

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, 13 April 2012.

PRESENT: Mr M V Snelling (Chairman), Mr R E Brookbank, Mr N J Collor, 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 J Burden, Cllr R Davison, Cllr M Lyons, Cllr G Lymer, Dr M R Eddy and Mr M J Fittock

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

UNRESTRICTED ITEMS

1. Introduction/Webcasting

(Item 1)

2. Election of Vice-Chairman

(Item 3)

Mr K Smith proposed and Mr D S Daley seconded that Mr C P Smith be elected Vice-Chairman.

Carried Unanimously.

3. Declarations of Interest

(Item)

(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.*

4. Minutes

(Item 5)

RESOLVED that the Minutes of the meetings of 9 March 2012 and 29 March 2012 are correctly recorded and that they be signed by the Chairman.

5. East Kent Maternity Services Review: Update

(Item 6)

(1) The Chairman introduced the item and drew Members' attention to the letter from the Chief Executives of NHS Kent and Medway and East Kent Hospitals University NHS Foundation Trust in the Agenda. In response to the letter, Members made a series of connected points expressing their individual and collective disappointment that there was going to be a delay in reaching a decision in relation to the East Kent Maternity Services Review.

- (2) It was felt this delay would result in increased uncertainty for mothers-to-be, staff and the public at large as well as the uncertainty around the future of the birthing unit at the Queen Elizabeth the Queen Mother Hospital in Margate and the shape of services at Buckland Hospital in Dover.
- (3) Several Members who had been involved in the informal HOSC Members Liaison Group on this issue last year felt there has been a promising start made but that further delay was troubling.
- (4) Members felt strongly that the offer of a briefing prior to the next meeting of the Committee should be accepted. One Member made a specific request that a copy of the NHS Board Paper on this subject be made available to HOSC Members once it has been published. Allied to these points, the view was expressed that the Committee should be firm in ensuring that representatives of the NHS attend the formal HOSC meeting on 1 June to answer questions on this issue.
- (5) RESOLVED that the Committee note the report and accept the offer of a briefing on this subject prior to the next meeting and that the Chairman write to the NHS to ensure their attendance at the 1 June meeting.

6. Forward Work Programme

(Item 7)

- (1) The Chairman introduced the item and drew Member's attention to the Forward Work Programme set out on page 17 of the Agenda. Following on from the previous item, it was highlighted that the East Kent Maternity Services Review had already been put down to take place on 1 June. Three other items were listed as items which were ongoing pieces of work and which would be brought back to the Committee at the most appropriate time.
- (2) One of these subjects was Patient Transport Services and it was acknowledged that the imminent procurement about to be undertaken by NHS Commissioners may affect timing. An ancillary point was made that this topic could be seen from a broader perspective and possibly include reference to volunteer driver services. The suggestion was also made that a specific review of the South East Coast Ambulance Service be undertaken.
- (3) The point was made that 2012/13 was to be a transition year as preparations were made for the new system coming in on 1 April 2013. This meant that capacity and flexibility needed to be kept with regards the Forward Work Programme to be able to react to these changes. Part of this new system was to be a stronger emphasis on both health and wellbeing. One Member expressed the view that there was increased activity relating to the wellbeing agenda, but there was not enough connection between what was occurring at the local and at the county level, for example through the shadow Health and Wellbeing Board. A request was made that HOSC play a stronger role in scrutinising broader wellbeing issues. The Chairman explained that he had already scheduled a meeting with the Cabinet Member for Business Strategy, Performance and Health Reform and the connection between scrutiny and wellbeing was to be one of the subjects discussed.

- (4) Related to the theme of connections between Committees, the request was made that the respective Officers of HOSC and the Social Care and Public Health Cabinet Committee keep each other informed of the work programmes of the two Committees to avoid duplication and promote a joined up approach. It was reported that the Officers of the two Committees were located in the same room, so this would facilitate the sharing of information.
- (5) The Chairman referred to the work which was ongoing to prepare for the establishment of the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the adult in-patient mental health services review. Several Members expressed the view that mental health services more generally needed to be kept under review. Specifically, dementia services and Child and Adolescent Mental Health Services were raised as topics which might be suitable for further review.
- (6) The Chairman drew Members' attention to information which had been circulated by email to Members the previous day on the Orpington Health Services Project. Representatives from the Sevenoaks area felt that this was a topic which could perhaps be best considered at the local level rather than HOSC. However, on looking at the details, one Member identified dermatology as the service most accessed at Orpington by Kent residents. This suggested there could be value in a wider review of dermatology services in Kent.
- (7) The Chairman undertook to explore these suggestions further in consultation with the Vice-Chairman and Group spokespersons, assisted by Committee Officers and report back to the Committee. He also suggested that there might be value in examining the issue of legacy debt and enquiring what work was being undertaken locally to ensure the new Clinical Commissioning Groups would have no historic debt to contend with. In connection with this, cancer services as a QIPP case study was also put forward. Members of the Committee felt this was a useful suggestion.
- (8) RESOLVED that the Committee approve the Forward Work Programme.

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

(Item 8)

Angela McNab (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Bob Deans (Consultant Executive Director, Kent and Medway NHS and Social Care Partnership Trust) were in attendance for this item.

- (1) The Chairman introduced the item and welcomed the two guests attending from Kent and Medway NHS and Social Care Partnership Trust (KMPT). This was the start of the organisation's engagement with HOSC on this specific issue and that it was a topic which would be returned to as KMPT's Foundation Trust (FT) application progressed.
- (2) Angela McNab introduced herself and explained that she was the new Chief Executive of KMPT and had taken up her new position the week before. Bob Deans, who had been interim Chief Executive over the previous year and was

now Consultant Executive Director, provided an overview of the Trust's plans, connected to a print out of a presentation which had been placed on Members' desks for the start of the meeting.

- (3) It was explained that the original consultation around KMPT's FT application ran in 2008, and the Trust had come to HOSC on that occasion. In October of last year the Strategic Health Authority had approved the plans for the current engagement process with a view to the Trust being authorised in 2013. The Trust was working on a business plan and was looking to the Committee for suggestions of what to include. In response to a specific question, the Trust offered to share the draft business plan when it was ready. An open offer was also made to arrange visits to the Trust for Members.
- (4) The focus of the Trust's plans was an ambitious clinical strategy. This was built around Service Line Management arrangements which meant there were a series of clinically led business units such as Community Access and Recovery. They also provided specialised and complex services like forensic services. Trust representatives reported that they performed well against nationally set targets. An engagement process had led to a clear set of values and an ambitious vision being set out and used language from the staff, at least 10% of whom were involved. The Trust aimed towards being able to deliver integrated mental and physical health services and supported the personalisation agenda and wanted everyone to have a care plan. This was backed up by a clear staff development programme.
- (5) KMPT was currently a Partnership Trust, with 300 Kent County Council staff seconded to it. They wished to remain as a partnership with others and an agreement had been reached with KCC's Cabinet.
- (6) The FT application had to be seen in the context of broader changes in the health economy. There was a more commercial focus with patient choice becoming more of a factor and Trust representatives spoke of wishing to be akin to a 'blue chip' organisation that would be the best choice for people. Increasingly services were being tendered, and an example was given of a joint tender bid for community child and adolescent mental health services (CAMHS) that had been put together with Kent Community Health NHS Trust, with academic input from St. George's. In response to a specific question, it was explained that St. George's was not the closest academic mental health Trust but did have a particular research expertise in CAMHS.
- (7) Another specific range of services discussed was telehealth and telecare, with the services available in Kent very well regarded and being developed in line with worldwide best practice. Some ways of delivering this were relatively simple methods like providing psychological help and advice via email. In response to a specific question, it was reported that patients did not have to pay for equipment used to deliver healthcare, though some had their own equipment.
- (8) Capital investment in improving inpatient facilities was also highlighted as an ongoing area of work, with the St. Martin's development specifically referred to. Other specialised inpatient centres of excellence were being developed. On the issue of estates and accountability, it was explained that a Foundation

Trust was able to sell off assets and keep the capital receipts to reinvest but that a business case would have to be produced and be approved by the Trust Board and Monitor. More broadly, Members raised specific queries about how accountability would work in practice. It was clarified that the Trust's Council of Governors would involve services users and carers and they were already involved in the current shadow Council.

- (9) A range of specific comments were made by Members about the presentation of the Trust's case. Some questions related directly to the presentation, and the lack of clarity about the map. The Trust explained that the presentation had tried to cover a lot, but took on board the comments that a different approach would be needed for different audiences. Borough/City/District Councils were amongst the stakeholders who would be involved in the ongoing engagement process.
- (10) There was a strong vein of scepticism running through a number of Members' comments about the difference that FT status would make. While it was acknowledged that achieving FT status was Government policy, it was unclear that it would achieve anything more than a change of name. Attention was drawn to the vision, with the comment made that there were so many variables in the health economy it was difficult to see how it could be realised. One Member expressed concern that it was all about organisation, not patient services. Reference was made to past concerns expressed about KMPT and the long-term viability of KMPT; however, it was accepted that the Trust needed to try. Trust representatives took on board the comments Members made and stressed that they saw FT status as just that, a change of status rather than a cosmetic change of name, but knew they would have to demonstrate past problems had been overcome. It was acknowledged by Trust representatives that reputation and perception was important, and made clear that there were no current issues which had been raised by the Care Quality Commission, and there had been none for 6-7 months. The clinical strategy and quality of patient care was at the heart of their plans because patient care was their business. Therefore demonstrating financial sense came from delivering excellent care was central to the ongoing work. It was accepted that planning for innovation was difficult so the plans needed to build in wriggle room and there was a continual process of horizon scanning; but it was also pointed out that innovation often saved money and reduced costs.
- (11) The Chairman thanked the guests and explained that the Committee looked forward to receiving further updates in the future.
- (12) RESOLVED that the guests be thanked for their contributions and that the Committee looks forward to receiving further updates in the future.

8. Date of next programmed meeting – Friday 1 June 2012 @ 10:00 am
(Item 9)