

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
HEALTH, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE – 13 MARCH 2013
REPORT OF THE HEAD OF GOVERNANCE SERVICES
MISCELLANEOUS MATTERS

1. FRANCIS REPORT

- 1.1 The Francis Report published in early February followed the public enquiry into the serious failings at the Mid Staffordshire NHS Foundation Trust. The enclosed article from Health Service Journal discusses health scrutiny failings highlighted in the report.

Francis: give councils more scrutiny power

The Francis report on NHS care failings has raised serious concerns about the “concept” of local government health scrutiny, pointing to major errors by two councils in holding health services to account.

The report by Robert Francis QC accused scrutiny committees at Staffordshire county council and Stafford borough council of a “conspicuous failure”. He said all health scrutiny committees should have the power to inspect providers.

It said it had found “a number of weaknesses in the concept of scrutiny”, which may mean that regardless of how “capable and conscientious” the individual members of a council’s scrutiny committee were, the system could still be an “unreliable detector of concerns”.

Future problems could be avoided by giving the committees more powers, such as the ability to inspect providers, the report said.

It said councillors could not be expected to be experts in healthcare, pointing to “limits on what a committee of elected councillors can be expected to do in scrutinising a hospital”. However, it said, members of both authorities’ scrutiny committees could have done more to expose problems at Stafford Hospital.

They had failed to “detect or appreciate the significance of any signs suggesting serious deficiencies” at the hospital, where abuse and neglect from 2005 to 2008 led to hundreds of unnecessary deaths, it said.

It said Staffordshire’s health scrutiny committee was “wholly ineffective”, having “confined itself to the passive receipt of reports” about the hospital, without properly challenging the information they contained.

The report has also criticised the committee for its apparent lack of interest in the views of the public. It quotes Jim Muir, a former councillor and former chair of health overview and scrutiny committee, as saying that it would have been “pointless” to seek the views of the public about local health services and that he “would have gone home” if he was asked to canvass views about it.

In a statement Staffordshire county council leader Philip Atkins said: “The county council has made its own scrutiny role of NHS partners more robust with better training, specialist support and encouraging members of the public to attend meetings and ask questions directly of senior NHS officials.”

Stafford borough council has not yet responded to a request to comment.

HSJ (6 Feb 13):Francis: give councils more scrutiny power

<http://www.hsj.co.uk/francis-give-councils-more-scrutiny-power/5054673.article>

1.2 All the relevant recommendations are set out in the box below.

Scrutiny committee recommendations

- Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.
- Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.
- The CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information resource.
- Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

1.3 The Government’s full response to the Francis Report is awaited.

FOR INFORMATION

2. LOCAL AUTHORITIES – HEALTH AND WELLBEING BOARDS AND HEALTH SCRUTINY REGULATIONS

(This paragraph is extracted from the Department of Health website, 8 February 2013)

2.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 have now been published. The publication of these regulations provide a step forward in enabling local authorities to finalise local preparations for health and wellbeing boards and health scrutiny arrangements.

- 2.2 The regulations relating to **health and wellbeing boards** aim to provide local areas with the flexibility and freedom to shape their health and wellbeing boards as best fits with local circumstances. In particular:
- health and wellbeing boards will be free to establish sub-committees and delegate functions to them;
 - voting restrictions have been lifted so that non-elected members of a health and wellbeing board (i.e. CCG representative, local Healthwatch, Directors of Public Health, Children’s Services and Adult Social Services and any wider members) could vote alongside nominated elected representatives on the board;
 - political proportionality requirements have also been lifted so that the question of political proportionality of health and wellbeing board membership is left to local determination.
- 2.3 The regulations in relation to **health scrutiny** make provision for local authorities to review and scrutinise matters relating to the planning, provision and operation of the health service in their area. They replace the previous 2002 regulations on health scrutiny. Under the new system of health scrutiny, local authorities have greater flexibilities in how they discharge their health scrutiny functions. Certain elements of the previous regulations have been preserved but there are new obligations on both NHS bodies, relevant health service providers and local authorities around consultations on substantial developments or variations to services to aid transparency and local agreement on proposals.

FOR INFORMATION

3. ROTA VISITS

- 3.1 The rota visits schedule is attached as **Appendix A**.
- 3.2 Councillor Wade has carried out her assigned visit to the Adults Hospital Team; her visit report form is attached as **Appendix B**.

FOR INFORMATION

4. WORKING PARTIES

- 4.1 Since the Committee's last meeting, the two Working Parties have had their first meetings:-

- 4.2 The **Working Party on Hospital Discharge and the Interface with ASC** (chaired by Councillor Williams) agreed the following Terms of Reference:-

To consider the work of Adult Social Care services and community health services in supporting residents discharged from hospital and how they work together with the hospitals and to make recommendations for improvements.

- 4.3 The Working Party was set up by the Scrutiny Committee as a “Working Party on Hospital Discharge and the Interface with ASC”.

The Chairman suggesting a slightly wider inquiry as community health services would be jointly managed with some Tri-borough ASC services. The Working Party has agreed to focus on just one hospital, Chelsea and Westminster; though the conclusions may be applicable to others.

- 4.4 The Working Party on **Costs of Residential and Nursing Placements** (chaired by Councillor Warrick) agreed the following Terms of Reference:-

To consider the costs of procuring residential and nursing placements, and as part of this consideration to have regard to:-

- (a) Qualitative as well as quantitative issues;
- (b) Service delivery implications;
- (c) Dignity issues in respect of service users;
- (d) Benchmarking (particularly but not exclusively at Tri-borough level);
- (e) Securing the best Value For Money; and
- (f) Existing and proposed policy constraints (e.g. cost or location).

FOR INFORMATION

5. PROPOSED FORMATION OF JOINT WORKING GROUP WITH FAMILY AND CHILDREN'S SERVICES SCRUTINY COMMITTEE

- 5.1 Regarding the joint group with the Family and Children's Services Scrutiny Committee on **Meeting the Health Needs of Children in RBKC**, the Chairman of FCS (Councillor Lindsay) has indicated to the Chairman of this Scrutiny Committee (Councillor Weale) that he is happy for this joint group to commence.
- 5.2 The Chairman wishes the Scrutiny Committee to discuss this matter at this meeting.

FOR DECISION

6. MATTERS ARISING AND UPDATES FROM LAST MEETING ON 24 JANUARY

- 6.1 Matters arising and updates from the last meeting of the Scrutiny Committee on 24 January 2013 are as follows:-

Minutes A4 and A5 – both on the Tri-borough Public Health Service. A further report on the Public Health Service appears elsewhere on this agenda.

FOR INFORMATION

7. MONITORING AGENDA PAPERS FOR NHS TRUST BOARDS AND NEIGHBOURING BOROUGH'S' HEALTH OVERVIEW AND SCRUTINY COMMITTEES

7.1 This Scrutiny Committee had a well-established system whereby each of its Members received and monitored one or more local NHS trust board agendas and those of tri-borough partners Westminster City Council and LB Hammersmith & Fulham's Health OSCs, as set out below.

7.2 The current list of monitoring responsibilities is as below (revised by the Clerk in November 2012).

- **West London Clinical Commissioning Group – VACANCY ***
- Kensington and Chelsea Health and Wellbeing Board - Cllr Weale
- Inner North West London PCTs - Cllr Healy
- Central London Community Healthcare NHS Trust - Cllr Barkhordar
- Chelsea & Westminster NHS Foundation Trust - Cllr Healy
- Central North West London NHS Foundation Trust - Cllr Williams
- Imperial College Healthcare NHS Trust - Cllr Hoier
- Royal Brompton & Harefield NHS Foundation Trust - Cllr Wade
- Royal Marsden NHS Foundation Trust - Cllr Freeman
- Westminster City Council's Health OSC - Cllr Mosley
- LB Hammersmith & Fulham's Health OSC - Cllr T. Buxton
- London Ambulance Trust - Cllr Freeman

*** As stated at the Scrutiny Committee's last meeting, it is hoped that this vacancy will be filled at this meeting.**

7.3 Each of the above Members should receive agendas for these boards/OSCs on a regular basis and are invited to flag-up to the wider Scrutiny Committee membership - either at meetings or by e-mail beforehand - any developments of particular importance and/or where there appear to be issues in which the Committee might usefully get involved.

7.4 If any Member experiences difficulty in receiving agendas for meetings, they should contact the Clerk in Governance Services in the first instance.

FOR DECISION

8. THE FORWARD PLAN OF KEY DECISIONS

8.1 Attached as **Appendix C** is an extract from the Forward Plan showing all those decisions to be taken by individual Cabinet

Members or the full Cabinet which will be open to scrutiny by this Scrutiny Committee.

FOR INFORMATION

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Head of Governance Services

Background papers used in preparing this report: None.

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