

Health & Wellbeing Scrutiny Commission

**IMPLEMENTATION PLAN FOR 'FIT FOR PURPOSE' REVIEW**

RECOMMENDATIONS (Centre for Public Scrutiny)	ACTIONS TO BE TAKEN	TIMESCALES AND PROGRESS
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**IMPROVING PRACTICE**

**1.COMMUNITY LEADERSHIP**

**Recommendation 1**

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
- b)To improve agenda management in 2014/15, such as:
- by adding time slots for each item of business,
  - by limiting the number of main items on each agenda,
  - by limiting the numbers to one person per organisation to present their report/item.
  - by adopting a select committee style layout of meetings e.g. horseshoe shape.
  - by adopting a different format to meetings e.g. avoiding long presentations and to trial Q&A only sessions\*.
  - by providing a basket of possible questions for members for each item.
- \*subject to members having had sight of reports prior to meetings
- 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**

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.

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members of the public' section of agendas, to enable anyone observing or attending meetings to be clear about its role.	<p><i>CfPS 4 principles for effective scrutiny:</i></p> <ul style="list-style-type: none"> <li>• To provide a critical friend challenge to the executive policy makers and decision makers;</li> <li>• To enable the voice and concerns of the public and communities to be heard;</li> <li>• To carry out scrutiny by 'Independent minded governors' who lead and own the scrutiny process;</li> <li>• To drives improvements in services and finds efficiencies:</li> </ul> <p><i>Members added in 2 further local principles for effective scrutiny:</i></p> <ul style="list-style-type: none"> <li>• To prevent duplication of effort and resources;</li> <li>• To seek assurances of quality from stakeholders and providers of services.</li> </ul>	Short
<p><b><u>Recommendation 3</u></b>                      Clearly inform witnesses and stakeholders invited to attend Scrutiny Commission meetings why they are being invited and who should attend.</p>	<p>a)To provide clear instructions when inviting witnesses or stakeholders, such as:</p> <ul style="list-style-type: none"> <li>• 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,</li> <li>• To inform them of how much time is allocated to their item,                             <ul style="list-style-type: none"> <li>• To agree beforehand who will be attending and who will be participating in answering questions.</li> </ul> </li> </ul>	Short
<p><b><u>Recommendation 4</u></b>                      Develop and implement a consistent approach to prioritising items in the</p>	<p>a) Future Work programme planning to be based on:</p> <ul style="list-style-type: none"> <li>• Councils Forward Plan items impacting on health</li> </ul>	Medium / Long

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work plan and agendas.	and wellbeing issues, <ul style="list-style-type: none"> <li>• City Mayors Delivery Plan, corporate priorities and key strategies impacting on health and wellbeing issues e.g. scrutinising health inequalities, ill health and death.</li> <li>• 'Closing the Gap' Leicester's Joint Health and Wellbeing Strategy 2013 -16.</li> <li>• Councils Budget cycle process, plus Commissioning &amp; Procurement of Public Health Services.</li> <li>• Monitoring the local NHS healthcare providers e.g. UHL, LPT &amp; EMAS.</li> <li>• 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)</li> </ul> b) Exploring different scrutiny models & techniques to enable effective scrutiny (see recommendation	
<b><u>Recommendation 5</u></b> 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

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the CfPS Return on Investment models.		
<b>2. INVOLVING AND LISTENING TO LOCAL PEOPLE</b>		
<p><b><u>Recommendation 6</u></b> Undertake further discussions with Healthwatch and Leicester Voluntary Action representatives about building local concerns into the work of the Scrutiny Commission.</p>	<p>a) To discuss with Healthwatch, Leicester Voluntary Action and representatives of other voluntary community sector health related groups, how best to build local concerns into the work programme planning.</p> <p>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.</p> <p>c) To explore co-opting a place for Healthwatch on the Health &amp; Wellbeing Scrutiny Commission.</p>	Medium / Long
<p><b><u>Recommendation 7</u></b> It is recommended that the Scrutiny Commission considers building an opportunity for members of the public to ask questions at its meeting.</p>	<p>a) A procedure is already in place for members of the public to ask questions at meetings.</p> <p>b) An information sheet to be available for members of the public to explain the format of meetings.</p>	Short

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<b>3. QUESTIONING AND LISTENING</b>		
<p><b><u>Recommendation 8</u></b> 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.</p>	<p>a) To be more focussed at agenda meetings, in setting out lines of inquiry, key areas for questioning, and basket of questions. b) To be more focussed at de-brief meetings, in taking stock and improving meetings.</p>	<p>Short / Medium  Medium / Long</p>
<p><b><u>Recommendation 9</u></b> 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.</p>	<p>Members to consider how this can be addressed</p>	
<p><b><u>Recommendation 10</u></b> Work more effectively as a 'team' rather than as individuals in questioning and probing witnesses.</p>	<p>a) Prior to main meeting, to discuss format of meeting and line of questioning for each item. b) To prepare basket of questions relevant to topic areas.</p>	<p>Short / Medium</p>

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<b>WORKING WITH OTHER STAKEHOLDERS</b>		
<p><b><u>Recommendation 11</u></b>                      The review highlighted that the Scrutiny Commission has not yet developed a working relationship with NHS England or the Care Quality Commission. This should be addressed and consideration given to the role of scrutiny in relation to Quality Surveillance Groups organised by the local area team of NHS England and to the new approaches to CQC inspection and implications locally. The Scrutiny Commission may also want to scrutinise services commissioned by NHS England such as community primary care services (including dental health) and specialised services.</p>	<p>To clarify working relationships with Care Quality Commission, NHS England and Monitor.</p>	<p>Long</p>
<p><b><u>Recommendation 12</u></b>                      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</p>	<p>a) To improve joint working with Adult Social Care Scrutiny Commission, to enable effective scrutiny of common issues/topics.</p> <p>b) To clarify position on joint working relationship with countywide Joint Health Scrutiny partners, Leicestershire and Rutland.</p> <p>c) To continue involvement with East Midlands Health</p>	<p>Med /Long</p>

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stronger and more effective joint scrutiny before it is required.	Scrutiny Network Forum (Leicester City Council hosted this event on 17 <sup>th</sup> Feb 2014).	
<p><b><u>Recommendation 13</u></b> In response to the confusion amongst stakeholders that was identified in the 360 feedback, we recommend that Leicester City Council develops a common understanding between the Health and Wellbeing Board and the Health and Wellbeing Scrutiny Commission about roles and how each adds value and influence.</p>	<p>a) To clarify roles and responsibilities of the Health &amp; Wellbeing Board, Healthwatch and Health &amp; Wellbeing Scrutiny Commission (see guidance from Centre for Public Scrutiny, appendix A).</p> <p>b) To explore developing a protocol between Health &amp; Wellbeing Board, Healthwatch and Health &amp; Wellbeing Scrutiny Commission.</p>	Medium / long
<p><b><u>Recommendation 14</u></b> We recommend that an annual work programme event is held that involves the voluntary, community and advocacy sectors to help inform the Scrutiny Commission about the state of health and health services in Leicester. This might take the form of an inquiry day or form part of a development session for members.</p>	<p>a) To improve engagement with local voluntary and community organisations (<i>see recommendation 4a</i>).</p> <p>b) To develop better engagement with NHS Trusts. Members to consider outreach work to promote the work of health scrutiny at NHS Trust Boards</p>	Medium / Long

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<p><b><u>Recommendation 15</u></b> Build the use of local public health data, such as health inequalities into priority setting and approaches to questioning.</p>	Public Health Team (Rod Moore) to provide and interpret relevant data to enable commission members to prioritise issues and conduct effective scrutiny.	Medium / Long
<b>MEMBER DEVELOPMENT</b>		
<p><b><u>Recommendation 16</u></b> It is recommended that one or more development sessions are held, open to all councillors, to present and discuss local public health data and priorities.</p>	Members to consider how this can be addressed	
<p><b><u>Recommendation 17</u></b> Organise a development day for the existing Scrutiny Commission members to include, an overview of the NHS system, prioritisation skills, training on questioning and active listening skills and to look at how scrutiny in meetings can be outcome focussed.</p>	Members to consider how this can be addressed	Medium / Long
<p><b><u>Recommendation 18</u></b> Recommend that there is mandatory training for all new health scrutiny councillors that includes how the system works, questioning skills, active listening, and how the Scrutiny Commission relates to other systems of accountability.</p>	<p>a) To develop an 'Introduction to Health Scrutiny' session for new commission members, to enable them to understand the health economy landscape.</p> <p>b) Other issues to be addressed by wider members development and training.</p>	Medium / Long



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<p><b><u>Recommendation 19</u></b> Hold a development session for members of the Scrutiny Commission to discuss the implementation and implications of national guidance soon after it has been published.</p>	<p>Members to consider how this can be addressed</p> <p>E.g. Centre for Public Scrutiny advice /guidance and networking with other health scrutiny committees</p>	<p>Medium / Long</p>
<p><b><u>Recommendation 20</u></b> It is recommended that Leicester City Council considers reviewing progress in the implementation of these recs twelve months after the acceptance of this report.</p>	<p>Members to consider how this can be addressed</p>	<p>Long</p>

**PLEASE NOTE TIMESCALES mean:**

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