RECOMMENDATIONS	ACTIONS TO BE TAKEN	PROGRESS
(Centre for Public Scrutiny)		RED - COMPLETED / MAKING
		PROGRESS

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 Completed
- **b)** TO IMPROVE AGENDA MANAGEMENT IN 2014/15 (*subject to members having had sight of reports prior to meetings).

prior to meetings).	
 by adding time slots for each item of business 	To explore / ongoing
 by limiting the number of main items on each agenda 	Ongoing

Completed

- by limiting the numbers to one/two person(s) per organisation to present their report/item.
 by adopting a different format to meetings e.g. avoiding long presentations and to trial Q&A only sessions (subject to
- members receiving reports beforehand)

 by providing a basket of possible questions for members for Completed
- service reviews.
 by adopting a select committee style layout of meetings e.g. horseshoe shape.

 Completed
- c) TO ENSURE THAT MICROPHONES ARE IN CORRECT WORKING ORDER AND THAT THEY ARE USED BY THOSE SPEAKING TO ENABLE ALL PRESENT TO HEAR.

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Recommendation 2 Include the principles of effective scrutiny agreed by the Scrutiny Commission in the 'information for members of the public' section of agendas, to enable anyone observing or attending meetings to be clear about its role.	 a) 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: CfPS 4 principles for effective scrutiny: To provide a critical friend challenge to the executive policy makers and decision makers; To enable the voice and concerns of the public and communities to be heard; To carry out scrutiny by 'Independent minded governors' who lead and own the scrutiny process; To drives improvements in services and finds efficiencies: Members added in 2 further local principles for effective scrutiny: To prevent duplication of effort and resources; To seek assurances of quality from stakeholders and providers of services. 	Completed
Recommendation 3 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 WITNES SUCH AS: To inform them of the purpose and the objectives of why their item is on the agenda and what is expected of them at the meeting. To inform them of how much time is allocated to their item To agree beforehand who will be attending and who will be participating in answering questions. 	Completed Completed Completed Completed

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Recommendation 4 Develop and implement a consistent approach to prioritising items in the work plan and agendas.	 a) FUTURE WORK PROGRAMME PLANNING TO BE BASED ON: Councils Forward Plan items impacting on health and wellbeing issues 	Completed
	City Mayors Delivery Plan, corporate priorities and key strategies impacting on health and wellbeing issues e.g. scrutinising health inequalities, ill health and death	Reviewing role of commission to have an overview
	 'Closing the Gap' Leicester's Joint Health and Wellbeing Strategy 2013 -16. 	Ongoing
	 Councils Budget cycle process, plus Commissioning & Procurement of Public Health Services. 	Ongoing
	 Monitoring the local NHS healthcare providers e.g. UHL, LPT & EMAS 	Ongoing
	 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) 	Completed

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Recommendation 5 Consider using different approaches to scrutiny of different issues e.g. Appreciative Inquiry, Mini Scrutiny and the CfPS Return on Investment models.	To explore different approaches when scrutinising different issues e.g. using different scrutiny models & techniques	To explore / ongoing
2. INVOLVING AND LISTENI		
Recommendation 6 Undertake further discussions with Healthwatch and Leicester Voluntary Action representatives about building local concerns into the work of the Scrutiny Commission.	 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. 	Frustrated by failure of aurrent
	 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. 	Frustrated by failure of current contractual arrangements
	To explore co-opting a place for Healthwatch on the Health & Wellbeing Scrutiny Commission.	

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Recommendation 7 It is recommended that the Scrutiny Commission considers building an opportunity for	a) A procedure is already in place for members of the public to ask questions at meetings. b) An information about to be excitable for members of the	Completed
members of the public to ask questions at its meeting.	b) An information sheet to be available for members of the public to explain the format of meetings.	Completed
Recommendation 8 Make more effective use of premeeting by considering reports,	a) To be more focussed at agenda meetings, in setting out lines of inquiry, key areas for questioning, and basket of questions.	To develop
Make more effective use of premeeting by considering reports, identifying lines of inquiry and key areas for questioning, and discussing how questions may be articulated. Use de-brief meeting	, ,	To develop Completed
to reflect on what went well and what could be improved in the future.		

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Recommendation 9 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	To develop
Recommendation 10 Work more effectively as a 'team' rather than as individuals in	a) Prior to main meeting, to discuss format of meeting and line of questioning for each item.	To develop
questioning and probing witnesses.	b) To prepare basket of questions relevant to topic areas / service reviews	To develop
WORKING WITH OTHER STAKEHOLDERS		
Recommendation 11 The review highlighted that the Scrutiny Commission has not yet developed a working relationship	To clarify working relationships with Care Quality Commission, NHS England and Monitor.	Making progress

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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.		Making progress
Recommendation 12 We recognise that establishing processes for joint working and joint committees can be challenging. However, some issues need to be scrutinised	 a) To improve joint working with Adult Social Care Scrutiny Commission, to enable effective scrutiny of common issues/topics. 	Initiated Joint Reviews & Joint Work

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jointly. It is recommended that the Scrutiny Commission reviews the experience of joint scrutiny with Leicestershire County Council and Rutland Council and establishes a joint protocol that establishes processes for stronger and more effective joint scrutiny before it is required.	 b) To clarify position on joint working relationship with countywide Joint Health Scrutiny partners, Leicestershire and Rutland. c) To continue involvement with East Midlands Health Scrutiny Network Forum (Leicester City Council hosted this event on 17th Feb 2014). 	Exploring Ongoing
Recommendation 13 In response to the confusion amongst stakeholders that was identified in the 360 feedback, we recommend that Leicester City Council develops a common	 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). 	Making progress (agreed protocol)
understanding between the Health and Wellbeing Board and the Health and Wellbeing Scrutiny Commission about roles and how each adds value and influence.	b) To explore developing a protocol between Health & Wellbeing Board, Healthwatch and Health & Wellbeing Scrutiny Commission.	Making progress. Protocol with Healthwatch agreed.

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Recommendation 14 We recommend that an annual work programme event is held that involves the voluntary, community and advocacy sectors to help inform the Scruting.	a) To improve engagement with local voluntary and community organisations (see recommendation 4a).	Completed
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.	b) To develop better engagement with NHS Trusts. Members to consider outreach work to promote the work of health scrutiny at NHS Trust Boards	Ongoing programme (attended CCG Board 9/9/14) - Still to engage with LPT, UHL & EMAS
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.	Ongoing

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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	To initiate ongoing training & development
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	To organise
Recommendation 18 Recommend that there is mandatory training for all new	a)To develop an 'Introduction to Health Scrutiny' session for new commission members, to enable them to understand the health economy landscape.	Developed Introduction Session for new members May 2014.

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health scrutiny councillors that includes how the system works, questioning skills, active listening, and how the Scrutiny Commission relates to other systems of accountability.	b) Other issues to be addressed by wider members development and training	To develop / to explore
Recommendation 19 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 E.g. Centre for Public Scrutiny advice /guidance and networking with other health scrutiny committees	Scheduled for commission meeting in 2015 and induction for new commission.
Recommendation 20 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	In hand