

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 13th April, 2012

11.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 13th April, 2012, at 11.00 am
Council Chamber, Sessions House, County
Hall, Maidstone

Ask for: **Peter Sass**
Telephone: **01622 694002**

Tea/Coffee will be available from 10:45 am

Membership

Conservative (10): Mr M V Snelling (Chairman), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr K A Ferrin, MBE, Mr L B Ridings, MBE, Mr C P Smith, Mr K Smith, Mr R Tolputt and Mr A T Willicombe

Labour (1): Mrs E Green

Liberal Democrat (1): Mr D S Daley

District/Borough
Representatives (4): Councillor J Burden, Councillor R Davison, Councillor G Lymer and Councillor Mr M Lyons

LINK Representatives (2): Dr M Eddy and Mr M J Fittock

Webcasting Notice

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UNRESTRICTED ITEMS

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

Item	Timings
1. Introduction/Webcasting	
2. Substitutes	
3. Election of Vice-Chairman	

4. Declarations of Interests by Members in items on the Agenda for this meeting.
5. Minutes (Pages 1 - 12)
6. East Kent Maternity Services Review: Update (Pages 13 - 16) 11:05 – 11:10
7. Forward Work Programme (Pages 17 - 18) 11:10 – 11:20
8. Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application (Pages 19 - 30) 11:20 – 12:15
9. Date of next programmed meeting – Friday 1 June 2012 @ 10:00 am

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
(01622) 694002

3 April 2012

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 Council Chamber, Sessions House, County Hall, Maidstone on Friday, 9 March 2012.

PRESENT: Mr N J D Chard (Chairman), Mr B R Cope (Vice-Chairman), Mr R E Brookbank, Mr A D Crowther, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mr K Smith, Mr R Tolputt, Mr A T Willicombe, Cllr R Davison, Cllr M Lyons, Cllr G Lymer, Dr M R Eddy and Mr M J Fittock

ALSO PRESENT: Cllr Mrs A Blackmore and Mr R A Marsh

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Introduction/Webcasting

(Item 1)

2. Declarations of Interest.

- (1) *Mr Adrian Crowther declared a personal interest in the Agenda as a Governor of Medway NHS Foundation Trust.*
- (2) *Councillor Michael Lyons declared a personal interest in the Agenda as a Governor of East Kent Hospitals University NHS Foundation Trust.*

3. Minutes

(Item 4)

RESOLVED that the Minutes of the meeting of 3 February 2012 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

4. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust: Developing Partnership

(Item 6)

Susan Acott (Chief Executive, Dartford and Gravesham NHS Trust) and Mark Devlin (Chief Executive, Medway NHS Foundation Trust), and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

- (1) The Chairman welcomed the two Chief Executives to the Committee along with the opportunity to consider once again the development of the proposed merger between the two Trusts. He observed that the current HOSC Agenda was probably the largest on record and although the value of short, focused, report was both his and the Committee's preference, there was a solid justification for the detail provided for this and other items on today's Agenda.

- (2) One of the papers provided to the Committee was the Outline Business Case for the integration of the two Trusts. This was the starting point for the short introduction provided by Mr Devlin. He explained that this was a live document which would be continually updated. It would shortly be presented to the Strategic Health Authority, NHS South of England, and would go to their next board meeting. It was also explained that the proposals were also currently being considered by the Co-operation and Competition Panel (CCP) and while stage 1 would be completed during April, they could require a stage 2. The CCP gave advice to Monitor and the Department of Health. The timetable for any merger to take place had been put back to 1 April 2013 and so the public engagement phase was still ongoing as it had been extended.
- (3) The exact process for approval of the merger differed for each Trust, but ultimately the Boards of both Trusts would need to approve the merger. This final decision would be made after a series of approved steps, most likely in December 2012 or January 2013. Being an NHS Trust, Dartford and Gravesham NHS Trust needed the go ahead from the Department of Health (DH). The work on this would be carried out by the DH Transaction Board, which would seek the view of NHS South of England. Being a Foundation Trust, Medway NHS Foundation Trust needed to seek the views of Monitor, the Foundation Trust regulator.
- (4) One of the important financial aspects which were being closely considered as part of the merger discussions was the Private Finance Initiative (PFI) arrangement at Darent Valley Hospital. Nationally, 22 Trusts had been identified for whom a PFI arrangement was a significant issue. These Trusts were put into 3 categories – ones which needed to do more, ones for whom some recommendations could be made, and others which had done as much as they were able on their own in terms of efficiency savings and so on. Dartford and Gravesham NHS Trust, along with 6 others around the country, was in this third group. This meant that, subject to meeting 4 tests, it could access additional monetary support which had been put aside by the Department of Health. The details of this scheme were as yet unclear, including the timescales around any money becoming available. In response to a question as to whether 1/7th of the money would be adequate, the point was made by the Trust representative that while in absolute terms the PFI was small, as a percentage of the turnover, it was large.
- (5) Members raised a number of points about the lessons which could be learned from other mergers. Reference was made to the merger resulting in the formation of Maidstone and Tunbridge Wells NHS Trust, the results of which were still unfolding, as well as recent analyses of mergers carried out by the King's Fund and Centre for Market and Public Organisation (CMPO) at the University of Bristol, the latter having cast doubt on whether mergers lead to cost savings. Representatives from both Trusts explained that past mergers had been looked at very closely in order to ensure a smooth transition. In response to the CMPO report, it was explained that these were mergers occurring between 1997 and 2003 and was a top down process often involving failing hospitals. The current proposals for merger arose from the two Trusts making their own decision, and neither Trust was failing. It was reported that the two Trusts had compatible clinical cultures and this provided something

solid to build on. Both Trusts also served a series of natural communities and so would hopefully not seem remote and impersonal. Talks were underway with other NHS organisations to make sure the whole North Kent health economy was aligned to ensure there was a successful implementation.

- (6) It was also stressed that the implementation would not be carried out in a big bang. The focus was on a series of milestones – what needed to be in place on day 1, by month 6, month 12 and so on. The intention was to avoid any dip in performance. One Member posed the question as to how a successful merger would be measured and requested 5 key performance indicators which would enable this to happen. Both Chief Executives responded positively to the challenge of producing said indicators and undertook to consider and write back to the Committee.
- (7) There were a series of specific issues raised around the detail of transition. On car parking, which both Trusts acknowledged as a key issue, the situation at Darent Valley was complicated by the PFI which meant the Trust did not own the car park. However, permission to expand had been agreed and the first phase in front of the accident and emergency department had been implemented. Medway was also looking to increase the space available for car parking. More broadly on transportation, there were discussions underway with bus companies and local authorities on this. The Trusts also hoped that having full outpatient clinics at both sites would reduce travelling.
- (8) Information systems were another area of discussion. It was explained that systems were needed for both administration and clinical/patient management tasks. The patient administration system at Medway was in need of replacing within the next 18 months, so this was a good time to procure a compatible system across both sites. In response to a specific question on the appointment system, it was explained that the Trusts would not consider outsourcing this, but would perhaps introduce an internal call centre approach. They took on board the views of Members that any appointment system required flexibility to accommodate clinical need and the views of clinicians who understand their patients' needs.
- (9) RESOLVED that the Committee thank Susan Acott and Mark Devlin for their continued engagement with the Committee and that the Committee would welcome working together with the Trusts on 5 key performance indicators for a successful transition.

5. Public Health Update

(Item 5)

Meradin Peachey (Director of Public Health) and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

- (1) The Chairman introduced the item by explaining that he had attended the public health briefing for KCC Members on 24 February and that had been very informative and welcomed the opportunity the Committee had to receive an update.

- (2) In providing an overview, the Director of Public Health explained that it was a timely opportunity because there had been a series of useful documents produced by the Department of Health on public health and the transition to the new system. Within KCC there was a business manager and support staff to assist with the transition as well as to assist in the assessment of recent spending estimates for future public health functions from the Department of Health. These were based on spend in 2010/11 and the Cabinet was currently considering the findings. The Director of Public Health commented that whatever the detail of findings, it had been a useful exercise as the public health spend within the NHS had never been separated out and quantified in this detail.
- (3) Members raised the issue of the different levels of identified spend in Kent compared to other areas. The response was given that the figures related to what was spent on the public health service responsibilities which are transferring to local authorities. The responsibility therefore had rested with Primary Care Trusts and across the South East. The levels of spend had been low, but in London they were higher. This was connected to levels of deprivation and health inequalities. On the subject of spend, the Committee were informed that the PCT cluster had reduced spending on management costs to the £25/head level which was to be allocated to Clinical Commissioning Groups (CCG) in the future.
- (4) Connected with this was work on identifying public health contracts held by the NHS which may need to be transferred to the NHS. Similarly, there was the question of staff. Across the South East there was a low ratio of public health consultants to population, but consultants were the most expensive staff group and the staff mix required would depend on what the authority wanted to do in the area of public health. There were some functions, such as health protection, carried out across the whole Kent and Medway PCT cluster together which did require specific skills. Kent was a pilot area relating to plans for a revalidation scheme for non-medical public health consultants. In terms of wider capacity, KCC had a public health champions scheme to widen understanding. Other ideas were also being looked at.
- (5) Although it was conceded the documents on public health did not discuss borough/city/district councils at length and that the formal public health commissioning responsibilities would remain with the County Council and NHS commissioners, the important role of this tier of Government was acknowledged. The Director of Public Health and Cabinet Member for Adult Social Care and Public Health had met with all the leaders of Borough/City/District Councils to discuss joint commissioning of public health. Several Members provided examples of good practice in this area carried out by Locality Boards, such as that being undertaken in Dover and Shepway.
- (6) The work being done in Dover by the District Council and Clinical Commissioning Board with KCC was also mentioned by the Director of Public Health. This was connected with the work of the Health and Wellbeing Board, which had a key role to play.
- (7) One role of the health and Wellbeing Board will be to produce the Joint Strategic Needs Assessment (JSNA) which will be used to inform

commissioning. More broadly, with the move of public health intelligence into KCC, there was to be an offer to GPs to provide public health support for commissioning decisions.

- (8) This provided an opportunity for KCC to develop its own vision. This would look at issues such as inequalities and would be linked to Bold Steps for Kent. There had been a good turnout at the Members briefing on 24 February which showed there was good Member engagement as well.
- (9) Dr Allingham took the opportunity provided by this item to update the Committee on CCG developments. There had been a reduction in the overall number and some others already shared back office functions, so may merge in the future. The emerging CCGs were tied into PCT commissioning structures now and while it was still too early to definitely say, the final number may be 1 or 2 in East Kent, 1 in West Kent, with another CCG possibly joining up the ones in Swale and Medway and the one covering Dartford and Gravesham.
- (10) RESOLVED that the Committee note the report and thank the Director of Public Health for her timely and informative update.

6. Older People's Mental Health Services in East Kent

(Item 7)

Dr. Barbara Beats (Assistant Medical Director Older Adults, Kent and Medway NHS and Social Care Partnership Trust (KMPT)), Justine Leonard, (Service Line Director for Older Adults and Specialist Services, KMPT), Evelyn White (Associate Director Integrated Commissioning, NHS Kent and Medway), Linda Caldwell (Lead Commissioner Older People, NHS Kent and Medway), Bob Deans (Chief Executive, KMPT), Helen Buckingham (Deputy Chief Executive and Director of Whole System Commissioning, NHS Kent and Medway), Sara Warner (Assistant Director Citizen Engagement, NHS Kent and Medway) and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

- (1) An overview of the proposals was provided by a representative of the NHS group present which was drawn from the commissioners and main current provider of services, Kent and Medway NHS and Social Care Partnership Trust (KMPT). It was stated that the care of older people with mental health needs and dementia in particular was a high priority for the NHS locally and the proposals being developed were in line with both the national dementia strategy and the recent KCC Select Committee report on dementia. The proposals were a whole systems development which meant that commissioners were working on the proposals with the main and other providers. In summary, the proposals were to close the equivalent of 2 wards and use the savings to reinvest in home treatment services and the dementia crisis service.
- (2) The Committee was further informed that due to over capacity 1 ward had already been closed with no impact on the service and so they were looking to close 1 more ward of 16 beds, taking the total down to 45. The services were to be pump primed so they were in place before any further reduction in acute beds. The home treatment service, which was composed of multi-disciplinary

teams, was ready to go. Kent County Council was to commission the dementia crisis service on behalf of the NHS as this would ensure it was aligned with social services. In addition there were already 13 Admiral Nurses across Kent. Preliminary work on service redesign had resulted in three viable options around the future location of acute mental health beds for older people, but if other viable options were put forward during the consultation, they would be considered.

- (3) The Chairman drew attention to the recommendations put forward by the NHS, which could be found on page 229 of the Agenda that the Committee note the progress made in delivering improved outcomes for people with dementia in East Kent and the intention to go to public consultation. He then asked for additional questions and comments from the Committee.
- (4) One specific question related to the use of anti-psychotic medication and recent reports on its inappropriate use. The response was given that there was a drive across Kent and Medway to reduce their use, and it was going down. However, the levels would never go down to zero as there were cases where there was good clinical evidence for their use.
- (5) There were a number of points raised around equality of provision, and the argument made that provision would vary as different areas had different needs. However, best practice was being shared and the model proposed for East Kent was similar to that introduced in West Kent.
- (6) This overlapped with questions raised around the services available for people with different mental health needs, such as those with organic as opposed to functional health needs. The response given was that this was a false dichotomy to an extent as many patients had a range of different needs. In response to a precise question, the average length of stay for those with functional mental health problems was 49 days, and for those with organic mental health problems, such as dementia, was 55 days.
- (7) The role of carers was raised and NHS representatives explained they were crucial. Keeping people with dementia in their own homes, which included care homes, was proven to improve their quality of life and the West Kent model involved working with carers and social services to design services which would allow this to happen.
- (8) One major area of concern was the potential problem of causing unintended consequences to the detriment of the NHS as a whole through carrying out what were individually positive acts. The example of using independent sector providers to carry out cataract operations in the recent past which had led to financial problems in the acute sector was given of such a situation. Allied to this was concern around transition to the new service being carried out poorly as a result of attention in the health economy being focused on the broader structural changes underway in the NHS.
- (9) The response referred back to the points made about the plans being drawn up with a view to aligning the whole health economy. The observation was made that where people were on acute wards but could be treated more effectively elsewhere, this was good for the acute sector as well as the patient

and health economy more generally. However, it was acknowledged that while there were few fixed long term costs within the health economy, there were short and medium term ones. NHS commissioners explained that in the current system 2% of the commissioning budget was set aside to provide a non-recurrent source of funding to cover the costs of change. At present this amounted to £54 million being set aside, and this was likely to be comparable to sums available in the future under the new system.

- (10) RESOLVED that the Committee thank its guest for attending today's meeting and looks forward to receiving the consultation paper in due course. Members of the Committee are invited to form a small sub-group to further inform the consultation process.

7. Mental Health Services Review

(Item 8)

Bob Deans (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust (KMPT)), David Tamsitt (Director – Acute Services, KMPT), Laretta Kavanagh (Kent and Medway Director of Commissioning for Mental Health and Substance Misuse, NHS Kent and Medway) and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

- (1) The Chairman introduced the item and explained that it was one of two items on this meeting's Agenda where the Committee was asked to decide whether or not it was a substantial variation of service. If they decided it was and Medway Council's Health and Adult Social Care Overview and Scrutiny Committee decided likewise at its meeting of 27 March, then this would require the establishment of a Joint Health Scrutiny Committee with Medway Council. The Chairman referred to the explanation of what this involves made available in the Agenda.
- (2) A number of Members expressed views supportive of the idea that it did constitute a substantial variation of service.
- (3) RESOLVED that the Committee agrees the proposals constitute a substantial variation of service and that a Joint Health Scrutiny Committee with Medway Council be constituted should this be necessary.

8. Patient Transport Services

(Item 9)

Helen Buckingham (Deputy Chief Executive and Director of Whole System Commissioning, NHS Kent and Medway), Helen Medlock (Associate Director of Urgent Care and Trauma, NHS Kent and Medway) and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

- (1) The Chairman introduced the item and referred to the comments he had made during the previous item as to the decision required of the Committee.
- (2) A number of Members made comments about this topic and expressed the view that patient transport broadly was high on the public Agenda. One Member made reference to gaps in public transportation to the new hospital at

Pembury. Another made reference to the importance of the volunteer car service and public misunderstanding about what exactly constituted the Patient Transport Service and who was eligible. Several Members echoed the necessity of seeing the eligibility criteria and representatives of the NHS undertook to make it available to the Committee. One Member raised a specific local example of what appeared to be a change in the eligibility criteria.

- (3) In explaining the plans, NHS representatives explained that they were undertaking a review of gaps in service provision and this built on work done by LINKs and others, and mention was made of a useful patient engagement event the previous day. Patient engagement would continue. On the volunteer car service similarly, providers were encouraged to continue working with them and engagement here was continuing. What was currently underway was work on the procurement framework to enable commissioners to clarify and manage the contracts properly. Decisions were still to be made on how many lots the procurement would be divided into and one possible model was a contact centre for all the providers. Although concerns around inconsistent application of the eligibility criteria were recognised, the eligibility criteria were not being looked at currently and if any changes were proposed, which would only be after the procurement, the NHS would need to return to HOSC and share them.
- (4) Mrs Elizabeth Green proposed and Councillor Richard Davison seconded the following motion:
 - That the Committee agrees the proposals constitute a substantial variation of service and that a Joint Health Scrutiny Committee with Medway Council be constituted should this be necessary.
- (5) RESOLVED that the Committee agrees the proposals constitute a substantial variation of service and that a Joint Health Scrutiny Committee with Medway Council be constituted should this be necessary.

9. HOSC Report into Reducing A&E Attendances

(Item 10)

Dr John Allingham (Medical Secretary, Kent Local Medical Committee) was in attendance for this item.

- (1) The Chairman introduced the item and reviewed the detailed work undertaken by the Committee over a number of meetings. He explained that the preliminary draft report had been circulated to HOSC Members and local NHS Trusts and the initial feedback had been positive.
- (2) One Member expressed the view that the report was very clear and the whole process was a classic example of how the Committee could add value to the development of local health services in highlighting things which needed to be done. He explained that although much had been done to provide alternatives to Accident and Emergency Departments there was still confusion in the public mind about the options available. He also highlighted the issue of a gap in the

availability of alternatives in mid-Kent. The role of the forthcoming 111 service was crucial and needed careful preparation.

- (3) Another Member echoed the state of confusion around the different services available at different minor injuries units and walk-in-centres and expressed the view that he hoped the development of Clinical Commissioning Groups would help improve out-of-hours services.
- (4) The Chairman explained that the report would be sent to all local NHS Trusts along with a request for a formal response. He hoped the report would be accepted in a positive manner as a way to assist in developing some solutions to the problem of how to reduce attendances at Accident and Emergency Departments.
- (5) RESOLVED that the Committee Researcher be thanked for his assistance in drafting a very timely and informative report which identifies a number of severe problems which need addressing along with some solutions and looks forward to the formal responses of local NHS Trusts.

10. Date of next programmed meeting – Friday 13 April 2012 @ 10:00 am
(Item 11)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 29 March 2012.

PRESENT: Mrs A D Allen (Substitute for Mr K A Ferrin, MBE), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr D S Daley, Mrs E Green, Mr R Tolputt, Mr L B Ridings, MBE, Mr C P Smith, Mr K Smith, Mr M V Snelling and Mr A T Willicombe

IN ATTENDANCE: Mr P Sass (Head of Democratic Services)

UNRESTRICTED ITEMS

1. Membership

(Item 1)

The Membership set out on the agenda was noted with the addition of Mr L Ridings.

2. Election of Chairman

(Item 3)

Mr C P Smith proposed and Mr K Smith seconded that Mr M V Snelling be elected Chairman.

Carried Unanimously

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Item 6: East Kent Maternity Services Review: Written Update.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 13 April 2012

Subject: East Kent Maternity Services Review: Written Update.

1. Background

- (a) The Health Overview and Scrutiny Committee received written updates on the East Kent Maternity Services Review at the meetings of 4 February 2011 and 10 June 2011.
- (b) Members heard from NHS representatives at the meeting of 22 July 2011. At this meeting the Committee agreed to examine this issue in more depth at a later meeting and that a small working group of Committee Members be established to further investigate and prepare a report for HOSC. The Members of this informal HOSC Liaison Group were Mr Nigel Collor, Mr Dan Daley, Cllr Michael Lyons and Mr Roland Tolputt.
- (c) Members of this informal HOSC Liaison Group reported back to the Committee when it further considered this subject on 9 September 2011. It was also decided that Mrs Elizabeth Green should join this Group, which would continue to liaise with the NHS on the subject.
- (d) Representatives of the NHS were last invited to discuss this topic at the meeting of 14 October 2011. Members were provided with copies of the consultation document at this meeting as the consultation was launched that same day.
- (e) The consultation ran until 20 January 2012.
- (f) A further written update was received at the meeting of 3 February 2012.

2. Recommendation

That the Committee note the report.

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Michael Snelling
Chairman
Health Overview and Scrutiny Committee
Kent County Council
Members' Suite
Sessions House
County Hall
Maidstone
ME14 1XQ

02 April 2012

Dear Mr Snelling,

Health Overview and Scrutiny Committee meeting – 13 April 2012
East Kent maternity services review

We refer to the letter dated 09 March from Nick Chard requesting a report to cover the outcomes of the east Kent maternity services review consultation process.

This joint letter is to let you know that following discussions with senior clinical colleagues, we have decided to delay reporting to our respective boards for a month. This means that we request that HOSC now receives a joint report with our recommendations from this review at its meeting on 01 June as opposed to 13 April.

This additional time will allow the Maternity Service Review Group (MSRG) to reconvene and discuss the consultation findings from Greenwich University with due care and consider the national Birthplace study.

During this time we will make available the Greenwich University report to all interested parties including the east Kent Clinical Commissioning Groups so they have chance to read and comment on the outcomes and influence the recommendation of the MSRG. This inclusive approach is more in keeping with the guidance on the four tests used to assure service reconfiguration.

We are aware that reporting to the June HOSC as opposed to the April meeting is a significant delay and we would therefore like to propose a briefing session for Members in early May to discuss our proposals and recommendations once they have been considered by our Boards at the end of this month. HOSC Members will of course also be invited to attend the NHS Kent and Medway Board meeting on 25 April.

Cont'd.

2/

If you are happy with this suggestion our officers will work with Tristan Godfrey to arrange a mutually convenient session in May.

We appreciate that Members will be anxious to hear the outcomes however having spent so much time and effort conducting the review it would be unwise to rush the final decision making stages and risk legal challenge. We hope this proposal is acceptable and look forward to hearing from you.

Kind regards.

Yours sincerely,

Ann Sutton

Ann Sutton
Chief Executive
NHS Kent and Medway PCT Cluster

Stuart Bain

Stuart Bain
Chief Executive
East Kent Hospitals University Foundation Trust

Item 7: Forward Work Programme.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 13 April 2012

Subject: Forward Work Programme

1. Proposed Forward Work Programme.

(a) 1 June 2012

i. East Kent Maternity Services Review.

(b) Meeting dates for the rest of 2012.

- 20 July
- 7 September
- 12 October
- 30 November

(c) It has already been agreed that the following topics will return to the Committee at an appropriate time in the future. The timings have yet to be determined.

- East Kent Hospitals NHS University Foundation Trust Clinical Strategy;
- Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust: Developing Partnership;
- Patient Transport Services (PTS).

(d) Following the approval of the HOSC Report into Reducing A&E Attendances at the meeting of 9 March, the report was sent to local NHS Trusts. Formal responses received will be made available to the Committee in due course.

2. Kent and Medway NHS Joint Overview and Scrutiny Committee: Adult Inpatient Mental Health Services Review.

(a) At the meeting of 9 March 2012, the Committee agreed that the proposed review into adult inpatient mental health services constituted a 'substantial variation' of service. Medway Council's Health and Adult Social Care Overview and Scrutiny Committee made the same decision at its meeting of 27 March.

Item 7: Forward Work Programme.

- (b) As explained at the meeting of 9 March, this means that this subject will be considered by the Kent and Medway NHS Joint Overview and Scrutiny Committee.
- (c) This Joint Committee with Medway Council was established at the meeting of the County Council of 25 March 2004. The arrangements were updated at County Council on 14 September 2006.¹
- (d) The Joint Committee consists of 12 Members: 8 from Kent County Council and 4 from Medway Council.
- (e) Arrangements for the meeting of this Committee are currently being considered.

3. Recommendation

Members are asked to consider and approve the proposed Forward Work Programme.

¹ <http://democracy.kent.gov.uk/Data/County%20Council/20060914/Agenda/sep06-item7.pdf>

Item 8: Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 13 April 2012

Subject: Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application.

1. Introduction

- (a) Kent and Medway NHS and Social Care Partnership Trust have requested the opportunity to bring the subject of the organisation's application for Foundation Trust status to the Committee.

2. Recommendation

That the Committee consider and note the report.

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Item 8: Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application. Background Note.

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

To: Health Overview and Scrutiny Committee, 13 April 2012

Subject: NHS Trust and NHS Foundation Trust Status

1. Foundation Trusts (FTs)

- (a) Foundation Trusts are independent public benefit organisations but remain part of the NHS. They are accountable to Parliament as well as the local community. They have a duty to engage with their local community and encourage local residents, staff and service users to become members. Members can stand for election to the board/council of governors.
- (b) The council of governors is drawn from various constituencies, with members either elected or appointed by that constituency. It works with the board of directors, which has the responsibility for day-to-day running of the FT.¹
- (c) As things currently stand, there are a number of differences between NHS Trust and NHS Foundation Trust status. One of the areas of difference is around financial duties:
 1. NHS Trusts have a duty to break even, meaning that their expenditure must not exceed their income, taking one financial year with another. Spending on capital and cash held must be within certain limits.
 2. FTs are not statutorily required to break even, but must achieve the financial position set out in their financial plan. One main measure of an FT's financial performance is EBITDA (earnings before interest, tax, depreciation and amortisation).²

2. The Foundation Trust Pipeline

- (a) The NHS Operating Framework for 2012/13 provides the following summary of the FT Pipeline:

¹ Monitor, *Current practice in NHS foundation trust member recruitment and engagement*, 2011, <http://www.monitor-nhsft.gov.uk/sites/default/files/Current%20practice%20in%20foundatio...ecruitment%20and%20engagement.pdf>

² Academy of Medical Royal Colleges and Audit Commission, *A Guide to Finance for Hospital Doctors*, July 2009, p.23, <http://www.audit-commission.gov.uk/health/audit/financialmgmt/hospitaldoctors/Pages/hospitaldoctors9jul2009.aspx>

“Progress on the NHS Foundation Trust (FT) pipeline is not an end in itself but a critical means for creating clinically and financially sustainable organisations across the provider sector. NHS trusts are expected to achieve NHS FT status on their own, as part of an existing NHS FT or in another organisational form by April 2014, with a few concluding beyond this date by exceptional agreement. Plans for all NHS trusts have been agreed under Tripartite Formal Agreements (TFAs), which codify the locally owned issues, actions and processes and set out the journey each organisation must take going forward.”³

(b) Since October 2010, the Department of Health has been developing new processes to assist aspirant Trusts towards authorisation. The completions of a ‘tripartite formal agreement’ (TFA) for each Trust has been a core element of this with the TFA summarising the main challenges faced by each organisation along with the actions to be taken by the Trust, SHA and Department of Health.⁴ Any issues were put into four categories:⁵

- Financial;
- Quality and Performance;
- Governance and leadership; and
- Strategic issues.

(c) As of 30 January 2012 there are 140 FTs. Across England, this accounts for around 57% of acute, 73% of mental health and 27% of ambulance trusts.⁶

(d) Across the South East Coast region, 50% of Trusts have been authorised as Foundation Trusts.⁷ In Kent and Medway, the Foundation Trusts are currently:

- East Kent Hospitals NHS University Foundation Trust;
- Medway NHS Foundation Trust; and

³ Department of Health, *The Operating Framework for the NHS in England 2012/13*, 24 November 2011, p.29, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf

⁴ National Audit Office, *Achievement of foundation trust status by NHS hospital trusts*, Full report p.6, 13 October 2011, http://www.nao.org.uk/publications/1012/foundation_trusts.aspx

⁵ Ibid., p.21. All TFAs can be accessed here: <http://healthandcare.dh.gov.uk/foundation-trusts-tripartite-formal-agreements/>

⁶ Monitor, *140th foundation trust authorised by Monitor*, 1 November 2011, <http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/latest-press-releases/140th-foundation-trust-authorised-monitor>

⁷ NHS South East Coast, *Provider Development Update*, Board Papers 28 September 2011, <http://www.southeastcoast.nhs.uk/Downloads/Board%20Papers/28%20September%202011/71-11%201%20Provider%20Development%20update%20Sept%202011.pdf>

- South East Coast Ambulance Service NHS Foundation Trust

3. Monitor and the NHS Trust Development Authority (NTDA)

- (a) Monitor is the independent regulator of NHS Foundation Trusts and is directly accountable to Parliament.
- (b) The three main strands to its work are currently:
1. Assessing the readiness of Trusts to become FTs;
 2. Ensuring FTs comply with their terms of authorisation and that they are well governed and financial robust; and
 3. Supporting FT development.⁸
- (c) A number of changes to the role of Monitor have been proposed as a result of the NHS White Paper, *Equity and Excellence: Liberating the NHS*, and the passage of the Health and Social Care Bill through Parliament (the Bill received Royal Assent on 27 March 2012⁹). It will become the sector regulator for health (and potentially for social care at a later date), licensing providers of NHS services and carrying out functions in the following three areas:
1. Regulating prices;
 2. Enabling integration and protecting against anti-competitive behaviour; and
 3. Supporting service continuity.¹⁰
- (d) Monitor will maintain its oversight role of Foundation Trusts until 2016 (or two years following authorisation if this is later) when the role will be reviewed.¹¹
- (d) The establishment of the NTDA will involve bringing together a number of functions currently carried out by the DH, SHAs and Appointments Commission. Its core functions will be:

⁸ Monitor, *What we do*, <http://www.monitor-nhsft.gov.uk/home/about-monitor/what-we-do>

⁹ Health and Social Care Act, House of Parliament, <http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

¹⁰ Monitor, *The Health and Social Care Bill: Monitor's Evolving Role*, 10 October 2011, [http://www.monitor-nhsft.gov.uk/sites/default/files/The%20Health%20and%20Social%20Care%20Bill%20-%20Monitor's%20evolving%20role%20\[Information%20sheet\]%2010%20October%202011.pdf](http://www.monitor-nhsft.gov.uk/sites/default/files/The%20Health%20and%20Social%20Care%20Bill%20-%20Monitor's%20evolving%20role%20[Information%20sheet]%2010%20October%202011.pdf)

¹¹ Ibid., and Monitor, *Assessing and regulating NHS foundation trusts*, <http://www.monitor-nhsft.gov.uk/home/monitors-new-role/assessing-and-regulating-nhs-foundation-trusts>

Item 8: Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application. Background Note.

1. Performance management of NHS Trusts;
 2. Overseeing the FT pipeline;
 3. Assurance of clinical quality, governance and risk at NHS Trusts; and
 4. NHS Trust appointments, including Chairs and non-executives.¹²
- (e) The timeline is that the NTDA will be established as a Special Health Authority in June 2012, take on the functions of the Appointments Commission in October 2012 and be fully operational April 2013.¹³
- (f) A review of the continuing need for the NTDA is likely to take place in 2016.¹⁴

¹² Department of Health, *Building the NHS Trust Development Authority*, 5 January 2012, p.8, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132049.pdf

¹³ *Ibid.*, pp.6, 19.

¹⁴ *Ibid.*, p.7.

Meeting	Kent HOSC
Date	13 April 2012
Subject	KMPT Foundation Trust Application
Reporting Officer	Bob Deans, Consultative Executive Director
Purpose	To seek HOSC views and support for KMPT plans

Summary

KMPT is keen to engage with stakeholders to obtain their views and support for the Trust plans including its aim to be a Foundation Trust in 2013.

Background

KMPT consulted with stakeholders and partners in 2008 about its strategic plans and its aim to fulfil these plans as a Foundation Trust. It engaged with the public, service users and carers, staff and partners to gain their views and to reflect these in future planning. It outlined its strategic objectives and the advantages of being a Foundation Trust.

Reasons for Engagement

The Trust has now refreshed its Foundation Trust application and its Integrated Business Plan which sets out the vision for the next five years. The Trust now wants to confirm that its vision is shared with key stakeholders such as the HOSC and that their opinions and aspirations for Mental Health Services in Kent are reflected in the Trust's proposals.

Changes since last full Consultation

The basis of the Trust strategic service plans and priorities have not changed but the Health economy and the political landscape have altered significantly since 2008.

The organisational structure and the Board leadership have also changed as have some of the services offered and partnership arrangements.

Desired Outcome

The Trust would like to take this opportunity to present to the Committee a summary of its current plans, to receive the Committee's views on these plans and ultimately to gain the Committee's support for its refreshed Foundation Trust application on the basis of updated Integrated Business Plan.

Recommendation

The Committee is asked to receive a presentation and discuss the Trust's plans are consistent with the Committee's objectives for the future of Mental Health Services in Kent. Members are asked to consider the aims and benefits of KMPT as a NHS Foundation Trust.



Kent and Medway

NHS and Social Care Partnership Trust

Engaging with the public



Our application to become a Foundation Trust

April 2012

Excellent Care Personal to you - Delivering Quality through Partnership

The Trust

Kent and Medway NHS and Social Care Partnership Trust provides mental health and other services to people across Kent and Medway and is a partnership organisation with Kent County Council.

The Trust is one of the larger NHS Trusts in the country covering an area of 373,499 hectares, employing approximately 3,400 staff and operating from over 80 sites across Kent and Medway.

Introduction

In 2008 we asked for your views on our application to be a Foundation Trust, we explained our plans for the future and how these could be best achieved as an NHS Foundation Trust. We still believe that it is best for the population we serve and the Trust if we obtain Foundation Trust status in our own right. However, in light of the passing of time and the significant changes to the NHS and local authority environment, we felt it appropriate to restate our position and to highlight any changes in our plans for future services.

You will see that we have ambitious plans to not only develop and deliver the very best services, but to also involve local people in the way we do this.

We know that service user and carer involvement in service design and delivery has been ongoing for many years. However, the concept of a Foundation Trust will facilitate more people from the local community than ever before to have a voice in the way we take forward the delivery of your NHS services.

We want to know what you think. Therefore, if you have any comments to make about this document, or you would like further copies, please contact us.

Similarly, if you or someone you know cannot read this document, please advise us of your/their specific needs and we will do our best to provide you with the information in a suitable format or language.

Our plans for the future

As a Foundation Trust we will build on our sound clinical, managerial and business expertise. This can be achieved by improving our environments and organisational intelligence so that we continue to strengthen and improve the efficiency and quality of those "core" services we will be required to deliver. With our partners, we will consider how we will continue to improve and develop services based on local needs, social inclusion and recovery.

Future planned services and their delivery

Over the next 5 years the Trust will better understand local needs. Service user recovery will be at the centre of everything we do, from mild to complex mental health needs, and service users will be fully involved in their own care.

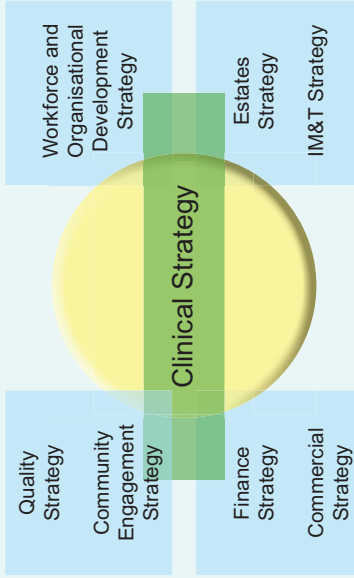
We aim to develop a self-regulation strategy to enable service users to treat themselves, alongside new technologies such as e-mail, tele-medicine and text therapy.

The Trust anticipates that it will focus on developing services which includes working with partners to strengthen community services, continue the review and redesign of inpatient services across the county, and improve and expand the coverage and provision of specialist services. The Trust will work closely with local communities and Commissioners in the future development of these services.

We recognise that having access to employment, general healthcare, a home, decent education and social networks are very important everyday concerns for people who use our services. We will continue to work with our partners so that we listen and learn from people's experiences.

The Trust will continue to work to its six strategic objectives and aim to be an organisation that:

1. Listens and learns from its service users, their carers, our staff and partners.
2. Provides integrated, responsive and safe services based on the needs of individuals.
3. Maintains robust clinical standards, corporate standards, information systems, and continually seeks to improve consistent quality of our services.
4. Develops and maintains a modern infrastructure, developing capital and investment priorities to support safe, effective and stigma free services.
5. Provides employees with a stimulating and supportive environment and enables them to develop their skills and expertise.
6. Establishes a financial base that is robust for the future development of the Trust and to provide economic, efficient and effective services.



Proposed Service Changes

We are currently consulting the public about proposed changes to adult in-patient services across Kent and older people's mental health in-patient services in east Kent. If you would like to know more about these consultations, please visit www.kmpt.nhs.uk or call 01732 520441.

What is a Foundation Trust?

A Foundation Trust (FT) is a type of organisation that involves service users, carers, the public and staff in the way it is run. Foundation Trusts are part of the NHS and provide free care based on the needs of patients.

They are also required to meet at least the same standards of service and care as all NHS Trusts. Local people and staff can become members and governors of the Foundation Trust. This way we will have greater freedom to develop services in line with the specific needs of local communities.

The Trust will have more control of its financial management so funds can be directed to where they are required most. Legally binding contracts will be agreed with commissioners for up to three years to ensure future funds, which will help to give the Trust more financial stability.

Page 2

Why are we applying?

The Trust Board decided to apply to become a Foundation Trust in October 2006. After careful consideration it was felt that the benefits brought by becoming a Foundation Trust would help to make a real difference to the delivery of the Trust's services.

These benefits include:

- having better arrangements to help patients, local people and the community to have their say.
- a greater focus on understanding and meeting patients' needs.
- stronger financial management, greater efficiency and productivity.
- having more freedom to innovate in services.
- more control over our own future.
- being sure about how much money we will get to provide services.
- freedom to operate more like a business.

How does a Foundation Trust work?

- They are public benefit corporations – involving the public in the way it is run
- They are part of the NHS
- They have members who are local people and staff who decide they want to play a part in the future of their FT
- They have a Council of Governors, made up of staff and local people elected by members as well as local stakeholders appointed by the Trust
- FTs have new financial freedoms which means they can borrow and use surplus cash to reinvest in new services, equipment and innovations
- They are not subject to central Government management – instead they have a new regulator, Monitor, to ensure they comply with strict governance and financial rules

Becoming a Foundation Trust will:

- put local communities, and the people we work with at the heart of the running of the Trust. They will be involved with checking how well we are doing and setting our aims, rather than the Trust going through central government,
- help us to make new partnerships so we can develop new and better services, making it easier for people to get help where, when and how they need it,
- enable us to use our NHS foundation trust status to help us plan and improve services for the long-term,
- enable us to better work with local businesses and help stamp out the stigma and discrimination associated with mental illness.

Governance Arrangements

Fundamental to the success of a Foundation Trust is local accountability. This is achieved through having local people, staff and representatives of our partners involved in the Trust's governance. There are minimum legal requirements as to how this accountability must be achieved and the Trust has developed the plans outlined here in line with these requirements. The Foundation Trust's future Governance centres on the following three areas:

- Members
- Council of Governors
- Board of Directors

Membership

Members and governors can play a direct and meaningful role to influence the Trust's future work. Through the Council of Governors, they will shape and endorse the future strategy of the Trust, and provide a critical link between the Trust and the communities it serves.

Although all members fundamentally have the same role to play, they can be split into two clear groups called constituencies.

Public – anyone who is not a member of staff. They will have to sign up to become a member.

Staff – any member of staff who has a contract with the Trust will automatically be made a member of the Trust unless they wish to opt-out.

All members will be able to vote, or stand for, the election of Governors.

Members

- Anyone living in the catchment area can become a member.
- Trust staff will automatically become members unless they choose to opt-out.
- All Trust patients and their carers can become members if they live in the catchment area.
- This is the best way to receive all the latest news on the work of the Trust.
- This is the best way to ensure stronger governance arrangements and greater local accountability of your Trust.
- It is free!

Council of Governors

Governors of the Foundation Trust will play an integral part in how it will operate in the future and will represent the needs and views of their members. They will have an active role in shaping the strategic direction and will promote the organisation in their local community, through acting as ambassadors. In doing so they can positively raise the profile of mental health and challenge discrimination and stigma in our local communities.

The Council of Governors has formal functions, which include:

- Appointment of the Chair and other Non Executive Directors of the NHS Foundation Trust
- Approving the appointment of the Chief Executive
- Appointing of the Trust's auditors.

The Council of Governors is not involved in the day to day running of the Trust but plays a key role in shaping the services that we provide for the people of Kent and Medway.

Board of Directors

The Trust will be managed on a day-to-day basis by a Board of Directors who will:

- Set the strategic direction for the Trust in consultation with the Council of Governors
- Ensure the implementation of the strategy
- Ensure that the Trust remains financially viable

Governors

- The majority of the Council of Governors is made up of both elected and appointed governors.
- More than half the Council of Governors will be elected by members who can elect other members as representatives.
- Appointed governors include representatives of the Trust's local partner organisations.
- Governors give up their time voluntarily, but will be supported and given training to help them gain the skills needed to contribute effectively and understand the way the Trust works.

Our Proposal

The following table illustrates how we think the Council of Governors should be comprised. No distinction has been made between members of the public and service users. This is to reduce stigma and not differentiate between those who have used services and those who may in the future.

Appointments and Elections

The Trust has identified its key partners from which it wishes to appoint governors to its Council of Governors. If agreed, following this consultation, these organisations will be approached to put forward a representative. Following the consultation phase we will contact any new member who has indicated they may be interested in becoming a Governor. We will run information sessions for these members and then move forward to establish the elections for both public and staff governors. The elections will be managed independently of the Trust and we will publish full details of the process.

Group	Organisation	Number of Governors
NHS	CCGs NHS Trust	3 1
Local Authority	Kent County Council Medway Council	2 1
Partner Organisations	Police Service Prison Service Academia	1 1 1
Voluntary Sector		3
Total Appointed Representative Governors		14
Staff	East Kent West Kent Medway	4 4
Total Elected Staff Governors		4
Public	East Kent West Kent Medway	7 7 5
Total Public Governors		19
Total Number of Governors		37

How to give us your views.....

Your views are really important to us. Without them we cannot move forward, become a Foundation Trust and start to further improve services for local people.

Now that you have read this document, we would like you to fill in the form on page 7 and return it to us. We will be holding three public events where you can come along and hear more about our plans or give us your views:

11th April - 6:30pm - 8:30pm, Anselm Hall, (Main Campus) Canterbury Christ Church University, North Holmes Road, CT1 1QU

19th April - 6:30pm - 8:30pm, Maidstone Community Support Centre (Halls 2 & 3), 39-48 Marsham Street, ME14 1HH

25th April - 6:30pm - 8:30pm, Corn Exchange (Princes Hall), Rochester, ME1 1LX

You do not have to let us know you are coming.

If you are a member of a local group, society, forum or network and you feel that your colleagues or fellow members would benefit from hearing more about our plans, you can call 0800 3769229 and we will arrange for one of our team to come and talk to you about the move to Foundation status.

Find out more or contact us at:

Online: www.kmpt.nhs.uk/membership

Tel: 0800 3769229

e-mail: FTOffice@kmpt.nhs.uk

Timeline

Diagnostic tests conducted by the Strategic Health Authority	Oct 11 - Aug 12
Strategic Health Authority recommends Trust to move forward	Sep 2012
Governors appointed and elected	Summer 2012
Monitor assessment stage begins	Late 2012
If successful, Trust becomes a Foundation Trust	2013

Response Form

Please return to: FT Office, 35 Kings Hill Avenue, West Malling, Kent ME19 4AX
Please enclose a separate sheet if necessary

Do you support the Trust's proposed Membership plans?
Comments...

Yes No

Do you support the Trust's move to Foundation Status?
Comments...

Yes No

Do you agree with the Trust's direction and plans for the future?
Comments...

Yes No

Do you agree with the Trust's proposed make up of the Council of Governors?
Comments...

Yes No

Are there any other comments you would like to make?

Your Details

Title _____ First Name _____ Surname _____
Address _____
Postcode _____
Tel No. _____ e-mail address _____

We would like to contact you to tell you about the work of the Trust, events and opportunities for you to become involved. What is your preferred method of contact? Post e-mail

We want to make sure our members come from all parts of society so please tell us your:

Gender Male Female D D / M / M / Y / Y / Y

Please tell us your ethnicity (Please tick one box)

White Black or Black British Other
 British Caribbean Chinese
 Irish African Not Stated
 Asian or Asian British Other
 Indian Mixed
 Pakistani White and Black Caribbean
 Bangladeshi White and Black African
 Other Asian White and Asian
 Other

Do you have any disabilities? Yes No If yes, let us know of the nature of your disability so that we can help meet your needs:

Your particular areas of interest: Tick as many as you wish

Adult Mental Health Services Older People's Mental Health Services
 Eating Disorder Services Psychology Services and Primary Care
 Forensic Mental Health Services All areas of service
 Brain Injury and Disablement Services Child and Adolescent Mental Health Services

Would you like to be involved; if so to what degree

Considered for election as a governor Involved in service design
 Be kept informed of developments Not sure at this stage

The following two questions are optional but will really help us to ensure we get a representative number of members: Have you used mental health services in the last three years?

Would you consider yourself to be a carer of someone who uses mental health services?

Signed _____

Dated _____

Please tick here if you do not wish to become a member
 If you do not wish to be listed on the public register of members tick here