

PRESENT

Members of the Committee

Councillor Christopher Buckmaster (Chairman)
Councillor Timothy Coleridge (Vice-Chairman)
Councillor Marianne Alapini
Councillor Maighread Condon-Simmonds
Councillor Dr. Iain Hanham
Councillor Pat Mason
Councillor Julie Mills

Others in Attendance

Councillor Fiona Buxton (Cabinet Member, Housing Services, Adult Social Care, Public and Environmental Health)
Councillor Mrs Elizabeth Campbell
Councillor Shireen Ritchie
Jonathan Bellini (SMART Thinking Action Group)
Henry Bewley (Health Policy Officer)
Anne-Marie Carrie (Executive Director, Family and Children's Services)
Michelle Carvalho (SMART Thinking Action Group)
Jean Daintith (Executive Director, Housing, Health and Adult Social Care)
Penny Dunn (SMART Thinking Action Group)
Roger Dunn (SMART Thinking Action Group)
Ian Elliott (Project Director, Children's Trusts)
David Evans (Principal Policy Officer, London Borough of Hammersmith And Fulham)
Michelle Greenwald (Community Safety Officer)
Mark Hirst (Director of Human Resources and Organisational Development, Kensington and Chelsea PCT)
Jamie Holyland (Service Manager, Health)
Dr Tim Ladbrooke (Medical Director, London Central and West, Unscheduled Care Collaborative)
Andreas Lambrianou (Kensington and Chelsea Board member)
Diana Middleditch (Chief Executive, Kensington and Chelsea PCT)
Peter Molyneux (Chair, Kensington and Chelsea Primary Care Trust)
Ivan Moore (SMART Thinking Action Group)
Paul Morse (Director of Environmental Health)
Derek Myers (Town Clerk and Chief Executive)
Diane Nestor (Hestia Housing and Support)

John O'Donnell (Roman Catholic Diocesan Board of Education)
Dr Melanie Smith (Director of Public Health and Partnership,
Kensington and Chelsea Primary Care Trust)
John Wilkinson (Director of Strategy, Commissioning and Performance)
Gavin Wilson (Governance Administrator)

A G E N D A

A1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs Terence Buxton, Robert Freeman and Matthew Palmer, and from Cllrs Catherine Atkinson, Victoria Borwick and Bryan Levitt of the Family and Children's Services Overview and Scrutiny Committee (OSC).

A2 MEMBERS' DECLARATIONS OF INTEREST

No declarations were made.

A3 MINUTES OF THE MEETING HELD ON 9 JULY 2008

The minutes of the meeting held on 9 July 2008 were confirmed as a correct record and signed by the chairman.

A4 KENSINGTON AND CHELSEA CHILDREN AND YOUNG PEOPLE'S PLAN (2006-2009) REVIEW

John Wilkinson delivered a powerpoint presentation on "Strong Families at the Heart of Strong Communities", a review of Kensington and Chelsea's Children and Young People's Plan (CYPP) undertaken during Summer 2008 (a copy of which was circulated subsequently to members of the Health and Family and Children's Services OSCs).

Mr Wilkinson highlighted the main achievements of the CYPP, and the six key areas for action which the Plan identified.

He commented in particular on one action area - halting the year-on-year rise in childhood obesity. The percentage of children suffering from obesity in the final year of primary education in the borough was higher than the national average.

Mr Wilkinson also referred to figures from 2005 which showed that pupils in Kensington and Chelsea had more decayed, missing or filled teeth than the national average, which clearly indicated the need for more to be done to address this problem.

He concluded his presentation by highlighting a number of steps which it was considered needed to be taken. These included ensuring that significant new PCT investment in children's health services was implemented effectively and achieved improved outcomes, and meeting Local Area Agreement targets on obesity, breastfeeding, and improving food and nutrition.

A5 SURVEY OF YOUNG PEOPLE'S HEALTH

Melanie Smith delivered a powerpoint presentation on the survey of young people's health in Kensington and Chelsea which had been conducted jointly with the Royal Borough between April - July 2008 (a copy of which was circulated subsequently to members of the Health and Family and Children's Services OSCs).

Dr Smith identified a number of points of particular interest arising from the survey findings, where lessons could usefully be learnt to inform actions intended to improve the health of young people in the borough in the following four main areas which the survey had focused upon: food and physical activity; emotional health and well-being; sex and relationships; drugs, alcohol and tobacco. These included the need to target seventeen-year olds to promote greater smoking cessation, and to increase the number of portions of fruit and vegetables eaten.

Questions on A4 and A5 presentations

In response to a question from Cllr Alapini, Ms Smith said that the sample used for the survey was not large enough to allow analysis against special needs.

Cllr Coleridge was interested to know the extent to which actions described in the CYPP would have been carried out regardless of its development, and how much real difference its production had made. In response, Mr Wilkinson acknowledged that some of the actions in the Plan pre-dated its production in 2006, but drew attention to the added value which it had brought by helping to focus activity, with a greater emphasis on the achievement of identifiable outcomes. Importantly, the Plan had engendered closer working between agencies around a shared agenda. Ms Carrie added that the Plan had helped to define better the need to differentiate between universal services and those which needed to be targeted at families and children who needed them most.

In response to an enquiry by Cllr Buckmaster as to the effect which the creation of Children's Trusts had on the health of children in the borough, Ms Carrie replied that the main area of improvement so far was in the provision of services for children with learning disabilities.

The chairman referred to the fact that the closure of the Cheyne Centre for children with severe learning difficulties had been a source of concern for the Committee, and asked Dr Smith that the Kensington and Chelsea PCT keep the OSC informed of its plans to reinvest funding into alternative services for disabled children.

The Committee noted that obesity and dental care were two significant areas of concern highlighted in the information presented to them.

On behalf of the Committee, the chairman thanked Dr Smith and Mr Wilkinson for their presentations.

A6 PROPOSALS TO STRENGTHEN THE COMMISSIONING OF NHS SERVICES IN KENSINGTON AND CHELSEA

Diana Middleditch commented upon a number of key drivers behind the proposals being put forward by Kensington and Chelsea PCT which were intended to strengthen the commissioning of services for residents of the borough.

Ms Middleditch highlighted the need for the world-class commissioning which was aimed for (under the proposal to create a commissioning alliance between the PCTs of Kensington and Chelsea, Hammersmith and Fulham, and Westminster, and related proposals) to draw upon high-quality data and specialist analysis. By forming this alliance, it was intended to avoid duplication, achieve economies of scale, and exert greater influence over the large trusts from whom services were commissioned. Over the next four years, it was envisaged that as the proposals for commissioning were rolled out, there should be more healthcare provided closer to people's homes; more 'one-stop shops' for acute services; and closer working with the Royal Borough. It was intended to submit proposals to the PCT Board in September 2008, and to present more detailed proposals to the Board meeting in January 2009 for final approval.

A number of questions expressing concern at aspects of the proposals were asked by members of the Committee. The view was expressed that creating a commissioning alliance of the three PCTs would remove the focus which presently existed in the case of Kensington and Chelsea PCT on health issues affecting residents of the borough. Another principal concern was that the proposals, as currently presented, appeared to lack clarity about how arrangements would work in practice, and the benefits to patients which were anticipated.

Cllr Buckmaster made the point that if the proposals went ahead, the primacy of the Joint Strategic Needs Assessment (JSNA) could be compromised, with important implications for the integration of healthcare in the borough.

Replying to points raised, Peter Molyneux confirmed that for the foreseeable future a PCT for Kensington and Chelsea would remain and would continue to develop its own local commissioning strategy for the borough. The PCT Board would wish to see the foundations for existing joint commissioning work with the Royal Borough built upon. He emphasised that under the proposals for the acute commissioning alliance, there should be no weakening of local decision-making, and local budgets would remain with Kensington and Chelsea PCT.

Cllr Coleridge asked what arrangements were envisaged if, at some point after the PCT had entered into the commissioning alliance, it decided that it would be in its best interests to withdraw. In this context, he also enquired what proportion of the PCT's budget would be contributed to the commissioning alliance.

In response, Mr Molyneux reiterated that decision-making would remain with the PCT, and that the proposals represented a reconfiguration. Ms Middleditch re-emphasised that the budget for acute commissioning (currently approximately £110 million out of a total budget of £280 million) would remain with the PCT. Under the proposals, the management of the budget would be delegated to the commissioning alliance. A question was raised on the relationship with the Practice-based commissioners (ie a consortium of local GPs). The Committee was advised that practice-based commissioners would remain budget-holders for acute commissioning in the borough, with the proposed commissioning alliance acting to fulfil their requirements.

The Chairman suggested that, contrary to comments made earlier in the discussion by Ms Middleditch, the proposals in the report did represent a quite significant change from existing arrangements, and it remained largely unclear as to what benefits the borough's residents and patients might expect if the proposals went ahead. He also questioned the timescale to which the PCT was working, and emphasised the need for the engagement of the OSC in meaningful dialogue, with further details provided about the proposals.

In reply, Mr Molyneux said that it had been very useful to receive the OSC's views. He recognised that there were a number of areas where further detail on the proposals might usefully be provided, including why the particular configuration and approach had been chosen, and the potential benefits for patients.

The chairman thanked the PCT's representatives for their presentation and for responding to questions.

A7 OUT OF HOURS CARE

The Committee received an interesting presentation from Dr Tim Ladbrooke on the development and work of the London Central and West, Unscheduled Care Collaborative, based at St Charles Hospital.

Dr Ladbrooke described the evolution of the 'out of hours' service from its origins in the early 1990s to the present day. The service had developed in a number of ways, and since 2004 it had been a social enterprise commissioned by Kensington and Chelsea PCT.

The Collaborative reinvested profits into providing additional primary care provision in the A&E department of the Chelsea and Westminster Hospital. Dr Ladbrooke believed that the service provided by the Care Collaborative was a good one, as illustrated by the relatively modest numbers of complaints received. The service operated a single telephone number for 'out of hours' enquiries: 020 8969 7777.

On behalf of the Committee, the chairman thanked Dr Ladbrooke for an interesting and informative presentation.

A8 KENSINGTON AND CHELSEA'S LOCAL INVOLVEMENT NETWORK (LINK)

The Committee was advised that in September further meetings and briefings to promote the LINK would be taking place across the borough. Arrangements were being made for the formal launch of the LINK on the afternoon of 6 October 2008 in the Small Hall. An invitation to attend the launch would be sent to all members of the OSC.

Diane Nestor (Hestia Housing and Support) referred to a range of local publicity which would be used to promote the launch event, including use of the free local newspaper, 'The Informer'.

A9 THE NEXT COMMUNITY STRATEGY

Melanie Smith provided a brief overview of the review process instigated by the Kensington and Chelsea Partnership (KCP) which would result in the production of the Royal Borough's third Community Strategy, which it was intended to publish in December 2008, following the current consultation period.

The format of the previous Strategy would be retained, with material grouped around eight themes, whilst the document as a whole would have the following three cross-cutting themes: health and well-being, safer communities and equalities.

The chairman said that the final document needed to place greater emphasis upon the key role of the Joint Strategic Needs Assessment (JSNA), which would play an instrumental role in determining the pattern of healthcare in the borough and in co-ordinating actions aimed at preventing ill health.

The chairman also suggested that the revised Strategy needed to underline the role that Local Development Framework (LDF) policies had to play in protecting social and community facilities. In response, Dr Smith said that this was an area which the KCP had given some attention to, and she assured the Committee that the point would be taken account of in the final version of the Strategy.

Cllr Coleridge drew attention to the apparent discrepancy between comments (on pages five and thirty-seven of the draft Strategy) on the difference between rates of life expectancy in

the north and southern parts of the borough. In this context, he drew attention to the need for statements relating to the vision of the borough in 2028 to be very clearly identified as such.

Paul Morse referred to the importance of air pollution as a source of concern to the borough's residents, and indicated that he would be providing comments on this area as part of the review process.

A10 FINALISATION OF ANNUAL WORK PROGRAMME

The chairman referred to the OSC's practice of not having more than two Working Groups undertaking scrutiny at any one time.

Taking into consideration the evidence regarding dental health reported under items A4 and A5 above, the Committee confirmed the decision taken at its meeting in September 2007 to undertake a review of dentistry. The chairman indicated that it would be the intention for this review to begin fairly shortly.

The Committee also agreed that a review of the progress being made by local statutory and voluntary sector agencies in tackling childhood obesity in the borough should be undertaken, to be handled jointly with the OSC on Children and Family Services. The chairman indicated that he hoped that it would be possible for an immediate start to be made on this review.

In response to a request by the chairman for priority to be accorded to other possible areas for scrutiny in the future, Cllr Mason suggested a review of how GP surgeries, hospitals and other health services responded to the needs of blind, partially-sighted and deaf residents. He also queried whether there might be scope for this area to be addressed as part of the continuing work of the Health Inequalities Review Group, which it was proposed would be reconvening to consider the implementation of the recommendations in its Review report.

A11 THE CABINET AND PCT RESPONSE TO THE HEALTH INEQUALITIES REPORT

The Committee noted that the Review Group on Health Inequalities would be meeting in October to consider the responses to the Review's recommendations from the Cabinet and the PCT. The chairman said that the Committee would wish to return to this area, once the Review Group had completed its deliberations.

The chairman referred to questions received recently from the public relating to items in the action plan, and indicated that the relevant officers had been asked to provide a prompt written response.

A12 MISCELLANEOUS MATTERS

The chairman reported that Cllr Freeman had agreed to assume a monitoring brief in respect of the CNW London Mental Health Trust board agendas.

Cllr Coleridge said that he would be pleased to take up a monitoring role regarding board agendas for the London Ambulance Trust.

The chairman encouraged all members of the committee to attend the scrutiny seminar on 23 September 2008, which was to be presented by Dr Fiona Campbell.

A13 DECISION TRACKER SHEET

The tracker sheet of key decisions was noted.

The meeting ended at 9.01 pm

Chairman