

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.