Overview Select Committee Briefing

Proposed Changes to Current Scrutiny Arrangements

17th February 2014
1. Introduction

1.1 The Overview Select Committee (OSC) tasked the Scrutiny Support Manager to undertake a review\(^1\) of current scrutiny arrangements in response to issues raised by the Chair of OSC and Scrutiny Commission Chairpersons.

1.2 A desktop review was undertaken which also considered the recent Centre for Public Scrutiny review of the Leicester City Council Health and Wellbeing Scrutiny Commission.

1.3 Concerns were raised about the increasing demands and pressures Scrutiny Members were facing as a result of the current schedule of meetings and work programming mechanisms.

1.4 As a result, the Chair of OSC is proposing a number of changes to the current scrutiny arrangements and also the development of an on-going Scrutiny Improvement Plan which will provide a framework for continued improvement of Leicester City Council’s scrutiny arrangements. This will help to ensure they are fit for purpose in the current climate of economic and resource pressures.

2. Recommendations

The Overview Select Committee is asked to agree the following proposals:-

2.1 Reduce the frequency of formal scrutiny meetings, from monthly to every six to eight weeks, effective from the new municipal year 2014 / 2015 \((R.2.1)\)

2.2 Schedule scrutiny meetings, more evenly in each cycle to avoid several scrutiny meetings taking place in a short time. This will assist in the effective delivery of the scrutiny service \((R.2.2)\)

2.3 Introduction of an annual work programme setting process, determined by the Chair of the OSC, in liaison with all Scrutiny Chairs, the City Mayor and the Lead Director for OSC \((R.2.3)\)

2.4 Development of an annual Scrutiny Improvement Plan, in consultation with Scrutiny Chairs. This will include a programme of review to monitor the impact of the new scrutiny arrangements and the Scrutiny Improvement Plan. \((R.2.4)\)

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\(^1\) Overview Select Committee Minutes – 28\(^{th}\) November 2013
2.5 A programme of development sessions will be made available to members throughout the year, to ensure they are able to respond to emerging policy and corporate priorities. (R.2.5)

3. Current Scrutiny Arrangements

3.1 The current scrutiny structure includes the Overview Select Committee and 7 Scrutiny Commissions, which meet on a monthly basis. These include:

- Overview Select Committee
- Adult Social Care
- Children, Young People and Schools
- Economic Development, Transport and Tourism
- Health and Wellbeing
- Heritage, Culture, Leisure and Sport
- Neighbourhood Services and Community Involvement
- Housing

3.2 Each committee / commission formally meets to set the agenda for the next meeting and there are also a number of pre and de-brief meetings. Special meetings are also convened, when required, and Task Groups are formed in relation to scrutiny reviews.

3.3 Individual work programmes are set by the Chairs at the beginning of the year, which are further developed throughout the year, as issues emerge.

3.4 Due to the complexities of developing the annual calendar of meetings, several scrutiny meetings can take place in one week, which places a heavy work burden on Members, lead officers and support officers.

3.5 Further demands on resources arise from the facilitation of the Ward Community Meetings; however this will improve when these transfer to the Community Services, Culture and Neighbourhood Services Division.

4. Current Formal Scrutiny Meeting Cycle

4.1 Each Scrutiny Commission meets on a monthly basis. Each cycle also includes a formal agenda meeting to help plan and develop the agenda, with one commission also having de-brief meetings.

4.2 Formal scrutiny meetings currently take place on a monthly basis and are supported by a Lead Director, a Legal Services Officer, a Member Support Officer and also a Democratic Support Officer. Other officers attend to present their reports, as requested.
4.3 During 2013/14, a total of 154 agenda and formal scrutiny meetings have been scheduled. This does not include the various special meetings and Task Group meetings.

<table>
<thead>
<tr>
<th>Scrutiny Meeting</th>
<th>Agenda</th>
<th>Full</th>
<th>De-brief</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSC</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Commissions</td>
<td>61</td>
<td>61</td>
<td>10</td>
<td>132</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>72</strong></td>
<td><strong>10</strong></td>
<td><strong>154</strong></td>
</tr>
</tbody>
</table>

4.4 There is usually approximately one week between a full scrutiny meeting and the despatch of papers for the next agenda meeting, leaving little time for officers to produce reports and other information requested by the Scrutiny Chairs. Increasingly, we are now seeing more presentations and reports only being available at the meeting, as a result. This leaves members little time to read or digest the reports and supporting paperwork which can impede the effective scrutiny of these items and often results in requests for additional information. This further delays the scrutiny exercise and consequently could impact on the Executive’s decision-making process and schedule.

4.5 The table below shows an extreme example of the meeting schedule.

<table>
<thead>
<tr>
<th>Example - Key dates in a meeting cycle of OSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda papers deadline</td>
</tr>
</tbody>
</table>

4.6 Lead Directors have also highlighted the increasing demand for information from scrutiny, and the impact this is having on their staffing resources, particularly where they are the Lead Director for more than one commission.

5. Resource implications

5.1 It is difficult to quantify the level of staff resources involved in the facilitation of formal scrutiny meetings as there is a substantial variance between Scrutiny Commissions, in terms of their work programmes and the complexities of the subjects under review.

5.2 Lead Directors, the Scrutiny Support Manager and the Democratic Services Team have estimated a collective average of 861 staff hours in relation to each cycle of formal scrutiny meetings.

5.3 This estimation does not include resources linked to undertaking scrutiny reviews which average between 30-40 hours per cycle, per review. Appendix 12.1 provides a list of review, which have been completed or are in progress or due to commence. The table below summaries this.
5.4 The existing meeting cycles means that Member Support Officers spend a large amount of their time servicing the meetings, which impacts on the time and resources available to undertake detailed scrutiny reviews. To date, the Scrutiny Support Team have been able to meet requests for scrutiny reviews to be undertaken however, with reduced staffing resources and the additional pressure of facilitating the Ward Community Meetings, this has been difficult at times.

6. Benchmarking

6.1 A number of organisations were contacted about their scrutiny arrangements and we found that the number of Scrutiny Commissions and the frequency of formal scrutiny meetings, at Leicester, are much higher than other comparator organisations.

<table>
<thead>
<tr>
<th>Authority *Mayoral LA's</th>
<th>Commissions</th>
<th>Frequency</th>
<th>Agenda Meetings</th>
<th>Work Programme Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester</td>
<td>8</td>
<td>Monthly</td>
<td>Yes</td>
<td>Chairs develop throughout the year, starting with annual topics</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>5</td>
<td>Scheduled Quarterly</td>
<td>Yes</td>
<td>Scrutiny Commissioners meet twice yearly to set strategic work programme. Chairs develop detailed work programmes</td>
</tr>
<tr>
<td>Derby</td>
<td>6</td>
<td>Bi-monthly</td>
<td>Chair's briefing</td>
<td>Set annually</td>
</tr>
<tr>
<td>Nottingham</td>
<td>3</td>
<td>2 of 3 monthly</td>
<td>Not known</td>
<td>Set annually</td>
</tr>
<tr>
<td>Hackney*</td>
<td>5</td>
<td>5-6 weeks</td>
<td>Only for Health</td>
<td>Set on a rolling basis at full meetings</td>
</tr>
<tr>
<td>Lewisham*</td>
<td>6</td>
<td>6-8 weeks</td>
<td>Only for Health</td>
<td>Set annually</td>
</tr>
</tbody>
</table>

6.2 Most of these organisations do not hold formal agenda meetings but rather have informal briefings with the Chair, prior to the meeting. Work programmes are determined at the beginning of the municipal year, in line with corporate priorities, with flexibility built in for emerging issues.

7. Proposals

7.1 Reducing the frequency of Scrutiny meetings (R.2.1 & R.2.2)

- A reduction in the frequency of scrutiny meetings, from monthly to every six to eight weeks, would reduce the number of meeting cycles from 11 to 8 per year. This would potentially reduce the number of formal scrutiny meetings from 154 to approximately 64, without agenda meetings or other special meetings. This would relieve pressure on Members, Lead Directors and other officers and allow time for higher quality submissions and engagement.
There are often several Scrutiny Commission meetings scheduled within the same week which places pressure on both Members and officers. It is proposed that Scrutiny Commission meetings will be scheduled more evenly, over the cycle, in future.

With fewer formal scrutiny meetings, members could adopt a more innovative and inclusive approach to scrutiny including:

- informal task groups
- site visits
- workshops
- time limited reviews either undertaken at one day events or through a small number of evidence collection sessions

This would also enable Scrutiny Chairs to robustly manage agendas, determining which topics should be subject to formal scrutiny and which could form part of a more informal approach. At present, agendas are very full, with later items in the agenda often not receiving robust scrutiny or discussion, due to time constraints.

Scrutiny Chairs would have more time, between meetings, to follow up issues and progress and review scrutiny activities.

7.2 Annual setting of Scrutiny Work Programmes (R.2.3)

To be effective, scrutiny work programmes should be aligned to corporate priorities and add value to both policy development and to the improvement of services provided to the community.

Work programmes are currently developed by each Scrutiny Commission and updates on progress made are provided to OSC. This often appears towards the end of the OSC meeting agenda and the Chair has been concerned that this feedback on important scrutiny work is often rushed, due to time constraints.

A strategic overview of the scrutiny work programme would ensure a more co-ordinated approach to identifying scrutiny priorities and would assist in identifying potential areas for pre-decision scrutiny. It would also reduce the possibility of duplication across the scrutiny commissions, particularly when a topic could be of interest to more than one commission.

Amendments to the Constitution, in 2013, moved the key responsibility for overseeing the development of the scrutiny work programme to the Chair of OSC, in consultation with all Scrutiny Chairs. It is proposed that the Chair of OSC will set a strategic annual scrutiny work programme, in liaison with Scrutiny Commission Chairs, and Lead Directors with effect from the beginning of the municipal year and that Commission Chairs will develop detailed work programmes linked to this.

Scrutiny Chairs will be asked to provide a written update on their work programme at each OSC meeting.
This will ensure that the work of the Scrutiny Commissions is regularly reported, that there is a strategic overview and monitoring of scrutiny activities and that the impact of this work is understood through the monitoring of the recommendations submitted to the City Mayor and the Executive.

- It is also proposed that the Chair of OSC will meet with the City Mayor and the Lead Director for OSC, at the beginning of the municipal year, to consider the Forward Plan in terms of potential Scrutiny interest and also areas where the City Mayor would welcome pre-decision scrutiny involvement.

- The work programme would need to have built-in flexibility to ensure that Scrutiny Chairs and Commission are able to respond to any additional or emerging topics. Additional proposed Scrutiny Reviews would be agreed at OSC, as at present.

- The Scrutiny Support Manager would support the Chair of OSC to develop the Annual Scrutiny Work Programme, which will be agreed at the first meeting of OSC and monitored at future meetings. It is suggested that updates can be presented at quarterly Chairs’ meetings by the Chair of OSC and the Scrutiny Support Manager.

- This approach will deliver a more joined up approach to undertaking scrutiny activities and will help to ensure the most effective use of staffing and other resources available.

### 7.3 Development of a Scrutiny Improvement Plan and Review Programme (R.2.4)

- While this report focuses on making some immediate changes to the Council’s Scrutiny arrangements, other areas for improvement have been identified which will need a more long-term approach.

- It is proposed that the Scrutiny Support Manager will develop an initial Scrutiny Improvement Plan in consultation with the Scrutiny Chairs.

- Potential areas to be considered include:
  - evaluation of the current scrutiny commissions / portfolio content
  - clear roles and responsibilities, including the development of witness guidance
  - staff resources
  - scrutiny engagement with community and voluntary organisations including an annual event for stakeholders
  - Member development in relation to undertaking scrutiny activities
  - working and Communication Protocol with the Executive
  - review of the Scrutiny Handbook
  - develop guidance on different methods of scrutiny
  - Work programme prioritisation
  - improving partnership working and joint scrutiny arrangements
use of Social Media
> develop a monitoring framework to identify and publicise the impact of scrutiny
> on-going research into best practice and emerging Government policies
> annual review of Scrutiny arrangements
> commission a Peer Review of Scrutiny

8. Results of the review of LCC Health and Well-Being Scrutiny

8.1 The Centre for Public Scrutiny was commissioned to undertake a review of the Health and Well-Being scrutiny function at the Council which concluded in December 2013. The external review was commissioned in response to the findings of the Francis Report as members wanted to establish if the Health and Well-Being Scrutiny Commission was fit for purpose and how it could develop further.2

8.2 The review identified a number of strengths which included:
- consistent and clear leadership by the Chair
- apolitical approach to scrutiny, focussing on the local issues
- diversity or skills and experience of Commission members
- provision of dedicated officer support
- commitment to working with partners and other stakeholders

8.3 Areas for development were identified focussing on improved public and community involvement, clarification of relationships, effective prioritisation of issues and member development.3 These issues have also been highlighted by the Scrutiny Support Manager during this review exercise.

8.4 The main findings include the following:
- Meeting agendas are too long and need to be reduced to ensure maximum time spent in meetings is spent on scrutiny. This has resulted in very long meetings where members felt they often did not have sufficient time to consider all issues in detail (Links to R.2.1)
- Agendas often include presentations on update reports which could be shared with Commission members outside of formal meetings (Links to R.2.1)
- Work programmes need to be developed and prioritised consistently (Links to R.2.3)
- Scrutiny activities should be undertaken using a variety of methods including scrutiny days / events, mini scrutiny and appreciative inquiry (Links to R.2.4)

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2 Review of LCC Health and Well-Being Scrutiny Commission – CfPS – December 2013
3 Review of LCC Health and Well-Being Scrutiny Commission – CfPS – December 2013
Scrutiny development sessions should be provided for new members and update sessions for existing members, in relation to emerging legislation, policy and corporate priorities (Links to R.2.4)

In a wider context, there is a need to re-establish joint Health Scrutiny arrangements with Leicestershire and Rutland County Councils, to improve partnership working and engagement with local voluntary and community organisations, to ensure local concerns are built into the scrutiny programme.⁴ (Links to R.2.4)

9. Conclusions of the review

9.1 The current schedule of Scrutiny Commission meetings is placing huge work demands on Members, Lead Directors and Support Officers. This is resulting in a large amount of resources being used to service this meeting cycle which could be diverted towards actual scrutiny activities.

9.2 There needs to be more proactive management of the meeting agendas to ensure all reports receive detailed scrutiny.

9.3 A strategic approach is required, in relation to developing work programmes, to ensure these are prioritised effectively and also reduce possible duplication.

9.4 There are a number of areas for improvement which we will need to consider in more detail in the future. These could be captured in the proposed Scrutiny Improvement Plan.

9.5 Development sessions and briefings are an important tool to ensure member have the necessary information and support to develop the skills they require to undertake effective scrutiny. These are currently being developed by the Scrutiny Support Manager and City Learning. (R.2.5)

9.6 Leicester City Council’s Scrutiny arrangements should be continually reviewed and evaluated to ensure they remain fit for purpose in this challenging economic environment.

10. Financial, legal and other implications

10.1 Financial implications

There are no significant financial implications arising directly from this report, which seeks to make the best use of the resources available for supporting the Scrutiny process. (Colin Sharpe, Head of Finance, ext. 37 4081)

⁴ Review of LCC Health and Well-Being Scrutiny Commission – CfPS – December 2013
10.2 Legal implications

The deployment of officer resources to support any of the Council’s functions (which in this context includes the Scrutiny function) is, via s.4 Local Government & Housing Act 1989 and Article 13 of our Constitution, a matter for the sole determination of the Head of Paid Service. The only qualification to this is the statutory requirement for the appointment of a “scrutiny officer” in accordance with s.9FB Local Government Act 2000. (Kamal Adatia, City Barrister, ext 37 1401)

10.3 Climate Change and Carbon Reduction implications

There are no climate change or carbon reduction implications arising from the recommendations in this report. (Duncan Bell, Senior Environmental Consultant, Environment Team. Ext. 37 2249)

10.4 Equality Impact Assessment

The work of the scrutiny meetings informs council decisions and as such, scrutiny committees have a responsibility under the Public Sector Equality Duty to pay due regard to the equality implications of the matters before them. Some reports that have been considered do not have sufficient information to enable scrutiny committees to have an adequate picture of the protected characteristics of those affected, the needs being addressed or the potential equality implications (both positive and negative) of possible actions arising from committee consideration. The report authors should be mindful of such considerations.

There are no equality implications regarding the proposed changes to the timing of the scrutiny meetings.

Irene Kszyk, Corporate Equalities Lead, ext 374147

10.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

11. Background information and other papers

Review of Leicester City Council Health and Well-Being Scrutiny Commission Centre for Public Scrutiny – December 2013
12. Summary of appendices

12.1 Scrutiny Reviews 2013 / 2014

12.2 Review of Leicester City Council Health and Well-Being Scrutiny Commission  
Centre for Public Scrutiny – December 2013

13. Report Authors

Cllr Mohammed Dawood  
Chair of the Overview Select Committee  
February 2014

Marie Galton  
Scrutiny Support Manager
<table>
<thead>
<tr>
<th>Commission</th>
<th>Recently completed reviews</th>
<th>Current reviews</th>
<th>Future reviews</th>
</tr>
</thead>
</table>

**Appendix 12.1**

**Scrutiny Reviews 2013 / 2014**
<table>
<thead>
<tr>
<th>Overview Select Committee</th>
<th>Leicester City Council Scrutiny Arrangements</th>
<th>Workforce Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Social Care</td>
<td>Alternative Care for Elderly People</td>
<td>Domiciliary Care</td>
</tr>
<tr>
<td></td>
<td>Elderly People’s Homes</td>
<td></td>
</tr>
<tr>
<td>Children and Young People</td>
<td>Transport for Looked After Children</td>
<td>Adventure Playgrounds</td>
</tr>
<tr>
<td>Economic Development, Transport and Tourism</td>
<td>Tourism Strategy</td>
<td>Pavement Parking (likely to be scoped Feb 2014)</td>
</tr>
<tr>
<td>Health and Well-Being</td>
<td>Re-Visiting the Mental Health Services for Working Age Adults</td>
<td>Leicester City Council Health Scrutiny Arrangements</td>
</tr>
<tr>
<td></td>
<td>Voluntary and Community Sector Funding Issues in Leicester</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug and Alcohol Services</td>
<td></td>
</tr>
<tr>
<td>Heritage Culture Leisure and Sport</td>
<td>Indoor Arena Site Options (not a scoped review but in-depth scrutiny producing a report with recommendations)</td>
<td>Sports Facilities Strategy</td>
</tr>
<tr>
<td>Housing</td>
<td>Closure of Evesham House (call-in).</td>
<td></td>
</tr>
<tr>
<td>Neighbourhood Services and Community Involvement</td>
<td>Community Centres Charging Scheme (not a scoped review but in-depth scrutiny producing a report with recommendations)</td>
<td></td>
</tr>
</tbody>
</table>

**Joint Reviews**

<table>
<thead>
<tr>
<th>Adult Social Care and Health &amp; Well-being</th>
<th>Winter Care Planning</th>
<th>Completed Dec 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ec Dev and Housing</td>
<td>Conditions of Meynell’s Gorse and MATU</td>
<td>On-going</td>
</tr>
</tbody>
</table>

Appendix 12.2
Centre for Public Scrutiny
Review of Leicester City Council Health and Wellbeing Scrutiny Commission

Summary
This report has been produced by the Centre for Public Scrutiny (CfPS) at the request of Leicester City Council’s Health and Wellbeing Commission (the Scrutiny Commission). It outlines a review of the methods of working and the skills of the Members of the Council’s Health and Wellbeing Scrutiny Commission in response to the recommendations of the Francis Inquiry. The review was undertaken between September and December 2013.

The report makes a series of recommendations to Leicester City Council in response to the Francis Inquiry and best practice in health scrutiny. The recommendations aim to improve the effectiveness of the Scrutiny Commission and to ensure that it is fit for purpose in the current climate of economic and resource pressures within the public sector. The recommendations focus on:

- Improved public and community involvement
- Clarification of relationships
- Effective prioritisation of issues to scrutinise
- Member skills development

CfPS looks forward to working with the Scrutiny Commission to develop and sustain its effectiveness.

Background
The report by Robert Francis QC into the serious failings of care at Mid Staffordshire NHS Foundation Trust was published on 6 February 2013. Whilst the report attributed accountability for the failures at the Trust to the Trust Board, it also identified a systematic failure by a range of national and local organisations to respond to concerns about patient care. This included identifying the role of scrutiny locally and failings in how scrutiny had been undertaken. The recommendations from the Inquiry to the Secretary of State included some that were directly related to overview and scrutiny committees.
• 43 - Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.

• 119 - Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to respect for patient confidentiality.

• 147 - Guidance should be given to promote the co-ordination and co-operation between local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

• 149 - Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

• 150 - Scrutiny committees should have powers to inspect providers rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate rather than receiving reports without comment or suggestion for action.

The Francis Report also highlighted what can go wrong when patients, their families and the public struggle to have their voices heard. Council scrutiny has a key role to play in the participation of patients and the public in health service provision and in strengthening their voice. It needs to establish ways to monitor data or information about the experiences of people who use health and care services, alongside ‘triggers to act’ when things seem to be going wrong. It should not duplicate what others are doing but should maintain a wide network of intelligence so that it can use its powers effectively to hold the NHS account - having a clear understanding about the quality, safety and value of healthcare services and challenging providers and commissioners when it seems that good outcomes elsewhere are not being matched locally.

All NHS bodies were required to produce action plans in response to the Francis report by the end of December 2013. These may provide scrutineers with information about how health services are adapting practice in response to the lessons learnt. All local authorities are also encouraged to consider the issues identified in the Francis report and whether there is a need to change their scrutiny practice to ensure effectiveness. Leicester City Council is therefore committed to ensuring that its health scrutiny provisions are fit for purpose now and in the future.

**Methodology**

The methodology of the review was agreed between the CfPS and Leicester City Council as follows:

- Discussion with the Chair and Members of the Commission
- Desk research considering the terms of reference and processes of the Commission
• 360° Feedback to be sought from key local stakeholder organisations
• Training and development needs self-assessment by members of the Commission
• Observation of a Commission meeting
It was agreed that the review report would make recommendations based on the insight gained from these activities.

Outcomes from review activity
i. Desk research and discussion with Chair and Members of the Commission
The research undertaken has identified the need to clarify and promote the role and principles of the Health and Wellbeing Scrutiny Commission. There is evidence that the public, some members of the voluntary and community sectors, independent and NHS providers, and other organisations may not understand the role of health scrutiny especially with the new arrangements. At a development meeting facilitated by CfPS, Commission Members agreed with the four principles of effective scrutiny, i.e.

➢ 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 drive improvements in services and finds efficiencies.

The Members added two further local principles:-

➢ To prevent duplication of effort and resources;
➢ To seek assurances of quality from stakeholders and providers of services.

It was suggested that these might be included in the ‘information for members of the public’ section of Commission agendas.

Members of the Scrutiny Commission acknowledge their difficulties in prioritising issues for scrutiny. This appears to lead to long agendas and insufficient time to consider issues in detail. No evidence was identified of applying tools or recognised assessment methods to set priorities. For example, it is not current practice for the Commission to base its priorities on the main causes of death, ill
health or health inequalities as identified by the local Director of Public Health or to assess where scrutiny can have most influence. Similarly, the Commission has not considered its potential role in looking at what changes are needed in the provision of health services due to population change in the future. The Chair and Members of the Commission have, however, developed a close working relationship with the local authority Public Health service and recognise the value that public health data may provide to priority setting and question development.

The research indicates that relationship between the Commission and Leicestershire County Council and Rutland Council has been relatively dormant in the past 12 months. The previous joint committee hasn’t met recently and there have been no informal meetings between Chairs, although support officers do have regular email and telephone contact with each other. Members of the Commission stated that there were merits and economies in undertaking joint scrutiny with the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee to avoid duplication on major topics of interest where health trusts wished to consult all three Councils. By having one discussion at a Joint Scrutiny Committee instead of a trust visiting all three local authorities could be beneficial to all concerned. It was suggested that a shared protocol might enable the re-establishment of joint working and could take into account the resource pressures experienced by all three local authorities.

The research undertaken indicates that the Scrutiny Commission does monitor local media reports, as referred to in recommendation 43 from the Francis Enquiry, and that information about local health services that is gleaned from the media is used to inform discussions in meetings and less formally with NHS representatives.

No evidence was found that the Scrutiny Commission had applied any available guidance to promote the co-ordination and co-operation between local Healthwatch, Health and Wellbeing Boards and its role. Whilst the long awaited national guidance for health scrutiny had not been published at the time of the research or the drafting of this report, guidance has been produced by CfPS which Leicester City Council and Leicester Healthwatch might find helpful in
clarifying roles and building relationships. This is addressed further in the recommendations section.

ii. 360º feedback from partners and stakeholders

Feedback was invited from a number key stakeholders who have interacted with Leicester City Council’s scrutiny functions in the past 12 months. A list of stakeholders contacted is attached as Appendix A. No attempt was made to contact either NHS England or the Care Quality Commission as CfPS was advised that there had been no contact between them and the Scrutiny Commission in the past year. The recommendations from the Francis Inquiry have led to changes in practice for both CQC and NHS England at a local level, resulting in changes to the CQC inspection methodology and the implementation of Quality Accounts by local NHS trusts and establishment of Quality Surveillance Groups by local area teams within NHS England. We would encourage the Scrutiny Commission to build relationships with CQC and NHS England to share insight and intelligence and to help the Scrutiny Commission to gain a clear picture of the state of health services within Leicester. It would be particularly beneficial for the Scrutiny Commission to develop a relationship with the local Quality Surveillance Group which will identify issues of concern with local services.

The feedback was collected using a standard telephone questionnaire and focussed on asking for information about the relationship between the organisation and the Scrutiny Commission, comments about their perception of the effectiveness of scrutiny, and up to 3 suggestions of actions that could improve scrutiny in Leicester City in the light of the Francis Report.

Common themes identified were:

✓ the strength of leadership provided by the current Chair;

✓ the respect and realism that the Scrutiny Commission provides to NHS organisations;

✓ the benefits of regular informal liaison between the Chair and NHS organisations which helps to create a ‘no surprises’ culture;
some NHS participants stated that they were confused about the relationship between the Health and Wellbeing Board and the Scrutiny Commission and would welcome greater clarity;

interest was expressed by the majority of respondents in participating in discussions to develop the Scrutiny Commission’s work plan and in identifying priorities and timescales for scrutiny.

The main recommendations received from stakeholders were:

- to make use of the opportunity to take an overview of issues and see them within a wider context, e.g. to see winter planning issues within the wider Urgent Care agenda, and then scrutinise the issues of concern;
- the need to re-establish the joint committee with Leicestershire County Council and Rutland Council and ensure better liaison and joint scrutiny of services across all three authorities;
- the need for more sustained engagement with the local voluntary and community organisations, especially in priority and agenda setting;
- the need for more engagement of all Members of the Commission in scrutiny to enable the process to be led by the Scrutiny Commission as a whole;
- to work with partners to ensure there is a clearer understanding across organisations of the relationship between the CCG, Health and Wellbeing Board and Scrutiny Commission.

iii. Development needs self-assessment

Members of the Scrutiny Commission were invited to complete a self-assessment form aimed at identifying their development or training needs in 3 areas:

a) Community leadership
b) Knowledge
c) Scrutiny and challenge

Five completed forms were received and analysed. The outcomes identified similar areas for development.

a) Community leadership
All respondents were comfortable in taking a community leadership role in scrutiny of health and wellbeing issues and identified a level of confidence requiring no further training or development. However, it was suggested by one respondent that it would be helpful to have a development session for the current Scrutiny Commission Members to refresh their skills in this area. It was also suggested that every year the new Scrutiny Commission should attend training that included explaining the community leadership role.

b) Knowledge

All respondents recognised the challenges in understanding the new health and social care landscape and identified the need for training on understanding structures and relationships between organisations nationally, regionally and locally. Particular concern was highlighted about the need for more understanding about Healthwatch, the Health and Wellbeing Board, and the Clinical Commissioning Group and their relationships with the role of the Scrutiny Commission.

c) Scrutiny and challenge

Not all respondents identified the need for training or development around the competencies identified within the ‘scrutiny and challenge’ section. However, the majority asked for support in developing presentation skills and in improving their questioning and probing skills. There was also some identification that Members required training on the local priorities to address health inequalities and health improvement.

iv. Meeting observation

The aims for observing a meeting were as follows:

a) To understand how a member of the public attending a meeting would perceive how scrutiny was undertaken;

b) To consider the process of scrutiny and how local issues were scrutinised;

c) To gather data about how Members of the Scrutiny Commission interact with each other and with witnesses;

d) To observe the questioning skills;
e) To consider how effective the scrutiny process is at holding local NHS bodies to account.

A summary of the observation is attached as Appendix B. The observation demonstrated that NHS stakeholders took the role of the Scrutiny Commission seriously and are prepared to actively participate in its work by fielding senior members of staff and through attendance by Chairs and Non-Executive Directors where considered appropriate. However, at times this may result in more NHS attendees than is required by the Scrutiny Commission resulting in more of a discussion amongst peers than scrutiny holding to account. It was clear that there was a longstanding relationship between some NHS representatives and some Commission Members which might at times seem more ‘friendly’ than challenging.

The agenda was very long (204 pages) with 7 agenda items and 9 additional update reports from a previous meeting. The meeting that was observed in part lasted for 3.5 hours. This suggests Commission may be trying to address too many issues in one meeting and would benefit from looking at models for prioritising its workload and different methods of scrutiny, such as mini scrutiny or ‘scrutiny in a day’.

Whilst Healthwatch representatives are invited to participate as members of the Scrutiny Commission, there appears to be no additional input from the public or voluntary and community sector organisations in either the meeting or agenda setting process. This might be considered as a way to identify issues of local importance and their relative priority.

The meeting room was not set out to enable a member of the public with no local government experience to gain a clear understanding of the scrutiny process and at times members of the public would have been unable to hear the ongoing discussions and strength of questioning.

**Conclusions**

The review has identified both clear strengths within the Scrutiny Commission and themes for development. Most were identified by both the members of the Commission and the local stakeholders and there is a strong level of consensus. Strengths of current practice include:
✓ the consistent and clear leadership by the Chair
✓ the apolitical approach to scrutiny that focuses on issues for local people rather than political issues
✓ the diversity of skills and expertise of the different members of the Scrutiny Commission
✓ the provision of dedicated officer support
✓ the commitment to working with NHS bodies and stakeholders

Areas for development include:
  o the need for clarification about relationships with other parts of the local authority especially the Health and Wellbeing Board
  o the length of the agenda, which may restrict the effective scrutiny of issues of importance
  o the need for stronger engagement in the scrutiny process of all Scrutiny Commission members, to scrutinise as a group rather than as individuals
  o the need to make use of local data, including public health data, and insight from local people to set priorities.
Recommendations

The following recommendations aim to address the issues raised through the review and to ensure that the Scrutiny Commission is fit for purpose in response to the Francis Inquiry.

a) Improving practice

Community Leadership

- 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. Some other authorities provide information in the form of written briefings, whilst others provide short, verbal briefings organised at a time when councillors are available to attend and open to all Members;

- 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;

- clearly inform witnesses and stakeholders invited to attend Scrutiny Commission meetings why they are being invited and who should attend. If more representatives turn up, limit the number who are able to participate so that the discussions remain focussed on the issues identified by the Commission;

- develop and implement a consistent approach to prioritising items in the work plan and agendas. There are different approaches that might be used, e.g. identifying annual priorities based on public health data or local concerns, or both, or assessing issues against a set of criteria;

- consider using different approaches to scrutiny of different issues, e.g. appreciative inquiry, mini scrutiny and the CfPS Return on Investment models.
Involving and listening to local people

- Undertake further discussions with Healthwatch and Leicester Voluntary Action representatives about building local concerns into the work of the Scrutiny Commission. This might include looking at how service users views can be incorporated into the beginning of reviews, which is a practice used in some other authorities.

- It is recommended that the Scrutiny Commission considers building an opportunity for members of the public to ask questions at its meeting. Some local authorities have effectively enabled this through incorporating a ‘question time’ session within their agendas in addition to dealing with petitions. The inclusion of questions has been agreed with local NHS bodies so that the questions may be asked of the NHS representatives as well as the Scrutiny Commission. This would enable Members of the Scrutiny Commission to hear some of the public’s views.

Questioning and Listening

- 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 the review meeting to reflect on what went well and what could be improved in the future.

- 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.

- Work more effectively as a ‘team’ rather than as individuals in questioning and probing witnesses.

b) Working with other stakeholders

- 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.

- We recognise that establishing processes for joint working and joint committees can be challenging. However, some issues need to be scrutinised jointly. It is recommended that the Scrutiny Commission reviews the experience of joint scrutiny with Leicestershire County Council and Rutland Council and establishes a joint protocol that establishes processes for stronger and more effective joint scrutiny before it is required.

- 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.

- 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.

- Build the use of local public health data, such as health inequalities into priority setting and approaches to questioning.

c) Member development
- 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.

- 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.

- 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.

- 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.

It is recommended that Leicester City Council considers reviewing progress in the implementation of these recommendations twelve months after the acceptance of this report.

Centre for Public Scrutiny
December 2013
Appendix A

List of Stakeholders invited to provide 360° feedback

Health and Wellbeing Board (Executive), Leicester City Council

Adult Social Care Scrutiny Commission, Leicester City Council

Public Health Department Leicester City Council

Partner authorities in the Joint Health Scrutiny Committee (Leicestershire County Council and Rutland Council)

Leicestershire University Hospitals NHS Trust

Leicestershire Partnership NHS Trust

Leicester City Clinical Commissioning Group

Local Healthwatch

Leicester University

Voluntary Action Leicester
Appendix B

Summary of meeting observation 18 November 2013
These notes summarise the outcomes of an observation exercise carried out on the first 2 hrs 15 minutes of the meeting of Leicester City Council Health and Wellbeing Commission on 18 November 2013. The observation focussed on the following four areas:

- Accessibility of the meeting and its content to members of the public
- Provision of information and focused agenda
- Questioning skills of Members of the Commission
- Evidence of influencing health outcomes

1. **Accessibility to the public**
   - The room was physically accessible and well lit
   - There was no clear area for the public to be seated. Room set out with board room style table in the centre and sofa’s against the walls. It was therefore unclear whether people sitting on the sofa’s were members of the public or witnesses/presenters waiting to be called to the meeting at the table.
   - The room acoustics were not good from the sofa without Members using microphones. Although microphones were provided not all speakers initially used them. Part way through the meeting the microphones started to pick up discussion from a meeting in another room so a decision had to be taken not to use them. This resulted in the observer being unable to hear some of the discussions.
   - No indication whether an audio loop was provided was observed although the agenda does state that one was available.
   - Copies of the agenda were available from the Democratic Services Officer. The agenda was 204 pages long and an additional item was added as representatives from the NHS attended resulting in a very long meeting.
   - Speakers/witnesses were not always introduced and asked to speak clearly.
   - The aims and functions of the committee were not explained at the beginning of the meeting and not included in the information for members of the public in the agenda.

2. **Agenda**
   - The agenda was extremely long and could not be taken chronologically so at times became confusing.
   - Some NHS organisations were represented by 3 or 4 witnesses who all wanted to participate in discussions. This increased the length of discussions that might have been dealt with more succinctly with less NHS participants.
3. **Questioning**
   - Not all Members of the Commission actively participated in questioning.
   - Some good strong questions that demonstrated Members as community leaders were asked. More follow up probing could have been undertaken.
   - Some questions were prefaced by long statements which deflected the focus from the question asked. If the questions had been asked in a more focussed and succinct manner they might have had more impact and also made more effective use of the time available.
   - It would be helpful to summarise the issues raised and actions expected at the end of each discussion.

4. **Evidence of Influence**
   - The level of seniority from NHS organisations attending the meeting might be seen as an indicator for how the role of the Commission is valued but not as a level of influence.
   - It was clear that some of the questions made participants uncomfortable, especially about statistics, and that there was a likelihood that the Trust would look more closely at the issues raised and return to the Commission with more information.
   - No evidence was shown from the discussion about oral health promotion about how the Commission’s work might influence the improvement of oral health in Leicester.