

MAIDSTONE BOROUGH COUNCIL

**MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MEETING HELD ON TUESDAY 21 SEPTEMBER 2010**

PRESENT: Councillor Elliott (Chairman)
Councillors Crowhurst, Cunningham, Marchant,
D Mortimer and Mrs Stockell

ALSO PRESENT: Co-opted Member – Councillor Dr Basu

13. The Committee to consider whether all items on the agenda should be web-cast

Councillor Marchant proposed that part of the meeting be held in exempt session – requiring suspension of the web-cast – on the basis of (a) discussion on the views of an individual service user, already published in the agenda; and (b) the contents of a letter he had received from a GP which he wished to discuss.

Resolved: That, except for a short period before the close of the morning session if a member had items subject to patient privilege to raise all items be web-cast.

14. Apologies.

Apologies were received from Councillors Atwood and Paterson.

15. Notification of Visiting Members

There were none.

16. Disclosure by Members and Officers:

a) Disclosures of interest

Councillor Cunningham declared a personal interest in agenda item 8 , Department of Health, consultation on health reforms, on the basis: (i) that his wife worked part-time at both Tunbridge Wells and Maidstone Hospitals; and (ii) that he attended a KCC Health Overview and Scrutiny meeting the previous day, at which some of the same issues had been considered.

Councillor Mortimer declared a personal interest in the same item on the basis that he worked in the rehabilitation sector.

Councillor Mrs Crowhurst declared a personal interest in the same item on the basis that the new Hospital at Pembury was in her ward.

Councillor Dr Basu (see 'appointment of co-optee', minute 7 below) declared a personal interest as a retired consultant pathologist and former employee of the NHS.

b) Disclosures of lobbying

There were none.

c) Disclosures of whipping

There were none.

17. To consider whether any items should be taken in private because of the possible disclosure of exempt information

Resolved: That all items be taken in public, except for a short period before the close of the morning session if a member had items subject to patient privilege to raise.

18. Appointment of Co-optee.

Resolved: That Councillor Dr Basu be appointed as a non-voting member of the Joint Committee for the consideration of agenda item 8 'Department of Health consultation on health reforms'.

19. Amendment to Order of Business

The Chairman proposed that agenda Item 6 'Minutes of the Meeting held on 17 June 2010' be taken after agenda Item 8 'Department of Health consultation on health reforms'.

Resolved: That agenda Item 6 'Minutes of the Meeting held on 17 June 2010' be taken after agenda Item 8 'Department of Health consultation on health reforms'.

20. Department of Health consultation on health reforms

The Chairman explained that the Committee had been convened in order to consider the key issues set out in a number of consultation papers issued by the Department of Health under the overarching theme of 'Liberating the NHS'. The principal focus of the meeting was to determine the extent of the impact of the proposals on local authorities and their residents and respond to the consultation papers accordingly.

The following witnesses from NHS commissioning bodies were introduced and welcomed to the Joint Committee:

- Dr James Thallon, Medical Director, NHS West Kent;
- Dr Bob Bowes, Chair of the South West Kent PBC Group; and
- Paul Bentley, Maidstone and Tunbridge Wells NHS Trust

The above witnesses stated that whilst the proposals in their opinion were radical, there were many welcome opportunities which would add value to health care commissioning, and remove unnecessary bureaucracy from the NHS. However, in the absence of precise detail at this stage, they voiced concerns over some key issues:

- the need to ensure an orderly transfer of the commissioning process to the new structure, especially without placing the most vulnerable patients at risk;
- the need to provide new GP consortia with the freedom to determine their own groupings, without geographical boundaries being imposed;
- greater clarity over the role that local authorities will be expected to play in health improvement;
- how existing PCT professionals would be assimilated into the new structure; and
- ensuring that the drive towards reducing administrative support in the new structure was not at the expense of improved patient care.

Dr Thallon believed the proposed creation of a new independent consumer champion, HealthWatch England, under which Local Involvement Networks (LINKs) would become the local HealthWatch, was a positive step. However, he was concerned that unless there was local involvement in the resolution of complaints, there would be a risk that poor practices would go undetected.

In response to members' questions, the Committee heard:

- that KCC would have a greater role to play in the commissioning of some social care services following medical intervention;
- that health commissioning played only one part in helping to address general public health concerns such as obesity, where other social issues were involved;
- that the role of Health Overview and Scrutiny Committees is very important and should continue;
- there will be a new level of accountability to local authorities, including elected members;
- that the proposals will bring new opportunities to the private sector but these would have to be tempered by the need to ensure the private sector delivered good, efficient business as well as excellent clinical care. This underlined the need to ensure a proper level of administrative support for consortia; and
- there would have to be an emphasis on ensuring better management of the 'care pathway' was delivered.

The Chairman thanked the witnesses for their evidence.

The meeting was adjourned at 11:32 a.m. and resumed at 11:37 a.m.

The Chairman welcomed the following to the meeting, to speak as patient representatives:

- Graham Hills, Operational Director, Kent and Medway Local Involvement Networks (LINK); and
- Mark Fittock, a governor of Kent and Medway Local Involvement Networks (LINK)

Mr Hills explained that his organisation was currently consulting on the Department of Health papers. He advised the Committee that no collective view had yet been formed. He summarised the advantages, as he saw them, of the new proposals. These would see HealthWatch undertaking a similar role to the existing LINKs networks, but with additional functions centred on handling complaints and in advocacy for patients. He believed that while the remit of the HealthWatch would cover both health care and social care, he felt these would be seen as one entity over a period of time.

One specific concern raised by Mr Hills was that, with Kent County Council (KCC) commissioning Healthwatch, measures would have to be introduced to ensure proper separation and independence from KCC.

Mr Fittock commented that he was pleased to see the health reform proposals would focus on patient outcomes; however, he cautioned that more detail was necessary, before unqualified support could be voiced. He advised that there was an important role for local authorities under the proposals, although it seemed the consultation papers had assumed a universal unitary structure. He believed there was a significant need to improve the quality of information for patients, particularly in a 'user-friendly' format.

In response to questions, Mr Hills advised that, for HealthWatch to be at its most effective, a local focus was essential. For instance, he believed that operating from a Gateway centre within West Kent while at the same time having a national model – which would facilitate the sharing of information and experiences – would provide an effective service.

The Chairman thanked Mr Hills and Mr Fittock for their evidence.

The meeting was adjourned at 12:13 p.m. and resumed at 12:20 p.m.

The Chairman welcomed the following to the meeting:

- Tish Gailey, Health Policy Manager, KCC;
- Jane Coombes, Healthy Lifestyles Co-ordinator, Maidstone Borough Council;
- Helen Wolstenholme, Communities and Health Manager, Tunbridge Wells Borough Council; and
- Jess Mookherjee, Assistant Director of Public Health, West Kent Primary Care Trust (PCT).

Jess Mookherjee acknowledged the important role played by local authorities in delivering an effective health improvement provision, adding that, in West Kent in particular, a robust service had been built up. She informed the Committee that a White Paper on public health, expected later in the year, would provide details of the role of local authorities in health care and equality issues. She expressed her concerns on the amount of choice that patients would deal with and how this would be managed.

Jane Coombes was concerned about two possible consequences of the reforms: that GPs would end up delivering a commissioning service focused on a medical and not a social model because of a lack of focus on health care; and the potential loss of local knowledge if the new structure were county-focused.

Tish Gailey advised that KCC were still undertaking consultation on the White Papers, and intended to meet with all district councils in the county. A number of concerns had been identified, she advised, including:

- the concept of a county-level health and wellbeing board (HWB), which it was felt would not be in the best interests of patients in Kent;
- the need for a scrutiny function beyond that provided by the HWB;
- the need to ensure that the handover period to the new structures did not place disadvantaged people at greater risk; and
- a general view that it should be left for individual areas to determine what structures were best-suited to meet their own needs, rather than have this imposed upon them.

Helen Wolstenholme suggested that the peer review system was potentially an effective way of overcoming any difficulties with GP consortia boundaries which did not neatly match local authority areas.

The meeting was adjourned at 12:59 p.m. and resumed at 1:38 p.m.

Members considered the questions in the consultation papers titled 'Liberating the NHS: Commissioning for Patients' and 'Liberating the NHS: Increasing Democratic Legitimacy in Health'.

Appended to these minutes is the Committee's response to the issues raised in those consultation papers.

Resolved: That the response attached at Appendix A, be submitted to the Department of Health.

21. Minutes of the Meeting held on 17 June 2010

Resolved: That the minutes of the meeting of the Maidstone and Tunbridge Wells Joint Health Overview and Scrutiny Committee held on 17 June 2010 be agreed as a true record and duly signed by the Chairman.

22. Action taken since previous meeting

Minute 8 – Maidstone and Tunbridge Wells NHS Trust: Quality Report 2009/10

Les Smith, Overview and Scrutiny Officer, Maidstone Borough Council, confirmed that a letter had been sent to the above Trust, in accordance with the Joint Committee's decision, covering the specific issues raised.

Minute 9 – Department of Health consultation on 'registering with a GP practice of your choice'

Les Smith, Overview and Scrutiny Officer, Maidstone Borough Council, confirmed that a letter had been sent to the Department of Health, in accordance with the Joint Committee's decision.

Minute 10 – Joint Working Protocol

Councillor Mrs Stockell drew attention to the decision taken not to allow substitute members to attend meetings of the Joint Committee "...due to the specialised nature of the Committee...". With support from Councillor Cunningham, it was proposed that this decision be reviewed.

The Joint Committee was advised that, under the provisions of the Access to Information Act, it was not possible to review that position at this meeting; this advice was given on the basis that: (a) no prior notice had been given and therefore no opportunity existed for other members to attend and submit their views; and (b) no paper had been prepared, setting out the issues relating to each side of the argument.

Minute 11 – Future work programme

The Chairman confirmed that the meeting referred to under this minute had taken place and had been well-received.

Resolved: That:

- (a) A reminder be sent to the Trust, seeking a response to the Joint Committee's letter.
- (b) A paper be submitted to the next meeting on the appointment of substitute members

23. Duration of the Meeting

10.30 a.m. to 3.25 p.m.

