KENT COUNTY COUNCIL

NHS OVERVIEW & SCRUTINY COMMITTEE

MINUTES of a meeting of the NHS Overview and Scrutiny Committee held at Sessions House, County Hall, Maidstone on 7 September 2007

PRESENT: Lord Bruce-Lockhart (Chairman), Mrs C Angell, Mr L Christie (substituting for Mr M J Fittock), Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mrs S V Hohler, Mr G A Horne MBE, Mr I T N Jones (substituting for Mrs E D Rowbotham), Dr T R Robinson, Mrs P A V Stockell (substituting for Mr J A Davies), Mr R Tolputt and Mrs E M Tweed.

OTHER MEMBERS PRESENT: Mr G K Gibbens (Cabinet Member for Public Health), Mr C J Law, Mr S J G Koowaree.

ALSO PRESENT: Mrs C Swann (Maidstone & Weald Locality Group, West Kent PCT PPIF; Kent & Medway Mental Health & Social Care PPIF), Mr J Larcombe (Maidstone & Weald Locality Group, West Kent PCT PPIF), Mr B D Russell (SECAmb PPIF Lead, Kent Locality Group), Mr J A Ogden (Chairman, KCC Standards Committee; non-executive director, West Kent PCT), Julia Ross (Director of Civic Engagement, West Kent PCT) and Lynne Selman (Director of Citizen Engagement and Communication, Eastern & Coastal Kent PCT).

IN ATTENDANCE: Ms D Fitch (Assistant Democratic Services Manager – Policy Overview) and Dr D Turner (Research Officer to the NHS Overview & Scrutiny Committee).

UNRESTRICTED ITEMS

48. Minutes

RESOLVED:- that the Minutes of the meeting held on 20 July were correctly recorded and that they be signed by the Chairman.

49. Potential to Restructure and Refocus the NHS Overview and Scrutiny Committee

(Item 4 – Report by Overview and Scrutiny Manager)

(1) The Chairman introduced the paper on restructuring and refocusing the Committee. He highlighted the need to update the protocol for the operation of the Committee, which dated from 2001. Discussions were to be held with District Council colleagues in relation to the potential to formally delegate to them some of the statutory powers of the NHS Overview and Scrutiny Committee. The Chairman emphasised that the Health scrutiny function must operate independently of the County Council's Executive; the Committee's independence was a vital element in discharging its role. In relation to the Work Programme, there had been discussions across the political parties and with health colleagues from East and West Kent to obtain their views. Tabled at the meeting was a list of potential items which had come out of these discussions. The Chairman stated that he had been impressed with the way that Parliamentary Select

Committees worked and he would like the Committee to work in a similar style. This would involve setting an agenda at least two to three months in advance and there being a greater understanding of the issues by Members prior to the meeting. This would give Members more opportunity to ask questions, rather than listening to presentations. He referred to the comments of Ms Ross, the Director of Civic Engagement for West Kent PCT, in relation to the way that the Committee worked, which had been circulated to Members. He emphasised that, while NHS colleagues would have an input into the Work Programme, it would also reflect the fact that part of the role of Members of the Committee was to represent patients' and residents' views, and to consider broader issues, including that of value for money.

(2) Members were then given the opportunity to discuss and comment on the issues raised in the document. In relation to the issue of access to health services, particularly as regards transport links, Members, as well as health service colleagues, had a role to play in helping to educate the public about the changing role of the Ambulance Service. This was particularly so in respect of the skill-set that ambulance staff now had and the impact of this on A&E services. It was noted that the South East Coast Ambulance Trust covered three counties and that, given this, the Kent Locality Group of the South East Coast Ambulance PPIF had a particularly important role to play.

Division of work between County Council and District Council Scrutiny Committees

(3) The Chairman reported that a meeting was being arranged with District Council colleagues to discuss the way in which a joint work programme, with delegation of certain items to District Scrutiny Committees, could operate. He stated that there was no fixed timescale for this but it would need to be dealt with as soon as possible.

(4) During discussion of this item the following points were made:-

- Over the last few years there had been much duplication of enquiries at District and County levels, and officers of various health service organisations had been called to a variety of meetings to give the same presentation. This was not productive or useful for either health service or local government colleagues.
- Health scrutiny discussions at District Council level were valuable in trying to gauge the opinions of local people for whom the NHS was trying to provide services. It was essential that elected representatives looking after the local community led on these issues; but they first needed to understand what the issues were and know what the potential service-delivery solutions were.
- The role of County Councillors was more strategic and they should be talking to PCTs as well as acute Trusts. There should be a separation of what the NHS Overview and Scrutiny Committee did at county level and what was done to scrutinise the health service at District Council level.
- The OSC should be able to request District Councils to look at issues in their locality and to come back with suggestions on the way forward.
- When engaging with District Council colleagues it was necessary to be aware that they operated in different ways – for example, their Members often worked during the day and, therefore, preferred to attend evening meetings. It would be necessary to think of innovative ways of engaging with District Council colleagues.

- It was important to meet with the District Councils and see what they would be willing and able to take on; and to have proper devolvement and engagement.
- If issues were devolved to District Councils it was important to have a feedback mechanism to NHS OSC, so that Members could be made aware of the outcomes of discussions.
- District Councils tended to want to be involved in local issues and were generally happy to leave the strategic issues to the County Council.
- Parishes also needed to be involved in this process, to avoid duplication of effort on the part of health service colleagues.
- Mr Phoenix made the point that on certain issues which were focused across a number of districts it might not be appropriate for this to be dealt with by just one of the districts. For example, regarding the proposed reconfiguration of emergency services at Maidstone Hospital, he did not believe that this was an issue that could appropriately be dealt with by Maidstone Borough Council, as it impacted on other districts.
- Working out which issues could be dealt with effectively by District Councils and which needed to be retained by NHS OSC involved achieving a delicate balance.
- It was important that the County Council had a co-ordinating role in relation to NHS Overview and Scrutiny. NHS OSC should be kept aware of what was going on at District level by reports back to the Committee.
- Consideration should also be given to having representatives from the County Council on some District Council Scrutiny Committees, as appropriate.
- It was important to have a draft protocol to form the basis of the discussion at the first meeting with District Councils. This should give a definition of which issues would be strategic and, therefore, retained by NHS OSC; and which could be classed as local and, therefore, possibly devolved to the Districts.

Meetings of the NHS Overview and Scrutiny Committee

(5) In discussion the following points were made about the work of the Committee:

- It would be helpful to look more than two or three months ahead when planning agendas.
- Half-day meetings of the NHS Overview and Scrutiny Committee were good, as long as it was possible to have a focused agenda.
- It was also useful from the point of view of public engagement and accessibility to hold meetings in appropriate locations depending on items on the agenda. This helped with engaging stakeholders.
- It would also be helpful for the Committee to consider holding site visits to complement its meeting agendas.

Other Issues

(6) In response to a question from a Member, Mr Phoenix stated that it was open to the NHS Overview and Scrutiny Committee to look at any NHS issue. However, it was only where there was a “substantial variation” to services that NHS bodies had

formally to consult the Committee. He confirmed that this was something that they welcomed doing as part as of their wider duty to consult with stakeholders. In relation to contentious issues, which could, for example, just mean that one or two people did not like the renaming of a service, it was necessary for the Committee to take a view on whether this was the type of issue that it would wish to consider.

(7) Mrs Angell asked for information on where LINks fitted in with the work of the Committee and how Kent would be managing the LINks programme. In response to this, it was agreed that a brief update on LINks would be given at the next meeting.

(8) Mr Gibbens informed Members that a steering group on LINks was being set up, which he would be chairing. The Chairman of the Committee, the Vice Chairman and the Liberal Democrat spokesman would also be Members of this group; and there would be representatives from the voluntary sector and PCTs. As part of this process, they would be holding focus groups across Kent in late October/early November working towards the establishment of LINks by 1 April 2008. He anticipated that a formal decision would be taken on the establishment of LINks in January or February next year. The Chairman emphasised the importance of the Committee having involvement in the development of LINks on a cross-party basis.

(9) Ms Ross informed the Committee that she welcomed the general direction of travel outlined in the paper and was pleased to hear that the Committee would like to have a role in raising public awareness in relation to NHS changes. Ms Selman stated that discussions were underway with officers about having a robust induction for Members before the Committee's work was refocused. Ms Ross stated that a key challenge was to balance the list of items which the NHS had a duty to consult the NHS Overview and Scrutiny Committee about and other issues which the Committee might wish to raise with them.

(10) The Chairman stated that an important factor in enabling the Committee to carry out its statutory role on behalf of Kent residents was to have an understanding of the financial situations of local NHS bodies and to have confidence that money was being used in the best interests of Kent residents. Discussions could be held with health service colleagues to work out how best to do this.

(11) Mr Daley referred to what it could be argued were inconsistencies within West Kent PCT's "Fit for the Future" Summer 2007 Update document. It said that financial issues were not driving changes; but it also said that if the changes were not made, money issues would force them to be made. He referred to the removal of the Pain Clinic from Maidstone, which he believed had occurred for financial reasons. Mr Phoenix said that the document might sound contradictory but it was not. He explained the situation in relation to the efficiency savings which NHS bodies were required to make year-on-year. In some areas, the NHS faced financial pressures in addition to the requirement to make efficiency savings; this was not the case in Kent. He stated that the nature and pace of change in the health service was faster than he could ever remember it; and the key driver was the need to improve standards. He gave the example of the stroke standards. He stated that it was a challenge to find a way within the existing financial context to make progress in relation to quality standards. It was important to make sure that scrutiny was not a barrier for change. Some changes were difficult for institutions, practitioners and patient groups to feel comfortable with. There was a need for all those involved to collectively keep their eye on the aim which was to ensure the best health service for patients.

(12) The Chairman pointed out that the Committee was made up of elected Members who would wish to speak up robustly on behalf of patients and residents where they felt it was necessary – but the aim was to be constructive.

(13) RESOLVED:-

a) That the suggestions set out in paragraph 9 of the report be endorsed and that it be acknowledged a large amount of work needed to be done to achieve these.

b) That the Committee welcome the work being carried out to revise the protocols, including discussions with NHS and District Council colleagues, regarding the delegation of some issues to District Councils and the establishment as part of this of a clear reporting-back process to the Committee.

c) That a brief update on LINks be given to the next meeting of the Committee in October.

d) That the proposal for an induction/briefing day for Members be welcomed.

50. Tackling Obesity Select Committee – Monitoring Report on how the recommendations of the Select Committee are being taken forward
(Item 5 – Mr Graham Gibbens, Cabinet Member for Public Health, and Mr Mark Lemon, Policy Manager, Kent Department of Public Health, were in attendance for this item)

(1) Mr Gibbens referred to the Tackling Obesity Select Committee report which had been published in December 2006 and commended the excellent job done by the Select Committee. He stated that the recommendations made by the Select Committee had been a useful tool to highlight the roles of the various agencies involved. He referred to £900,000 that had been secured from the Big Lottery Fund to finance a wide range of programmes and projects designed to improve levels of physical activity, nutrition and mental wellbeing across the county. This was a result of successful partnership working between the Primary Care Trusts, KCC Directorates and the Kent Department of Public Health. He informed the Committee that for the first time in three years the full allocation of *Choosing Health* money to PCTs had been designated for use on public health interventions. Attached to the report before the Committee was an action plan which detailed the main activities currently being undertaken to support the recommendations in the Tackling Obesity report. A Kent-wide Obesity Strategy was currently being drafted and should be issued for comment very shortly.

(2) Members asked a number of questions on the action plan. Mr Gibbens acknowledged that some of the recommendations were challenging and that it was important that this was brought out in the action plan and response to the recommendation. Mr Lemon stated that some recommendations were being taken forward in other ways – for example, in relation to Recommendation 7, the NICE guidelines on GPs prescribing exercise to patients should move this forward at a national level. The Obesity Strategy would set out these issues and also would have an action plan that had measurable outcomes.

(3) In relation to a question on the *Choosing Health* money for Kent PCTs Mr Gibbens confirmed that details of how this money was spent would be submitted to Cabinet and to the Committee.

(4) RESOLVED:- that the progress made on the recommendations of the Tackling Obesity Select Committee report be noted.

51. Dartford and Gravesham NHS Trust's Application for Foundation Trust Status
(Mr Mark Devlin, Chief Executive, Ms Susan Acott, Director of Performance and Service Development, and Ms Jenny Kay, Director of Nursing and Workforce, Dartford & Gravesham NHS Trust, were in attendance for this item)

(1) The Chairman welcomed Mr Devlin, Ms Acott and Ms Kay to the meeting.

(2) Mr Devlin referred to the paper produced by the Trust, which had been circulated with the agenda for the meeting, and gave some background to the Foundation Trust application. He stated that he was primarily looking for views on the Trust's proposed service strategy in terms of the areas of service that the NHS Overview and Scrutiny Committee might like to see developed. He pointed out that it was proposed to give the County Council the opportunity to be represented on the Foundation Trust's Council of Governors.

(3) Members then asked Mr Devlin and his colleagues a number of questions in relation to the financial status of the Trust, the rationale for Foundation Trust status and the future relationship of a Foundation Trust with the NHS Overview and Scrutiny Committee as regards accountability.

(4) Mr Devlin gave assurances about the financial status of the Trust and stated that the Trust Board would not be proceeding with the Foundation Trust status application if they were not confident of their financial situation. He confirmed that the Trust had moved from a £4 million in-year deficit (equivalent to 4% of turnover) in 2005–6 to an in-year surplus of £250,000 in 2006–7. The Trust still had a £1.8 million underlying deficit (resulting from the Resource Accounting and Budgeting regime, which had now been removed from the NHS), but anticipated clearing this in the next two years by means of achieving further in-year surpluses. An in-year surplus of £500,000 was anticipated in the 2007–8 financial year. Responding to a question on what management action had been taken to move from deficit to surplus, Mr Devlin explained that this had had a series of strands. Expenditure on pay had been curtailed by means of reducing temporary (bank and agency) appointments, carrying out a workforce review and making a number of posts redundant. Mr Devlin said that a very aggressive programme of redeployment had meant that few individual members of staff had been put at risk of redundancy. In response to a question on what arrangements there were if a Foundation Trust went into deficit, Mr Devlin replied that the NHS would still act as a guarantor regarding repayment of any debts and that the Foundation Trust would have to demonstrate to "Monitor", the regulatory body, that they could service any loans that they sought. He emphasised that as a PFI hospital they had only a small number of assets that they actually owned and therefore the issue of the Foundation Trust being able to sell off assets would not arise.

(5) Mr Devlin was asked whether the Trust would be aiming for services currently provided at London hospitals to be provided by Darent Valley Hospital. He confirmed that the Trust had good links with the London teaching hospitals of Guy's and

St. Thomas's, which were also run by a Foundation Trust, and that his Trust shared consultants with those hospitals. He stated that his Trust wanted to maintain links with them while aiming to offer more services at Darent Valley Hospital.

(6) In response to a question on the impact of the Trust's PFI contract on its finances, Mr Devlin said the PFI had given the Trust a 21st-Century building in which to provide 21st-Century healthcare. He confirmed that he had modelled the costs of the PFI contract on the future budget and he was confident that they could manage the costs. The PFI contract represented a fixed cost and the Trust's income was growing. A few years ago, the cost of the PFI contract had amounted to 19.5% of the Trust's turnover; that figure was now 17.5%.

(7) Mr Devlin said that the Trust was sincere about its relationship with local government. This was shown by the fact that it had offered two places for local authority representatives on the Council of Governors – which they did not have to do. Ms Kay confirmed that the Foundation Trust would still have a duty to consult on service reconfigurations and such consultation would involve the NHS Overview and Scrutiny Committee. She reminded the Committee that their history had been one of openness and engagement and they were intent on carrying this on.

(8) The Chairman stated that the issue of appointing Governors to represent KCC was not a matter for the Committee but that the appointments would be made by the Council's Executive. Mr Devlin confirmed that he was not expecting a decision on this from the meeting but had mentioned it to keep the NHS Overview and Scrutiny Committee abreast of progress. The aim of bringing this paper to the meeting was to give the Committee the opportunity to influence matters.

(9) In response to a question on the statutory "cap" on the amount of money that could be made from private patients by Foundation Trusts, Mr Devlin said that this was to stop Foundation Trusts "privatising by stealth". There was no scope for his Trust to grow this part of their service and they had no intention of doing this anyway, as they wanted to provide an NHS service for their patients.

(10) Regarding the impact of market forces arising from Patient Choice, Mr Devlin stated that, while patients did have a choice, his Trust and the Medway NHS Trust (which was also on the way to becoming a Foundation Trust) actually co-operated closely and did not seek to destabilise each other.

(11) In relation to the Trust's membership strategy, he confirmed that in order to engage with potential members, forums had been held in a number of pubs in the area; and when people came to the hospital they were given the opportunity to become members.

(12) He stated that the staff in Darent Valley Hospital were proud of their hospital and would like to have the opportunity to be the first Foundation Trust in Kent – which would be motivating for staff, and help retain and attract staff.

(13) Mr Devlin reaffirmed that his Trust worked in partnership with other hospital Trusts and was not looking to take over, for example the specialist cancer services that were provided in Maidstone. The aim was that elements of care that could be provided locally should be and that specialist care would still be provided in specialist centres. He stated that the watchword was "partnership".

(14) Dr Robinson stated that the Trust had not had much time to develop since its 2006 Foundation Trust status application, but it was providing excellent services. It had repatriated cancer services, developed a Heart Centre and expanded maternity services, with a new midwife-led unit opening. He believed that this was the sort of thing that the Committee should be looking at in relation to the Foundation Trust application and that the Trust should be congratulated on these developments. Mr Devlin confirmed that the areas of service that the Trust had developed and grown were for local people and were flexible. The Foundation Trust would invest in services and the question that the NHS Overview and Scrutiny Committee was being asked was whether these were the right services to provide.

(15) The Chairman stated that he would like to have further discussion in relation to the outstanding issues regarding accountability of Foundation Trusts; and that the matter of appointment of Governors would be referred to the Executive. On the issue of the accountability of the Trust and the role of the Committee, he expressed his thanks to Mr Devlin for saying that he wanted to work closely with the Committee. If the Trust was successful in its application, the Chairman looked forward to seeing him back at a Committee meeting. In relation to the appointment of Governors, a feedback mechanism to the Committee should be established.

(16) It was noted that further comments from parish councils, submitted after the papers for the meeting had been despatched, had been tabled.

(17) The Chairman moved that the Committee reassert its unanimous decision made in 2006 to support the Foundation Trust application by Dartford and Gravesham NHS Trust. The matter was put to the vote with 10 votes for the motion, three abstentions and one vote against.

(18) RESOLVED that the Committee reassert its support for the Foundation Trust application by Dartford and Gravesham NHS Trust.

52. Date of next programmed meeting

(1) It was noted that the next programmed meeting of the Committee would be held on Friday 12 October 2007 at 10:00 am.

Chairman _____

Date _____