HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd October, 2009

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd October, 2009, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Paul Wickenden**
Telephone: **01622 694486**

Tea/Coffee will be available from 9:45 am

Membership

Conservative (10):	Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr K A Ferrin, MBE, Mr J A Kite, Mr R L H Long, TD, Mr C P Smith, Mr R Tolputt, Mrs J Whittle and Mr A Willicombe
Labour (1):	Mrs E Green
Liberal Democrat (1):	Mr D S Daley
District/Borough Representatives (4):	Cllr Ms A Blackmore, Cllr M Lyons, Cllr Mrs J Perkins and Cllr Mrs M Peters

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item		Timings
1.	Substitutes	10 am - 10.10am
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes - 27 July 2009 (Pages 1 - 8)	
4.	South East Coast Ambulance Trust - Application for Foundation Trust Status (Pages 9 - 42)	10.10am - 11.10am

Mr Paul Sutton, Chief Executive and Mr Geraint Davies, Director of Corporate Affairs and Service Development, will be in attendance for this item.

Refreshment Break

5.	Potential to Refocus and Restructure the Health Overview and Scrutiny Committee (Pages 43 - 62)	11.30am - 12.30pm

6. Date of next programmed meeting – Friday 30 October 2009

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

24 September 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 27 July 2009.

PRESENT: Mr G A Horne MBE (Chairman), Mrs A D Allen (Substitute for Mrs J Whittle), Mr B R Cope, Mr D S Daley, Mr M C Dance, Mrs E Green, Mr J A Kite, Mr J F London (Substitute for Mr G Cooke), Mr R L H Long, TD, Mr C P Smith, Mr A Willicombe, Cllr R Davison (Substitute for Cllr Mrs M Peters), Cllr M Lyons and Councillor Miss J Sergison (Substitute for Cllr Ms A Blackmore)

ALSO PRESENT: Mr J Fletcher, Mr R Kendall and Mr G Hills

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Membership

The Overview, Scrutiny & Localism Manager reported that Mrs J Whittle replaces Mr A Sandhu, MBE on the Committee.

2. Election of Vice Chairman

(Item 2)

Mr G A Horne, MBE proposed, Mr M C Dance seconded that Mr B R Cope be elected Vice-Chairman of the Committee.

Carried without a vote.

3. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 3)

Mr J A Kite declared an interest as a member of the Darent Valley Hospital Trust and Councillor M Lyons declared an interest as a governor of the East Kent Hospitals University Trust.

4. Minutes of the meetings held on 20 March and 25 June 2009

(Item 4)

RESOLVED that the Minutes of the meetings held on 20 March and 25 June 2009 be approved as a correct record subject to Mr C P Smith being deleted from those Members recorded as being present at the meeting on 25 June 2009.

5. Audiology updates

(Item 5)

(1) The Committee received updates from the Eastern & Coastal Kent Primary Care Trust and the West Kent Primary Care Trust following questions asked by the former Health Overview and Scrutiny Committee at its meeting on 6 February 2009.

(2) RESOLVED that the updates be noted.

6. Delayed transfers of care updates

(Item 6)

(1) The Committee received information in response to the comments made by the former Health Overview and Scrutiny Committee from the Eastern & Coastal Kent Primary Care Trust and the West Kent Primary Care Trust on delayed transfers of care.

(2) RESOLVED that the updates be noted.

7. Kent Local Involvement Network (LINk)

(Item 7)

Mr J Fletcher and Mr R Kendall, Governors of Kent LINk and Mr G Hills, Director, Kent and Medway Networks Ltd were in attendance for this item.

(1) The Health Overview and Scrutiny Committee noted that Local Involvement Networks (LINks) were established in England from 1 April 2008 to give communities a stronger voice in how health and social care services are delivered. As independent networks of local people and groups LINks will find out what people want, investigate issues and use their powers to hold services to account.

(2) The Committee noted that LINk had been operational in Kent since December 2008 and has powers to:-

(a) obtain information from health and social care commissioners;

(b) issue reports and make recommendations and expect a response within a laid down timeframe;

(c) refer to the County Council's Overview and Scrutiny Committees concerns with health and social care services; and

(d) enter certain services and view the care provided.

(3) Following a transitional phase from April 2008 which had been managed by Kent County Council, Kent and Medway Networks Ltd was awarded the contract to "host" the Kent LINk in July 2008. The Kent LINk became a legal entity at its launch on 3 December 2008 when it endorsed its governance arrangements. The LINk has recruited over 800 LINk participants. At the first annual meeting of the LINk in May 2009 it approved its first annual report which was available to all Members of the

Committee and also endorsed its work programme for 2009/2010 which was appended to the report before the Committee.

(4) In response to a question by Mrs Sergison, the Committee noted that the documents, following visits made by the former Patient and Public Involvement Forum representatives, had been kept and were available to the LINk as background information.

(5) Mr Daley asked that the issue of pain clinics be considered by the LINk as worthy of inclusion within their work programme at a future date.

(6) Mr Long said that he was pleased to welcome back the LINk and he hoped that the LINk would also assist the Health Overview and Scrutiny Committee in holding to account the Primary Care Trusts and more importantly the Strategic Health Authority.

(7) Several Members asked questions on the piece of work on transport to hospitals identified by the LINk as one of its priorities for its work programme.

(8) The Overview, Scrutiny and Localism Manager referred to a piece of work being lead by one of the Policy Managers within the County Council's Corporate Policy Unit who was in discussion with the Primary Care Trusts regarding access to healthcare focussing on transport issues. The Committee noted that the Policy Manager had been pleased that the LINk had included this in their work programme as one of their priorities.

(9) The discussion which ensued sought greater clarification on who was taking the lead on this issue and how it could be drawn together. It was recognised that the Health Overview and Scrutiny Committee could play an important facilitating role with this piece of work.

(10) RESOLVED that the work programme of the Local Involvement Network be welcomed and the HOSC look forward to receiving reports back from the Local Involvement Network as the programme continues.

8. Potential to restructure and refocus the Health Overview & Scrutiny Committee
(Item 8)

- report by Overview, Scrutiny & Localism Manager)

(1) The Chairman invited, sought and gained the approval of the Committee to deal with this item as urgent business as the requisite statutory notice had not been given.

(2) The Overview, Scrutiny & Localism Manager informed the Committee that the Leader of the Council, Mr P B Carter, had indicated at the first meeting of the new County Council on 25 June 2009 that a thorough review of the County Council's Overview and Scrutiny function would be undertaken to ensure that it was "fit for purpose" taking into account the emerging legislation/regulations for scrutiny. It was planned that a report would be submitted to the County Council on 15 October 2009 setting out a number of options for the future.

(3) As part of this process all the County Council's Overview and Scrutiny Committees were being asked for their views which would enable a comprehensive report to the County Council to be prepared.

(4) The Committee noted that since the Health Overview and Scrutiny Committee's inception it had considered on a number of occasions ways in which the Committee could discharge its enormous workload. It was important to do this again now in the light of changes to legislation including the Local Government and Public Involvement in Health Act 2007 which introduced the following additional responsibilities for Health Overview and Scrutiny Committee:-

(a) Overview and Scrutiny Committees were given powers to review and scrutinise the actions of partner authorities (including NHS organisations involved in Local Area Agreements and Community Strategies);

(b) Council executives must respond to reports and recommendations from Overview and Scrutiny Committees within two months; and

(c) Local Involvement Networks (LINks) were created and can formally refer matters to Overview and Scrutiny Committees and expect a response.

(5) The Committee noted that in addition to the elected County Members who serve on the Committee there are four voting representatives of the twelve Borough and District Councils across Kent.

(6) Provision for the patient and public voice through the former Patient and Public Involvement Forum was made on the former Health Overview and Scrutiny Committee with a number of non voting places. However, with the establishment of the Local Involvement Network (LINk) whereby the Committee would have a statutory duty to respond to any formal referrals to the Health Overview and Scrutiny Committee from the LINk, consideration would need to be given to whether it was appropriate to allocate any places to the LINk on the new Committee.

(7) The Committee noted that both the County Council and Medway Council had embedded within their Constitutions a framework/protocol for convening a joint Committee at short notice when there were issues of a strategic or geographical Kent nature which warranted such consideration.

(8) The Committee also noted that prior to the Committee's establishment in 2001 a framework in which the Committee would operate together with protocols for the operation of the Committee were agreed by the Kent Association of Local Authorities.

(9) A suggested revised set of protocols had been prepared which required discussion with colleagues from Borough and District Councils, health and other partner to agree.

(10) The Committee noted that the workload of the Health Overview and Scrutiny Committee is enormous and in need of constant review. The Committee expressed the importance that its work programme adds value and has impact and influence so

that the benefits for the improved healthcare of the patients/community and reduction in health inequalities is maximised.

(11) Drivers for change included:-

(a) separation of commissioner and provider functions of Primary Care Trusts;

(b) the willingness of a number of Borough and District Councils to embrace health overview and scrutiny and the consequent potential to formally delegate to Borough and District Council some of the statutory powers of the Health Overview and Scrutiny Committee;

(c) the emerging agenda for "localism" and the potential opportunity to streamline a number of democratic processes in which health issues may have a role;

(d) the establishment of Foundation Trusts;

(e) the statutory rights of the LINk to formally refer and receive a response within a given timescale from the Health Overview and Scrutiny Committee;

(f) the constraints on public finance;

(g) the Comprehensive Area Agreement which requires all local authorities to demonstrate that they are working in partnership; and

(h) the emerging regulations requiring local authorities to scrutinise the 35 targets within the Local Area Agreement.

(12) The Committee noted that overview and scrutiny is not the only (or even the main form of) engagement between local authorities and local NHS bodies. Increasingly, health and local government provide and commission health and social care services in partnership. They also work together in Local Strategic Partnerships on the development and implementation of joint objectives and on the county wide Local Area Agreement.

(13) The Health Overview and Scrutiny Committee has been operating an agenda setting process whereby the Chairman, Vice Chairman and Liberal Democrat Spokesman on the Committee together with representatives of the Primary Care Trusts, other health bodies as appropriate, a Local Involvement Network representative and the Cabinet Member for Public Health come together to discuss issues of mutual concern. This process would now be extended to include the Borough and District Councils.

(14) The Chairman acknowledged that as Mrs Green had decided due to other commitments not to accept the invitation, the Vice Chairman confirmed that she too would be included in these discussions. This was confirmed.

(15) The Committee noted that it was pivotal to the future success of the Committee that the items selected are ones where the outcomes are clear and measurable for the community.

(16) The Committee noted the suggestions for inclusion in the work programme and the close link that this work programme had to some of the items already identified for the 2009/10 work programme which was the subject of the previous item on the agenda by the LINk.

(17) The meeting dates for the remainder of the year and 2010 subject to amendments by the Chairman at the meeting were as follows:-

2009
Friday 3 October, Friday 30 October, Friday 27 November

2010
Friday 8 January, Friday 5 February, Friday 26 March, Friday 7 May, Friday 11 June, Friday 23 July, Friday 3 September, Friday 15 October, Friday 26 November.

(18) Members views were sought on how the Committee can be focussed strategically and yet respond responsibly to all other local issues. The Committee started to consider whether this would be appropriate (as was originally intended) through a Joint Committee and Select Committee style of operation at a borough and district level.

(19) Other options on which the Committee may wish to express a view, which would be helpful to the overall review of the County Council's Overview and Scrutiny function included the possibility of:-

(a) establishing informal groups to look at issues relating to the Eastern & Coastal Kent Primary Care Trust, West Kent Primary Care Trust and Kent Adult Social Services; or

(b) the establishment of a rapporteur scheme where individual Members or groups of Members take charge of a specific topic for investigation and review and formally report back.

(20) Another area for consideration which had been suggested by some Members who had already expressed views on how the Overview and Scrutiny function may be improved for the future included establishing a pool of persons/organisations who could be co-opted into the Overview and Scrutiny role for a particular issue.

(21) The Committee noted that included in this were those persons who had been invited as part of the meeting today to address the Committee on the issues of concern. Those persons had been previous members of Community Health Councils and the Patient and Public Involvement Forums and the Chairman acknowledged that their contributions were extremely valuable.

(22) Mr Kite suggested to the Committee that it would be extremely useful if such a Member(s) could be identified to be a 'clinical ambassador' to give the Committee the benefit of their expertise and provide the rigour and robustness that it needs to make the process more effective. He also added that it might be worthwhile maybe at two

of the nine meetings in any one year inviting all Borough and District Councils to come along to the Committee and express their views and concerns relating to health and social care issues.

(23) Mr Daley reinforced the view that the Committee needed to be focussed at looking at significant strategic issues which had considerable impact on the patient and community experience for the residents of Kent and to drill down in some detail into those specific issues. Those issues of a more local nature should be dealt with by others as part of the development of the work programme and reporting back to the Committee.

(24) Mr Long suggested that the terms of reference were so broad that they needed to be focused in terms of who was doing what and how.

(25) RESOLVED that the report be noted and that a further more detailed discussion on the potential way forward for the Health Overview and Scrutiny Committee in terms of the overarching review of the Overview and Scrutiny function be considered by the Committee at its meeting on Friday 2 October 2009.

9. Date of next programmed meeting
(Item 9)

The Committee noted that the next meeting was on Friday 2 October 2009 at 10:00 am. In addition to the item on the refocusing and restructuring of the Health Overview and Scrutiny Committee, representatives from the South East Coast Ambulance Trust would be present to provide detailed information to the Committee on their application for Foundation Trust status and to respond to Members' questions. The Chairman indicated that he hoped that an ambulance would be available for the Members to visit and inspect during the course of the meeting.

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By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 2 October 2009

Subject: Item 4. South East Coast Ambulance Trust – Application for Foundation Trust Status

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1. Recommendation

The Committee is asked to decide whether or not to support the South East Coast Ambulance Trust's application for Foundation Trust status and to delegate the formal response to the Overview, Scrutiny and Localism Manager in consultation with the Chairman, Vice-Chairman and spokesmen.

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By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee – 2 October 2009

Subject: Briefing Note on Item 4. South East Coast Ambulance Trust - Application for Foundation Trust Status

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Part 1 - What is a Foundation Trust?

a. Introduction

Foundation Trusts (FTs) were established through the *Health and Social Care (Community Health and Standards) Act 2003* as 'public benefit corporations.' The same Act allowed for the creation of the Independent Regulator of NHS Foundation Trusts (known as Monitor). The first 10 FTs were authorised on 1 April 2004.

According to the Department of Health, the purpose in establishing FTs is to:

1. "Devolve more power and responsibility to the local level so that NHS hospitals are better able to respond to the needs of patients. The establishment of NHS Foundation Trusts aims to bring about improved access to higher quality services for NHS patients by incentivising innovation and entrepreneurialism.
2. Devolve accountability to local stakeholders including NHS patients and staff. NHS Foundation Trusts operate governance arrangements that give local stakeholders and the public opportunities to influence the overall stewardship of the organisation and its strategic development.
3. Support patient choice by increasing the plurality and diversity of providers within the NHS."[1]

Since then, the ability to apply for Foundation Trust status has been extended to other types of Trust. Ambulance Trusts have been able to apply for Foundation Trust status since April 2009.

FTs are providers of NHS services which have more operational and financial freedom than other NHS providers ("NHS Trusts"). They are authorised and regulated by Monitor and are not performance managed by Strategic Health Authorities (which have a performance management role with NHS Trusts). Both FTs and NHS Trusts are covered by the Care Quality Commission.

The majority of the income of an FT comes from services commissioned from them by primary care trusts, and in this they are similar to NHS Trusts. However, whereas NHS Trusts have a duty to break even (normally over a three year period), FTs have no statutory duty to break even but must achieve

[1] *Purpose of NHS Foundation Trusts*, Department of Health, 9 February 2007, http://www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/DH_4062806

the financial position set out in their financial plan. FTs can also borrow money within limits set by Monitor, retain surpluses and decide on service development for their local populations.

b. Governance Structure

The governance structure of an FT is different to that of an NHS Trust. There are three main components – members, board of governors, and board of directors.

i. Members

FTs have a duty to engage their local community and a responsibility to encourage people to become members. FTs have to endeavour to ensure that their membership is representative of that community. Built into the application process is a requirement for applicant Trusts to set out plans for the minimum size and composition of the membership.

The eligibility criteria varies from FT to FT, but in general terms, anyone who is a resident in the local area, a member of staff or who has been a patient or service user, can become a member. Along with receiving information about the FT and being consulted on plans for future development, members can elect representatives to serve on the board of governors, and stand for election themselves. They can also put themselves forward for appointment of Chairman of the FT or as a non-executive director.

Membership is free of charge and carries with it no obligations.

ii Board of Governors

The board of governors does not get involved in the daily management of the FT, but is responsible for working with the board of directors to ensure it acts in accordance with its terms of authorisation. The board of governors can appoint or remove the Chairman and non-executive directors; approve the appointment (by the non-executive directors) of the Chief Executive; and appoint or remove the external auditors.

The size and shape of the board of governors will vary from FT to FT, within certain parameters:

- "overall majority of places must be made up of representatives elected from public and patient membership
- at least three staff governors elected from the staff membership
- at least one local authority governor, one primary care trust governor and where applicable at least one university governor, all via nomination. "[2]

[2] Governance, Department of Health, 9 January 2009, http://www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/DH_4131785

iii Board of Directors

The board of directors is responsible for the day to day running of the FT, deciding the budget, staffing and so on. They are responsible for delivering the terms of authorisation.

The Chairman of a Foundation Trust is Chairman of both the board of directors and the board of governors.

c. FT Board Meetings

The meetings of the board of governors of an FT must be open to the public, but there is not the same requirement for the board of directors.

A straw poll carried out by the Health Service Journal suggests that less than a quarter of FTs are holding their board of directors' meetings in public.[3]

Although the arguments for and against holding board of directors' meetings in private have been discussed over the years, the Healthcare Commission report into events at Mid-Staffordshire (which is a Foundation Trust) has brought renewed attention to this issue.

Following the Healthcare Commission report, the Department of Health commissioned two swift reviews looking at different aspects of the situation at Mid-Staffordshire. The Department of Health response to the comments these reviews made in relation to FTs holding their board meetings in private can be found in the following Parliamentary Written Answer:

> "NHS: Public Participation
>
> Mr. Kidney: To ask the Secretary of State for Health if he will bring forward legislation to compel NHS Foundation Trusts to hold board meetings in public; and if he will make a statement. [274915]
>
> Mr. Bradshaw: A written ministerial statement on Mid-Staffordshire NHS Foundation Trust (FT) was issued on 30 April in response to the reports of the independent reviews undertaken by Professor Sir George Alberti and Dr. David Colin-Thomé.
>
> There is no legal requirement for board of directors meetings to be open to the public and there are no plans to bring forward legislation to compel them to do so. However, the Government response to the Alberti and Colin-Thomé reports stated:
>
> 'These reports and the Health Commission report were highly critical of the closed culture that operated at Stafford Hospital. All NHS organisations must ensure they are operating in accordance

[3] p.4, Health Service Journal, 2 April 2009, http://www.hsj.co.uk/news/policy/private-board-meeting-risks-spelled-out/2007708.article

with current guidance, which promotes openness, transparency and accountability to their local populations, including boards holding meetings in public.'

The NHS Foundation Trust Code of Governance, published by Monitor, the independent regulator of NHS FTs, states that the board of directors of an NHS FT should

'follow a policy of openness and transparency in its proceedings and decision making unless this conflicts with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interests are dealt with'."[4]

During a meeting of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee on 20 August, SECAMB were asked about the issue of holding meetings in public. The record of this meeting can be found in the Appendix to this briefing note.

d. The Authorisation Process

The authorisation process falls into three distinct phases. The essential aim behind the process is to ensure the applicant organisation is capable of functioning as a Foundation Trust.

Phase One: SHA-led Trust Development Phase
In this initial stage, the relevant Strategic Health Authority will work with the Trust to develop a rigorous application. It is during this phase that the 12-week public consultation takes place.

Phase Two: Secretary of State Support Phase
Once the SHA is satisfied the Trust is ready to proceed, a formal application is made to the Secretary of State for Health. The Department of Health's Application Committee will make recommendations to the Secretary of State for a final decision.

Phase Three: Monitor Phase
If an application is approved by the Secretary of State, Trusts must then formally apply to begin Monitor's assessment process. The evidence is considered and visits are undertaken to the Trust. Phase Three takes around three months and is based on three key criteria assessment:

1. Is the trust well governed?
2. Is the trust financially viable?
3. Is the trust legally constituted?

[4] Hansard, 1 June 2009, PQ 274915, Col. 123W. The full document, *Government response to Alberti and Colin-Thomé Reports,* Department of Health, 30 April 2009, can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098660

The final decision rests with Monitor. If an application is approved, Monitor informs the Trust and issues the terms of authorisation.

"The terms of authorisation set out the conditions under which an NHS foundation trust is required to operate and cover such things as:

- the NHS foundation trust's Constitution – a legal document which describes, among other things, the purpose of the NHS foundation trust, how the board of governors and board of directors should operate and how members are recruited;
- details of the mandatory goods and services that the trust must provide to its patients and service users – these are the services which the NHS foundation trust is contracted to provide by its commissioners;
- details of the mandatory education and training that the trust must provide, as agreed with its commissioners;
- the proportion of the total patient income which NHS foundation trusts can make from private healthcare charges;
- a limit on how much the NHS foundation trust is allowed to borrow; and
- a statement of the information the NHS foundation trust must provide to Monitor and any third parties, including the Department of Health."[5]

e. Foundation Trusts in the South East

The following is a list of where Trusts within the South East Coast Strategic Health Authority area are in the FT 'pipeline'[6]:

Authorised as Foundation Trusts:

- Frimley Park Hospital
- Queen Victoria Hospital
- Medway Maritime
- Surrey and Borders
- Sussex Partnership
- East Kent Hospitals University

Planned to achieve FT licence in 2009/10:

- Royal Surrey County
- Kent and Medway NHS and Social Care Partnership
- Dartford and Gravesham
- Ashford and St. Peter's

To be in a position to submit application to the Department of Health by December 2010:

- East Sussex Hospitals

[5] *Phase three Monitor Phase,* Monitor, http://www.monitor-nhsft.gov.uk/home/becoming-nhs-foundation-trust/how-the-assessment-process-works/phase-three-monitor-phase

[6] This information adapted from the Board Papers of the South East Coast Strategic Health Authority, 23 September 2009, Item 63/09, http://www.southeastcoast.nhs.uk/aboutus/theboard/papers/documents/63-09-FTBoardpaper-Sept09.pdf

- South East Coast Ambulance Service
- Brighton and Sussex University Hospitals
- Western Sussex Hospitals
- Surrey and Sussex Healthcare

To be in a position to submit application to the Department of health by December 2011:

- Maidstone and Tunbridge Wells.

Part 2 – South East Coast NHS Ambulance Trust (SECAmb)

a. Introduction[7]

The South East Coast NHS Ambulance Trust was formed on 1 April 2006. This was as a result of a merger of three Trusts in Kent, Surrey and Sussex.

- covers a geographical area of 3,600 square miles (Brighton & Hove, East Sussex, Kent, Surrey, North East Hampshire, West Sussex)
- serves a resident population of 4,500,000
- operates from 63 ambulance stations and three Emergency Dispatch Centres, as well as numerous administrative, fleet, equipment and training bases
- responds currently to a 999 call every 1.14 minutes
- employs approximately 3,000 staff.

The three Emergency Despatch Centres are at:

Coxheath; Lewes; and Banstead.

The 63 ambulance stations are at:

Ashford	Battle	Bexhill	Bognor Regis	Brighton	Burgess Hill
Canterbury	Caterham	Chertsey	Chichester	Cranleigh	Cranbrook
Crawley	Crowborough	Dartford	Deal	Dorking	Dover
Eastbourne	East Grinstead	Epsom	Esher	Farnborough	Folkestone
Gatwick	Godalming	Godstone	Guildford	Hailsham	Haslemere
Hastings	Haywards Heath	Heathfield	Herne Bay	Horley	Horsham
Hove	Knaphill	Leatherhead	Lewes	Littlehampton	Lydd

[7] This information adapted from the South East Coast NHS Ambulance Trust website: http://www.secamb.nhs.uk/

Maidstone	Medway	Midhurst	Newhaven	Pulborough	Redhill
Rye	Sevenoaks	Sheppey	Shoreham	Sittingbourne	Staines
Thameside	Thanet	Tonbridge	Tongham	Tunbridge Wells	Uckfield
Walton	Woking	Worthing			

b. SECAMB FT Consultation Document "Your Service, Your Call"[8]

A 12-week public consultation on SECAmb's foundation trust plans was launched on Saturday 25 July and runs until midnight on Friday 16 October. The process has been given the name "Your service, your call" by the Trust and a dedicated website has been set up:

http://ysyc.secamb.nhs.uk/index.htm

Summary of Proposals

Because Foundation Trust status is largely concerned with changing the way a Trust is governed, that is the focus here.

Details of the proposed governance arrangements can be set out under the three headings of members, governors and directors.

i. Members

SECAMB is proposing two categories of Membership, public and staff.

Public membership will be available to anyone who lives in the SECAMB area and to people of any age, though people under 16 will need permission from a parent/guardian.

Staff membership will be automatic for all members of staff, unless they choose to opt out.

An individual can only belong to one of the above categories.

ii. Governors

SECAMB is proposing a 26 member council of governors. A governor has to be at least 16 years old. There will be 18 elected governors and 8 appointed governors. The Trust is proposing staggered term lengths of 2 and 3 years "to avoid us having a complete change of governors at the same time and will mean existing governors can provide support for new governors."

[8] Available at: http://ysyc.secamb.nhs.uk/consultation.htm. All quotations in this section are taken from the full consultation document.

Elected public governors

14 governors will be elected by the public. There will be 6 constituencies and these relate to local authority areas. The number of governors that each area will elect is based on respective populations and is shared out as follows (the PCTs contained within each local authority area are included for reference):

Table 1

Local Authority	**/14**	**PCTs covered by LA**
Brighton and Hove City Council	1	Brighton and Hove City
East Sussex County Council	2	East Sussex Downs and Weald, and Hastings and Rother
Kent County Council	4	Eastern and Coastal Kent, and West Kent
Medway Council	1	Medway
Surrey County Council*	4	Surrey
West Sussex County Council	2	West Sussex

* For the purposes of public membership, Surrey includes the parts of Berkshire and north-east Hampshire that SECAMB serve. Those areas come under different PCTs.

Elected staff governors

4 governors will be elected by staff. There will be 2 constituencies as follows:

Table 2

Staff constituency	**/4**	**Notes**
Operational	3	"Those who deal with patients direct, either face-to-face or over the phone."
Non-operational	1	"Support staff (for example, Human Resources and Finance)."

Appointed governors

The mechanisms for appointment are not explained in the consultation document, but the 8 appointed governors will be drawn from the following groups:

Table 3

Appointed governor groups	**/8**	**Notes**
Primary Care Trusts	1	There are 8 of these in the area (see Table 1)
Local Authority	1	There are 6 of these in the area (see Table 1)
Voluntary organisation or charity	1	Organisations such as MIND or the British Heart Foundation will be invited to nominate themselves.
Regional Resilience Forum	1	This group is formed of various

		agencies such as the fire service, police and ambulance service which prepare for major incidents.
NHS Acute Trusts	2	There are 12 of these in the area, including the 4 acute trusts in Kent and Medway.[9]
MHS Mental Health or Social Care Trust	1	There are 4 in the area, included the Kent and Medway NHS and Social Care Partnership Trust.[10]
University	1	5 have been chosen on the basis that SECAMB works in partnership with them to provide paramedic qualifications.[11]

iii. Directors

The Board of Directors will be made up of 14 members – 7 executive directors including the chief executive and 7 non-executive directors, including the Chairman. In the event of a tie, the Chairman will have the casting vote.

Consultation Questions

The formal questions contained in the consultation document are as follows:

- Q1. Do you agree with our vision?
- Q2. Do you agree with our proposals for the Board of Directors?
- Q3. Do you agree that there should not be a minimum age for membership?
- Q4. Do you agree with the public constituencies we have proposed?
- Q5. Do you agree with our proposals for staff membership?
- Q6. Do you agree that the minimum age of a governor should be 16?
- Q7. Do you think our proposals for who our Council of Governors should include will make sure that it is able to fairly represent the public, patients, our staff and partner organisations?

And a final unnumbered question:

- Do you have any other comments?

[9] The complete list is: Ashford and St Peter's Hospitals NHS Trust, Brighton and Sussex University Hospitals NHS Trust, Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, East Sussex Hospitals NHS Trust, Frimley Park NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust, Royal Surrey County Hospital NHS Trust, Surrey and Sussex Healthcare NHS Trust, Queen Victoria Hospital NHS Foundation Trust, and Western Sussex Hospitals NHS Trust.
[10] The other 3 are: South Downs Health NHS Trust, Surrey and Borders Partnership NHS Foundation Trust, Sussex Partnership NHS Foundation Trust.
[11] These 5 are: University of Brighton, St George's University of London, University of Surrey, Canterbury Christ Church University, The University of Greenwich.

Appendix - Medway Council and SECAMB

On 20 August, the Medway Council's Health and Adult Social Care Overview and Scrutiny Committee discussed the Foundation Trust application of SECAMB. The following is the relevant extract from the record of that meeting[12]:

> "218 APPLICATION FOR FOUNDATION TRUST STATUS - SOUTH EAST COAST AMBULANCE TRUST
>
> Discussion:
>
> The Director of Corporate Affairs and Service Development at South East Coast Ambulance Trust (SECAMb) gave a powerpoint presentation setting out the aims of the Ambulance Trust and reasons why it wished to apply for foundation trust status.
>
> He set out the vision of the Trust and a number of innovative treatments that were offered by ambulance staff. He stated that the Trust was the best in the country on infection control. One of the main reasons for applying for foundation trust status was to achieve independence from the Department of Health and to bring about new freedoms to allow the trust to invest more in services and to bring about further innovations.
>
> In response to a question he stated that it was SECAMB's intention, if it achieved foundation trust status, to hold eight public board meetings per year. In the light of the events in Mid-Staffordshire, where poor levels of care had lead to the death of possibly some 400 patients over a three year period, he felt that openness and transparency were important. He said that the Trust was keen to retain its engagement with partners and the public on the various Committees held. He invited Members to consider putting forward a nomination to be part of the Trust's governing body.
>
> A member of the public, who works for the Air Ambulance service, expressed the view that the Ambulance Trust appeared not to be including the Air Ambulance service in its plans. The Director of Corporate Affairs and Service Development stated that the two organisations were separate but that they had a working relationship through the Coxheath Control Centre.
>
> Decision:
>
> (a) Members noted the South East Coast Ambulance Trust's intention to hold public board meetings and the wish to consider a nomination from the Council for its governing body; and
>
> (b) It was agreed to delegate authority to the Chairman and spokespersons of the Committee, in conjunction with the Head of

[12] Medway Council, http://www.medway.gov.uk/index/council/committees/commdoc/commlist/viewagenda/viewrecord.htm?id=742

Democratic Services, to respond to the specific questions from South East Coast Ambulance Trust in relation to their foundation trust application. “

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South East Coast Ambulance Service NHS
NHS Trust

Your service, your call

Our plans for becoming a foundation trust

Geraint Davies

Director of Corporate Affairs & Service Development

South East Coast Ambulance Service NHS
NHS Trust

Who are we?

- SECAmb was formed on **1 July 2006,** following the merger of Kent, Surrey and Sussex ambulance trusts

- SECAmb employs around **3,000 staff** across more than **65 sites**.

- Around **85 per cent** of SECAmb's workforce are operational staff – those working with patients either face to face in the field, or over the phone.

South East Coast Ambulance Service NHS
NHS Trust

Did you know?

- SECAmb covers an area of **3,600 square miles** and a population of about **4.5 million people**

- Every **minute** an emergency call is answered by one of SECAmb's three control rooms = **more than 500,000 emergency calls each year**

- Last year (2008/09) we undertook a staggering **445,422** patient transport services (PTS) journeys.

South East Coast Ambulance Service NHS
NHS Trust

Who are our patients?

- We hear, see and treat a massively diverse range of patients every day

CRITICALLY ILL
Stroke
Trauma
Heart attacks
Cardiac arrest

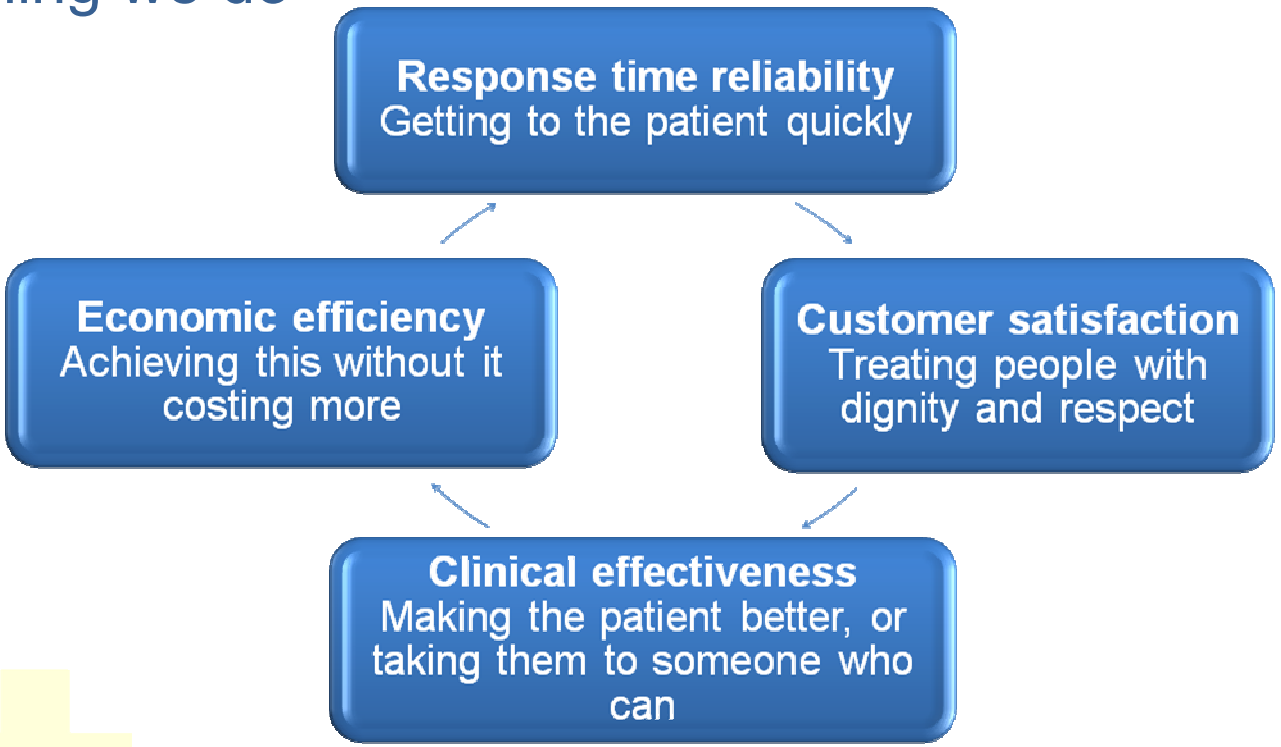
ACUTE / URGENT
Falls
Non-life threatening illness and injury
Long-term condition

NON-EMERGENCY TRANSPORT
Patients who need support in attending routine healthcare appointments

South East Coast Ambulance Service NHS
NHS Trust

SECAmb's vision

'We will match and exceed international clinical excellence through embracing innovation and putting the patient at the heart of everything we do'



South East Coast Ambulance Service NHS
NHS Trust

What is a foundation trust?

- Foundation trusts are run locally, and are **accountable to patients, local people and staff** rather than to government
- They are still NHS organisations that provide **free care** and treatment to patients
- They still have to **meet national targets** and are **regularly inspected**

South East Coast Ambulance Service NHS
NHS Trust

Why become a foundation trust?

- Becoming a foundation trust will help us to achieve our vision of becoming a world class ambulance service.
- Local accountability will make sure that the services we provide are meeting the needs of our communities.
- Foundation trust members will have a recognised voice in our decision-making and how we plan future services.
- We will have more freedom, meaning we can improve care much quicker than we are able to as an NHS trust.

South East Coast Ambulance Service NHS
NHS Trust

South East Coast Ambulance Service NHS
NHS Trust

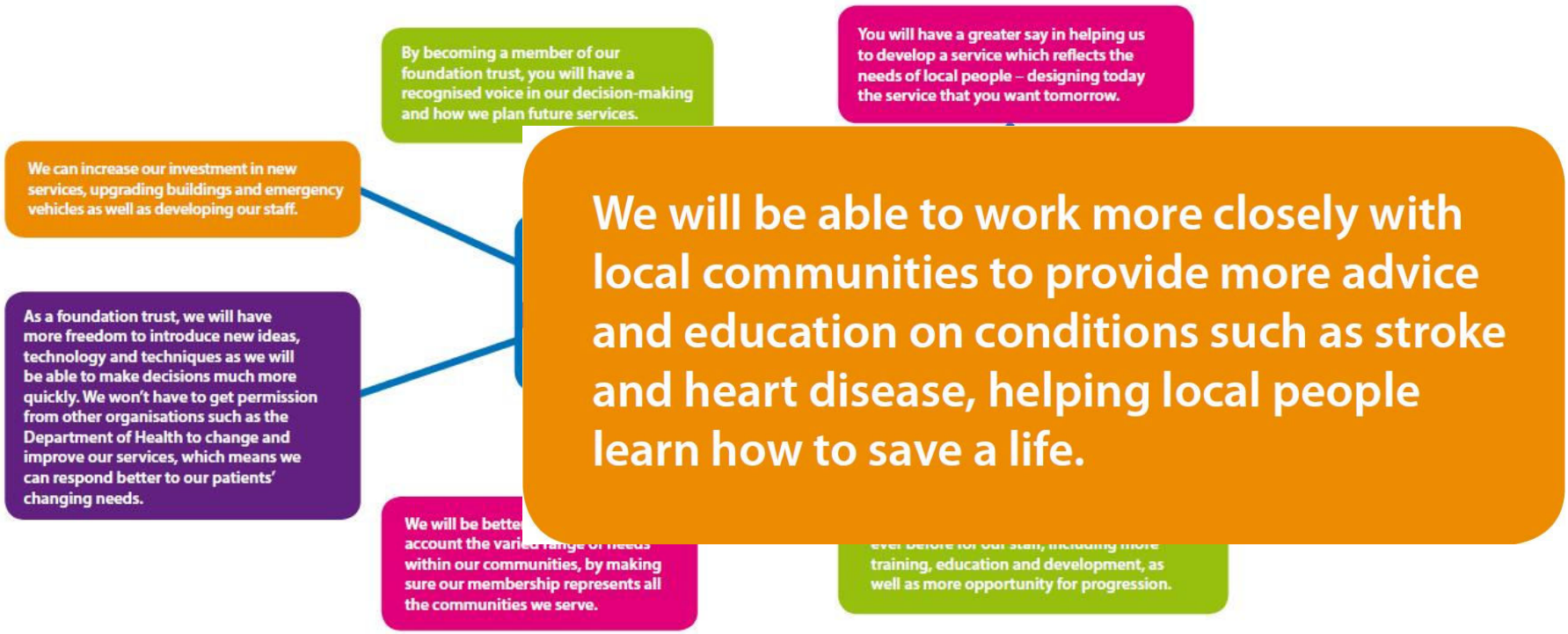
South East Coast Ambulance Service NHS

NHS Trust

You will have a greater say in helping us to develop a service which reflects the needs of local people – designing today the service that you want tomorrow.

South East Coast Ambulance Service NHS
NHS Trust

South East Coast Ambulance Service NHS
NHS Trust



South East Coast Ambulance Service NHS
NHS Trust

There will be more opportunities than ever before for our staff, including more training, education and development, as well as more opportunity for progression.

South East Coast Ambulance Service NHS
NHS Trust

South East Coast Ambulance Service NHS
NHS Trust

As a foundation trust, we will have more freedom to introduce new ideas, technology and techniques as we will be able to make decisions much more quickly. We won't have to get permission from other organisations such as the Department of Health to change and improve our services, which means we can respond better to our patients' changing needs.

South East Coast Ambulance Service NHS
NHS Trust

South East Coast Ambulance Service NHS
NHS Trust

Council of Governors

Staff governors (elected)	4
Operational	3
Non-operational	1

Public governors (elected)	14
Brighton and Hove	1
East Sussex	2
Kent	4
Medway	1
Surrey	4
West Sussex	2

Appointed governors	8
Primary care trust	1
Local authority	1
Voluntary organisation or charity	1
Regional Resilience Forum	1
NHS acute trust	2
NHS mental health or social care trust	1
University	1

Each of the groups highlighted in the appointed governor list above will be asked to submit a nomination for consideration if they would like to have a representative on our Council of Governors.

South East Coast Ambulance Service NHS
NHS Trust

Moving forward

- We want you to be involved in our journey
- SECAmb is your ambulance service and we want you to help us shape our future
- A 12 week public and staff consultation began on 25 July
- **Share your views** – Please complete a consultation questionnaire providing the views of the HOSC on our consultation questions.
- Individual members can complete a form too if they would like to.

South East Coast Ambulance Service NHS
NHS Trust

Consultation feedback

- We will consider all of the responses we receive during the consultation when finalising our plans for the future

- All responses will be collated into a report that will be made available on our website

South East Coast Ambulance Service NHS
NHS Trust

Remember, it's...

Your service, your call

www.ysyc.secamb.nhs.uk

By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 2 October 2009

Subject: Item 5. Potential to Restructure and Refocus the Health Overview and Scrutiny Committee

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1. Context

(1) On 27 July 2009, the County Council's Health Overview and Scrutiny Committee were presented with a paper from the Overview, Scrutiny and Localism Manager on the potential to restructure and refocus the Committee. At this meeting:

a) Members of the Committee discussed this paper and made suggestions as to how the scrutiny of health topics could be carried out more effectively;

b) Also present at the meeting were representatives of the Local Involvement Network (LINk) who were able to explain how their work could fit into that of the Health Overview and Scrutiny Committee; and

c) The Committee agreed to return to the topic at their meeting on 2 October.

(2) Attached as Appendix 1 is a paper on the Potential to Refocus and Restructure the Overview and Scrutiny Function which has been the subject of a discussion at all the Policy Overview Committees and the Cabinet Scrutiny Committee and which will go to County Council on 15 October 2009.

(3) The Terms of Reference for a Joint Kent and Medway NHS Joint Overview and Scrutiny Committee and current Protocol for National Health Service Overview and Scrutiny are appended to this report for reference (Appendix 2 and Appendix 3).

2. Health Overview and Scrutiny – Areas for Development

There are a number of different models for developing health scrutiny, as set out in the paper from 27 July. The following are some possible ways forward.

(1) The Kent Local Involvement Network has distinct but complementary powers to the HOSC. Steps which can be taken to develop partnership working include:

(a) Two LINk representatives to become non-voting Members of the Committee in order to be able to bring matters of concern to the attention of the Committee and provide updates of ongoing work; *(Note:- the relevance in (2) is a reminder to the Committee that the LINk has a statutory power to refer issues to the HOSC, while the HOSC has a duty to respond)*

(b) Protocols to be drawn up in consultation with the Adult Social Services Policy Overview Committee, Policy Overview Coordinating Committee

and any other relevant Committees to agree how referrals from the Kent LINk will be managed; and

(c) LINk to assist in developing a pool of patient representatives who will be able to give a valuable perspective on specific issues (see section 7 below).

(2) Consideration needs to be given to how and where the work of the Health Overview and Scrutiny Committee and Adult Social Service Policy Overview Committee can inform and support each other.

(3) There are currently four voting Members of the Committee representing the views of Borough/District authorities in Kent. Two align to those Boroughs/Districts whose residents look towards NHS Eastern and Coastal Kent for their services and two represent those Boroughs/Districts who look to NHS West Kent for their services. The role of these authorities can be developed in the following ways:

(a) All Borough and District authorities, along with Medway Council, to be invited to share their work programmes to enable co-ordinated working where appropriate and avoid duplication;

(b) Two meetings in each year to be set aside to consider agenda items raised by Borough and District authorities; and

(c) Use of formal delegation to Borough and District authorities to carry out scrutiny on topics prior to reporting back to the HOSC. This includes the use of joint select committees with a membership drawn from several authorities, including Kent County Council. *(Note: - The protocols are appended as Appendix 3. Whilst they do not reflect exactly the new health economy structure, i.e. LINk being the patient/public voice, and have not been used as was anticipated in their entirety, e.g. there is provision within the protocols to establish Joint Committees. It is important to recognise that Health and Social Care issues cut across boundaries as to patient flows so it is more effective/efficient to work together in partnership).*

(4) The Kent HOSC is currently considering setting up a Joint Select Committee with Medway Council to examine proposals relating to mental health acute beds in Medway and Swale. Issues of a broader strategic nature, such as value for money in Mental Health Services, could be examined through a Joint Select Committee once this piece of work has been concluded.

(5) This Committee could undertake to pilot new models of scrutiny, such as rapporteurs, to empower Members and raise the knowledge base of the Committee. Several Members have already expressed an interest in undertaking rapporteurs, or leading small task and finish groups, in the areas of maternity services and pain clinics. Different models would be appropriate for different topics.

(6) The development of a pool of experts, advisors and patients representatives may aid the process of health scrutiny. In particular, a 'clinical ambassador' would be useful as a way of bridging the worlds of health and local government.

(7) In the coming autumn, the Department of Health is expected to produce new statutory guidance relating to health scrutiny and this will inform the development of these proposals.

3. Future work programme

(1) The Committee can scrutinise the planning, provision and operation of health services. This is a wide remit and there are many topics which could reasonably be scrutinised. To add value, consideration needs to be given to both the mode of scrutiny and the timing.

(2) The following are a selection of issues identified as being important to Health Overview and Scrutiny Committee Members, colleagues from the NHS and Local Involvement Network.

- Maternity Services;
- Maidstone and Tunbridge Wells NHS Trust service redesign;
- Out of hours care;
- Future of PCT provider services;
- Stroke care pathway;
- Cardiac care pathway;
- Trauma;
- Pain services;
- Dementia;
- Community Care (including community hospitals);
- Dentistry;
- Transport/access to health care;
- Registration with the Care Quality Commission.

4. Recommendations

(a) The Committee's views are sought on this paper which will form part of the report on the Potential to Restructure and Refocus the Overview and Scrutiny Function which will be before the County Council for debate on 15 October 2009;

(b) That approval be given to revising the current set of protocols for the Health Overview and Scrutiny Committee, in conjunction with partners, returning to the Committee prior to being submitted to the County Council for approval; and

(c) The Committee's views are requested on 6 priority topics which it wishes to consider in a formal meeting and delegate the exact scheduling to the Overview, Scrutiny and Localism Manager, in consultation with the Chairman, Vice-Chairman, group leaders, and partners such as LINk and the NHS.

Appendix 1

By: Alex King, Deputy Leader

To: All Policy Overview and Scrutiny Committees and the Policy Co-ordinating Committees

Subject: Potential to Refocus and Restructure the Overview and Scrutiny Function

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1. Context

This paper represents current thinking from a variety of sources to develop a recommendation to full Council in October. The paper needs to be seen in the context of:

a) the emerging Strategy for Localism for the County Council and the various models and Frameworks for Localism being established across the County in conjunction with our Partners;

b) the development of the Member role(s) and County Council's application for the South East Employers Organisation Member Development Charter;

(c) implementation of the recommendations arising from the Informal Member Group: Member Information;

(d) the opportunities, working in partnership with Borough/District colleagues that may exist to pool the resources supporting Overview and Scrutiny across the County and to agree shared work programmes on issues which will add value without duplication to the communities which we all serve;

(e) the emerging scrutiny roles for which legislation/regulations have been published including Scrutiny of the Crime and Disorder Reduction Partnerships; and

(f) the scrutiny of the public sector bodies advocated in the consultation document "Strengthening Local Democracy".

2. Overview and Scrutiny – the Key Challenges

(1) As the Strategic Authority for Kent the County Council has a unique community leadership role. The challenge to Members is to:-

- Lead the provision of public services in the area;
- Engage with local communities, tiers of local government and stakeholders;
- Define with them the future of the locality; and

- Achieve the strategies and visions which people agree.

(2) That is what the best Councils are doing and their legitimacy for the future will derive from their role as democratic bodies.

(3) All Members of all parties, not just the Executive, have a role in community leadership.

(4) Scrutiny was initially seen to provide challenge to the Council's own service performance. That remains one aspect of the role, but much of the most effective work of scrutiny bodies has involved engagement with the wider community and across all public service issues. It is now incumbent upon the County Council to develop imaginative forms of engagement, to involve local people, service users and others in scrutiny. This is a wider conversation that scrutiny can lead across the county.

3. Challenges

(1) The challenges are as follows:-

- Widening the engagement and understanding of elected Members in effective Partnership working;

- Bringing the knowledge of local issues and communities which elected Members have to service providers involved in Partnerships;

- Holding the leadership of Strategic Partnerships across the public sector including local authorities to account.

(2) Effective Overview and Scrutiny must contribute to effective Partnership working. This can be done through:-

- Using scrutiny projects to bring Partner organisations together to find new ways of working jointly to tackle important local problems *(a good example of this was the work of the Health Overview and Scrutiny Committee in the summer of 2008 which facilitated a discussion between the Acute Hospital Trust, the Primary Care Trust, Dover District Council and the County Council to look at what could be the best outcome for Dover residents in terms of future healthcare provision)*;

- Raising the profile of scrutiny and its work priorities to enhance public understanding, and recognition – which has been described as 'championing the people of Kent'; and

- Building alliances with the Executive and other stakeholders to gain support for recommendations *(another good example is the work of the previous Council, the Select Committees on Autism Spectrum Disorder and Alcohol Misuse where all the Partners that had contributed to the recommendations which were not wholly in the gift of the County Council's Executive to deliver, were brought together before the Select Committee*

report was published to support the recommendations and take ownership for their delivery).

(3) It is important that the overview and scrutiny process adds value working towards positive recommendations and improvements and ensuring that it concentrates on what only scrutiny can do. It is not about duplicating the work of Regulators and Inspectorates. It is also about identifying the key issues behind the statistics – *e.g. widening the conversation to engage local people, service providers, neighbourhood users, communities, and the elected Members, verify problems, and develop ideas on how problems can be solved.*

4. Statutory Requirements

The County Council must have:-

(a) one scrutiny committee responsible for the scrutiny of Cabinet decisions and operating a "call in " procedure;

(b) a statutory Health Overview and Scrutiny Committee which encompasses Adult Social Care as well as NHS matters *(in the autumn it is understood that statutory guidance for local authorities and the NHS will be published setting out how overview and scrutiny of health services can be improved)*;

(c) at least one Committee must be designated as the Crime and Disorder Scrutiny on Committee *(these new powers which came into force on 1 April 2009 currently sit with the Communities Policy Overview Committee and are shortly to be the subject of some discussions on how it will operate with the Kent and Medway Police Authority)*; and

(d) statutory co-optees as required, primarily Church Diocesan representatives and Parent Governors who serve on the Cabinet Scrutiny Committee and the education related Policy Overview Committees.

5. Emerging Scrutiny - Scrutiny of the Crime and Disorder Partnerships

(1) Cabinet Members will be aware that the County Council's role in the scrutiny of the Crime and Disorder Reduction Partnership is currently in the Communities Policy Overview Committee.

(2) Ongoing discussions are taking place with partner organisations to identify how this might be delivered effectively across the democratically elected sector.

6. Consultation - "Strengthening Local Democracy"

(1) When launching the consultation, Local Government Minister John Denham, made reference to the proposal to give authorities greater scrutiny over:-

- Police strategies in Local Authority areas
- Fire and Rescue Authorities
- Local Authorities' delivery of high quality education provision

- Probation Authorities
- Job Centres Plus
- Utility companies
- Young People's education and skills issues

(2) As a consequence, bodies external to the scrutiny authority could be compelled to have regard to the recommendations of the scrutiny committee.

(3) This does present the real opportunity to pool all Overview and Scrutiny resources across the public sector and establish an independent body to scrutinise the decision makers of all these public sector bodies.

(4) The public will have the right to appeal to a scrutiny committee if they do not like the response to a petition

(5) A report on a process for written petitions and electronic petitions is to be the subject of a report to the Selection and Member Services Committee on 13 October and to the County Council on 15 October 2009. Every local authority is required to have a process for e-petitions. It will be important that the Cabinet, Chief Officer Group and the Head of Communications and Media Centre are fully aware of the petitions which have been logged and there closing dates and the mechanisms for responding to the petitioner(s).

(6) There is in a two tier area an opportunity for a petitioner to a Borough/District Council who remains dissatisfied with the response to refer the matter to the County Council. How this can best be organised is to be discussed with Borough and District Council colleagues at a meeting later on this month.

(7) The Strengthening Local Democracy consultation document also suggested:

(a) duty could be placed on local authority Chief Executives to ensure that Committee have adequate resources to carry out their work;

(b) that the Chairman of an Overview and Scrutiny Committee might be given the authority commensurate with a Cabinet post - *for example Essex County Council have created a lead role for one of their Scrutiny Chairman who chairs not only a Scrutiny Committee but also the Scrutiny Board (which comprises all the Scrutiny Chairmen and Area Forum Chairmen). The Scrutiny Chairmen have a designated room and the culture in Essex County Council has shifted to one of parity of esteem for scrutiny with the Executive. It was also evident from a discussion I have had with the Chairman of the Scrutiny Board that the culture of Essex County Council has changed and scrutiny is seen as an effective mechanism by the Council and Executive in adding value and outcomes for the residents of the County. Members may wish to consider whether the new model for Kent's Overview and Scrutiny function should strengthen the role of the Policy Overview Co-ordinating Committee to 'gate keep' and commission work for the Scrutiny Committees*; and

(c) there is also a suggestion that as part of the support required, Committees may call on expert advice from the public.

7. Cabinet Scrutiny Committee

(1) At the meeting of the Cabinet Scrutiny Committee on 21 July the Committee asked for a report back at its 23 September meeting on a range of issues including:-

(a) exploring how many authorities undertake pre-scrutiny;

(b) greater use of the media in helping to inform scrutiny;

(c) co-opting representatives to add rigour and robustness to the Overview and Scrutiny process; and

(d) the potential to strengthen the information made available to Members through the Forward Plan of Key Decisions.

(2) A number of local authorities responded to our request for information on pre-scrutiny. The responses indicated that the process we have for operating the existing Overview and Scrutiny structure of Committees is not dissimilar to the process described by other authorities as pre-scrutiny.

Forward Plan of Key Decisions

(3) One issue which may warrant attention is the possibility of strengthening the information in the Forward Plan of Key Decision and ensuring that the agenda setting process for each of the Council's Overview and Scrutiny Committees takes this into account.

Co-optees

(4) One view from Cabinet and the Cabinet Scrutiny Committee is that one of the ways of strengthening an Overview and Scrutiny process might be to have a pool of experts, advisors, representatives of organisations, voluntary sector or the public to call upon to assist the Overview and Scrutiny Committee for a specific issue. If this is decided by the County Council as an appropriate way forward the challenge will be is to establish an independent/impartial mechanism on how this can be achieved. Discussions have taken place with the Appointments Commission, Improvement and Development Agency (IDeA) and the South East Employers Organisation to see if they can assist but it seems unlikely. It has also been suggested that other South East county authorities who are also exploring this role to strengthen Overview and Scrutiny may be willing to establish a mechanism to support our respective overview and scrutiny processes.

(5) Members will be aware that the County Council process for establishing a Select Committee already includes consideration of the appointment of a co-opted expert/advisor who will be able to assist the Select Committee.

(6) Members will also be aware that Durham County Council have established from 1 April 2009 an Overview and Scrutiny structure which includes a scheme of co-option. Ongoing discussions will continue with Durham to assess how successful this scheme of co-optees has been.

Rapporteurs

(7) Members have expressed a wish in developing a rapporteur scheme whereby an elected Member(s) with a specific interest takes ownership for a piece of work, undertakes the research themselves and prepares a report. The Health Overview and Scrutiny Committee have expressed a wish to pilot a rapporteur scheme.

Involvement of the Media/Press in Scrutiny

(8) Members will be aware that the County Council has agreed a protocol for publicising and launching Select Committee reports (attached as an Appendix to this report).

(9) However, one of the issues which arose at the Cabinet Scrutiny Committee on 21 July 2009 was utilising the media and press more effectively. Having spoken to the Member who raised the issue the suggestion made is that when the Overview and Scrutiny Committees have identified their work programme then working with the Communication and Media Centre the views of the public should be sought through a formal process.

(10) Taking this one stage further it should be possible for the public to email in questions they would like asked as the meeting is progressing. This is an exciting proposal and would need careful consideration on how it is implemented/moderated. Members views are sought.

8. Policy Overview Committees

Members are reminded that the County Councils current Overview and Scrutiny process gives non executive Members the ability to assist the Cabinet with Policy Development. At agenda setting meeting Members can make use of the Forward Plan to put an item on the POC agenda, also there is the opportunity for Cabinet Members to make the POC aware of developing policy areas which the POC could have an input into. Any Member may give notice that they wish an item to be considered at a POC meeting. It is important that Members make effective use of these powers to add value to the work of the County Council for the benefit of all Kent residents.

9. Duty to Involve

There is a correlation between the legislative framework around the “Duty to Involve” with the “Place Shaping Agenda”, the development of the website, the concept of a “Virtual County Hall”,(Kent Space - making Kent Work for You) (a concept whereby communities of interest through Social Networking find the County Council), the Citizens Panel, the Consultation Strategy, petitions and e-petitions, the emerging

localism strategy which are all mechanisms, sources of information and evidence which can help to inform the Overview and Scrutiny function.

10. Timetable

(1) To meet the timetable for a report on the structure of the Overview and Scrutiny function to the County Council on 15 October 2009 I set out below a list of meetings which would give the opportunity to the majority of Members to contribute to this discussion.

Environment, Highways & Waste POC - **15 September**

Communities POC - **17 September**

C, F & E POCs - **18 September**

Adult Social Services POC - **22 September**

Cabinet Scrutiny Committee - **23 September**

Regeneration & Economic Development POC - **24 September**

Corporate POC - **25 September**

Health Overview and Scrutiny Committee - **2 October**

County Council - **15 October**

11. Recommendation

Members views are requested before Cabinet Members make a recommendation to County Council.

Paul D Wickenden
Overview, Scrutiny and Localism Manager
01622 694486
paul.wickenden@kent.gov.uk

Appendix 1a

Kent County Council

PUBLIC RELATIONS PROTOCOL FOR SELECT COMMITTEE REVIEWS AND REPORTS

This protocol has been written as a basis for all communications between Select Committee Members and the media. It will ensure that the corporate communications team is able to maximise opportunities for scrutiny to publicise its work and promote the transparency of the Council's decision-making process.

- All actions should be in accordance with the letter and spirit of the DCLG Code of recommended practice on local authority publicity.

- Media activity should be co-ordinated through the corporate communications team who will make arrangements and ensure that the appropriate Members are put forward, rather than Select Committee Members approaching the media direct to discuss the topic review.

- The Select Committee Chairman should be the official spokesperson for the review report, unless another more suitable spokesperson has been identified by the Chairman.

- Chairmen of Select Committees will be expected to attend or have attended media training.

- There is potential, on rare occasions, for conflict between scrutiny and cabinet on issues. Maintaining the professional reputation of the council in the eyes of the public is paramount and conflicting statements may make the council appear inept or divided. Care should be taken, on all sides, to avoid this situation from arising. But in such circumstances Corporate Communications would present factual information to the media fairly representing both the Scrutiny and Cabinet viewpoints.

- The corporate communications team should be advised of any media enquiries received by Select Committee Members to offer guidance and help if required and to monitor responses.

- Press releases for Select Committees will be drafted by a member of the corporate communications team, in consultation with the Research Officer for the review and approved by Select Committee Chairman, in consultation with the Overview, Scrutiny and Localism Manager.

- Press releases will be fair and representative of the views of the Select Committee. They may include the views expressed in minority reports if those views differ from the main report.

- The media are invited to attend all formal meetings of Select Committee unless matters of an exempt nature are to be discussed.

- When the report of the Select Committee is ready to go into the public domain a member of the corporate communications team, in consultation with the Research Officer to the Select Committee drafts a press release. Where possible the press release should include input from a third party who has been involved with the review. The Press release should be approved by the Select Committee Chairman (with the nominated official spokesman, where appropriate) in consultation with the Overview, Scrutiny and Localism Manager. An embargoed copy of the press release should be sent out with an electronic copy of the report, to the media a day before the public domain with an embargo on it. There may or may not be a press conference but the Chairman, relevant members make sure they are available for interviews.

- Corporate Communications officers are permitted to refuse to prepare press releases, deal with media enquiries or arrange media interviews in the following cases:

  (i) If the press release or enquiry is political in any way.
  (ii) If the information in the press release is deemed libellous or malicious

- Corporate Communications officers will not organise interviews between media and individual members of the Select Committee unless there is explicit agreement by the Select Committee Chairman.

- Press releases will not be issued as a matter of course after Select Committee meetings simply to record the proceedings. Post-meeting publicity will, however, be given where there is good reasons for doing so e.g. to promote opportunities for public consultation.

Appendix 2

Kent and Medway NHS Joint Overview and Scrutiny Committee

Terms of Reference

1. To receive evidence in relation to consultations initiated by local NHS bodies regarding proposals for substantial development or variation of the health service which effect both Medway and a substantial part of Kent.

2. To make comments on behalf of the relevant overview and scrutiny committees of Medway Council and Kent County Council on any such proposals to the NHS body undertaking the consultation.

3. To undertake other scrutiny reviews of health services if requested to do so by the relevant overview and scrutiny committees of both Medway Council and Kent County Council.

4. To report on such other scrutiny reviews to the relevant overview and scrutiny committees of Medway Council and Kent County Council.

Rules

1. These rules apply to the joint committee and any sub-committee established by it.

2. The committee will appoint a chairman at its first meeting in each municipal year, and that chairman will normally be drawn in rotation from Kent County Council members and Medway Council members. Where a review is unfinished at the end of a Municipal Year, members may agree that the previous year's chairman (if still a member of the committee) may continue to preside over consideration of matters relating to that review.

3. If the joint committee cannot agree a single response to an NHS consultation then a minority response which is supported by the largest minority, but at least three members, may be prepared and submitted for consideration by the NHS body with the majority response. The names of those who dissent may, at a member's request, be recorded on the main response.

4. The response of the joint committee to a consultation will normally be submitted to the chair and spokespersons of the relevant overview and scrutiny committees of Kent County Council and Medway Council prior to its submission to the NHS body and at least ten working days before the closing date of the consultation.

5. Following receipt of the joint committee response by the chair and spokespersons of the relevant overview and scrutiny committees, either of those committees (or an appropriately empowered sub-committee thereof) may meet and resolve to inform their proper officer of views or comments they wish to have incorporated in the joint committee's response. If such a request is

received by a proper officer before the closing date of the consultation, those views or comments will be appended to the joint committee's response and that appendix will form part of the joint committee's response.

6. These rules will take precedence over the rules in the constituent authorities constitutions, which will otherwise apply to the joint committee. Where the rules of the constituent authorities' constitutions are in conflict the chairman's ruling will determine which applies.

Annex B:
Protocol for National Health Service Overview and Scrutiny

5B.1 These protocols are agreed within a context that assumes organisationally:

- the bringing into force of the Health and Social Care Act 2001
- the continued development of partnership working, especially between Social Services and NHS bodies
- the continued existence at District/Borough level of local overview and scrutiny committees concerned with NHS matters
- the continued existence of representative organisations operating at sub-county level
- a partnership approach working with not against NHS bodies in the county

5B.2 The protocols are based on the principles that:

- Overview and Scrutiny should focus on supporting the improvement of health services to Kent residents.
- Overview and Scrutiny should minimise the additional administrative burdens on local authorities or NHS bodies.
- Overview and Scrutiny agendas need to be developed jointly by the local authorities and the NHS bodies.
- Overview and Scrutiny needs to operate at different levels within Kent.

STRUCTURES

5B.3 Overview and Scrutiny structures will comprise:

District Council Overview and Scrutiny Committees

To look at local service issues:

- Local co-ordination (or joint committees) to ensure cross-District issues dealt with jointly
- Local KCC Members and CHC representatives to have rights of participation
- Focused on PCTs

KCC Health Service Scrutiny Committee

To look at broad and wide area issues, including from the viewpoint of the County Council's Social Service responsibilities:

- An emphasis on working through themed (topic) reviews conducted by Select Committees (smaller ad hoc groups) including District and Patient members
- DC and CHC representatives to have rights of participation
- Service reconfigurations to be looked at through Select Committees (ad hoc time limited sub-committees including DC and CHC participation) reporting to

the KCC Health Service Scrutiny Committee to consider reference to the national Reconfiguration Panel (when the legislation is brought into force)
- Focused on Health Authorities

Medway Overview and Scrutiny Committee

To combine both levels of operation within the Medway area but linked into the co-ordinated system.

CO-ORDINATION

5B.4 Overview and Scrutiny activity at local and Kent level needs free exchange of information and protocols for co-ordination of work and resolution of conflicts. To facilitate this there will be:

- a regular meeting of Committee Chairmen and NHS representatives to agree a programme of work across the county and Medway
- a similar officer forum to support and advise the Chairmen on the work programme and co-ordinate requests for NHS officers to provide papers, information or attend committee meetings

5B.5 The KCC Committee membership allows for DC and CHC membership:

- a permanent representation of three District/Borough Members nominated by KALA and two CHC representatives nominated by the CHCs on a non-voting basis
- a right for the Chairmen of each District/Borough Overview and Scrutiny Committee (or another relevant Member) and each CHC to attend and speak at the KCC Committee (or send a representative) on a matter particularly affecting that area
- appointment of members of relevant District Overview and Scrutiny Committees and CHCs to individual topic reviews (agreed through the Chairmen's meeting)

5B.6 District Committees will allow local KCC Members and CHC representatives to attend and speak at the Committee.

5B.7 KCC and DC members on CHCs will be briefed by and feed back to their appointing Councils.

REVIEW PLANNING

5B.8 Overview and Scrutiny will take the form of a programme of reviews. Each review should be preceded by a Review Plan discussed within the officer forum and agreed with the relevant NHS bodies. Any disagreement should be considered by the relevant Overview and Scrutiny Committee after the NHS representative has attended the Committee to express the NHS view and answer member questions.

5B.9 The Review Plan should:

- set the terms of reference for the review including the general nature of the expected outcome
- set an approximate timetable of meetings and a reporting date
- state the officers supporting the review within the local authority, the NHS and the CHCs and estimate the time commitment required of them
- state the main witnesses and information sources expected to be involved

REVIEW ADMINISTRATION

5B.10 The arrangements for meetings of Overview and Scrutiny Committees shall ensure that:

- Dates for witnesses to attend Committee meetings are agreed with witnesses as far in advance as possible
- NHS Chief Executives and other local authorities' Chief Executives arrange for appropriate officers chosen by them to attend to give evidence on the identified topics (subject to any provision to be made in statutory regulations)
- Advance notice is given of the areas to be covered in questioning
- Information is wherever possible distributed to the Committee in writing before the witness attends

MEETING PROTOCOLS

5B.11 All Overview and Scrutiny Committees should incorporate in their Procedure Rules or otherwise ensure that:

- Committee Members should endeavour not to request detailed information from officers of the NHS or another local authority at meetings of the Committee, unless they have given prior notice through the Clerk. If, in the course of question and answer at a meeting of Committee, it becomes apparent that further information would be useful, the officer being questioned may be required to submit it in writing to members of the Committee through the Clerk
- In the course of questioning at meetings, officers of the NHS or another local authority may decline to give information or respond to questions on the ground that it is more appropriate that the question be directed to a more senior officer or Member
- Officers of the NHS or another local authority may decline to answer questions in an open session of the Committee on the grounds that the answer might disclose information which would be exempt or confidential as defined in the Access to Information Act 1985. In that event, the Committee may resolve the exclude the media and public in order that the question may be answered in private session
- Committees may not criticise or adversely comment on any individual officer of another local authority or of an NHS body by name

REPORTING

5B.12 All local authorities should ensure that:

- A record is made of the main statements of witnesses appearing before the Committee and agreed with those witnesses prior to publication or use by the Committee (Committee meetings may be electronically recorded)
- Drafts of Committee reports and recommendations should be made available for comment by the relevant NHS body (or local authority) whose operations might be commented on and any adverse comments or concerns reported to the Committee before the final report is published
- The Chief Executive of any NHS body and/or the Chief Officer of any other local authority involved with the review is given advance notice of the date of publication of the report and consulted on the text of any accompanying press release
- Reports should include an agreed timetable for any NHS body and/or other local authority involved to publish a response to the report's recommendations once confirmed by the appropriate Overview and Scrutiny Committee

SERVICE RECONFIGURATIONS

5B.13 NHS bodies remain responsible for public and other consultation on service reconfiguration proposals.

5B.14 The intention to carry out a consultation will be discussed in the officer forum.

5B.15 The KCC Health Service Scrutiny Committee will consult District/Borough Councils and CHCs for the areas affected by each proposal on whether to:

- consider the matter at a full meeting of the Committee
- set up a KCC Select Committee to consider the proposal
- request a District/Borough Overview and Scrutiny Committee to consider the proposal

5B.16 If a Select Committee is established or a District/Borough Overview and Scrutiny Committee requested to carry out a review:

- paragraphs 8-12 above shall apply to its work programme and proceedings
- the Review Plan shall as far as possible be integrated with the NHS body's consultation programme
- consideration shall be given to:

    - including one or more members of District/Borough Councils on the Select Committee or KCC members on the District/Borough Overview and Scrutiny Committee
    - including CHC members on the Committee
    - other arrangements for ensuring all local authorities and CHCs may express their views and seek information on the proposal

- the review report shall be submitted to the KCC Health Services Scrutiny Committee who will consider the recommendations together with any response

by the NHS body and decide whether to refer the proposal to the Reconfiguration Panel.