

Kent County Council
Health Overview and Scrutiny Committee

ROLLING ACTION SHEET

Ask for: Paul Wickenden

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Minutes reference	Topic	NHS (or other) body concerned	Recommendation / action point	Deadline / bring-forward date	Action taken to date
23 March 2007 – 17	Cancer Services	All acute Trusts	<i>RESOLVED:- that the Committee should continue to monitor the development of cancer services across Kent and Medway.</i>	Ongoing	
23 March 2007 – 18	Proposed Whitstable Polyclinic	- Eastern and Coastal Kent PCT - East Kent Hospitals NHS Trust	<i>RESOLVED:- that the development of a polyclinic at Whitstable be kept under review; and that the Committee welcome the proposed joint modelling by all the partners on the proposed project so that a reassessment of the project proposals could be reviewed before decisions were taken.</i>	Ongoing	Proposal scrutinised by Canterbury City Council Health Scrutiny Panel on 26 July 2007
7 September 2007 – 49	Restructuring and refocusing the HOSC	HOSC	<i>RESOLVED:- a) That the suggestions [regarding meeting dates and style of working] 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.</i>	Ongoing	Agreed meeting dates and style of working have been adopted

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			<p>b) <i>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 ...</i></p>		
			<p>c) <i>That the proposal for an induction/briefing day for Members be welcomed.</i></p>		
27 November 2007 – 71	Infection prevention and control	All acute Trusts and PCTs	<p><i>The Committee concluded as follows from the meetings held on 9 and 27 November:-</i></p> <p>a) <i>To note that part of the Director of Public Health's role is to proactively monitor infection prevention and control across the Kent and Medway Health economy;</i></p> <p>b) <i>To ensure that the Strategic Health Authority and Primary Care Trusts share best practice by individual Trusts, so that there is a consistent approach across the Kent and Medway health economy;</i></p> <p>c) <i>To seek clarity on the respective roles of Primary Care Trusts, the acute hospital Trusts and the Strategic Health Authority;</i></p>		

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			d) <i>To seek clarity about how the Primary Care Trusts are dealing with the issue of antibiotic prescribing;</i>		
			e) <i>To consider what methods are being used by health organisations to inform patients and the public about how they can help avoid infection risks;</i>		
			f) <i>To welcome the opportunity to receive an action plan from the Maidstone and Tunbridge Wells NHS Trust on how they are responding to the Healthcare Commission report, having heard that bed occupancy within the Maidstone and Tunbridge Wells NHS Trust was currently at 95% instead of the recommended level of 85%;</i>		
			g) <i>At a future meeting, to understand how adult social care, health and other stakeholders are responding to the issue of step-down facilities and delayed discharge;</i>		
			h) <i>To understand from the Strategic Health Authority how the money recently allocated by the Government for deep cleaning is to be allocated to Trusts across the Kent and Medway Health Economy;</i>		

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			i) <i>To welcome the offer of the Healthcare Commission to provide some training for Members of the Committee on what makes a good third-party dialogue contribution to the Annual Health Check;</i>		
			j) <i>To welcome the Healthcare Commission's offer for Members to accompany them on some visits to health organisations, so that Members may see at first hand how the Committee can contribute to the Healthcare Commission's Annual Health Check;</i>		
			k) <i>To state that the cleaning of health establishments should include the non-clinical areas, especially above head height;</i>		
			l) <i>To state that deaths that might be related to adverse effects of medical treatment or to poor standards of care, or where there has been any complaint about healthcare services, should be referred to the relevant Coroner as a matter of routine;</i>		
			m) <i>To write to the Government responding to the draft regulations for Local Involvement Networks;</i>	21 December 2007 (Department of Health deadline)	Response agreed by HOSC spokesmen and submitted

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			<p>n) <i>To ensure that relevant information is sent to the Healthcare Commission and, if appropriate, the minutes of each Health Overview and Scrutiny Committee meeting;</i></p>		
			<p>o) <i>To encourage Members of the Health Overview and Scrutiny Committee to attend meeting[s] of local health organisations' Boards;</i></p>		
			<p>p) <i>To build into the Committee's work programme as core business the matter of compliance with the Healthcare Commission's Core Standards;</i></p>		
			<p>q) <i>To have a dialogue with the existing Patient and Public Involvement Fora, the Local Involvement Network (when established), Patient Advice and Liaison Services, Independent Complaints Advocacy Services, local Members of Parliament and local councillors; to listen to patients' concerns; and to utilise more effectively information that is provided and act on concerns that are expressed;</i></p>		

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			r) <i>To ensure that the good work going on in various local level Patient and Public Involvement Fora feeds into the Health Overview and Scrutiny Committee to enable it to provide an evidence-based strategic view across the county;</i>		
			s) <i>To analyse whether, if the Committee had operated in the style that it does now when it asked colleagues from Kent and Medway health economy to address the Committee on infection control in October 2004, July 2006 and June 2007, the public would have been better served;</i>		
			t) <i>To consider whether it has helped for the Committee to seek written evidence in advance of each meeting, agree a work programme (up to two years ahead) and link this to the training of Members for service on the Committee;</i>		
			u) <i>To consider the role of senior clinicians in changing the leadership and culture of NHS organisations;</i>		
			v) <i>To support measures to ensure that a correct balance of food is eaten by patients in hospitals, having due regard to the patients' clinical needs;</i>		

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			w) <i>To consider whether spot checks of hospital food suppliers should be undertaken by Environmental Health and Trading Standards;</i>		
			x) <i>To investigate what training adult social care and health providers undertake to ensure that infections in the community are not brought into hospitals;</i>		
			y) <i>To consider how the County Council can help with a campaign to advise the public on taking steps to help avoid infection in hospitals and elsewhere.</i>		
			z) <i>To seek the views of microbiologists on the effectiveness of different cleaning products against Clostridium difficile;</i>		
			aa) <i>To examine the role of non-executive directors on the Boards of NHS bodies;</i>		

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			<p><i>bb) To look at possible inequalities in the funding of health services and the impact of this on ratios of nurses and healthcare assistants;</i></p>		
			<p><i>cc) To understand how Trusts spend their budgets;</i></p>		
			<p><i>dd) To undertake a review of arrangements regarding hospital visitors.</i></p>		
			<p><i>The Vice Chairman, and the Conservative and Liberal Democrat spokesmen would like to suggest the following recommendations to the Committee, having heard and considered the conclusions of the evidence taken by the Committee at its meetings on 9 and 27 November:</i></p> <p><i>a) At the heart of the Health Overview and Scrutiny Committee's work programme should be the Healthcare Commission Core Standards.</i></p>		

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			<p>b) <i>Evidence should be recorded from the Health Overview and Scrutiny Committee's work programme electronically, so that when the Health Overview and Scrutiny Committee is asked to make third-party submissions for the Annual Health Check the evidence for this is already available.</i></p>		
			<p>c) <i>There should be greater collaboration between the Patient Advice and Liaison Services, the Independent Complaints Advocacy Services, the Patient and Public Involvement Fora / the Local Involvement Network, Members of Parliament and local authority councillors, in order to listen to patient concerns and utilise more effectively the information they provide to assist in formulating the Health Overview and Scrutiny Committee's work programme.</i></p>		
			<p>d) <i>The Overview and Scrutiny Manager should, together with colleagues from health organisations, explore and arrange an ongoing programme of training and activities to address the knowledge deficit for all stakeholders involved in scrutinising the health economy.</i></p>		

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			<p>e) <i>Recognising that the patient and public view is paramount, the Health Overview and Scrutiny Committee and the County Council should respond to the draft regulations for Local Involvement Networks to ensure that there is an adequate right to inspect premises where healthcare is provided. This will make for robust scrutiny, helping to bring about health improvements and reduce health inequalities – which are the fundamental principles of Health Overview and Scrutiny.</i></p>	<p>21 December 2007 (Department of Health deadline)</p>	<p>Response agreed by HOSC spokesmen and submitted</p>
<p>14 December 2007 – 72</p>	<p>Audiology</p>	<p>- Eastern and Coastal Kent PCT - East Kent Hospitals NHS Trust - Kent Adult Social Services - Maidstone and Tunbridge Wells NHS Trust - Medway NHS Foundation Trust - West Kent</p>	<p><i>The Committee concluded that:-</i></p> <p><i>(a) further work needed to be done to inform the public of the new services being provided by Clinicenta;</i></p> <p><i>(b) work needed to be undertaken on transport issues in relation to accessibility of healthcare services (the Committee noted that this was a piece of work that it had set aside for a Topic Review Select Committee to undertake early in the New Year);</i></p> <p><i>(c) the issue of the Joint strategic Needs Assessment should be picked up by the Health Overview and Scrutiny Committee in conjunction with both Health and Adult Social Care colleagues;</i></p>	<p>April 2008</p>	

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		PCT	<i>(d) Public Health colleagues should ensure (possibly using Kent TV) that the public were made aware of the risks to their hearing posed by prolonged exposure to loud music;</i>		
			<i>(e) data collection and collation for audiology services must be improved, to enable commissioners to commission services effectively;</i>		
			<i>(f) it needed to be recognised that dealing with a patient with audiology needs was about more than just fitting a hearing aid;</i>		
			<i>(g) patients were entitled to copies of their audiograms;</i>		
			<i>(h) audiology should be recognised as an important service in the strategic plans of the Primary Care Trusts;</i>		
			<i>(i) Hi-Kent Kent provided a valuable and well-respected service;</i>		
			<i>(j) further work should be undertaken by the Primary Care Trusts and others to see whether it might be feasible to provide audiology services through "High Street" practitioners (along the same lines as dental and optical services);</i>		
			<i>(k) the Healthcare Commission Annual Health Check should take account of RTT waiting times for audiology services;</i>		

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			<i>(l) a written report on audiology services should be received by the Health Overview and Scrutiny Committee every four months;</i>		
			<i>(m) audiology patients should be subject to an automatic recall;</i>		
			<i>(n) as there had been no audit of audiology needs across the population of Kent, this needed to be undertaken as a matter of urgency;</i>		
			<i>(o) patients should be encouraged to return hearing aids where they were no longer required or are not being used;</i>		
			<i>(p) PCTs and others needed to consider carefully the mental health needs of people with hearing impairment.</i>		
			<i>RESOLVED that:- (a) the conclusions of the Committee be conveyed to all those identified as having matters to take forward; and</i>		
			<i>(b) the Committee would expect an update on how these issues were being dealt with when it received the first written review of audiology services in four months' time.</i>		Topic provisionally scheduled for HOSC meeting, 18 July 2008

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14 December 2007 – 73	Dentistry	- Eastern and Coastal Kent PCT - West Kent PCT	<p><i>Having heard and received responses to its questions, the Committee reached the following conclusions:</i></p> <p><i>a) The Committee welcomed the reported interest shown by dentists in taking up NHS contracts. The PCTs were asked to give further consideration to the way that they communicated with the public and patients, particularly around charges for dental services. It was felt by the Committee that there was a perception that the public did not know what they are expected to pay and this might be exacerbating health inequalities by discouraging the less well-off from seeking treatment.</i></p>	April 2008	
			<p><i>b) The Committee would recommend that there was an independent audit undertaken of dentistry provision across the county. The Committee would also welcome quarterly reports being made available to it regarding NHS dentistry provision.</i></p>		
			<p><i>c) Details of unmet need for dentistry across the county should be made available in the Primary Care Trusts' Local Delivery Plans. The Committee would welcome details of how many NHS dentists there were in total and where they were situated across the county.</i></p>		

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			<p><i>RESOLVED:-</i> <i>(a) That the conclusions of the Committee be drawn to the attention of health colleagues; and</i></p> <p><i>(b) that a progress report on how the Committee's views were being taken forward should be made available to the Committee in four months' time.</i></p>		<p>Topic scheduled for HOSC meeting, 18 July 2008</p>
11 January 2008 – 79	Mental health	<ul style="list-style-type: none"> - Kent Adult Social Services - Kent and Medway NHS and Social Care Partnership Trust - Medway PCT 	<p><i>Recommendations arising from the Health Overview and Scrutiny Committee meeting on 11 January 2008, agreed by the Vice-Chairman, the Conservative Group Spokesman and the Liberal Democrat Group Spokesman:</i></p> <p><i>a) that the Committee needed to stay abreast of progress on the Action Plan for implementing the recommendations of the Carers in Kent Select Committee report;</i></p> <p><i>b) that the Committee must keep up-to-date with implementation of KCC's Young Carers Strategy "Invisible People";</i></p> <p><i>c) that the Committee must decide whether it wished to respond to the consultation on the Partnership Trust's application for Foundation Trust status;</i></p>	<p>March 2008 (end of consultation period)</p>	<p>Topic scheduled for HOSC meeting, 13 June 2008</p>

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			<p>d) <i>that submitting third-party commentaries for the Healthcare Commission's Annual Health Check was core business for the Committee;</i></p>	<p>30 April 2008 (Healthcare Commission deadline for receipt of Core Standards declarations and third-party commentaries)</p>	<p>Minutes of HOSC meeting on 28 March 2008 sent to Dartford and Gravesham NHS Trust, Maidstone and Tunbridge Wells NHS Trust, and Eastern and Coastal Kent PCT for submission to Healthcare Commission with Core Standards declarations</p>
			<p>e) <i>to welcome NHS colleagues' undertaking to provide details about the level of funding for mental health services and how it was allocated, to enable the Committee to identify any gaps;</i></p>		
			<p>f) <i>to request from NHS colleagues a simple explanation of how the various types of mental health service (CRHT, Community Health Mental Health teams, etc.) all fitted together, with a brief summary of the role played by each;</i></p>		
			<p>g) <i>that the Committee should consider the feasibility of a "one-stop shop" approach to hospital admission, which had been mentioned in evidence;</i></p>		

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			<i>h) to welcome NHS colleagues' undertaking to provide the Committee with a full beds schedule for all 46 of the Partnership Trust's wards;</i>		Information received from Kent and Medway NHS and Social Care Partnership Trust, 21 April 2008
			<i>i) to investigate arrangements in A&E departments regarding service users who present with mental health issues, and whether a more consistent approach, based on best practice, was needed;</i>		Information received from Kent and Medway NHS and Social Care Partnership Trust, 21 April 2008
			<i>j) to look further at the issue of training for GPs, the police, ambulance staff and firefighters as regards dealing with mental health service users;</i>		
			<i>k) to examine further the question of out-of-hours services, particularly in respect of service users presenting with less serious conditions, such as personality disorders;</i>		
			<i>l) that there was a need to look at the issue of less well-off service users experiencing difficulty accessing services due to lack of transport;</i>		
			<i>m) to pursue the matter of providing better information for the public (through means including Kent TV) about mental health services and how to go about accessing them;</i>		

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			<p><i>n) to acknowledge the valuable role of the voluntary sector in the mental health field;</i></p>		
			<p><i>o) that an independently chaired event should be arranged for all mental health services stakeholders, including the voluntary sector, to explore how to work together more effectively to improve services across Kent and Medway.</i></p>		
28 March 2008 – 13	Healthcare Commission Annual Health Check	All trusts	<p><i>The Chairman suggested that, rather than the Committee now deliberating at length on what it had heard, a very full minute of the meeting should be prepared to allow matters to be taken forward – perhaps by submitting the minutes to the Healthcare Commission, as Member had suggested. He thought there needed to be a discussion about how the Committee handled the Annual Health Check process next year, perhaps by means of a sub-committee. It was pointed out by a Member that the Committee had still to hear from a number of local NHS organisations regarding their Annual Health Check declarations. The Chairman suggested there were various ways in which this might be addressed during April.</i></p>	30 April 2008 (Healthcare Commission deadline for receipt of Core Standards declarations and third-party commentaries)	Minutes of HOSC meeting on 28 March 2008 sent to Dartford and Gravesham NHS Trust, Maidstone and Tunbridge Wells NHS Trust, and Eastern and Coastal Kent PCT for submission to Healthcare Commission with Core Standards declarations; Working Group meeting held on 25 April 2008, to discuss with other trusts their declarations

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28 March 2008 – 13	Reconfiguration of services	Maidstone and Tunbridge Wells NHS Trust	<p><i>The Chairman informed the Committee that the external review panel regarding the planned reconfiguration of services by Maidstone and Tunbridge Wells Trust was due to be convened in May 2008. The Trust had indicated in April 2007 that a nominated Member of the HOSC might be allowed to observe the panel's deliberations in order to be assured of the efficacy and robustness of the external review process. The Chairman proposed, and it was agreed, that the Committee should appoint one member of the Committee to the External Review Panel and the nominee report back to this Committee.</i></p>	May 2008	<p>PCT advised as follows on 17 April 2008: "As the external panel is composed of clinical experts that have been charged to review the proposals for rota changes, accreditation compliance and clinical safety, and commend its views to the PCT Board, it is by nature small and technically qualified to perform this. Members are Professor Cobb, an external Director-level Surgical Nurse, the PCT's Medical Director and a member of the Maidstone LMC [Local Medical Committee, representing local GPs]. It may therefore be more helpful if a</p>

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					presentation of the outcome of their views, as will be made to the PCT Board, is also made to the HOSC, at the appropriate time.”
9 May 2008 – 16	HOSC action points	HOSC	<i>RESOLVED: that an updated version of the rolling action sheet should be considered at each meeting of the Committee as a standing item.</i>	Ongoing	Action sheet updated
9 May 2008 – 17	Working Group on Healthcare Commission Core Standards	- All Trusts - HOSC	<i>RESOLVED:</i> a) <i>retrospectively to agree to the setting up of the Working Group that considered the self-declarations of the six remaining Trusts on 25 April 2008 – with similar arrangements to be made regarding the gathering information for third-party commentaries in respect of 2008–9; and</i> b) <i>to note the information set out in the summaries of the Working Group meeting on 25 April 2008 and the Committee meeting on 28 March 2008.</i>		
9 May 2008 – 19	Healthcare services in	- Dover DC - Eastern and	<i>RESOLVED unanimously, on the motion of Dr</i>	August 2008	All stakeholders written to, 29 May

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	Dover	Coastal Kent PCT - East Kent Hospitals Trust	<p><i>Robinson, seconded by Mr Marsh, that:</i></p> <p><i>The Health Overview & Scrutiny Committee of KCC strongly recommend & support E K Hospitals Trust working closely with the ECK PCT & Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover & the surrounding areas.</i></p> <p><i>This proposal to be delivered to the EKHT by the end of August 2008. This third option to be considered & evaluated alongside options 1 & 2 concerning the Buckland Hospital Site.</i></p>		2008