and the public are central to the Board’s work, and people understand how local agencies are improving health and social care outcomes.

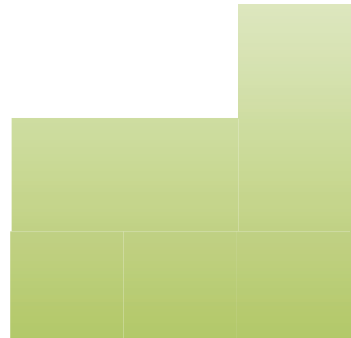
Local Healthwatch has built on the LINK legacy by maintaining volunteer capacity and expanding their networks to include a wide range of people and groups so that a comprehensive voice is heard at the health and wellbeing board and this is reflected in strategies and commissioning plans across health and social care. Problems are quickly brought to the attention of partners, knowing that they are listened to and acted upon. They gather and present views to support reviews carried out by health scrutiny. They have contributed to national thinking through their engagement with Healthwatch England.

Council health scrutiny has influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the planning and delivery of services. Officers and councillors shared their experience and knowledge during transition so that relationships could be built. It’s pro-active reviews of health and social care themes provide timely evidence and constructive recommendations to commissioners and providers. Health scrutiny is involved very early on in discussions about reconfiguration of health services and takes a view about whether changes are in the interests of local health services. It acts as a ‘bridge’ between politicians, professionals and communities, so that solutions are identified together.

Putting it into action



We can start by asking the right questions. Here are some that partners are already asking – you may have other questions that are relevant to your local area:

1. How do we ensure that we complement not duplicate other's work?
 2. How can we best use our roles to add value so that together we improve outcomes?
 3. Are we taking the right steps to build effective relationships and understanding of partners' roles and responsibilities? (Consider barriers to effective partnership working too).
 4. How will we make sure we work together in transparent, inclusive and accountable ways?
 5. How are we providing leadership?
 6. What is working well or not so well?
- 

For health and wellbeing boards:

1. What are we doing to demonstrate that every Board member is an equal partner?
2. How are we sharing learning and good practice with our partners and neighbours?
3. What steps are we taking to ensure that we have integrated working?
4. How are we collectively and individually demonstrating transparency, inclusiveness and accountability?
5. How are we engaging with providers to ensure delivery of outcomes?
6. How can we work alongside health scrutiny to address the wider determinants of health?

For local Healthwatch:

1. How are we balancing our dual role of ‘consumer champion’ and policy maker on the health and wellbeing board?
2. How have we taken the best of the LINK legacy and developed it?
3. What are we doing that demonstrates we are getting the widest range of views, particularly those of the least heard communities?
4. Can we demonstrate that we use the feedback we get to impact on our decision-making?
5. What are we doing to make it clear how we will treat any safeguarding issues we come across?
6. What steps are we taking to help health scrutiny in its role?
7. How do we plan to work with the Care Quality Commission and Healthwatch England to exchange information about the quality and safety of services?

For Council health scrutiny:

1. How can we best ensure that Joint Strategic Needs Assessments reflect needs and aspirations of local people and that Joint Health and Wellbeing Strategies reflect credible priorities that commissioners follow?
2. What steps are we taking to help people understand scrutiny and how it adds value?
3. What are we doing to pro-actively engage with clinicians but also with professionals outside health and social care?
4. How does health scrutiny work with national bodies, for example the NHS Commissioning Board, Monitor and the Care Quality Commission?
5. What can we do to be an effective ‘bridge’ between politicians, professionals and communities throughout the commissioning cycle?
6. Are we thinking strategically and pro-actively about how we can best use our resources to tackle inequalities and keep in touch with the experience of people who use services?



Websites

The Centre for Public Scrutiny

www.cfps.org.uk

Local Government Association

www.local.gov.uk

Care Quality Commission

www.cqc.org.uk

Healthwatch England

<http://www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch>

Publications

Health overview and scrutiny: Exploiting opportunities at a time of change

<http://www.cfps.org.uk/publications?item=7008&offset=25>

Smoothing the way

<http://www.cfps.org.uk/publications?item=7081&offset=25>

10 questions to ask if you are scrutinising arrangements for Healthwatch

<http://www.cfps.org.uk/publications?item=7005&offset=25>

Building successful Healthwatch organisations

http://www.local.gov.uk/c/document_library/get_file?uuid=c96a438b-dbb5-4cfa-8669-8c42a999cbdd&groupId=10171



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DRAFT REPORT

Health & Wellbeing Scrutiny Commission

8th April 2014

To Consider Future Complaints Monitoring Arrangements 2014/15 To Scrutinise NHS Complaints and Leicester City Council Complaints

1. Purpose

1.1 The Health & Wellbeing Scrutiny Commission is invited to consider the future arrangements to receive complaints monitoring reports from the following local service providers:

- University Hospitals of Leicester NHS Trust (UHL)
 - Leicestershire Partnership NHS Trust (LPT)
 - East Midlands Ambulance Service NHS Trust (EMAS)
 - Leicester City Clinical Commissioning Group (LCCCG)
- and*
- Leicester City Council (LCC)

1.2 A case study briefing has been compiled by Brenda Cook from Centre for Public Scrutiny, specifically for the commission to reflect on how complaints might be dealt with differently in the future, set out in **Appendix 1**.

1.3 A summary of what was said about complaints in the Francis report and the government's response is set out in **Appendix 2**.

1.4 Local Healthwatch have an important role to play as patient champion, and in scrutinising complaints data locally and have access to detailed information, subject to the requirement of patient confidentiality. Information on latest news from Healthwatch Leicester relating to Healthwatch England national complaints survey, at **Appendix 3**.

2. Recommendations

2.1 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.

2.2 The organisations: NHS England; Care Quality Commission; 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.

2.3 Members of the commission to consider the workload and priorities of the commission, when deciding whether to receive these reports on a six monthly cycle or an annual cycle?

- 2.4 The Commission to consider taking forward the advice and guidance, as set out in Appendix 1.
- 2.5 Members of the commission to consider the content and format required when receiving complaints reports in the future (see 3.4)

3. **Role of the Health & Wellbeing Scrutiny Commission**

- 3.1 The Health & Wellbeing Scrutiny Commission is not a complaints service and individual complaints need to go to the relevant organisation. The commission is not there to inspect or performance manage the NHS.
- 3.2 The organisations that do have the responsibility for inspecting and performance management of NHS complaints are:-
- a) NHS England – is responsible for commissioning services at a national level with an objective to ensure that the money spent on NHS services delivers the best possible care for patients.
 - b) Care Quality Commission (CQC) – is the independent regulator for all health and social care services in England. CQC assesses and makes judgments as to the level of safety and quality of care provided by providers of health and social care.
 - c) MONITOR – protects and promotes patients’ interests by ensuring that health care services are provided effectively, efficiently and economically, while the quality of services is maintained or improved.
 - d) NHS Trust Development Authority – supports NHS trusts to secure sustainable, high quality services for the patients and communities it services. It helps them to improve so they can take advantage of the benefits of foundation trust status when they are ready.
- 3.3 In terms of Leicester City Council complaints, the overall responsibility for inspecting and performance management of complaints lies with:
- e) The City Mayor & Executive – is responsible for a wide range of duties and responsibilities to the local population, which extends beyond the NHS into both public health and social care.
- 3.3 The Health & Wellbeing Scrutiny Commission should expect to receive regular reports from the NHS Healthcare Providers and from Leicester City Council (as listed 1.1 above), and should expect to receive regular reports from the inspection and performance management bodies listed (3.1 and 3.2 above) so that it can take an overview of the pressures on the service and quality of provision.
- 3.4 The Commission should expect to receive reports in a simply to read summary format, which will focus on:
- a) Complaints data to show where an organisation is doing well, and where improvements in service quality are required.

- b) How an organisation has changed from the previous year, and what the priorities are for the coming year.
- c) How an organisation has involved service users, staff and others with an interest in the complaints process, to help them evaluate the quality of their services and determine their priorities for improvement.
- d) Comparable complaints data and trends with similar organisations.
- e) An assurance that no issues arising from the complaints process prejudices patients' safety and care.

4. **Background**

- 4.1 The Francis Report recommends that *Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to respect for patient confidentiality.* (Rec. 119) It was therefore appropriate to consider complaints at the recent meeting of the Commission in January 2014. However, the discussions took a long time and one NHS representative had to leave before their report was considered. The commission needs to re-consider how it wishes to receive and manage complaints reports in the future.
- 4.2 In September 2013, the Centre for Public Scrutiny (CfPS) advised councils that “scrutiny is not a way to resolve individual complaints”, and that scrutiny should not ignore personal stories, but should have ways to test whether personal experiences are symptomatic of wider problems – amplifying the voices and concerns of the public where necessary to affect change”. The CfPS Briefing for Council Scrutiny Guide also refers to the use of published information such as public board papers, media reports and statistics.

Contact officer: Anita Patel, Health Scrutiny Support Officer, Anita.Patel@leicester.gov.uk

March 2014.

Appendix 1 – Complaints, a case study for scrutiny (by Brenda Cook, Centre for Public Scrutiny)

– Following the commission meeting in January 2014 – The commission needs to reflect on how best to scrutinise NHS Complaints and Leicester City Council Complaints.

Key issues of how complaints might be dealt with differently in the future?

1. Why is the Commission looking at complaints now?

Francis Report, timely

2. What does the Commission need to know?

A background report could have been provided as a briefing paper for Members to read before the meeting explaining the requirements for complaints in the NHS and social care, the differences in the way complaints are handled within the different NHS and social care organisations (if there are differences), the role of lay people/advocates, the stages of complaints systems, the role of PALS, how complaints data is used to inform improvement within the organisations. Whilst this requires officer input, an overarching briefing paper would reduce time for presentation in the Commission.

3. What briefing was given to the NHS bodies and social services about what the Commission was looking for?

If they are provided with a clear briefing it can focus discussion. If they go beyond that in the report or presentation of the data, the Commission has an opportunity to 'pull back' to the brief and stay focused.

4. Is there an opportunity for commissioners and the providers to deliver a joint report?

This may not always be appropriate but in some cases it may be helpful to encourage commissioners and providers to work together.

5. What if a large number of representatives turn up to present a report.

Sometimes the Commission will need to have a number of people present to answer questions, but often one or two people are all that is needed. The Chair can ask key people to the table with others sitting in the public space but who can be called upon if needed. Remember the aims and principles of scrutiny.

6. What if they take too long?

It can be helpful at the beginning of an item to set a time limit for presenting information and then another for questioning. Whilst there should always be flexibility if a line of inquiry highlights issues of concern or where further probing is needed, it is good to stay focused on time and keep questions succinct. Planning in a pre-meeting can help here.

7. What if they don't answer the questions?

There are a number of questioning techniques that can be used to try and elicit information. CfPS has downloadable guides on effective questioning on its website. If the representatives are unable to answer questions, asking for a written response in a specified time can be useful.

8. What outcome is the Commission looking for?

It may be helpful to start with this question. The outcome may be reassurance that the commissioners and providers are learning from complaints, or may be that scrutiny will lead to recommendations for improvement based on intelligence already identified by Members. If the aim of looking at the issue is to educate Members to understand how complaints are dealt with, it may be more appropriate to do this in a different way, for example through a briefing session prior to a meeting rather than through scrutiny.

9. A way forward

By investing time and both officer and Member resources in planning an agenda item such as complaints, in developing a briefing on the context and requirements, in Members having time to read the briefing and as a result plan the questioning, it is likely that the time spent in scrutiny will be reduced.

APPENDIX 2: FRANCIS REPORT

Extracts from the Mid Staffordshire NHS Foundation Trust Public Inquiry

'Trust management had no culture of listening to patients. There were inadequate processes for dealing with complaints'

'Complaints ... are a source of information that has hitherto been undervalued as a source of accountability and a basis for improvement'

'While a complaints system should be consistent, it must never be applied in a formulistic or insensitive manner'

RECOMMENDATION 119 – LOCAL HEALTHWATCH ACCESS TO COMPLAINTS

The Francis report recommended, 'Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to respect for patient confidentiality.'

The government has 'accepted' this recommendation. In their full response they wrote:

Government response to recommendation 119 – Local Healthwatch access to complaints

Complaints data, along with other sources of feedback, have the potential to provide important information to local Healthwatch Organisations and Overview and Scrutiny Committees. It is important that Trusts respect patient confidentiality when releasing information on complaints to outside organisations but, subject to this caveat, we consider that Trusts should seek to provide to these organisations with the complaints data that are requested.

The Department of Health will ensure that each quarter every hospital publishes information on the complaints it has received. This will include:

- the number of complaints received, as a percentage of patient interventions in that period
- the number of complaints the hospital has been informed have subsequently been referred to the Ombudsman, and
- lessons learned and improvements made as a result of complaints.

The Department of Health will work with NHS England and other key partners to determine the most effective mechanism through which to achieve these outcomes.

Rt Hon Ann Clwyd MP and Professor Tricia Hart's Review of the Handling of Complaints in NHS Hospitals recommends that:

- there should be Board- led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals
- patients, patient representatives and local communities and local Healthwatch organisations should be fully involved in the development and monitoring of complaints' systems in all hospitals

Local Healthwatch has an important role to play as patient champion, and it is right that individual local Healthwatch organisations have access to detailed information about complaints, subject to the requirement of patient confidentiality. Local Healthwatch have an important role to play in scrutinising complaints data locally.

The Department of Health will work with the Health and Social Care Information Centre to put complaints data into the existing NHS electronic data collection system, better enabling comparison between hospitals.

APPENDIX 3

Healthwatch England complaints survey [13/03/2014](#)

Healthwatch England is conducting a complaints survey to better understand people's experiences of health and care complaints and to make sure the Government uses them to improve the way complaints are handled and the support that people are offered.

They are hoping to learn what it is like to raise a concern or complaint with a GP, hospital, care home, dentist, optician, home-based carer, or any other provider of health or care services.

The results of this survey will be used to help Healthwatch England write a report on the 'State of Complaints' in health and care in England.

HWE say health and care complaints system is 'utterly bewildering' [20/03/2014](#)

Healthwatch England (HWE) has been working to map the complaints landscape and their research has shown that a staggering 75 types of organisations in England have a role in complaints handling and support, from councils and CCGs locally to national regulators.

The concerns of users and worried family members looking to complain about the service they have received from their local hospital, GP or care home, are going unheard because the current system is simply too complex.

According to HWE's research, 1 in 3 people report having experienced or knowing someone who has experienced poor care. Yet a YouGov survey of 2076 UK adults showed that less than half of those who had a bad experience between 2010 and 2013 actually did anything to report it.

43% said this was because they didn't know how to complain or provide feedback and 49% said it was because they lacked confidence that their complaint would be dealt with effectively or thought that it wouldn't make any real difference.

Of those who did pursue their complaint just over 1 in 10 entered a formal complaints process, meaning the system is failing to take any formal learning from almost 9 out of 10 experiences of poor care.

The failure of the complaints system is being compounded by the lack of consistent and easy to access complaints support services. Whilst NHS advocacy is fragmented with the level of service varying across the country, advocacy for complaints in care is almost non-existent.

If the health and care system is to learn from its mistakes then the complaints system needs to be simplified, it also needs to be more joined up to ensure there is 'no wrong door' for those looking to raise a complaint, and the right information and support needs to be made available for those who want to complain.

Anna Bradley, Chair of Healthwatch England, said "It's no wonder the public are left confused and frustrated. With so many organisations involved it's difficult to know where to start, let alone having the strength and persistence to navigate the system on your own.

"A key improvement would be a straightforward and independent advocacy service to provide the support people need to make their voices heard.

"There will need to be very significant change in the complaints system if it is to benefit from the intelligence and insight that complaints can offer and use it to drive real improvement for the people actually using services."

Have you made a complaint recently? or wanted to complain about a service but you did not know how to? If so please tell us your story and experiences by completing our ['have your say' form](#).

Appendix F

CQC Quality Report: Leicester's Hospitals are "safe, effective, caring, responsive and well led"

Dear colleague

On Friday 28 March, the Care Quality Commission (CQC) will release their Quality Report following their inspection of Leicester's Hospitals between the 13th-16th of January 2014.

In the report the Chief Inspector of Hospitals for the CQC, Professor Sir Mike Richards, has said: "We found that the University Hospitals of Leicester NHS Trust was providing services that were safe, effective, responsive, caring and well-led. Staff we spoke to were positive, and patients we spoke to were positive about the care that they had received at the trust."

The inspection regime is based around 5 key questions; Are services safe, effective, caring, responsive and well led?

To answer these questions a 40 strong inspection team spent 4 days in Leicester's Hospitals between the 13th-16th of January. The final report, which runs to 190 pages, found:

- "That services at Leicester's Hospitals were safe but improvements need to be made"
- "That the care provided was effective"
- "Overwhelmingly staff were caring"
- "Trust staff at all levels are aware of the issues in responding to the needs of the community"
- "That staff morale was improving and "most staff felt able to raise concerns and were confident that these would be listened to".

We have been rated as 'good' in three out of five questions and 'requires improvement' in two, equating to an overall rating of 'requires improvement'.

We think this is an absolutely fair reflection of where we are on our journey to becoming a truly outstanding Trust. The inspectors found that services were safe, effective and most encouragingly that staff were 'overwhelmingly caring' and willing to 'go the extra mile' for our patients. We know that being caring ought to be a prerequisite for anybody working in the NHS, but sadly we know that isn't always the case and as such we want to thank colleagues on the front line and in support roles for all that they do to make sure that we continue to strive for 'caring at its best'.

The inspectors noted that there were two key issues which could, if not tackled, derail our plans to improve the quality of our services; the first was staffing where they recognised that the UK and international nurse recruitment campaign was starting to have a positive effect and the second was the continuing pressure on A&E and the knock on effect this has on other parts of the Trust, particularly in regard to cancelled operations as a result of bed shortages. We are tracking both those issues and completely agree that they 'require improvement'.

The charts below show you 'at a glance' the ratings by site and service, and as you can see there is more 'good' than 'requires improvement' which we should all be proud of. We'd also like to highlight the two services at the Glenfield who received 'Outstanding' in this inspection for being 'caring' and 'well led'.

The reports will be available on our website www.leicestershospitals.nhs.uk from Friday tomorrow morning.

Kind regards, **Mark Wightman**, Director of Marketing & Communications

University Hospitals of Leicester NHS Trust

Glenfield Hospital					
	Safe	Effective	Caring	Responsive	Well led
Overall rating for the Glenfield Hospital	Requires improvement	Good	Good	Good	Good
Accident & Emergency (A&E)	Requires improvement	Unable to rate	Good	Requires improvement	Good
Medical care (including older peoples care)		Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good
Intensive/ Critical Care	Good	Good	Outstanding	Good	Outstanding
Children's care	Good	Good	Outstanding	Good	Good
End of life care	Good	Good	Good	Good	Good
Outpatients	Good	Unable to rate	Good	Good	Good

Leicester General Hospital					
	Safe	Effective	Caring	Responsive	Well led
Overall rating for the General Hospital	Requires improvement	Good	Good	Requires improvement	Good
Medical care (including older peoples care)	Requires improvement	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Good
Intensive/ Critical Care	Good	Good	Good	Good	Good
Maternity & Family Planning	Requires improvement	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good
Outpatients	Good	Unable to rate	Good	Requires improvement	Good

Leicester Royal Infirmary					
	Safe	Effective	Caring	Responsive	Well led
Overall rating for the Royal Infirmary	Requires improvement	Requires improvement	Good	Requires improvement	Good
Accident & Emergency (A&E)	Requires improvement	Unable to rate	Good	Requires improvement	Good
Medical care (including older peoples care)	Requires improvement	Requires improvement		Good	
Surgery	Requires improvement	Good	Good	Requires improvement	Good
Intensive/ Critical Care	Good	Good	Good	Good	Good
Maternity & Family Planning	Requires improvement	Good	Good	Requires improvement	Good
Services for Children & Young People	Good	Good	Good	Requires improvement	Good
End of life care	Good	Good	Good	Good	Good
Outpatients	Good	Unable to rate	Good	Requires improvement	Good

St Mary's Birthing Unit, Melton					
	Safe	Effective	Caring	Responsive	Well led
Overall rating for St Mary's	Good	Good	Good	Good	Good
Maternity & Family Planning	Good	Good	Good	Good	Good

Tiffany Jones

Head of communications & engagement
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