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, 14 May 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mrs P A V Stockell (Substitute for Mr J A Kite), Mr R Tolputt, Mrs J Whittle, Mr A Willicombe, Cllr Ms A Blackmore, Cllr M Lyons, Mr R Kendall and Mr M J Fittock

ALSO PRESENT: Cllr Mr J Avey (Medway Council), Mr M Ayre (Senior Policy Manager), Ms C Bostock, Ms C Davies (NHS Eastern and Coastal Kent), Ms T Gailey (Public Health Policy Manager), Ms R Gunstone (Medway Council), Mr R Kenworthy, Mr J Larcombe, Mr A Marsh (Cabinet Member for Public Health), Miss N Miller (Media Relations Officer (CFE & Health), and Mr M Willis (NHS West Kent)

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

UNRESTRICTED ITEMS

1. Minutes
(Item 3)

(1) Further to Minutes of 26 March 2010 the Chairman informed the Committee that the Department of Health had confirmed that the initial assessment of the Committee’s referral to the Secretary of State for Health was ready for the attention of the Secretary of State.

(2) RESOLVED that the Minutes of the meeting held on 26 March 2010 are correctly recorded and that they be signed by the Chairman.

2. The Future of PCT Provider Services and the Use of Community Hospitals
(Item 4)

John Ashelford (Chief Executive, Hospice in the Weald), Dr David Goodridge, Oliver Mills (Managing Director, Kent Adult Social Services) and Anne Tidmarsh (Director of Commissioning and Provision, East, Kent Adult Social Services) were present for this item.

(1) The Committee had previously considered the Plans of the two Primary Care Trusts in Kent concerning their proposals for the future development of their provider services at the meeting of 30 October 2010.

(2) The Committee had before them a briefing paper prepared by the Research Officer to the Committee, and supplementary briefing material provided by Kent Adult Social Services, NHS Eastern and Coastal Kent, and NHS West Kent.

(3) The Chairman informed the Committee that both Primary Care Trusts had been in receipt of advice from the Department of Health stating that until there was clarity over the direction of Government policy on this topic, the attendance of NHS officers at the Committee should be postponed. The Overview, Scrutiny and Localism Manager was requested to liaise with the Chairman, Vice-Chairman, Political Group spokesmen and colleagues in the NHS with a view to scheduling an alternative time for them to meeting with Members and answer questions on this topic.

(4) Officers attending on behalf of Kent Adult Social Services (KASS) were first invited to introduce their paper on this topic. Mr Mills explained that the proposed changes presented an opportunity to build on the joint work already being done between Social Services and the Community Services as currently organised in both halves of the county. The idea of moving towards a whole county Community Foundation Trust was an opportunity to develop care pathways and bring care closer to home. There could also be a role for elected Members in the governance of any Community Foundation Trust, although details would have to come from the NHS. Other public service organisations could also be involved, and there was scope for reducing costs and working more efficiently.

(5) Dr Goodridge outlined what he saw as the current perverse incentives in the way NHS finances were structured, with acute services subject to a tariff and community services a block contract meaning hospitals tended to absorb any additional NHS spending. The capability to develop a local currency for community services has existed since April 2009. He raised the suggestion that if there was a need to cut management costs, one Primary Care Trust for the whole of Kent and two community service providers would be more sensible and retain the closeness of service providers to their relevant community.

(6) Mr Ashelford spoke from the experience of having been Chief Executive of the Hospice in the Weald to provide information about palliative care and the connection between hospices and community services. He argued that although the NHS has recognised the importance of end of life care, the role of community services has been diminishing in recent years with a reduction in the number of visits from community nurses and subsequent loss of shared knowledge. There was a need to better integrate community hospitals as currently 60% of people die in acute beds, but the admissions criteria for community hospitals does not encourage end of life care being given in community hospitals. The Hospice in the Weald had only 17 beds and delivered very specialist care, Mr Ashelford explained that although Hospices received on average 32% of their funding from Government sources, his Hospice received half of that.

(7) Mr Mills explained that Kent Adult Social Services provided a complete range of adult services, and community hospitals were an important aspect of this. He could not speak for children’s services or public health, but KASS worked with the PCTs on commissioning and were looking towards developing a single assessment process of people’s individual needs in order to prevent duplication of effort and facilitate a partnership approach to care. This fitted into the lessons which are being learnt from Kent being one of the Total Place pilots.

(8) His colleague Mrs Tidmarsh supplemented this information with examples of how there were numerous examples of jointly funded arrangements, such as integrated care teams, and joint working, such as the provision of step down beds in community hospitals, the work of community matrons and use of telehealth and telecare technologies to support patients with long-term conditions. At a time where the numbers of acute beds were being reduced, this was seen as even more important.

(9) A representative from the Kent LINk expressed his support for the KASS paper included in the Agenda and explained that the question of who paid for which services was important but confusing and often did skew provision.

(10) All Members of the Committee stressed their support of community hospitals and the important role they play in delivering effective health care to the people of Kent. One Member indicated the details of the different services provided at each hospital given in the information supplied by the NHS and indicated how each one was different and that it was difficult to form judgments about the future direction of these facilities without clarity concerning NHS plans for what services would be provided in the future. This also indicated the lack of precision about what exactly the role of a community hospital could and should be. A member of the public invited to speak pointed out the differential coverage of community hospital services across the county. Other questions raised by Members about community hospitals about which Members would like answers were the definition of 'local' used by PCTs, the status of legacies left to community hospitals, the role and status of volunteers at them and the comparative cost of a bed in a community hospital compared to those in the acute sector, as well as more details on the availability of beds in community hospitals for use by KASS.

(11) Members of the Committee then took the opportunity to have a broader discussion of the structure of the NHS and there was a general view expressed that continual reconfigurations were a distraction from focussing on patient care but that there were a number of perverse financial incentives within the system.

(12) The central role of GPs, both now and in the future, was discussed. One Member felt that in practice it was GPs who often exercised patient choice as patients did not have the appropriate information to make changes and that the much discussed Practice Based Commissioning would come up against the problem of GPs preferring to concentrate on treating people and not becoming managers.

(13) RESOLVED that colleagues be thanked for their attendance and that the Overview, Scrutiny and Localism Manager be authorised to discuss the most appropriate time for colleagues in the NHS to appear to answer questions on this subject with the Chairman, Vice-Chairman, the Liberal Democrat and Labour Group spokesmen as well as the Borough Representatives on the Committee.

3. CQC Registration Update
(Item 5)

(1) Members had before them papers received from Medway NHS Foundation Trust providing information on how its registration with the Care Quality Commission. Mr Wickenden was able to provide a verbal update based on information received from the Company Secretary that the Trust has applied to have the condition

concerning training on the Safeguarding of children lifted as the requisite training has now all taken place and that the Care Quality Commission had acknowledge receipt of the application.

(2) Members were also reminded that a briefing with local staff from the Care Quality Commission was scheduled to take place on 25 May.

(3) RESOLVED that the report be noted.

4. Forward Work Programme
(Item 6)

(1) Mr Wickenden provided Members with a general overview of how the best practice of the Committee in agreeing a forward work programme with stakeholders and focussing more on outcomes in the development of scrutiny questions was potentially a model for adoption across more areas of Overview and Scrutiny.

(2) Clarification was also provided to Members of the Committee that the proposed Select Committee on dementia would involve Members of the Health Overview and Scrutiny Committee while the parent Committee would be the Adult Social Services Policy Overview and Scrutiny Committee. A representative from LINks requested that his organisation be included in the work of the Select Committee in some way and the Chairman felt that there would be numerous opportunities for this to occur because of the value they would be able to add to the process.

(3) It was observed that much Committee time had been devoted to the issue of a new hospital in Dover and that as the scheme should be progressing there would be little need to include the issue on the work programme again. However, Mr Wickenden was asked to request a written update from East Kent Hospital Trust for Members' information.

(4) The Researcher to the Committee indicated Appendix B to the Forward Work Programme and requested additional questions for the July meeting from Members.

(5) RESOLVED that the Forward Work Programme be approved.

5. Committee Topic Discussion
(Item 7)

(1) Members felt that as the main item on the Agenda would be returned to at a later date as agreed in Item 4, they had no further comments to make at this point in time.

6. Date of next programmed meeting – Friday 11 June 2010 @ 10:00 am
(Item 8)