

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 5th February 2015

Subject:	Improving Health Scrutiny Arrangements following the 'Fit for Purpose Review'
Presented to the Health and Wellbeing Board by:	Councillor Michael Cooke
Author:	Report of the Health & Wellbeing SCRUTINTY Commission

EXECUTIVE SUMMARY:

To report to the Health & Wellbeing Board on progress made by the Health & Wellbeing SCRUTINY Commission, following the 'Fit for Purpose Review' of Health Scrutiny arrangements at Leicester City Council.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

1. Endorse the 'Improving Health Scrutiny Arrangements following the Fit for Purpose' Review Report'.
2. Endorse the 'Implementation Plan' of actions and the prescribed way forward as a means to drive and co-ordinate improvement to future health scrutiny arrangements.
3. Support the need for mandatory training for all members of the Health & Wellbeing Scrutiny Commission.

‘Improving Health Scrutiny Arrangements following the ‘Fit for Purpose’ Review

**Report by: Health & Wellbeing SCRUTINY
Commission**

Submitted to: Health & Wellbeing Board

Date: 5th February 2015

Presented by: Councillor Michael Cooke

Useful information

■ Ward(s) affected: All

■ Report author: Councillor Michael Cooke, Chair of Health & Wellbeing Scrutiny Commission.

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1. Purpose of report

- 1.1. To report to the Health & Wellbeing Board on progress made following the 'Fit for Purpose' review of Health Scrutiny arrangements at Leicester City Council.

2. Summary

- 2.1. In 2013 the then Health & Community Involvement Scrutiny Committee agreed to look at its own role and practices by carrying out a 'Fit for Purpose Review'. This was in response to the recommendations of the Francis Inquiry into the serious failings of care at Mid-Staffordshire Hospital, which highlighted some failings of the role of scrutiny.
- 2.2. In April 2013, the then Health & Community Involvement Scrutiny Committee resolved:
 - 1) *That an external review of the Council's scrutiny arrangements for the provision of health services, both internally and externally be commissioned from the Centre for Public Scrutiny, or other suitable scrutiny body, to determine if the scrutiny arrangements were fit for purpose.*
 - 2) *That all members of the Health and Community Involvement Scrutiny Committee receive mandatory training for health scrutiny in line with that already required for members of the Planning and Development Control Committee, and Licensing Committee.*
- 2.3. The 'Fit for Purpose Review' at Leicester was carried out by the Centre for Public Scrutiny, to provide assurance and identify areas for development so that the members, the Council and others external to the Council could have confidence in the arrangements in place and scrutiny practice in Leicester.

- 2.4. **The final report of findings ‘*Review of Leicester City Council Health and Wellbeing Scrutiny Commission*’, at Appendix A, was agreed by the Health & Wellbeing Scrutiny Commission in early 2014.**
- 2.5. The report makes a series of recommendations to Leicester City Council in response to the Francis Inquiry reflecting best practice in health scrutiny. The recommendations focus on:
- Improved public and community involvement
 - Clarification of relationships
 - Effective prioritisation of issues to scrutinise
 - Member skills development
- 2.6. Following the report of findings and recommendations, the Health & Wellbeing Scrutiny Commission developed an action plan to address the recommendations. **The *Implementation Plan for ‘Fit for Purpose’ Review*, at Appendix B, outlines the progress being made.**

3. Recommendations

- 3.1. The Health & Wellbeing Board is asked to endorse the Report of findings and recommendations by the Centre for Public Scrutiny.
- 3.2. The Health & Wellbeing Board is asked to endorse the Implementation Plan of actions and the prescribed way forward as a means to drive and co-ordinate improvement to future health scrutiny arrangements; and note progress made to date.
- 3.3. The Health & Wellbeing Board is asked to support the need for mandatory training for all members of the Health & Wellbeing Scrutiny Commission.

4. Background

- 4.1 The Health & Wellbeing Scrutiny Commission Work Programme 2013/14 agreed to look at its own role of how it scrutinises health care services in the city, in order to address some of the key implications of the Francis Inquiry.

4.2 The Francis Inquiry report attributes accountability for the appalling care at Stafford Hospital to the NHS Trust Board, but also points to a systemic failure by a range of national and local organisations – including the Health Overview and Scrutiny Committee of the Council – to respond to concerns. The report indicated that this should not be regarded as a one-off event that could not be repeated elsewhere in the NHS.

4.3 Quoting Robert Francis:
“The Overview and Scrutiny Committees in Stafford were happy to take on a role scrutinising health services but did not equate this with the responsibility for identifying and acting on matters of concern; and they lacked expert advice and training; clarity about their responsibility; patient voice involvement, and offered ineffective challenge”

4.4 Timeline of the work of the commission:

<u>Date</u>	<u>Resolved</u>
<p>9th April 2013 <u>Minute Extract 124: The Francis Report</u> – The commission reviewed the implications for health scrutiny following the publication of the ‘Francis Public Inquiry February 2013’, into the failings at Mid Staffordshire NHS Foundation Trust.</p>	<p>Recommended that an external ‘Fit for Purpose’ review of the Council’s scrutiny arrangements for the provision of health services in Leicester be carried out. (The contract to subsequently carry out this external review was awarded to the Centre for Public Scrutiny).</p>
<p>28th May 2013 <u>Minute Extract 124 Update: The Francis Report</u> – The Commission’s decision for the review had been considered and agreed.</p>	<p>The Commission’s proposal to require compulsory training for commission members would require a report to Council to change the constitution, but in the meantime informal briefings from Public Health Staff would be arranged for members.</p>
<p>17th July 2013 <u>Minute Extract 38: External Review of Health Scrutiny Arrangements</u> – A draft Scoping Document was presented to the commission.</p>	<p>The draft Scoping Document for the review was supported by the commission members.</p>

<p>14th January 2014 <u>Minute Extract 103: External 'Fit for Purpose' Health Scrutiny Arrangements Review</u> – Members received a report of findings carried out by the Centre for Public Scrutiny. Presented by Ms Brenda Cook from CfPS.</p>	<p>Members welcomed the report and agreed that the implementation of the recommendations in the report be discussed at the proposed member development event as part of the external review.</p>
<p>25th February 2014 <u>Minute Extract 119 (8): Fit for Purpose Review</u></p>	<p>Following the Development Session of the Commission, an Action Plan was drawn up to address the CfPS review recommendations. Circulated to members for comments with a view to endorsing it at the next meeting</p>
<p>1st July 2014 <u>Minute Extract 9: Discussion on Future Work Programme</u> – The Chair and Vice Chair led a discussion to formulate and prioritise the future work programme of the commission, including the Implementation Plan arising from the 'Fit for Purpose' Review.</p>	<p>Recommended that the actions in the Implementation Plan be fed into the work programme priorities and inform future improvements to health scrutiny work.</p>
<p>23rd September 2014 <u>Minute Extract 42: Implementation Plan for Fit for Purpose Review</u> – The Chair provided an update on the progress made to date with the Implementation Plan.</p>	<ol style="list-style-type: none"> 1) That the Implementation Plan continues to be developed and updated. 2) That the Implementation Plan and the Fit for Purpose report be referred to the Health & Wellbeing Board, together with the Commission's response to the Francis Report.

5. Financial, legal and other implications

5.1 Financial implications

There are no significant financial implications arising from this report and any arising actions will need to be financed from within existing budgets.

Rod Pearson (Head of Finance Adult Social Care, Health & Housing)

5.2 Legal implications

Local Government Act 2000, s21 places a duty on local authorities to establish overview and scrutiny committees to scrutinise matters relating to health (amongst other areas) and to report and make recommendations to the authority or the executive. Leicester City Council's Health and Wellbeing Scrutiny Commission is such a committee. The proposals contained in this report seek to ensure the Council's statutory obligations (as outlined) are met and that good practice is followed as recommended in the Francis Inquiry and specifically referred to in the report produced by the Centre for Public Scrutiny entitled "Review of Leicester City Council Health and Wellbeing Scrutiny Commission". As such, there are no direct legal implications arising out of this report but further advice may be sought in the future where appropriate.

Patricia Whittome (Locum Solicitor, Legal Services)

5.3 Climate Change and Carbon Reduction implications

None

5.4 Equalities Implications

The legislation sets the context for equalities considerations in regard to health and wellbeing matters. The Health and Social Care Act 2012 introduced the new duty to reduce health inequalities in access to and outcomes from health care. This sits alongside the Public Sector Equality Duty set out in the Equality Act 2010 which sets out the duty of decision makers to have regard of the equality implications of their decisions (their potential impact, those affected because of their protected characteristic, and mitigating actions to reduce or remove adverse impacts).

Therefore, the key focus of the Health and Wellbeing Scrutiny Commission in ensuring that they embed equalities considerations within their approach to scrutiny is to:

- ensure that they **understand the health inequalities facing the city's population** and that for each service context they may review, which health inequalities are relevant to that context. The scrutiny commission should clarify which aspect of patient access to the service or patient outcome arising from the service is relevant to the discussion. Based upon evidence collected they should be able to take a view as to where planning, delivery/access problems arise that need to be addressed in order to improve outcomes for patients. What potential care issues could affect these outcomes?
- That as part of their **analysis of data and evidence** provided to them for consideration, they ensure that information includes that relevant for different protected characteristics –what is the take up of the service by protected characteristic; who is affected, how; what are potential barriers to access and take up that affect different protected characteristics? What are patient experiences of care based upon their protected characteristic?

- That are part of their **community engagement** that they are **inclusive** and seek to involve people from all protected characteristics in order to receive the cumulative impact of experience of the ground. This will enable them to understand shared experiences and those not shared between protected characteristics that could indicate potential areas of unintentional differential treatment/discrimination.

Within a diverse city such as Leicester it is important that scrutiny address whether any poor care practice identified is focused on one or a few protected characteristics or are, in of themselves, inclusive.

Irene Kszyk, Corporate Equalities Lead, Ext 374147

6. Summary of appendices:

Appendix A - Fit for Purpose Review Report by Centre for Public Scrutiny

Appendix B – Implementation Plan for ‘Fit for Purpose’ Review Report

7. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

8. Is this a “key decision”?

No

9. Contact Details

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