Committee:	Date:
Health and Social Care Scrutiny Sub Committee	05 May 2015
Subject: Review of Health Overview and Scrutiny Functions	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

At its meeting on 25 November 2014, the Health and Social Care Scrutiny Sub Committee received a report highlighting how recent national developments have impacted on the way local authorities exercise their health overview and scrutiny function.

Members agreed that although there are no concerns that the City's arrangements are flawed, the Health and Social Care Scrutiny Sub Committee should take the opportunity to examine if there are any areas where its health and social care scrutiny functions could be enhanced.

Members agreed the proposal for a two phased review, comprising firstly an initial stocktake of its current position, supported by officer's research of best practice elsewhere and then to recommend to a future meeting and, if necessary, to the Grand Committee what changes are needed to the health overview functions in the City as a result.

This report presents the conclusions and recommendations drawn from the two phased review.

Recommendation(s)

Members are asked to:

- Note this report and the report of the review of the health overview and scrutiny functions in the City, prepared by Shared Intelligence 2015 (Appendix 1)
- Endorse, in principle, the conclusions and recommendations from the working group of Health and Social Care Scrutiny Sub Committee (Appendix 2)
- Note and review indicative proposed work programme for the City of London Health and Social Care Scrutiny Sub Committee 2015 – 16 (Appendix 3)
- Request Officers to evaluate the resource implications and the implications related to the Terms of Reference of implementing the changes and report back to the next meeting of the Sub Committee.

Main Report

Background

1. At its meeting on 25 November 2014, the Health and Social Care Scrutiny Sub Committee received a report highlighting how recent national developments have impacted on the way local authorities exercise their health overview and scrutiny function.

2. Members agreed that although there are no concerns that the City's arrangements are flawed, the Health and Social Care Scrutiny Sub Committee should take the opportunity to examine if there are any areas where its health and social care scrutiny functions could be enhanced. This would also be in line with earlier recommendations that the City's health and social care scrutiny function ought to be the subject of a review no later than April 2014.

3. Members agreed the proposal for a two phased review, comprising firstly an initial stocktake of its current position, supported by officer's research of best practice elsewhere and then to recommend to a future meeting and, if necessary, to the Grand Committee what changes are needed to the health overview functions in the City as a result.

4. Phase I of the review was undertaken at the Health and Social Care Scrutiny Sub Committee meeting on 2 February 2015. Members were presented with an initial stocktake report of the current position of health scrutiny in the Corporation and a comparison with approaches in other local authorities; this was followed by a discussion facilitated by Shared Intelligence at which six Members of the Health and Social Care Scrutiny Sub Committee were present along with relevant officers. A note of the discussion as prepared by Shared Intelligence is presented in Appendix 1.

Current Position

5. Following the Phase I review and Sub Committee meeting in February, a working group was established, comprising two Members and two officers to draft conclusions and recommendations for incorporation into a report. These conclusions and recommendations are presented in Appendix 2.

Proposals

6. From its analysis, the working group has drawn the conclusions presented in Appendix 2, on which it has based a number of recommendations to the Health and Social Care Scrutiny Sub Committee.

7. At this stage the cost of implementing the recommendations has not been evaluated, if Members agree, in principle, to all or some of the recommendations of the working group Officers will then carry out an evaluation and report back to the Sub Committee

Corporate & Strategic Implications

8. The proposals outlined within this report fit with the Community and Children's Services Departmental Business Plan priority to safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively where it does occur.

9. The working group is confident that the recommended improvements will make health scrutiny more robust and effective when monitoring the actions of Health providers that serve City residents.

10. By gathering and scrutinising information from a variety of sources the Health and Social Care Scrutiny Sub Committee will be in a strong position to act and advise if action is deemed necessary.

11. Many of these improvements could also be applicable to other Committees. For example, other committees could benefit by considering whether they should obtain corresponding information on complaints to obtain a better understanding of the service user's perspective.

Conclusion

12. This report presents an analysis, conclusions and recommendations of the phase I review of the City's Health and Social Care Scrutiny Sub Committee.

13. Members are asked to:

    - Note this report and the report of the review of the health overview and scrutiny functions in the City, prepared by Shared Intelligence 2015 (Appendix 1)
    - Endorse, in principle, the conclusions and recommendations from the working group of Health and Social Care Scrutiny Sub Committee (Appendix 2)
    - Request Officers to evaluate the resource implications for the Sub Committee of implementing the changes and any implications related to the Current Terms of reference and report back to the next meeting of the Sub Committee.

Appendices

- Appendix 1 – A report of the review of health overview and scrutiny functions in the City, Shared Intelligence 2015.
- Appendix 2 – Conclusions and recommendations from the working group of Health and Social Care Scrutiny Health and Social Care Scrutiny Sub Committee.

Background Papers:

Review of Health Overview and Scrutiny Functions, Report to Health and Social Care Scrutiny Sub (Community and Children’s Services) Committee, 02 February 2015

Review of Health Overview and Scrutiny Functions, Report to Health and Social Care Scrutiny Sub (Community and Children’s Services) Committee, 25 November 2014

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APPENDIX 1:

Report of the Review of Health Overview and Scrutiny functions

Prepared by Shared Intelligence (2015)

Last November the Health and Social Care Scrutiny Sub Committee of the Corporation of London decided to conduct a review of its Health Scrutiny functions.

The Sub Committee (like others around the country) was prompted to review its functions by several inter-related factors. First were the Jay and Francis reports (into systemic failings of governance and oversight in social care). Second were the new responsibilities which have transferred to local authorities for health commissioning (in terms of budget, management, and governance). Finally there is the new framework for Health Scrutiny (and associated Department for Health guidance) which extends to powers of Health Scrutiny to a larger number of health providers commissioned by local authorities themselves.

The approach agreed for the review of Health Scrutiny had two stages. First was an initial stocktake report of the current position of Health Scrutiny in the Corporation and a comparison with approaches in other local authorities; this was discussed at the 2 February meeting of Health Scrutiny at which 6 Members of Health Scrutiny were present along with relevant officers.

Six questions had been devised in advance by officers to help give structure to the discussion and subsequent review, which Shared Intelligence had been asked to facilitate:

1. What should the scope and objectives of Health Overview and Scrutiny in the City be and what is the role of Members to that?
2. How can Members be supported to be more effective in that role (training, guidance etc.?)
3. Who and what should be routinely scrutinised?
4. How can we gain a better understanding of user experiences?
5. What information do we need?
6. Do we need to agree a revised Terms of Reference to reflect a refreshed statement of the aim and objectives of Health Overview and Scrutiny and the role of Members?

This note of the discussion is intended to inform the second stage of the review by recording the views of Members and in effect, setting a brief for the brief reflecting the views of Members. In the second stage two Members will work with an officer to look at these questions in more detail and being their conclusions and recommendation back to the Sub Committee in May 2015.

Response of Members to the six review questions

On some of the six questions Members gave a more detailed steer than others, and this may indicate the areas of the review Members view as most important. Taking the six questions in turn the views of Members were as follows:

1. *What should the scope and objectives of Health Overview and Scrutiny in the City be and what is the role of Members to that?*

Members agreed with the stocktake analysis presented by officers who described the role of Health Scrutiny as holding the City of London's health and social care providers to account, and ensuring the voices of the public and service users are heard. In terms of the detail beyond this, Members felt the main purpose of phase 2 of the review was to look at that detail.

2. *How can Members be supported to be more effective in that role (training, guidance etc.?)*

As with the previous question, this probably needs to be addressed after the review reaches more concrete conclusions on the questions which follow.

3. *Who and what should be routinely scrutinised?*

The stocktake report had raised the issue of balance between scrutiny of external bodies, versus services commissioned by the Corporation itself. There was a consistent view from Members that the issues and organisations they looked at tended to be arrived at reactively, and were also at times *'lop-sided'* towards health, compared to social care. The issue of health focus over social care was further complicated by the fact that looking at 'health' tended to mean looking at organisations external to the Corporation, while 'social care' would include the Corporation itself and organisations it has commissioned.

It was clear Members were keen for more balance in future, ad a more planned and proactive approach.

One thing Members were keen to see was a full list of all the health and social care providers Health Scrutiny has powers to question (the legislation[1] refers to each such provider as a "responsible person"). It was suggested this list might address several issues at once; Health Scrutiny could take a wider view and avoid investigating only familiar issues or providers, Committee Members could take a more planned and proactive approach to their future work programme, a better balance might be achieved between looking at external organisations and at those commissioned by the Corporation, and it would be easier for the public and users to know whether Health Scrutiny is a route for them to raise a question or concern.

4. *How can we gain a better understanding of user experiences?*

User experience (and failures to seek or consider it) was a key issue in both the Jay and Francis reports; meaning both the extent in which information about users' views and experiences are proactively sought and considered, and the extent the public are made aware of bodies such as Health Scrutiny to whom they can bring their concerns.

The recent co-option to Health Scrutiny of Healthwatch City of London provides a starting point for increasing the role of user experience in Health Scrutiny. However, the Jay and Francis reports, and subsequent Department of Health guidance on Health Scrutiny emphasise the need to strengthen the voice of local people, and to keep open effective channels by which the public can communicate concerns. This implies that one co-opted member of Health Scrutiny is a good foundation, but probably needs to be part of a strategic approach to incorporating user experience.

[1] The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Members suggested another source of insight into user experience might be comments and complaints received via the GP practices, or from adult social care clients; one Member reported that the board of Barts Health Trust review a sample of comments and complaints as part of every board meeting.

In terms of taking a more strategic approach overall, Members felt a crucial way they can add value is by '*triangulation'* – meaning Health Scrutiny should compare the picture portrayed by management data and information, with the picture coming from user experience, and then ask two questions. The first is whether the user (or qualitative) picture supports the management (or quantitative) picture. The second question is how the combined picture compares to the level of service expected; i.e. to triangulate the standard of care expected, with both the management view and user or patient view.

In terms of ensuring the public are aware of the role of Health Scrutiny and how it can help them influence services or address concerns, an important issue for Members was communication; how is the role (or indeed existence) of Health Scrutiny described, and where is it publicised? This might be a simple issue of communication, but might also be an issue of how the Term of Reference are worded, as well as how meetings themselves are billed and publicised.

A final point slightly separate from user experience, was to consider the role of Health Scrutiny in terms of whistleblowing – i.e. where individual professionals within the system have serious concerns they feel are not being addressed through the normal management channels. The need for Health Scrutiny to be a route for whistleblowers to voice their concerns and have them looked into, is a key theme of both the Jay and Francis report, but the issue for the review is how that should happen in practice.

5. What information do we need?

One of the key findings of the Jay and Francis reports was the need to obtain the right kinds of information; without the right information then oversight cannot be effective. But what is the right kind of information, and what is it practical to request in an area of public services which is often seen as being deluged by information and performance systems?

The need to have the right kinds of regular information and data prompted the greatest amount of discussion and interest among Members. There was a strong desire for Health Scrutiny to adopt a more systematic approach to reviewing management information and data; to be clear on what Health Scrutiny is trying to achieve by looking at such information, and what information is therefore needed, *'the key question is - what information do we need?'.*

The form that might take was an important issue for the review to address. It might be a set of *'standardised KPIs'* which might include indicators which health providers already use – or new indicators created by Health Scrutiny. It might mean identifying some *'fundamental standards'*. It might include having thresholds or '*Red/Amber/Green'* markers, but this might raise new challenges, not least how to avoid arbitrary thresholds? For example there have been instances where public bodies have been assessed as "4-star", or "Excellent" one week, only for serious problems to emerge the next. In such cases those in charge are often asked *'who decided that x was a robust indicator of good performance?'*.

The issue of information and data also raised concerns that for complex activities (such as health and social care) the temptation may be to measure things which are easy to measure, rather than getting to the heart of issues of quality and performance.

Finally of course, was the need for Health Scrutiny to add value, and not duplicate other processes or the work of other bodies (e.g. the CQC, or local commissioners). Some Committee Members were particularly keen to consider the role of Health Scrutiny in relation the Health and Well-being Board (HWB); although the HWB's role is to set strategic direction and does not include scrutiny there might be a perception among health providers that both bodies are asking the same kinds of questions (Shared Intelligence had seen from their own research that this was becoming an issue nationally). The same point was made in relation to the Inner North East London Joint Overview and Scrutiny Committee.

6. *Do we need to agree a revised Terms of Reference to reflect a refreshed statement of the aim and objectives of Health Overview and Scrutiny and the role of Members?*

This question, like the first question on overall scope of the Sub Committee, seemed to be something which needed to be addressed at the end of the review process. In any case, a change to the Terms of Reference of the Sub Committee could only be agreed by the Community and Children's Services Committee to which the Sub Committee reports.

Other issues: potential conflict of interests

If Health Scrutiny is to begin looking more at service provision which is commissioned (or delivered) by the Corporation itself, then the role played by the Director of Community and Children's Services in supporting Health Scrutiny will need to be considered, as he is of course also responsible for commissioning health and social care provision.

Similarly the review should also consider whether greater separation is needed between membership of the Sub Committee and its parent the Community and Children's Services Committee. The Department of Health guidance on Health Scrutiny provides describes possible approaches to potential conflicts of interest both in relation to the role of individual Members, and the relationship between Health Scrutiny and any parent Committees[2].

Suggested sequence of the review – starting with the overall goal and purpose

In our view this initial discussion has provided a useful steer and sense of direction on some specifics and some matters of principle which will inform the second stage of the review. But much more detail now needs to be considered by the small working group taking this forward.

On reflection we also suggest that there is a preferred sequence in which the issues should be considered – starting with re-stating the overall goal of Health Scrutiny (which is not something covered in the initial discussion). From this would then follow the other issues including what questions Health Scrutiny should be asking and of whom.

So our final observation is to suggest a sequence for stage two as follows:

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[2] Local Authority Health Scrutiny, Guidance to support Local Authorities, Department of Health 2014 (Paras 3.1.1 to 3.1.30)

Suggest what goals Health Scrutiny should be aiming to achieve and decide how to express that succinctly? I.e. role and scope.

Who should be called to meetings and what approach should we have to select invitees?

Review the types of questions Health Scrutiny should be asking in order to achieve agreed goals and what evidence / data / information sources do we need to consider?

Scope what kinds of information can practicably be requested, collected and analysed (whilst still adding value)?

Go back and cross-check that user experience and voice features throughout. Do the same for balance between health, versus social care.

Consider the practical issues including Membership, relationship with officers, Terms of Reference, communications with partners and the public.

Shared Intelligence

February 2015

APPENDIX 2:

CONCLUSIONS AND RECOMMENDATIONS FROM THE WORKING GROUP OF THE HEALTH AND SOCIAL CARE OVERVIEW SUB COMMITTEE

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1. What should the role and scope of health and social care scrutiny be?

At the Health and Social Care Scrutiny Sub Committee meeting held in November, the Committee agreed with the stocktake analysis presented by officers.

Several issues dealt with as part of the meeting give a steer around the overall scope of Health and Social Care Scrutiny. These include for instance, achieving a better balance between health and social care services, having a more structured focus on performance data, and increasing the focus on user experience. None of these issues indicate any fundamental concerns from Members about the scope and objectives of Health and Social Care Scrutiny, but they may mean that the scope and objectives could be expressed more clearly to partners and the public.

Robert Francis QC identified the need for more clarity over which functions / objectives Health and Social Care Scrutiny intend to follow when scrutinising health and social care services. The starting point for this must be the Health and Social Care Act 2012 and related legislation which give powers to upper authorities to:

- Review and scrutinise any matter related to the planning, provision and operation of health services in their area
- To make reports and recommendations to local NHS bodies, NHS commissioned providers, Providers commissioned by the City.
- To make reports and recommendations to local NHS bodies, NHS and local authority commissioned providers and the Secretary of State.
- The Act also requires NHS bodies to consult with the local O+S committee on matters of substantial development or variation to services.
- The CfPS has recommended that that local authority scrutiny is an opportunity to act as the eyes and ears of the community
- It is also important to ensure that there is no duplication with or conflict with the Health and Wellbeing Board roles and responsibilities

Recommendation 1: **The working group recommends to the Sub Committee that it adopts the following aim:** ***"Through constructive challenge and scrutiny, to work with the Health and Wellbeing Board and service providers to help ensure quality services are provided to City residents and City workers, reducing health inequalities and helping everyone to stay***

fit and lead healthy lives".

Within this overall aim, the objectives for Health and Social Care Scrutiny could be:

1. To exercise democratic accountability and scrutiny, representing the interests of City residents in regard to health services. This entails constructively and transparently holding service providers to account in meetings open to the public and making recommendations for improvements.
2. To achieve and maintain knowledge of patient experience in order to achieve the objectives set out in recommendation 1 above.
3. To monitor the performance of major service providers of health and social care services to City residents, with reference to the findings of NHS regulatory bodies, challenging underperformance and encouraging improvement.
4. To review and respond to any substantive proposals or consultations for service change.
5. Recognising the scope of health and social care services and the limited time available for Scrutiny means that only those matters deemed to be of greatest importance are scrutinised.

To achieve this and to make the best use of the resources available, Officers and Members will develop an annual work plan which focuses attention on those matters which the Health and Social Care Scrutiny Sub Committee judge:

- Affect a large number of residents
- Are significant service failures or matters of public concern

In delivering these objectives, the role of Members is not to be medical experts. Instead, and in line with Robert Francis QC reported view, Members are expected to make themselves aware of and pursue the concerns of City residents and workers.

2. Who should be called to meetings and what approach should we have to select invitees?

Members want Health and Social Care Scrutiny to look at a broader cross-section of all the service providers they have powers to scrutinise, and to achieve a balance between health, and social care, and between services they have looked at previously and those they have not. One important step to achieving this could be to provide Members regularly with a full list of organisations in their purview, and another might be to review the future work programme for Health and Social Care Scrutiny looking specifically at overall balance over the year.

The stocktake report had raised the issue of balance between scrutiny of external bodies, and scrutiny of services commissioned by the Corporation itself. There was a view from Members that the issues and organisations they looked at tended to be arrived at reactively, and were also at times *'lop-sided'* towards health, compared to social care. The issue of health focus over social care was further complicated by the fact that looking at 'health'

tended to mean looking at organisations external to the Corporation, while 'social care' would include the Corporation itself and organisations it has commissioned.

One thing Members were keen for the review to produce was a full list of all the health and social care providers Health and Social Care Scrutiny has powers to question (the legislation[3] refers to each such provider as a "responsible person"). It was suggested this list might address several issues at once. It would become easier for Health and Social Care Scrutiny to ensure a wider coverage and avoid scrutinising only familiar issues or providers, Members could take a more planned and proactive approach to setting their future work programme, a better balance might be achieved between scrutiny of external organisations versus those commissioned by the Corporation. Assuming this list was easily available then it might also make it easier for the public and users to know whether Health and Social Care Scrutiny is a route for them to raise a question or concern about a particular service.

Regrettably, the large number of organisations involved in providing health services means that due to the resources available the Health and Social Care Scrutiny Sub Committee is not able to scrutinise all of these.

So, the recommended solution is for individual Members to take a lead for different service areas and key organisations.

RECOMMENDATION 2:

That Health and Social Care Scrutiny Sub Committee Members take individual responsibilities for scrutinising different partner organisations

1 Member for each of the four NHS Health trusts (4 members in total)
1 Member for the Clinical Commissioning Groups
1 x Healthwatch representative for public health and social care services

The following table summarises how this approach could work:

ORGANISATION	MEMBER ROLE	SUB COMMITTEE ROLE
Health and Wellbeing Board (HWB)		HWB representative attends Sub Committee meetings at least once a year to present key developments The Sub Committee to review each year the annual Refresh of the JSNA and Health Wellbeing Strategy.

[3] The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Clinical Commissioning Groups (CCG's): • Tower Hamlets • City and Hackney	One Member to take a lead in monitoring the activities of – both CCG's.	The Chair and Accountable Officer of the CCG to present to the Health and Social Care Scrutiny Sub Committee once every two years.
GP Practices (The Neaman Practice Spitalfields, White Chapel)		Officers to review GP Patient Survey results and to alert the Sub Committee on issues related to under performance.
Hospitals / Trusts which serve City residents and workers: Barts NHS Trust (includes: The Barts Hospital, Royal London Hospital, Whipps Cross Hospital) East London Foundation Trust The London Ambulance Service The Homerton University Hospital Trust	One Member to review NHS choices information (this includes staff/ patient surveys and summary reports of patient complaints and CQC/ MONITOR reports Officers to review Annual Accounts with a view to identifying significant or key issues and cross referencing these with CCG monitoring	

	information.	The Health and Social Care Scrutiny Sub Committee to formally meet each Trust at least once every two Years.
social care services	Local Healthwatch representative on Scrutiny Committee to maintain watching brief on any news items and bring anything of concern to the O+S Chair for them to conduct further enquiries / draw matters to the Sub Committees attention as necessary. Local Healthwatch representative to review and report on contracted and in house social care provision	The Assistant Director (People) to present to the Health and Social Care Sub Committee once every two years.
Public Health (Including Dentists and , Pharmacists,)	Local Healthwatch to take a lead in monitoring activities / complaints to Public Health drawing matters to the Committees as and when necessary. Local Healthwatch representative to review and report on contracted and in public health provision	The Sub Committee to scrutinise the annual public health budget and review performance at a meeting with the Director of Public Health for Hackney and the City at least once every two years.

3. **What questions should the Sub Committee be asking / how can we improve Members effectiveness?**

Research of approach of other local authorities indicates best value is to be obtained from Committee meetings through Members being well prepared, participating effectively, and asking good quality questions.

Members need to ensure they are fully briefed and prepared and be confident to ask challenging questions.

Furthermore, the complexity and continual evolution of the NHS means that Members carrying out Health and Social Care Scrutiny need regular training if they are to be effective.

Member involvement in Health and Social Care, alongside the quality, depth and effectiveness of scrutiny could be better served by individual Members concentrating on a defined area and working with Officers to lead the Sub Committee's work in that area as proposed above.

By specialising in one area and building relationships with the respective organisations, each Member would develop knowledge of that area, thereby enhancing the Scrutiny approach and lead to a wider distribution of questioning amongst Members.

This could be further strengthened and supported by developing an agreed programme of training and development for Members.

RECOMMENDATION 3:

Health and Social Care training should be delivered primarily by officers in health and social care and comprise:

1. **Induction training and induction pack for all Members new to health and social care Scrutiny.**
2. **Training on the Health structure, functions and local delivery organisations and on the powers and role of Health and Social Care Scrutiny.**
3. **Annual refresher training on major developments to coincide with the annual update of the JSNA.**
4. **Targeted training in whichever topic is selected for a focussed review.**

This training could be identified as part of an annual training and development plan, in parallel with the annual work plan for the Sub Committee.

RECOMMENDATION 4:

That each Sub Committee meeting should include a regular agenda item on "action tracking" (systematically following matters up, including previous recommendations subject to resources being made available).

This could be supported by officers maintaining an electronic "action tracking" document.

4. Prioritising issues for attention

There are many aspects to health services in view of the Sub Committee's limited resources there is a clear need to keep the flow of information to Members of manageable size to concentrate on exception reporting, flagging of issues of possible concern, and to prioritise quite ruthlessly on where scrutiny should focus its efforts.

By adopting Recommendation 2, above, a series of regular updates to the Health and Social Care Sub Committee will form part of the annual workplan.

The Sub Committee could then prioritise three or four additional subject or topic based headings to be scrutinised over a two year period and once finished move on to another set of priorities. However, each meeting will still need to leave space for urgent or reactive matters that could be agreed as items with the Chairman in between Health and Social Care Sub Committee meetings.

RECOMMENDATION 5:

The Health and Social Care Scrutiny Sub Committee will agree annually three to four topics deemed appropriate and necessary, for the Sub Committee to focus on and incorporate into its annual work programme.

Any Urgent and reactive items will be agreed by the Chairman between meetings.

5. Getting the right information

The information Members see as most vital is regular performance data presented against a set of *'fundamental standards'*. The review should decide whether a system to show performance thresholds e.g. a *'Red/Amber/Green'* system, would be useful to Health Scrutiny. However, the critical question the Members felt the review should consider first is "*what information do we need?'* i.e. for this question the review should start by looking at the many streams of information available and choose a manageable selection which Members can make use of, and which adds value.

The CfPS has recommended that local authority scrutiny should consider establishing a range of “triggers for action” using data and information to monitor trends. The Sub Committee needs to receive regular, timely and relevant information about the quality of health services provided to City residents. This information should come from a range of relevant sources, in order to arrive at a balanced and well informed viewpoint. Members should not be buried in mountains of information however. Instead, there should be a selective approach which could be achieved by Members specialising in one field of activity. Each Member, advised by an Officer, should decide what matters should be brought to the attention of the Sub Committee and they should each lead the Sub Committee’s questioning from their designated area.

RECOMMENDATION 6:

At its meetings, the Sub Committee or the individual Member with responsibility for specific organisations should routinely receive:

- **Summary information from the NHS choices website on standardised mortality rates, Friends and Family rating etc.**
- **Regular feedback from Local Healthwatch about any concerns.**
- **Regular feedback from Clinical Commissioning Groups about any major concerns they have with the quality of services provided.**
- **In patient survey results.**
- **GP survey results.**
- **Any reports issued by the CQC and monitor about the hospital trusts used by City residents.**

6. Ensuring that user experiences and voices feature throughout the process

There is a plethora of information about complaints and so the Sub Committee should be discerning about what information might be useful.

The quarterly Patient Safety Report, published by each Trust for their Board meetings in public, provides good summary information to gain a good general impression complaints traffic and does not endanger patient confidentiality. The appropriate Member could request any supplementary information that may be required and may then bring an issue to the attention of the Sub Committee. For example, there may be an upsurge in one type of complaint, so more information may be required beyond the Patient Safety Report.

The Sub Committee should also seek a regular flow of information from Local Healthwatch and the quarterly and annual report from the Complaints Advisory Service.

In terms of ensuring the public are aware of the role of Health Scrutiny and how it can help them influence services or address concerns, an important issue for Members was communication; how is the role (or indeed existence) of Health Scrutiny described, and where is it publicised?

RECOMMENDATION 7:

That each of the NHS Health Trusts as set out in Recommendation 2, display on their website and notice boards information summarising:

- ***the role of Scrutiny and Local Healthwatch.***
- ***welcoming views (but not individual complaints) from patients to the Sub Committee.***
- ***information on the complaints process and referral routes.***

Appendix 3:
Indicative proposed work programme for the City of London Health and Social Care Scrutiny Sub Committee 2015 – 16

An indicative work programme for the City of London Health and Social Care Scrutiny Sub Committee in 2014/15 is shown below. The programme is aimed at maintaining a strategic and co-ordinated work programme based on major areas of the City's and partner organisations' activity. The review topics take account of what is likely to be timely, relevant, and to add value. The programme incorporates the routine, on-going work of the Sub Committee and the completion of reviews currently underway.

The work programme will necessarily be subject to continual refinement and updating. Any 'future possible reviews' are those which are unlikely to be resourced until 2015/16 or later.

1.	**Implementing the new Approach to Health Scrutiny** To deliver the new approach to health scrutiny as recommended by the Working Group on the Francis report. The numerous changes include a specialist member approach and strategically monitoring the performance of the NHS trusts and Clinical Commissioning Group serving the City, with enhanced reference to key information flows. This might in due course lead to a focussed review in 2015/16 or later years; possible topics might include: • Mental health services; • The Joint Strategic Needs Assessment; • The treatment of Alzheimer's disease, and other forms of dementia; • An aspect of Primary Care services.
2.	**2015/16 Budget Scrutiny** To review the City's budget proposals for public health in 2015/16, and plans for future years.
3.	**Public Health** To carry out a review on the Council's wider actions on the transferred public health (PH) responsibilities. To include the immunisations programme, also integration of the PH function with other council services -such as measures to prevent ill-health and to promote good health, so as to achieve the best overall impact for residents.