Leicester
City Council

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

**DATE:** **TUESDAY, 1 JULY 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 Cutkelvin (Vice-Chair)

Councillors Chaplin, Glover, Grant, Sangster and Wann

One Unfilled Place for a Labour Group Member

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

G. J. Carey

For Monitoring Officer

***Officer contacts:***
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*Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ*

## Information for members of the public

### Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre (91, Granby Street Leicester) or by contacting us using the details below.

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Key Principles. In recording or reporting on proceedings you are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email** **graham.carey@leicester.gov.uk** or call in at the Town Hall.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

## 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. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its

Scrutiny Commissions may:-

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, 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).

**Annual report:** The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

**SCRUTINY COMMISSIONS will:-**

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

**PUBLIC SESSION**

**AGENDA**

## 1. WELCOME AND 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

**Appendix A (Page 1)**

The minutes of the meeting held on 8 April 2014 have been circulated previously and the Commission is asked to confirm them as a correct record. As this is the first meeting of the new municipal year, the minutes are attached for Members' information.

The minutes can also be found on the Council's website at the following link:-
http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=5796&Ver=4

## 4. MEMBERSHIP OF THE COMMISSION

To note that following the Annual Meeting of the Council on 29 May 2014 the membership of the Commission is as follows:-

Chair: Councillor Cooke
Vice Chair: Councillor Cutkelvin
Councillors Chaplin, Glover, Grant, Sangster and Wann. There is currently 1 unfilled Labour Group place.

## 5. DATES OF COMMISSION MEETINGS

To note that the Annual Meeting of the Council on 29 May 2014 approved the dates of meetings of the Commission as follows:-

1 July 2014
6 August 2014
23 September 2014
4 November 2014
16 December 2014
27 January 2015
10 March 2015
21 April 2015

## 6. INTRODUCTION TO THE WORK OF THE COMMISSION

The Chair together with the Divisional Director Public Health to give a short introduction to the work of the Commission. A short video (approximately 6 minutes) produced by the Kings Fund will also be shown as a useful guide to the structure of the NHS in England.

## 7. PETITIONS

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

## 8. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

## 9. DISCUSSION ON FUTURE WORK PROGRAMME Appendices B-E

The Chair will lead a discussion to formulate and prioritise the future work programme of the Commission. The discussion will include the following topics and documents:-

a) The Chair and Vice Chair to provide feedback from two open sessions held on 4 and 5 June with representatives of voluntary and community sector groups. A draft copy of the summary of the feedback from the two sessions is attached for information at **Appendix B (Page 7)**.

b) Work Programme – a draft programme is attached at **Appendix C (Page 11)**.

c) Corporate Plan of Key Decisions – attached at **Appendix D (Page 15)**.

d) Implementation Plan for the 'Fit for Purpose Review'. Attached at **Appendix E (Page 21)**.

## 10. HEALTHWATCH PROTOCOL Appendix F

The protocol concerning the relationship between the Commission and Healthwatch Leicester has now been amended, as requested at the last meeting, and is attached for information. The protocol will be signed by the Chair of the Commission and the Chair of Healthwatch.

## 11. REVIEW OF MENTAL HEALTH SERVICES FOR BLACK BRITISH YOUNG MEN IN LEICESTER - UPDATE

The Chair to provide an update on the review of Mental Health Services for Young British Black Men in Leicester.

## 12. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) REVIEW

Leicestershire Partnership NHS Trust are relocating the specialist inpatient child and adolescent mental health service (CAMHS) currently based at Oakham House on the Towers site. It is proposed to move the service to Coalville Hospital's Ward 3 at the end of March 2015, following the sale of the current building. A period of engagement was launched on 27 May to present the reasons why the move is considered the best option and to gain the views of service users, their families, partners and other stakeholders.

The report on the relocation of the CAMHS inpatient service has now been published and can be seen via the following link:

http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=667&MId=6536&Ver=4

The Children and Young Peoples Scrutiny Commission is considering the issue at its meeting on 25 June 2014 and members of the Commission have been invited to attend for this part of the meeting.

An update on the outcome of the consideration of the issue will be reported at the meeting.

## 13. QUALITY ACCOUNTS 2013/14 **Appendix G**

a) University Hospitals of Leicester NHS Trust (UHL)

The Commission is asked to note that the University Hospitals of Leicester NHS Trust (UHL) submitted their draft Quality Accounts 2013/14 asking for comments by 28 May 2014.

As there were no meetings of the Commission between 8 April, and this meeting, there was no opportunity for the Commission to make comments. The Chair wrote to UHL welcoming their offer to present the draft Quality Accounts and explaining why comments could not be submitted by the deadline. The Chair also accepted UHL's invitation for Members of the Commission to make a visit to the hospitals to see how services are provided.

The Final Quality Accounts will be considered by UHL's Board on 26 June and these will be circulated to members of the Commission as soon as they made public.

b) East Midlands Ambulance Service NHS Trust (EMAS)

To note the attached letter at **Appendix G (Page 39)** from EMAS on their Quality Accounts 2013/14. It was not possible to submit comments on the draft for the reasons set out in a) above.

The final version of the Quality Accounts will be published by 30 June 2014 on the NHS Choices website at www.nhs.uk or on the EMAS website www.emas.nhs.uk .

## 14. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

To receive updates on matters considered at previous meetings of the Commission if required.

## 15. ITEMS FOR INFORMATION / NOTING ONLY — Appendices H-J

### a) Health and Wellbeing Board

To note that the Annual Council on 29 May 2014 increased the membership of the Board and the frequency of meetings from 4 meetings a year to 6 meetings a year. The current Terms of Reference for the Board are attached for information at **Appendix H (Page 41)**

The current membership of the Board is as follows:-

**Councillors**

Chair of the Board – Councillor Palmer - Deputy City Mayor
Councillor Dempster - Assistant City Mayor (Children, Young People & Schools)
Councillor Patel - Assistant City Mayor (Adult Social Care)
Councillor Sood MBE - Assistant City Mayor (Community Involvement, Partnerships & Equalities)

**City Council Officers**

Deb Watson – Strategic Director, Adult Social Care and Health
Andy Keeling – Chief Operating Officer
Elaine McHale – Interim Strategic Director, Children's Services
Tracie Rees, Director, Care Services and Commissioning, Adult Social Care

**NHS Representatives**

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group
Dr Simon Freeman, Managing Director, Leicester City Clinical Commissioning Group
Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

David Sharp, Director, (Leicestershire and Lincolnshire Area) NHS England

**Healthwatch/Other Representatives**

Karen Chouhan, Chair, Healthwatch Leicester
Chief Superintendent Rob Nixon, Leicester City Basic Command Unit Commander. Leicestershire Police
2 vacancies

**b) CQC Programme of Inspections June to September 2014**

A letter from the CQC is attached at **Appendix I (Page 47).**

**c) Checking the Nation's Health**

A copy of the Centre for Public Scrutiny's publication 'Checking the Nation's Health – The value of Council Scrutiny' is attached at **Appendix J (Page 55).**

## 16. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 8 APRIL 2014 at 5.30pm

P R E S E N T :

Councillor Sangster – Chair

Councillor Chaplin
Councillor Cleaver
Councillor Desai
Councillor Grant
Councillor Singh

Also in attendance:

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

* * *  * *  * * *

**121. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Cooke and Westley.

**122. DECLARATIONS OF INTEREST**

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

**123. MINUTES OF PREVIOUS MEETING**

RESOLVED:

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

**124. PETITIONS**

The Monitoring Officer reported that no petitions had been submitted in

accordance with the Council's procedures.

## 125. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

## 126. WORK PROGRAMME

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

## 127. CORPORATE PLAN OF KEY DECISIONS

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

## 128. HEALTHWATCH PROTOCOL

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

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

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

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

RESOLVED:-

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

2) That the Chair of the Scrutiny Commission sign the final protocol.

**129. FIT FOR PURPOSE REVIEW**

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

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

a) One member felt that providing a basket of possible questions for members to ask took away the autonomy and organic nature of scrutiny, whilst another member took this to mean that members did not ask the same questions in different ways.

b) The proposal to have public questions was welcomed but this would need to be managed effectively.

c) Recommendation 10 seemed too prescriptive to one member, whereas another member saw this in conjunction with Recommendation 9 as avoiding asking questions for information when those giving evidence had already provided it. Other members also suggested that questions should be succinct and clear.

d) The Draft Action Plan had no reference to equality impact assessments and the Healthwatch representative felt these should be considered.

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

RESOLVED:

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

## 130. COMPLAINTS MONITORING

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

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

a) The report set out clearly what was expected of those submitted a report on complaints monitoring.

b) A member felt that complaints monitoring was essential to ensure that an organisation acted to improve areas of poor performance.

c) Other members stated that it should be recognised that complaints were not the only drivers of service improvements as these could also result from positive comments/compliments, involvement with service users and events, working with other partners and stakeholders and outcomes of market research etc.

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

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

RESOLVED:-

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

2) The organisations: NHS England, Care Quality Commission, Trust Development Authority, Monitor, plus City Mayor &

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

3) That these reports be received annually and staggered throughout the year.

4) That the advice and guidance, as set out in Appendix 1 be welcomed and adopted for the future consideration of complaints.

5) That the content and format required when receiving complaints reports in the future be based upon the criteria set out in paragraph 3.4 of the report.

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

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

RESOLVED:-

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

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

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

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

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

### 2) Paediatric Audiology Services

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

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

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

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

All meetings were scheduled to start at 5.30pm.

## 134. ITEMS FOR INFORMATION AND NOTING

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

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

## 135. CLOSE OF MEETING

The Chair declared the meeting closed at 6.40 pm

Health & Wellbeing Scrutiny Commission

**DRAFT Feedback on VCS Open Sessions held on 4th and 5th June 2014**

**Purpose**

The Health & Wellbeing Scrutiny Commission held Open Sessions on 4th and 5th June 2014, inviting Voluntary Community Sector groups in Leicester to come along and discuss their views, issues and topics. The aim of these sessions is to help inform the future work of the commission for 2014/2015.

**Outcomes**

The following issues and topics were captured as a result of the discussions at the open sessions.

| TOPIC / ISSUE RAISED | DETAILS DISCUSSED |
|---|---|
| LACK OF SUPPORT FOR CARERS | a) Caring for people with mental health issues<br>b) Recognition and Carers Rights e.g. caring for family members<br>c) Identifying who the Carers are, e.g. children<br>d) Raising awareness of the Carers Service<br>e) Impacts to the health and wellbeing of Carers |
| HOMELESSNESS & HEALTH | a) Wellbeing of homeless people<br>b) Homeless patients discharged from hospital with no fixed abode<br>c) A lack of understanding by housing options re: homelessness re: depression / mental health issues<br>d) Liverpool sighted as good practice for dealing with these issues.<br>e) Healthwatch is undertaking some work in this area. |
| SOCIAL MODEL OF COMMUNITIES & HEALTH | a) Impacts of N/hood community working |
| INCREASING AUSTERITY HAS IMPACTS ON HEALTH AND COMMUNITIES | a) Comparable data and trends<br>b) Health inequalities |
| SOCIAL CARE ACT | a) Impacts to communities<br>b) Lack of advice, guidance and understanding |

| | |
|---|---|
| CHANGES IN EARNINGS & BENEFITS | a) Impacts to health of communities due to the changes in disability benefits, e.g. mental health<br>b) Lack of joined up thinking e.g. at govt level<br>c) No consideration for depression / mental health conditions when called for benefits assessments or work assessments. |
| FOOD BANKS & HEALTH | a) Increase in food banks in the city, quality of food distributed impacts on health of communities<br>b) Caroline Jackson, from benefits division has further details on this. |
| CLOSURE OF RESIDENTIAL AND DAY CARE SERVICES | a) Impacts on health of people who rely on these services<br>b) Isolates elderly people |
| COMMUNITIES OF INTEREST – LGBT | a) Accessing basic healthcare is an issue<br>b) Difficulties and sensitivities exist re: disclosure of sexuality details<br>c) Effective working needed to help this community e.g. patient referrals |
| COMMUNITIES OF INTEREST - PAGAN | a) Carers are not prepared to work with this group of people.<br>b) Mental health issues highlighted |
| MSK PAIN | a) Awareness raising needed to understand issues<br>b) Gaps in support for sufferers<br>c) Lack of information about this issue from health sector<br>d) To raise the need for an MSK co-ordinated service delivery approach. |
| ACCESSING TALKING THERAPHIES | a) Access issues impacts on health<br>b) Impacts on adults and children & young people. |
| BEFRIENDING SERVICE | a) Lack of support and funding for this service<br>b) A lifeline and essential service e.g. as highlighted in the winter care plan review<br>c) Increasing demands for this service e.g. isolation is a real problem for elderly |

| | |
|---|---|
| | d) Need to recruit and support more volunteers |
| LACK OF ACCESS TO SUPER ORGANISATIONS e.g. nhs, ccg | a) Lack of dialogue and support from nhs sector<br>b) Lack of wider equality awareness from nhs sector<br>c) Lack of finances from nhs sector e.g.ccg<br>d) Increase in referrals coming from GPs and nhs professionals e.g. vcs feel a duty of care.<br>e) LPT are not engaging with vcs. LPT do not attend any partnership boards e.g. disability partnership |
| CONTRACTS, PROCUREMENT AND COMMISSIONING ISSUES | a) Systems and processes for managing contracts is not consistent across the health sector and city council<br>b) A lack of respect and knowledge for the vcs exists<br>c) Tupe issues raised as very serious<br>d) Vcs has difficulties managing the timescales for tendering & contracts<br>e) More and more contracts are now broken up into smaller contracts / specific areas (silo commissioning) making the process complex and difficult for vcs to manage services<br>f) Seems to be a mismatch of contracts<br>g) Commissioners do not have proper processes to manage vcs contracts e.g. invoices are paid on time, leaving vcs out of pocket.<br>h) A lack of joined up services across the city in terms of commissioning and procurement of nhs and adult social care contracts. |

Other issues raised:

1) CYPS already have co-opted members, would health scrutiny and CCG consider co-opted places for vcs reps?
2) Children's Trust Agency operates as a partnership body, would health scrutiny consider a similar model? Report mentioned by vcs (conact Alison? – Anita to action)
3) VCS questioned CCG re: co-commissioning model.
4) Bradgate Unit seems to have isolated itself and has not continued a dialogue with vcs to progress. The reputation of this unit is still at risk due to poor standards of care. The people that have been referred to out of Leicester bed locations have experienced better standards of care, than at Bradgate Unit.
5) Adult Social Care and Public Health - Managing contracts and commissioning, vcs mentioned 2 reports:
   1) Warwick University – John Beddington, 'Total Place and New Solutions'

2) Kings Fund Alumni Group of Impact Award winners – a write up of discussions with commissioners about procurement and the voluntary sector.

Cllrs Cooke and Chaplin requested copies of these reports (Anita to action).

Councillor Cooke thanked all attendees and indicated that he would like to visit all the organisations involved**. Action: Anita to arrange these visits.**

Councillor Cooke thanked lead officers for their support, the CCG, Healthwatch and City Council Public Health Team.

Councillor Cooke assured attendees that the Healthwatch Protocol, once signed, will be shared with all groups**. Action: Anita to email to attendees, once signed**.

**VCS Attendees**

Publicity was sent out to a wide range of voluntary sector community groups in Leicester via database contacts through VAL, TREC, ASC, City Council and Healthwatch.

Representatives of the following groups attended:

One Roof, Leicester
LASS and well for living social enterprise ltd
Severa Asian Mental Health Project
The Rowan Organisation
Leicester LGBT Centre
Highfields Centre
Barnardos Carefree Young Carers
Network4Change
Genesis
Clash 2012 Charity
Crossroads Care Leicester Mental Health Carer's Project
Leicester Mental Health Carers Project
Rethink, Leicester City
LAMP
Beltane Spring Fayre Group
Clasp Carers Centre
Adhar Project

Sessions led by:
Councillor Cooke, Chair of Health & Wellbeing Scrutiny Commission
6th June 2014.

**Health & Wellbeing Scrutiny Commission**

**DRAFT Work Programme 2014 to 2015 (and 2015 to 2016)**

| Meeting Date | Topic | Actions Arising | Progress |
|---|---|---|---|
| **25th June 2014 –** | **Special joint meeting with CYPS**<br>LPT Proposed Relocation of CAMHS Inpatient Service (HSC members to join CYPS for this item) | | |
| **1st July 2014** | ***ITEMS AS PER GRAHAMS DRAFT LIST*** | | |
| **8th July 2014 – 1st REVIEW MEETING** | Review of Mental Health Services for Black British Young Men (age 18 to 25) in Leicester<br>*- A briefing for members to determine the current service provision, highlighting the key issues, trends, comparable data, quality of services and good practice.* | | |
| **22nd July 2014 - 2nd REVIEW MEETING** | Review of Mental Health Services for Black British Young (age 18 to 25) Men in Leicester<br>*– to determine how service providers and commissioners address the issues/ problems?* | | |
| **Date tbc August 2014 - 3rd REVIEW MEETING** | Review of Mental Health Services for Black British Young (age 18 to 25) Men in Leicester<br>*- Draft report of findings and recommendations?* | | |
| **6th August 2014** | 1) EMAS – HSC agreed in Jan 2014 to receive report in 6 months, on Trusts achievements in relation to key performance indicators. Future reports to identify the Trusts performance both within the context of Leicester City specifically compared to the East Midlands as a whole. | | |

| | | | |
|---|---|---|---|
| **23rd September 2014** | 1) Air Quality in Leicester – impact to health of residents?<br>2)NHS & Leicester City Council Complaints<br>3) Immunisation | | |
| **4th November 2014** | 1) City Mayor's Delivery Plan – HSC agreed in May 2013 to receive report in 6 months on progress - joint with ASC?<br>2) Mental Health Awareness - progress | | |
| **16th December 2014** | | | |
| **27th January 2015** | | | |
| **10th March 2015** | | | |
| **21st April 2015** | **NHS trusts annual Quality Accounts during April to May- LPT, UHL, EMAS – to receive and comment.** | | **Dates tbc** |



**Health & Wellbeing Scrutiny Commission**

**Forward Planning 2014 – 2015 (and 2015 – 2016)**

| Topic | Detail | Proposed Date |
|---|---|---|
| **Winter Care Plan – joint with ASC** | Response from the Executive and CCG to the report recommendations and evaluation of last winter's care – Lead Member: Cllr Rita Patel | **tbc** |
| **Better Care Fund – joint with ASC?** | | **tbc** |
| **Better Care Together** | | **tbc** |

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|---|---|---|
| **City Mayor's Delivery Plan** | | **tbc** |
| **Public Health Budgets & Commissioning** | | **tbc** |
| **Closing the Gap and Corporate Strategies relating to health & wellbeing – to monitor?** | | **tbc** |
| **Dementia Strategy – joint with ASC?** | | **tbc** |
| **Mental Health – needs assessment** | | **tbc** |
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# Leicester City Council

# CORPORATE PLAN OF KEY DECISIONS

# On or after 1 July 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 July 2014

## Contents

## 1. A place to do business

| | |
|---|---|
| What is the Decision to be taken? | CITY DEAL FUNDING<br>Decision required on City Council to act as accountable body for city deal funds.<br>No definite figures available at this stage. |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 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 | AndrewLSmith@leicester.gov.uk |

## 2. Getting about in Leicester

| | |
|---|---|
| What is the Decision to be taken? | BUS LANE ENFORCEMENT - AYLESTONE QUALITY BUS CORRIDOR<br>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 July 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 |

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| What is the Decision to be taken? | CONNECTING LEICESTER STREET IMPROVEMENT SCHEME/S<br>Approval of funding for second phase of Connecting Leicester street improvement projects.<br>Up to £4.1m 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 July 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 |

## 3. A low carbon city

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

## 4. The built and natural environment

| | |
|---|---|
| What is the Decision to be taken? | RELEASE OF THE PROPERTY MAINTENANCE PROVISIONS 2014/15<br>Release of £1.7 million block fund from Capital Programme. |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 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 scheduled to be taken during this current period.

## 6. Providing care and support

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|---|---|
| What is the Decision to be taken? | DEVELOPMENT OF AN INTERMEDIATE CARE FACILITY<br>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 July 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 |

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|---|---|
| What is the Decision to be taken? | THE REDESIGN OF ADULT SOCIAL CARE PREVENTATIVE SERVICES<br>The re-design will inform future procurement activities. |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 2014 |
| Who will be consulted and how? | Formal consultation with service users and providers ended on 8TH April 2014. |

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|---|---|
| | http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/proposed-changes-to-advocacy-services<br>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 |

## 7. Our children and young people

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

## 8. Our neighbourhoods and communities

| | |
|---|---|
| What is the Decision to be taken? | DEVELOPMENT OF A COMMUNITY SPORTS ARENA<br>The expected financial parameters have not yet been confirmed. |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 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 |

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|---|---|
| What is the Decision to be taken? | AFFORDABLE HOUSING PROGRAMME 2014-18 |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 2014 |
| Who will be consulted and how? | Ward Members and Local Residents Group on individual sites within the programme. |
| Who can I contact for further information or to make representations | Simon.Nicholls@leicester.gov.uk |

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|---|---|
| What is the Decision to be taken? | HOME MAINTENANCE SUPPORT FOR LOW INCOME OWNER OCCUPIERS<br>Finance from Housing General Fund Revenue Budget. |
| Who will decide? | City Mayor/Executive |
| When will they decide? | Not before 1 July 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 |

## 9. A strong and democratic council

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

Health & Wellbeing Scrutiny Commission

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| **IMPROVING PRACTICE** | | |
| **1.COMMUNITY LEADERSHIP** | | |
| **Recommendation 1**<br>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. | a)To improve work programme planning in 2014/15<br><br>b)To improve agenda management in 2014/15, such as:<br>• by adding time slots for each item of business,<br>• by limiting the number of main items on each agenda,<br>• by limiting the numbers to one person per organisation to present their report/item.<br>• by adopting a select committee style layout of meetings e.g. horseshoe shape.<br>• by adopting a different format to meetings e.g. avoiding long presentations and to trial Q&A only sessions*.<br>• by providing a basket of possible questions for members for each item.<br>*subject to members having had sight of reports prior to meetings<br><br>c) To ensure that microphones are in correct working order and that they are used by those speaking to enable all present to hear. | Short / Medium |
| **Recommendation 2**<br>Include the principles of effective scrutiny agreed by the Scrutiny Commission in the 'information for | 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. | |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| members of the public' section of agendas, to enable anyone observing or attending meetings to be clear about its role. | *CfPS 4 principles for effective scrutiny:*<br>• To provide a critical friend challenge to the executive policy makers and decision makers;<br>• To enable the voice and concerns of the public and communities to be heard;<br>• To carry out scrutiny by 'Independent minded governors' who lead and own the scrutiny process;<br>• To drives improvements in services and finds efficiencies:<br><br>*Members added in 2 further local principles for effective scrutiny:*<br>• To prevent duplication of effort and resources;<br>• To seek assurances of quality from stakeholders and providers of services. | Short |
| **Recommendation 3**<br>Clearly inform witnesses and stakeholders invited to attend Scrutiny Commission meetings why they are being invited and who should attend. | a)To provide clear instructions when inviting witnesses or stakeholders, such as:<br>• 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,<br>• To inform them of how much time is allocated to their item,<br>• To agree beforehand who will be attending and who will be participating in answering questions. | Short |
| **Recommendation 4**<br>Develop and implement a consistent approach to prioritising items in the | a) Future Work programme planning to be based on:<br>• Councils Forward Plan items impacting on health | Medium / Long |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| work plan and agendas. | and wellbeing issues,<br>• City Mayors Delivery Plan, corporate priorities and key strategies impacting on health and wellbeing issues e.g. scrutinising health inequalities, ill health and death.<br>• 'Closing the Gap' Leicester's Joint Health and Wellbeing Strategy 2013 -16.<br>• Councils Budget cycle process, plus Commissioning & Procurement of Public Health Services.<br>• Monitoring the local NHS healthcare providers e.g. UHL, LPT & EMAS.<br>• 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)<br>b) Exploring different scrutiny models & techniques to enable effective scrutiny (see recommendation | |
| **Recommendation 5**<br>Consider using different approaches to scrutiny of different issues e.g appreciative inquiry, mini scrutiny and | To explore different approaches when scrutinising different issues (see recommendation 4b). | Medium / Long |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| the CfPS Return on Investment models. | | |
| | | |
| **2. INVOLVING AND LISTENING TO LOCAL PEOPLE** | | |
| **Recommendation 6**<br>Undertake further discussions with Healthwatch and Leicester Voluntary Action representatives about building local concerns into the work of the Scrutiny Commission. | 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.<br>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.<br>c) To explore co-opting a place for Healthwatch on the Health & Wellbeing Scrutiny Commission. | Medium / Long |
| **Recommendation 7**<br>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.<br>b) An information sheet to be available for members of the public to explain the format of meetings. | Short |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS<br>(Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| | | |
| **3. QUESTIONING AND LISTENING** | | |
| **Recommendation 8**<br>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.<br>b) To be more focussed at de-brief meetings, in taking stock and improving meetings. | Short / Medium<br><br>Medium / Long |
| **Recommendation 9**<br>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 | |
| **Recommendation 10**<br>Work more effectively as a 'team' rather than as individuals in questioning and probing witnesses. | a) Prior to main meeting, to discuss format of meeting and line of questioning for each item.<br>b) To prepare basket of questions relevant to topic areas. | Short / Medium |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS<br>(Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| **WORKING WITH OTHER STAKEHOLDERS** | | |
| **Recommendation 11**<br>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. | To clarify working relationships with Care Quality Commission, NHS England and Monitor. | Long |
| **Recommendation 12**<br>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 | a) To improve joint working with Adult Social Care Scrutiny Commission, to enable effective scrutiny of common issues/topics.<br>b) To clarify position on joint working relationship with countywide Joint Health Scrutiny partners, Leicestershire and Rutland.<br>c) To continue involvement with East Midlands Health | Med /Long |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| stronger and more effective joint scrutiny before it is required. | Scrutiny Network Forum (Leicester City Council hosted this event on 17th Feb 2014). | |
| **Recommendation 13**<br>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. | 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).<br>b) To explore developing a protocol between Health & Wellbeing Board, Healthwatch and Health & Wellbeing Scrutiny Commission. | Medium / long |
| **Recommendation 14**<br>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. | a) To improve engagement with local voluntary and community organisations *(see recommendation 4a).*<br>b) To develop better engagement with NHS Trusts. Members to consider outreach work to promote the work of health scrutiny at NHS Trust Boards | Medium / Long |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| **Recommendation 15** Build the use of local public health data, such as health inequalities into priority setting and approaches to questioning. | Public Health Team (Rod Moore) to provide and interpret relevant data to enable commission members to prioritise issues and conduct effective scrutiny. | Medium / Long |
| | | |
| **MEMBER DEVELOPMENT** | | |
| **Recommendation 16** 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. | Members to consider how this can be addressed | |
| **Recommendation 17** 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. | Members to consider how this can be addressed | Medium / Long |
| **Recommendation 18** 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. | a)To develop an 'Introduction to Health Scrutiny' session for new commission members, to enable them to understand the health economy landscape.<br><br>b) Other issues to be addressed by wider members development and training. | Medium / Long |

# IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW

| RECOMMENDATIONS (Centre for Public Scrutiny) | ACTIONS TO BE TAKEN | TIMESCALES AND PROGRESS |
|---|---|---|
| **Recommendation 19**<br>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. | Members to consider how this can be addressed<br><br>E.g. Centre for Public Scrutiny advice /guidance and networking with other health scrutiny committees | Medium / Long |
| **Recommendation 20**<br>It is recommended that Leicester City Council considers reviewing progress in the implementation of these recs twelve months after the acceptance of this report. | Members to consider how this can be addressed | Long |
| | | |

**PLEASE NOTE TIMESCALES mean:**

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

## 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 RESPONIBILITY 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, the Health and Wellbeing Board 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.

The Health and Wellbeing Scrutiny Commission's role is complementary to that of the Leicester Health and Wellbeing Board, which is a partnership body set up as a result of the Health and Social Care Act (2012), the role of which is to:

- Provide strong local leadership to improve health and wellbeing in Leicester and to reduce health inequalities;
- Lead on improving the strategic coordination of commissioning;
- Maximise opportunities for joint working and integration of services

- Provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services

The full terms of reference of the Health and Wellbeing Board are available at http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/health-and-wellbeing-board/

## 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.

To support Healthwatch in the execution of its duties it is granted statutory powers through the Health and Social Care Act (2012):

- Through "Authorised Representatives" Healthwatch is able to visit any suitable* location where publicly funded health or social care services are provided, for the purpose of gathering information.

- The Health and Wellbeing board **must** include - At least one representative of the local Healthwatch. To ensure engagement with patient, user and public representation on an equal footing.

* As established in the Local Government and Public Involvement in Health Act 2007

## 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.

East Midlands Ambulance Service NHS
NHS Trust

**Trust Headquarters**
1 Horizon Place
Mellors Way
Nottingham Business Park
Nottingham
NG8 6PY

Telephone: 0115 884 5000
Fax: 0115 884 5001
Website: www.emas.nhs.uk
Ref: NB/MJW

Friday, 2 May 2014

Councillor M Cooke - Chair
Health and Community Involvement Scrutiny Commission
2nd Floor
Town Hall
Leicester
LE1 9BG

Dear Councillor Cooke

**Re: East Midlands Ambulance Service draft Quality Account 2013/14**

I am pleased to enclose a draft copy of our Quality Account for the 2013/14 performing year.

A Quality Account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This helps you to know more about our commitment to provide the best quality services; it encourages us to focus on service quality and helps us find ways to continually improve.

The draft Account demonstrates where we are doing well and where we need to make improvements. It includes our priorities for the coming year and details how we have progressed against the priorities identified for 2013/14.

The past year has been a very challenging time for our service, and an obvious indicator of this was our performance, particularly the time we took to get to our patients. Our commissioners and regulators are rightly pushing us to improve and in December 2013, we published our Quality Improvement Programme – *Better Patient Care* (plan and short film detailing *Better Patient Care* progress available via www.emas.nhs.uk).

The plan was designed to put EMAS on a credible trajectory that would, within a short time frame, markedly improve patient care – that is why there was an emphasis on clinical quality and response times. We have seen continuous improvements in our services as a result. We still have a lot of work to do and we don't always get it right, however, over the longer term, we are confident that a change in culture and 'the way we do things' at EMAS will make sure that our service is centered on better patient care.

The first draft of the Quality Account was reviewed by our Trust Board at its meeting on 1 May 2014, and necessary amends have been made.

Last year we received feedback on our draft Account from several organisations and much of that has been taken on board and responded to in this year's draft. You will note that the enclosed draft includes statistics and data from the reporting period, allowing you to have a full overview of the services we provided. Whilst we are a regional service, we have included county based data for our performance and

the compliments and complaints received so you can see how we perform in your local area. An updated 'responding to your 999 calls' at-a-glance guide has also been included in the document to help explain how we receive calls and how they are categorised dependent on the reported condition of the patient.

Your Committee is invited to make comment on the enclosed version, and comments submitted to EMAS via joanne.stook@emas.nhs.uk before Friday 6 June 2014, will be included in the final version of the document.

If you would value a representative of EMAS attending a meeting of yours during May 2014 to present the Quality Account, we would be happy to arrange for an Executive Director and / or Assistant Director of Operations to attend. To take up this opportunity, please make your request in writing and send it to joanne.stook@emas.nhs.uk

The final version of our Quality Account will be published by 30 June 2014 on the NHS Choices website (www.nhs.uk) and our own website www.emas.nhs.uk

I hope that when you review our Quality Account and the progress made against the priorities identified for 2013/14, that you will note the significant steps taken, whilst working through a period of considerable change and pressure, to improve our services.

Yours sincerely

**Nichola Bramhall**
Acting Director of Nursing

Enc

**Leicester City Health and Wellbeing Board**

**Terms of Reference**

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## Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board has operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions.

## 1 Aim

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

## 2 Objectives

2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and in work to reduce health inequalities.

2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.

2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.

2.4 To provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health &Wellbeing Board agrees are directly related to health and wellbeing.

## 3 Responsibilities

3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.

3.3 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JHWS is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

3.4 Save in relation to agreeing the JSNA, JHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties

3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.

3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in their commissioning decisions.

3.7 To monitor, evaluate and annually report on the Leicester City Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by the national Commissioning Board.

3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.

3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.

3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of Leicester City Clinical Commissioning Group to ensure that the Board is publically accountable for delivery.

3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes

3.12 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.

3.13 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.

## 4 Membership

**Members:**

Up to four Elected Members of Leicester City Council (4)

- The Executive Lead Member for Health & Wellbeing (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)

Up to four representatives of the NHS (4)

- The Co -Chair of the Leicester City Clinical Commissioning Group (1)
- A further GP representative of the Leicester City Clinical Commissioning Group (1)
- The Managing Director of the Leicester City Clinical Commissioning Group (1)
- The Director of the Leicestershire and Lincolnshire Area Team, NHS England (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Adult Social Care, Health and Housing (incorporating the responsibilities of Director of Public Health and Health Improvement, and the Director of Adult Social Care) (1)
- The Strategic Director Children (Leicester City Council) (1)
- One other Senior Director from the Adult Social Care, Health & Housing Department (Leicester City Council) (1)
- The Chief Operating Officer of Leicester City Council

Up to four further representatives including Healthwatch Leicester/Other Representatives (4)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Basic Command Unit Commander, Leicestershire Police (1)
- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)

## 5 Quorum & Chair

5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:

- Leicester City Council (Elected member)
- Leicester City Clinical Commissioning Group or NHS England
- One senior officer member from Leicester City Council

- Local Healthwatch/Other Representatives

5.2 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.

5.4 The City Council has nominated the Executive Lead for Health & Wellbeing to Chair the Board. Where the Executive Lead for Health & Wellbeing is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one other Elected Member must be present in order for the meeting to be declared quorate)

## 6 Voting

6.1 Officer members of Leicester City Council shall not have a vote. All other members will have an equal vote

6.2 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is require decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

## 7 Code of conduct and member responsibilities

All voting members are required to comply with Leicester City Council's Code of Conduct, including submitting a Register of Interests.

In addition all members of the Board will commit to the following roles, responsibilities and expectations:

7.1 Commit to attending the majority of meetings

7.2 Uphold and support Board decisions and be prepared to follow though actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest

7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.

7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery

7.5 To ensure that are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated

## 8 Agenda and Meetings

8.1 Administration support will be provided by Leicester City Council.

8.2 There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Updates from each of the working subgroups of the Health & Wellbeing Board,

8.3 Meetings will be held six times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution

8.4 The first meeting of the Health and Wellbeing Board will be11 April 2013

Version 9

# Appendix I

**Care Quality Commission**
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Telephone: 03000 616161
Fax: 03000 616171

**www.cqc.org.uk**

30 May 2014

**July – September 2014 CQC Inspection Programme**

Dear overview and scrutiny manager and chair,

I'm pleased to inform you of our inspection plans for July- September 2014/15, where we will be carrying out announced inspections in the following sectors:

- Acute Hospitals
- Mental Health
- Community Health
- Ambulance Trusts

A list of the trusts is shown at the end of this letter. We will be making contact with your committee before an inspection if you are based in any of the areas covered by these services and trusts. This will give you a chance to advise us how we can best gather peoples' experiences of care, and give you the opportunity to share information you have about these services.

During July-September we will also be carrying out inspections of Adult Social Care services. Some of these will test our new approach to inspecting these services and some will use our current approach. These are all unannounced and therefore we will not be publishing the details. However we would be interested in any information you may have about adult social care services in your area. You can contact us via enquiries@cqc.org.uk or by phoning 03000 616161.

Finally we will also be carrying out inspections of some NHS GP Practices and GP out of hours services during the same period. We are announcing the clinical commissioning group areas where these inspections will take place shortly and will update your committee if you cover one of these CCGs.

You can send us information now about any of the announced inspections. The table below gives you the email boxes you can use. If you have information that cuts across different services, please send it to whichever mailbox you feel is most relevant and we will make sure the information gets to the right inspection team.

There are some differences in our approach to inspecting different services, but they all aim to answer five key questions about an organisation:

- Is it **safe**?
- Is it **effective**?
- Is it **caring**?
- Is it **responsive** to people's needs?
- Is it **well-led**?

All NHS acute hospitals will now be rated as outstanding; good; require improvement; or inadequate. We are developing our approach to ratings in other sectors.

We would like you to share any relevant feedback about the quality of care provided by these organisations and any of the services they provide. This includes evidence of high-quality care as well as concerns you have identified. We will use your information to help the inspection team plan the inspection and what to look for on the inspection.

We may summarise the information you send us in the data pack we produce for each organisation, unless you specifically ask us not to. The evidence will not contain personal or confidential information and we understand that any references to examples you share will be anonymised.

After the NHS inspections, CQC will hold Quality Summits to discuss the inspection findings and any improvement action needed. The local overview and scrutiny committee will be invited to the Quality Summit to take part in this discussion. We will also invite local overview and scrutiny committees to discuss the findings of our inspections of GP practices across CCG areas.

**Please note:** We will be making sure your committee continues to have a main CQC contact and be able to discuss our inspections with them. We would also encourage you to sign up for our new e-mail alerts about inspections of your local care services.

Yours sincerely

Professor Sir Mike Richards, Chief Inspector of Hospitals
Professor Steve Fields, Chief Inspector of General Practice
Andrea Sutcliffe, Chief Inspector of Adult Social Care

**July-September 2014 Inspection Details**

| Organisation | Type | Inspection Start Date | Contact details for feedback |
|---|---|---|---|
| The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust | Hospital | 01/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Northern Devon NHS Healthcare Trust | Hospital | 01/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| North West Ambulance service NHS trust | Ambulance | 07/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Chelsea and Westminster Hospital NHS Foundation Trust | Hospital | 08/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |

| | | | |
|---|---|---|---|
| Lancashire Teaching Hospitals NHS Foundation Trust | Hospital | 08/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Mid Yorkshire NHS Trust | Hospital | 15/07/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Wirral Community NHS Trust | Community Health Services | 01/09/14 | By e-mail to: chinspections@cqc.org.uk<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 community health Inspections.<br><br>By calling 03000 616161 |
| Kettering General Hospital NHS Foundation Trust | Hospital | 02/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Imperial College Healthcare NHS Trust | Hospital | 02/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the |

| | | | |
|---|---|---|---|
| | | | subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Lincolnshire Community Health Services NHS Trust | Community Health Services | 08/09/14 | By e-mail to: chinspections@cqc.org.uk<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 community health Inspections.<br><br>By calling 03000 616161 |
| South Central Ambulance Service Foundation Trust | Ambulance | 08/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| St Andrews Healthcare (locations in Birmingham, Nottinghamshire, Northampton & Essex) | Mental Health | 08/09/14 | By e-mail to: mhinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Mental Health Inspections.<br><br>By calling 03000 616161 |
| University Hospital Bristol NHS Foundation Trust | Hospital | 09/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| East Sussex Healthcare NHS | Hospital | 09/09/14 | By e-mail to: hospitalinspections@cqc.org. |

| | | | |
|---|---|---|---|
| Trust | | | uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Norfolk Community health and care NHS Trust | Community Health Services | 15/09/14 | By e-mail to: chinspections@cqc.org.uk<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 community health Inspections.<br><br>By calling 03000 616161 |
| City Hospitals Sunderland NHS Foundation Trust | Hospital | 16/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| Hinchingbrooke Health Care NHS Trust | Hospital | 16/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections.<br><br>By calling 03000 616161 |
| The Hillingdon Hospitals NHS Foundation Trust | Hospital | 16/09/14 | By e-mail to: hospitalinspections@cqc.org.uk.<br><br>Please ensure that the subject line of your e-mail is [Trust name] Q2 Acute Hospital Inspections. |

| | | | |
|---|---|---|---|
| | | | By calling 03000 616161 |

# Contents



**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.

**Public Health England**
Public Health England's (PHE) mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

**About NHS Health Check**
The Global Burden of Disease 2012 Study highlighted the need to tackle the increasing trend in people dying prematurely from non-communicable disease. The UK is falling behind other countries and we need to take urgent action. The NHS Health Check programme systematically addresses the top seven causes of preventable mortality by assessing the risk factors: high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. We know that there is a huge burden of disease associated with conditions such as heart disease, stroke, type 2 diabetes and kidney disease and that many of these long term conditions can be avoided through modifications in people's behaviour and lifestyles.

Commissioning and monitoring the risk assessment element of the NHS Health Check is one of the small number of public health functions that are mandatory and detailed in the Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013. Supporting local authorities to implement this programme is one of Public Health England's priorities.

**Acknowledgments**
This publication has been written by Su Turner, Principal Consultant at the Centre, and Rachel Harris Expert Adviser for the Centre. We are very grateful to the councillors, officers, partners and their Expert Advisers from the five Scrutiny Development Areas for their hard work and commitment to the programme.

# Foreword

The NHS Health Check programme is a world-leading programme and a key component of this Government's priority to reduce premature mortality. It gives us an unprecedented opportunity to tackle the UK's relatively poor record on premature mortality by focusing on the risk factors that are driving the big killers. We know that high blood pressure and cholesterol, smoking, obesity, poor diet, physical inactivity and excessive alcohol consumption increase the risk of diseases that we can – and should – do more to prevent, such as heart disease, stroke, type 2 diabetes and kidney disease.

The NHS Health Check programme is the first approach this country has taken to address these risk factors at a population level, and in a systematic, integrated way. We believe it could also be a powerful way to reduce health inequalities, because we know that the burden of chronic disease tends to fall more heavily on those who are most deprived.

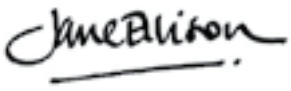
If NHS Health Check is going to realise this potential, it will require highly effective implementation. This report from the Centre for Public Scrutiny marks a valuable contribution to this effort, by providing a process for how local areas can undertake their reviews of local NHS Health Check programmes. The five case studies in this report illustrate local scrutiny in action; namely the opportunity it gives local councillors, commissioners and GPs, among others, to ask tough and practical questions: how will the NHS Health Check programme improve outcomes for those with the worst health? How will NHS Health Check be integrated with the work of health and wellbeing boards? What does best practice look like?

These challenges are the local counterpart to the national challenge set out in last year's NHS Health Check implementation review and action plan, which was led by Public Health England. This plan identified the need for greater consistency of delivery, the need for new governance structures and evaluation as well as the importance of data flows across the health and social care system.

Independent reviews can play an important role in meeting these challenges, by encouraging stakeholders to search for practical solutions that are adapted to local circumstances – how best to collect data, for instance, or how best to explain to users the aims and benefits of the programme. We need to make sure that these insights are shared, and that the questions prompted by these reviews are useful to others, who may be embarking on their own reviews of local NHS Health Check programmes.

Ultimately, though, the power of these reviews is not in coming up with a uniform set of recommendations, but in providing a forum, in which local clinicians, public health professionals and elected officials can develop a shared understanding of how to improve the health and wellbeing of their communities. The hope is that these reviews will help them to find their own way of working together. It is these relationships that will be vital to the success of NHS Health Check implementation.

I am delighted to introduce this report, which I hope will prove a valuable resource to all those who commission, deliver and support the NHS Health Check programme.



**Jane Ellison MP**
Parliamentary Under Secretary of State for Public Health

# Introduction

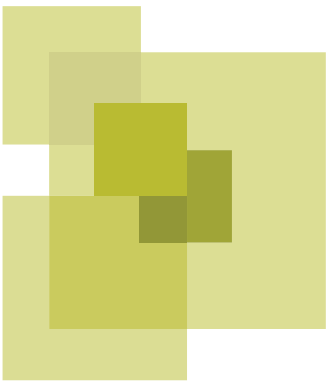
NHS Health Check is a national illness prevention programme to identify people 'at risk' of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. It was introduced on a phased basis in 2009 and at that time Primary Care Trusts were expected to roll it out over five years. However, there was considerable variation across the country which meant that when local authorities took on responsibility for NHS Health Check in April 2013 they took on local programmes at different stages of implementation.

Early in 2013, a review of the lessons learned from the programme's implementation was used to develop a 10 point action plan. The implementation review and action plan set out the work that will be undertaken with key partners to support effective implementation across the country and realise the programme's potential to reduce avoidable deaths, disability and inequalities. The 10 point action plan covers:

- Leadership
- Improving take-up
- Providing the Health Check
- Information governance
- Supporting delivery
- Programme governance
- Provider competency
- Consistency
- Proving the case
- Roll-out

Councillors' scrutiny role can be a powerful lever for improving local health services, alongside other incentives in the system. Recognising this, the Centre for Public Scrutiny (CfPS) was identified as a key partner in delivering the 10 point action plan and was asked to support some local areas to undertake scrutiny reviews of their local NHS Health Check programmes to:

- Understand the benefits of the NHS Health Check programme to local areas (costed and consequential benefits).
- Understand the barriers to take up and how it can be improved.
- Promote the role of scrutiny to all councils and NHS Health Check teams.
- Increase the use of scrutiny reviews to assess NHS Health Check programmes.



CfPS worked with the following five areas to help them to carry out a scrutiny review of their local NHS Health Check Programme:

- Devon County Council
- London Boroughs of Barnet and Harrow
- Lancashire County Council and South Ribble Borough Council
- London Borough of Newham
- Tameside Metropolitan Borough Council

This publication contains the learning gathered from these areas – collectively via the outcomes of a national learning event and individually via short case studies at the end of this publication. It provides useful insight for councils and for NHS and Public Health colleagues.

Public Health England, CfPS and the five areas were aware from the outset that reviewing NHS Health Check was set against a backdrop of structural changes to the health system:

- The new health landscape created by the Health and Social Care Act 2012 was being implemented – including the creation of Public Health England.
- Public health responsibilities, including the commissioning of the NHS Health Check programme, were moving from the NHS to Local Authorities.

Using CfPS' return on investment approach (see details at appendix one) has reinforced the value of scrutiny as a way to build relationships. The case studies in this publication illustrate that there are significant opportunities for improving understanding and working relationships between councillors and primary care practitioners. Reviews of NHS Health Check programmes have led to closer working between GPs and councillors – two groups that are fundamental partners in improving the health and wellbeing of local communities.

The lessons from the five reviews chime really well with the actions that are being taken forward nationally by the NHS Health Check programme. As you will read, opportunities for improved leadership, quality, consistency and integration that are identified within the 10 point action plan have been confirmed by the CfPS support programme.

The five areas found that there were challenges and opportunities around leadership, culture and relationships; and information and communication. This publication looks at these through the lens of CfPS' principles of:

**Accountable** - improving leadership for whole system pathways.

**Inclusive** - developing relationships and cultural understanding.

**Transparent** – understanding information and getting communication right.

The recommendations within this publication are equally applicable to local areas as they seek to improve local population health; or to national health organisations who support and advise (including how councillors and council scrutiny have a valid role in health improvement).

The five areas also suggested questions that other councils may find useful (see appendix two).

Accompanying this publication is a series of briefings for council scrutiny:

- Improving take-up.
- Barriers and solutions to delivery of effective NHS Health Check.
- Understanding data (launched December 2013).

# Accountable – Improving leadership and whole system pathways for health

## Improving leadership

All five areas reported confusion about responsibility for leading local NHS Health Check arrangements. Although professionals in the system are aware of their responsibilities for delivering a NHS Health Check Programme, it is not clear to the wider health and wellbeing sector or local populations.

All areas were interested in improving take up of the NHS Health Check, however they found that variations in commissioning and the commitment of GPs were local barriers to take up.

They concluded that whilst attention is placed on inviting and carrying out NHS Health Checks, it is important for leaders of local programmes to ensure that there are effective follow-up procedures in place – either to ensure that people attend a NHS Health Check appointment or that if they are identified at risk – follow up action is taken.

Areas also reported a desire to work with NHS England as the commissioner of primary care but were unclear how to best engage local area teams.

**Recommendations**

- Further clarify roles and responsibilities within the health system (including the NHS Health Check programme - nationally and locally).
- Emphasise the quality of follow-up action to reap the benefits of early interventions.

## Whole system pathways – embedding NHS Health Check

What became clear is that the NHS Health Check programme as a health improvement tool needs to be 'plugged in' to a wider 'improving health' pathway. Areas found that some GPs chose not to engage with the programme because the validity of the NHS Health Check as part of the whole system remained an issue of debate.

> *"GPs are geared up to deal with the unwell whereas NHS Health Checks are for people who are apparently well."*
>
> **Quote from programme participant**

Concerns also surfaced about the clarity, consistency and quality of feedback to patients following NHS Health Checks. Questions arose about how NHS Health Check can be used to encourage and support people to make lifestyle changes. Programme participants felt there were opportunities to maximise the impact of NHS Health Checks by embedding them within the work of health and wellbeing boards.

**Recommendation**

- The NHS Health Check programme needs to be 'plugged in' to the local health system, the preventative agenda and the work of health and wellbeing boards.

### What practical steps helped?

Devon's review helped to develop the local approach to NHS Health Checks. Their approach to the review strengthened both their internal and external relationships and flagged up their intent as community leaders to embed public health improvements for their most socially isolated groups. The strong leadership focus of the review also helped to kick start relationships with local area teams.

London Borough of Newham found that whilst public health professionals understood lines of accountability there was not a shared understanding across the wider system. The transfer of public health allowed for clarity of this and the review and its recommendations have gone some way towards plugging this gap. The review took an asset based approach - supporting GPs to improve their NHS Health Check programme via their Clinical Effectiveness Group and using their expertise, adding to the clinical collaboration perspective of the review.

# Inclusive – Developing relationships and cultural understanding

## Developing relationships

In some areas, the reviews were pivotal to changing and enhancing the relationship between council scrutiny and local public health teams. For many, there had not been the opportunity for councillors and public health teams to work together and scrutiny provided a catalyst.

Focusing together on improving the outcomes and effectiveness of a new area of council commissioning has highlighted how closer working and sharing data and insight can move services forward. All areas reported the positive impact of outcomes and recommendations from scrutiny on commissioning of preventative interventions.

All areas agreed that the approach to identifying and hearing from stakeholders was a very effective element of the CfPS support. The approach leads scrutiny to move beyond its traditional audience and thematic workshops produced a better understanding of issues to be tackled by commissioners. Further details are included within the case studies.

Three areas recognised the need to foster relationships across tiers of local government and between councils to support health improvements. The return on investment approach was a good way to achieve closer working with robust recommendations.

Recognising the contribution of other organisations and partnerships can also help share learning about ideas for future working. The Community Hub model developed by Devon & Cornwall Probation Trust inspired a recommendation about developing a whole person 'one stop' approach for socially isolated and hard to reach groups.

**Recommendations**

- A commitment to develop relationships constantly and consistently can help local areas achieve better health outcomes.
- Moving beyond traditional stakeholders can strengthen the outcomes and value of scrutiny.

## Understanding cultural differences

Evidence emerged in some areas that the cultural differences between the NHS 'clinical model' and councils' 'social model' need to be better understood so that a shared health and care improvement culture can be developed.

Areas found that the natural focus of clinicians and GPs is the patient and the symptoms that present to them (the clinical model); whilst the council and councillors naturally focus on what is impacting on poor health – the causes of the causes and the wider determinants of health (the social model). By blending these skills (as advocated by the Institute of Health Equity's Fair Society, Healthy Lives (Marmot) review on health inequalities) a better understanding of communities can be gained leading to better action to support health.

Scrutiny has been shown to be an effective way to build on the common ambition of GPs and local councillors to improve the health of local people. Scrutiny of the NHS Health Check programme can be a catalyst to strengthen relationships between councillors and primary care.

**Recommendations**

- Develop a universal language for health locally that all partners can understand.
- The knowledge and experience of councillors can enhance the work of health partners and commissioners to improve health and health services.

### What practical steps helped?

Tameside Metropolitan Council's stakeholder event provided the vehicle to get everyone together to look holistically at improving a service. It allowed for open and honest dialogue between public health professionals, GPs and the commissioners – something that wouldn't have taken place without the review. Using the CfPS approach helped scrutiny to move at a pace which led to massive benefits. They will be using the model again within future reviews.

# Transparent – Understanding information and getting communication right

## Understanding information and data

All areas encountered challenges with the collection, consistency or analysis of data to help them explore issues and support their findings. Inconsistent data collection by different agencies, particularly at general practice level, was highlighted as a barrier to understanding the financial value of care pathways. This translated in to a lack of confidence in some areas about the validity of data.

An important lesson from the programme was that clinicians and health professionals are used to working with absolutes whereas scrutiny is more comfortable with possibilities and insight. For example, public health professionals wanted to provide detailed, statistically accurate information and data (which could take longer to produce) but councillors were happy to receive less academically robust figures, together with strong experiential evidence and public health team insight. The reviews generated considerable learning about which partners held useful information, for example:

- Clinical Commissioning Groups understand and have access to national acute care costing information as well as GP practice information. It is essential that scrutiny develops contacts with their CCGs and general practices so that they work alongside each other.
- Information about public health outcomes is often available from national organisations and charities that hold robust data banks based on specific areas of interest that can be useful for return on investment calculations.

Some areas used particular methods to test performance data. Examples included: commissioning a community researcher; direct questionnaires to GPs to establish take up levels; concentrating on gathering in depth information from a few sources.

All the areas recognised the validity of financial return on investment as a proven and important demonstrator of the effectiveness of the NHS Health Check programme. But they also found 'softer' qualitative return on investment is equally important and gave weight to the potential of the NHS Health Check programme as a key tool to improve public health. For example, the actions that can move people towards recognising their own responsibilities for improving or maintaining their personal health is an essential part of the improvements that the NHS Health Check programme is seeking to make. The drivers for changes in personal behaviour may include improving neighbourhood interactions or bringing services into one place to improve accessibility and outcomes from the NHS Health Check programme.

### Recommendations

- The variation in the quality and nature of data held at GP practices needs to be reviewed at a national level alongside consideration of how population statistics could be standardised. There is a need for consistent data collection, particularly around quantifying hard to reach groups and clearer standard measurements of comparable performance and NHS Health Check take up rates. They need to be readily available and usable by local authority commissioners.
- Review and revise local data sharing protocols and consider easily accessible mechanisms to pool partners own knowledge about alternative information sources.
- Commission services from a variety of sources including 'drop-in' services for people unable to attend their GP during working hours and monitor follow-up.

## Communication

Communication was a key feature that emerged at the learning event – both with the public about the NHS Health Check programme and within and across stakeholders about how to best incorporate NHS Health Check in to local actions to improve health. Improving communication across the partners in the local health system would allow for a better sharing of information leading to improved services.

Most reviews sought to gather public views on the NHS Health Check programme, and concluded that, despite national publicity, there remains a lack of public awareness about the aims, objectives and benefits of the programme. Feedback from some people indicated an awareness of the NHS Health Check programme but an anxiety that it might identify medical conditions that could not be treated.

**Recommendations**

- Provide clear public information about the benefits and process of a NHS Health Check and the support available to participants with health issues and consider targeted promotion.
- Consider a NHS Health Check scrutiny review to see who does what, to generate a local understanding of the breadth of the programme.

### What practical steps helped?

London Boroughs of Barnet and Harrow tested public opinion about their NHS Health Check programmes by commissioning an engagement specialist and concluded that there was not a great understanding by the public on what NHS Health Check is and how to access it.

Lancashire County Council and South Ribble Borough Council created an effective “drill-down” questionnaire that generated a new set of qualitative information about GPs’ views of their experience with the NHS Health Check, and why many GP practices do not feel it worthwhile to engage with the programme. This review also demonstrated the value of district council scrutiny and the added dimension that district councillors can add to scrutiny.

# The value of good scrutiny

Good scrutiny and accountability involves different people in different ways – citizens, patients and service users, elected representatives, service providers and commissioners, inspectors and regulators. Four mutually reinforcing principles, leading to improved public services, need to be embedded at every level:

- Constructive 'critical friend' challenge.
- Amplifing the voice and concerns of the public.
- Led by independent people who take responsibility for their role.
- Drive improvement in public services.

Using these principles, CfPS has again highlighted the benefit that scrutiny can bring to other partners seeking to improve health and health services.

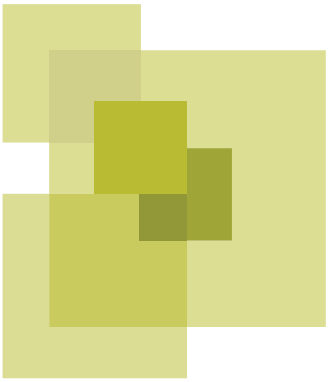
## Why scrutiny - what's the added value?

- Scrutiny is independent.
- Scrutiny adds value to councils' corporate leadership and it supports health improvement by taking a proactive approach.
- Can bring the NHS / GPs and councils / councillors together by providing a neutral space to work through issues and identify solutions.
- Uses councillors' unique democratic mandate as a 'conduit between the public and their services', enables them to test whether what is provided meets community needs and aspirations.

## The added value of a return on investment approach

In addition to the value described above the return on investment approach:

- Allows areas to move away from a traditional 'committee meeting' approach and explore an 'action learning' approach.
- Involves a wider group of stakeholders from across the whole system bringing more ideas and contributions to the review process.
- Uses quantitative and qualitative outcomes to provide evidence for improving joint working and the pooling of resources.
- Keeps scrutiny focused on outcomes when scoping and undertaking a review.
- Provides an opportunity to use return on investment to demonstrate the value of scrutiny, alongside internal council performance measures.



## The added value of scrutiny to public health

All five reviews secured the involvement of their local public health teams, and as you have read contributed to improved understanding and working relationships. Below are quotes from public health professionals involved with the programme.

Tina Henry, Consultant in Public Health and NHS Health Check lead, Devon County Council commented:

> *The work undertaken by scrutiny on NHS Health Checks has been very timely and has raised the profile and understanding of the programme. The process allowed independent engagement with a wide range of stakeholders and providers to determine next steps in rolling out the programme. The intelligence work and feedback from the focused sessions will be used to inform the model of delivery to increase take up.*

Gideon Smith, Consultant in Public Health Medicine, Tameside MBC

> *The Tameside Health Checks Scrutiny Review has been extremely timely and supportive to the process of rethinking the local programme within the context of transition from NHS to local authority commissioning responsibility. The Stakeholder Workshop was particularly helpful in gauging the concerns, commitment and potential contributions of interested parties, and facilitating the development and delivery of a re-invigorated local programme.*

# Summary and further recommendations

This programme demonstrates the diversity of good scrutiny to tackle local health inequalities in the best way suited to localities. The reviews have gone some way to overcome some scepticism regarding the validity of the NHS Health Check programme. We believe that council scrutiny has been a valuable way to independently review the roll-out of the NHS Health Check programme – with findings that can be used locally and nationally to inform commissioning decisions.

Specific recommendations have been made throughout this publication. In addition to these, below are some wider final recommendations from our observations:

- Council scrutiny can be an effective public health tool and can help areas to fully understand the health of their population and how services can improve to meet this need.
- Council scrutiny can be the bridge in developing effective working relationships – combining the knowledge of the health community and councillors in developing solutions to improving community health and wellbeing.
- The NHS Health Check programme needs to be accepted as part of a whole system review of the abiding problems of health inequalities, self-responsibility and the prevention agenda. This would enable commissioners to co-operate and to develop improved services that encompass both health and social care and continue to integrate patient pathways at all stages of their interaction with the system.
- Areas need to develop clear lines of accountability to ensure effectiveness across councils' public health role, Clinical Commissioners and general practice.
- There needs to be a continued drive towards integrated working between public health, health and wellbeing boards, council scrutiny and local Healthwatch.

Information flow is critical across all sectors of the health economy (including people who use services), with public health retaining a vital source of data and information. Partners should aspire to transparent data that can be understood by professionals and people who use services.

# Appendix one – Case studies

Tipping the Scales

http://cfps.org.uk/health-inequalities

Valuing Inclusion


http://cfps.org.uk/health-inequalities

## CfPS' return on investment approach to scrutiny

In 2011 CfPS developed an approach to council scrutiny that captures the potential return on investment of a review and its recommendations. This approach has been published in our previous publications.

Each area that took part in the programme was supported to use the return on investment approach to ensure that their review was outcome focused and realised 'costed and consequential' benefits.

Over the following pages you will find out more about the scrutiny reviews that each of the areas undertook.

The case studies particularly focus on:

- Why the issue was important
- Successes and challenges
- Learning points
- Qualitative benefits
- Measuring return on investment

One of the main benefits of reviewing NHS Health Check using the return on investment approach was the opportunity to involve all stakeholders in designing the review and the key lines of enquiry. Whilst stakeholder engagement is not a new concept, in a return on investment approach it focuses the review on the policy objectives of the Institute of Health Equity's health inequalities review (Marmot) – evidence based objectives to reduce inequalities.

In assessing the potential return on investment, changes in ways of working and a focus on health inequalities will no doubt realise a financial saving both in terms of joined up delivery and less money spent within the health service, however this is difficult to quantify and assign credit to the review alone. Therefore in order to determine the potential return on investment that the review could realise, a number of assumptions need to be made.

CfPS' return on investment approach it is not an exact science. The five areas did not use health economists or finance professionals, but they did use information, data and costings that were either available nationally, provided locally or collected by themselves. The calculations (summarised in the case studies) represent the potential return on investment if the recommendations are accepted and implemented.

The case studies have been provided by the areas themselves.

# Case Study: London Boroughs of Barnet and Harrow

The London Boroughs of Barnet and Harrow have had a joint public health service from April 2013 which is hosted by Harrow. The review provided an ideal opportunity to transfer knowledge from the two areas and ensure that the NHS Health Check programme develops appropriately.

### Successes and qualitative benefits

- Testing public views of the NHS Health Check programme within specific community groups.
- The review identified differences in how the programme has been commissioned and delivered within the two Boroughs.
- The review helped to develop relationships between scrutiny and public health services, the two scrutiny committees and their communities.

### Challenges

- The review highlighted some challenges for public health and the local authorities in dealing with issues relating to a transferred shared service.
- The complexity of the issue and its role within a wider pathway could have caused the review to be unwieldy.
- The financial modelling using the ROI model was difficult with the lack of availability of data.
- Engagement with GPs was difficult.

### Learning points

- ROI is an excellent tool for demonstrating the economic benefits that scrutiny can deliver.
- The opportunity to look to other boroughs and alternative delivery models brought useful insight to local discussions.
- Public health faces a new challenge operating in a political environment.
- The scrutiny review highlighted that the public are not aware of NHS health checks.
- A balanced approach needs to be taken – people need to be encouraged to make lifestyle changes.

### Key Recommendations

The review has made clear recommendations to influence the future commissioning of the NHS Health Check programme:

- Accessibility, promotion and take up.
- Aligning financial incentives.
- A whole system scrutiny of care pathways.

### ROI question and calculation

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

| | |
|---|---|
| Invest :<br>Cost of additional checks | Harrow – £93,225<br>Barnet - £81,575<br>Total - £174,800 |
| To save :<br>Potential savings | Harrow = £1,262,105<br>Barnet = £2,834,882<br>Total = £4,096,987 |
| Potential return on investment | **£3,922,187** |

### Assumptions

Average cost of a NHS Health check = £25 (local data on spend for Barnet) – using this as the basis:

Harrow (12/13) 3729 checks cost £93,225 (Of those 65 cases of those at risk of a heart attack).

Barnet (12/13) 3263 checks cost £81,575 (Of those 146 cases of those at risk of a heart attack)

The British Heart Foundation report cost of treating heart attacks as £19,417 per case.

Calculation uses a doubling of costs and cases to illustrate ROI

**For more information use this link to the review report:**

http://committeepapers.barnet.gov.uk/documents/s12062/NHS%20Health%20Checks%20Scrutiny%20Review.pdf

# Case Study: Devon County Council

The NHS Health Check programme in Devon was in its infancy, and the committee saw the opportunity to actively contribute to policy development using the ROI model. The committee pursued their instinctive observation that the NHS Health Check programme should be of most benefit to people in groups with the poorest health outcomes and framed their review around rural and urban socially isolated groups.

**Successes and qualitative benefits**

- Raised awareness of the role of scrutiny and the value it can bring.
- Strengthened relationships with public health colleagues, including monthly meetings with the Director of Public Health.
- Had a high response rate to a qualitative GP survey that was developed with assistance from the two Clinical Commissioning Groups in Devon.
- Gained insight in to the take up of NHS Health Checks in rural areas via the Farming Community Network Devon.
- Heard from a range of expert witnesses including local Veterans groups, the Probation Trust, drug and alcohol service providers and outreach health services for homeless people.
- Synthesised all the information in to a template to engage with hard to reach groups across Devon.
- Structured short 'deep dive' reviews can produce locally relevant policy insights.

**Challenges**

- The availability of comparable local quality data and discrete service costing's to use for measurement. They endeavoured to meet this challenge by balancing and using conflicting or small sample data to widen their understanding of the evidence.

**Learning points**

- NHS Health Check programme is a gateway to realising the potential of health improvement and ensuring that marginalised groups are included.
- Mental Health should be integral to the consideration of health and wellbeing and included in the Health Check programme.
- There needs to be a whole person approach in considering the health and wellbeing of everyone, particularly vulnerable or hard to reach groups.
- NHS Health Checks need to be accessible - timing, location, information and trust.
- The ROI model gave a framework and a rigour that could be shared with key stakeholders and used to include them and members together from the beginning.

**Recommendations:**

The task group put forward nine recommendations backed by their findings covering:

- The importance of whole system approaches from all agencies to commissioning strategies.
- Improvements to the understanding and systems approach to the NHS Health Check programme for vulnerable groups.
- The County Council visibly taking up the role of health promotion and Health Check take up.

**ROI question and calculation**

What would be the ROI of improving the access to NHS Health Checks for our less accessible and most isolated groups?

| | |
|---|---|
| Invest : Cost of targeting NHS Health Checks (based on 1000 smokers) | £183,000 |
| To save : Potential savings | £323,500 |
| Potential return on investment | **£140,500** |

**Assumptions and caveats**

Review costs calculated 165 hours x £9.81 (Devon median wage) ; In 2013, NHS expenditure on care on smokers will be £39.7 million (122,724 smokers with av. care cost of £323.50 per person per year). **http://www.ash.org.uk/localtoolkit** ; Each NHS Health Check costs £24 ; Smoking cessation costs are £159 **http://www.smokinginengland.info/stop-smoking-services**

Therefore cost of intervention per person is £183.

Calculation based on targeting 1000 smokers with a 100% success rate.

**For more information use this link to the review report:**

http://www.devon.gov.uk/loadtrimdocument?url=&filename=CS/13/35.CMR&rn=13/WD1206&dg=Public

# Case Study: Lancashire County Council and South Ribble Borough Council

The Review sought to identify the value of greater targeting of the NHS Health Check programme on those whose health and wellbeing could benefit most, as opposed to randomly selecting 20%. As data was discussed with the DPH and GPs, it became apparent that increasing the take-up was a factor at least as important as targeting the invitation; and that middle aged men are generally the highest risk group, being the least likely to look after their health or attend a NHS Health Check.

### Successes and qualitative benefits

- High involvement of councillors.
- Developed 2-tier collaboration of county and district councils working together on a health scrutiny review - demonstrates districts can influence health.
- Engaging public health created a practical example of the kind of data that health scrutiny wants to use – a model for further projects.
- Created a way to gain engagement of GPs and general practices.
- Developed an effective "drill-down" questionnaire to seek the views of GP's.
- Generated a new set of qualitative information on GPs' views of their experience with the NHS Health Check programme, and why many GP practices do not feel it worthwhile to engage with the programme.

### Learning points

- Need to "front load" information more extensively - need to think more at the start about what information is needed and the context.
- Public health teams are used to working to longer timescales and want to provide accurate data.
- This approach to generating data illuminated understanding of the choices that GPs make, and why there are the tensions in aspirations between the GP practice as a small business model versus centrally-chosen NHS policies.
- GPs have interesting and helpful views on the best ways to increase take-up.

### Key recommendations

- Undertake a deeper study to generate more robust data and ROI calculation, and a transferrable model.
- Commission the NHS Health Check programme focusing on widening the range of locations for delivery (e.g. football matches) and providers commissioned to deliver.
- NHS England be asked nationally to calculate whether it would be cost-effective to pay GPs more to carry out a NHS Health Check.
- NHS England calculate the benefits of extending the age range to say 35 (perhaps particularly for men) so as to maximize the benefits of early prevention.

### ROI question and calculation

What is the ROI of targeting 50% middle aged men (40-55) instead of the 20% random targeting?

| | |
|---|---|
| Invest : Cost of targeting NHS Health Check | £552,000 |
| To save : Potential benefits est. by QALYs & ready reckoner | £575,000 |
| Potential return on investment | **£23,000** |

### Notes caveats and assumptions

NHS Health Checks cost £21 whether delivered by GP or outreach: extra costs to reach an extra 26,297 more men is therefore £552k.

Assuming take up is increased this means 26,297 more men are checked; on average x 0.09 QALYs per person (this underestimates value for particular cohorts), this generates 2331 QALYs. Each QALY costs (is worth) £247, so the value of these QALYs is £575,668 (based on average populations). QALY = Quality adjusted life year.

**For more information use this link to the review report:**

www.southribble.gov.uk/scrutiny.

# Case Study: London Borough of Newham

Newham has a high prevalence of preventable illness such as diabetes and had been heavily involved in early stages of the NHS Health Check programme. As a result of this involvement their programme had been front loaded (invested in early), so as the NHS Health Check programme implementation progressed nationally, statistics appeared to show that they were falling behind. Research from the pilot had also identified variations within the GP clusters.

### Successes and qualitative benefits

- A strong collaborative approach between scrutiny and public health resulting in excellent support to this project.
- Local Healthwatch enthusiastically engaged with the review and ran own patient forum.
- Engagement with the Clinical Commissioning Group allowed for patient feedback, which correlated the views of the patient forum.
- A short, sharp questionnaire to those who administered the NHS Health Check programme allowed front-line feedback.
- The review has prompted a more detailed cost benefit analysis of health checks to inform future commissioning of the NHS Health Check programme.
- A good example of how scrutiny can add value to health and wellbeing boards and influence commissioning decisions.
- Strengthened partnership relationships.

### Challenges

- Discrepancies in how data was collected and reported by the different agencies meant that it was difficult to correlate and gain meaningful conclusions.
- Obtaining clear financial information on the cost of providing health services was a considerable challenge.

### Learning points

- Clinicians work with absolutes whereas scrutiny is more comfortable with possibilities and insight. Bridging that gap so that both are comfortable with the outcomes is essential.
- The “softer” qualitative ROIs are equally as important as quantitative ROIs.

### Key recommendations

At the time of writing the final conclusions and recommendations had not been determined, but emerging issues include:

- The need to complete a review of options and funding for NHS Health Check as part of the wider preventative agenda.
- The need to reduce practice variation.
- That a collaborative partnership agreement is required.
- Statin prescribing increase in line with Clinical Effectiveness Group guidelines.

### ROI question and calculation

What is the ROI of supporting the GP clusters in improving NHS Health Check take up and follow through?

The review also focused on the qualitative nature of ROI which is harder to quantify. This included the benefit of developing new relationships with the commissioners and providers to create a new vision for the future commissioning and delivery of NHS Health Checks locally.

The review did notionally model a potential financial return on investment with a focus on strokes.

| | | |
|---|---|---|
| Invest : Cost of targeting NHS Health Check | | £35,000 (1000 additional checks) |
| To save: | £75,000 | 3 people identified at risk |
| Potential return on investment | | **£40,000** |

### Assumptions and caveats

Cost of treatment for a stroke = £25K (British Heart Foundation average) ; Cost of undertaking a NHS Health Check £35 (excl. admin fees) ; Research shows for every 10,000 checked 30 are identified as having risk factors for stroke (verified by the Clinical Effectiveness Group at Queen Mary University of London). Based on a crude calculation and the cost of acute medical care and rehabilitation will vary depending on the patient and other variables – including other interventions.

**For more information use this link to the review report:**

https://mgov.newham.gov.uk/ieListMeetings.aspx?CommitteeId=1227

# Case Study: Tameside Metropolitan Borough Council

Tameside MBC had already achieved above average take up of NHS Health Check programme across the Borough but wanted to develop its community model of delivery. The public health team were undertaking a series of reviews of their services and through working closely with the Health and Wellbeing Improvement Scrutiny Panel wanted to identify and consider how best to utilise a community or GP based approach for the delivery of NHS Health checks.

### Successes and qualitative benefits

- Held a stakeholder event attracting over 40 delegates from 14 organisations connected to NHS Health Checks. The event enabled participants to discuss the benefits, opportunities and challenges in the delivery of integrated GP and community based models.
- The review helped to create new and improve existing partnerships between the Council, CCG and a range of other partners and stakeholders.
- In addition to supporting the review process the stakeholder event also benefitted public health directly in allowing them to make contact and connections with the lead officers from relevant organisations in relation to the delivery in Tameside.
- The review helped to raise the profile of the NHS Health Check programme and identify areas where take-up could be improved, e.g. through publicity and marketing.

### Challenges

- A significant challenge identified during the course of the review was the need for further development around communication between partner organisations linked to NHS Health Checks.

### Learning Points

- The event required financial and staff resources – but this investment led to a successful outcome.
- The need for data to accurately calculate the ROI.
- The review of NHS Health Checks was undertaken following a level of transition from the Clinical Commissioning Group to the Public Health Team at Tameside Council and this caused some concerns around the sharing of information.

### Key recommendations

At the time of writing the final report had not been approved but review recommendations are likely to include:

- A marketing campaign to promote the availability and benefits of NHS Health Checks.
- Utilising community centres and engagement with leaders of hard to reach communities.
- The use of electronic invites and reminders.
- A primary and community based approach to the delivery of NHS Health Checks in the borough.
- Work with local pharmacies to improve the delivery of community based Health Checks in the borough.
- Further work with Tameside Sports Trust to explore further commissioning opportunities.

### ROI question and calculation

Identifying and considering how best to utilise a community or GP based approach to the delivery of NHS Health Checks and appropriate targeting?

| | |
|---|---|
| Invest : Cost of 10% increase in NHS Health Checks | £5,708 |
| To save : Potential savings | £28,500 |
| Potential return on investment | **£22,792** |

### Assumptions

Total cost of NHS Health check programme 12/13 £567,412 including delivery in community settings

In Q1/Q2 (6 mths) of 2012/13 there were 3,976 delivered assuming therefore 7,952 over 12 mths.

Cost of a NHS Health Check £71.35

Calculation based on 10% increase 80 patients (80 x £71.35 = £5,708). Of 8000, 11.4% identified as being at risk of stroke

Cost of treatment for a stroke = £25K (British Heart Foundation average)

1.14% out of 80 would give a £28,500 saving

**Reports once approved will be available at:**

http://www.tameside.gov.uk/scrutiny/reports#pers

# Appendix two – 10 Questions for council scrutiny about NHS Health Check

Interested in carrying out your own review of NHS Health Check? Here are 10 questions to consider before you start. You will also find additional questions in the supplementary briefings sitting alongside this publication.

1 **How has the NHS Health Check programme been commissioned so far and who measures outputs and outcomes from it?**

2 **What do we understand about the NHS Health Check programme, how and where they happen, and the intended positive benefits for our population?**

3 **How is data about outputs and outcomes collected? Are there local systems for collecting as well as national? Can we learn anything from the experience of NHS Health Checks elsewhere?**

4 **Do we understand which sections of our local population have the poorest health outcomes and how the NHS Health Check programme will improve them? If not, who can tell us about this?**

5 **How is the commissioning of the NHS Health Check programme intended to contribute to improving the content of the Joint Strategic Needs Assessment and how does it contribute to joint health and wellbeing strategic outcomes? How is this aspect monitored and by whom?**

6 **Who has actually taken up the NHS Health Check so far and what impacts have been observed? Do we have evidence to hand about the effectiveness of the current or intended programme from existing providers and clinical commissioners?**

7 **Who provides the NHS Health Check and how does this currently relate to population coverage and the Public Health Outcomes Framework?**

8 **To what extent are clinicians and service users currently involved in commissioning the NHS Health Check programme locally? How is their contribution used?**

9 **Are there any national or local organisations and charities with specific focus on health conditions that the NHS Health Check programme seeks to prevent, that might provide an external critical friend or specialist knowledge that could be useful?**

10 **How does the baseline information we have in front of us compare to other local authorities; and what ideas do they have for taking this programme forward? Have we got comparable best practice examples to consider?**

# Notes

# Notes

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