

PRESENT

Members of the Committee

Councillor Mary Weale (*Chairman*)
Councillor Terence Buxton
Cllr Maighread Condon-Simmonds
Councillor Robert Freeman
Councillor Pat Healy
Councillor Bridget Hoier
Councillor Will Pascall
Councillor Linda Wade

Others in Attendance

Councillor Carol Caruana (for items A1 - A7)
Councillor Tony Holt (for items A1 - A7)
Councillor Julie Mills
Stella Baillie (Head of Adult Social Care)
Clair Bantin (Scrutiny Manager)
Jonathan Bell (Smart Thinking Action Group - STAG)
Toni Camp (Programme Manager, Personalisation)
Sue Clark (UNISON Branch Secretary)
Jean Daintith (Executive Director, Housing, Health and Adult
Social Care - HHASC)
Toby Dickinson (Commissioner for Mental Health Services)
Roger Dunn (STAG)
Annemarie Freude-Lagevardi (Mental Health Befriending
Scheme)
Catherine Larkin (Kensington and Chelsea Mental Health Carers
Association)
Caroline Leveaux (Senior Commissioner, NHS Kensington and
Chelsea)
Steve Mellor (HHASC Group Finance Manager)
Andy Michaels (Kensington and Chelsea Local Medical
Committee)
Aidan Moloney (Kensington and Chelsea MIND)
Ivan Moore (STAG)
Stephen Morgan (Head of Community Engagement)
Paul Morse (Director of Environmental Health)
Paula Murphy (Co-ordinator, Kensington and Chelsea LINK)
Dr Simon Ramsden (Kensington and Chelsea Practice-based
Commissioning Group)

Mike Roberts (Mental Health Befriending Scheme)
David Schofield (Kensington and Chelsea MIND)
Liz Udall (Mental Health Befriending Scheme)
Christine Vigars (Kensington and Chelsea LINK)
Martin Waddington (Head of Policy and Performance, HHASC)
Rachel Wigley (Head of Personalisation)
Gavin Wilson (Governance Administrator)
Patricia Wright (Chief Executive, NHS Kensington and Chelsea)

A1 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

It was moved by Cllr T. Buxton, seconded by Cllr Freeman and

RESOLVED: That Cllr Weale be appointed Chairman of the Committee.

It was moved by Cllr Weale, seconded by Cllr Condon-Simmonds and

RESOLVED: That Cllr Dr. Hanham be appointed Vice-Chairman of the Committee.

A2 APOLOGIES FOR ABSENCE, AND WELCOME

Apologies for absence were received from Cllrs. Dr. Hanham and Warrick.

Cllr Weale welcomed Cllr Wade to her first meeting of the Committee.

A3 MEMBERS' DECLARATIONS OF INTEREST

No declarations were made.

A4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD ON 7 SEPTEMBER 2010

The minutes of the meeting of the former Health Scrutiny Committee held on 7 September 2010 were noted.

A5 MINUTES OF THE MEETING OF THE HOUSING, ENVIRONMENTAL HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE HELD ON 15 SEPTEMBER 2010

The minutes of the meeting of the former Housing, Environmental Health and Adult Social Care Scrutiny Committee held on 15 September 2010 were noted.

A6 THE COMMITTEE'S TERMS OF REFERENCE

The report was received.

A7 FINAL REPORT OF THE SUB-GROUP ON REVIEW OF INFORMATION AND ADVICE FOR SELF-FUNDERS IN THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

The Chairman welcomed Cllr Holt and Cllr Caruana to the meeting.

Cllr Holt introduced the Sub-Group's report by observing that self-funders were often independent by nature and not likely to turn to the Council for advice and information. However, the Council did have a role to play in this respect, and the report's recommendations were aimed at providing greater assistance.

Cllr Healy said that the proposed leaflet aimed at self-funders should include mention of the possibility of their receiving an initial assessment. Taking up this point, Ms Daintith referred to the emphasis placed on offering care advice, information, and an assessment to those who approached the Council, and agreed that the proposed leaflet should include an appropriate reference.

Action: HHASC (R.

Wigley)

Cllr Weale suggested that it might be helpful if the draft leaflet was circulated to members of the Committee, to allow those with particular knowledge in this area the opportunity to comment. She indicated that, in due course, the Committee would be interested to see the outcome of this piece of work.

Action: HHASC (R.

Wigley)

Cllr Weale thanked Cllr Holt and fellow Members of the Sub-Group, and supporting officers, for their work in addressing an important aspect of care provision.

A8 GP COMMISSIONING AND THE IMPLICATIONS OF THE NHS WHITE PAPER PROPOSALS

The Chairman was pleased to welcome Dr Ramsden to the meeting.

Dr Ramsden referred to the fact that the White Paper ("Equity and Excellence: Liberating the NHS") proposals for GP consortia were vague in a number of respects. However, notwithstanding this, work had started within the existing Practice-based Commissioning Group (PBCG)

(which represented all GP practices in Kensington and Chelsea) to form a GP consortia, and two well-attended meetings with GPs had been held. A catchment of 100,000 patients was the NHS's minimum size for establishing a consortia.

Dr Ramsden said that, under the Government's proposals, the remit of GPs in respect of primary care would be extremely wide, and involve registered and non-registered allowances. Consortia would be responsible for monitoring ophthalmic, dental and maternity contracts, as well as those of GPs. However, the proposal to cut the management allowance from £45 to £10 per patient represented a major drop in funding, and would be a principal driver behind the reconfiguration of services. The PBCG was interested in achieving economies of scale through exploring possible configurations with GPs from neighbouring boroughs, and exploratory meetings had been held with counterparts in Hammersmith and Fulham and Westminster to look at possible models for merger, or for sharing services.

The Committee heard that the PBCG had decided to apply to the Government for pathfinder status (probably in January 2011), and, if successful, this would provide additional funding to explore the development of configurations and business activities, including on a wider-than-Borough basis. Dr Ramsden said that the PBCG hoped that the Council would be able to support its pathfinder bid. He emphasised that there was an enthusiasm among GPs for making consortia work, and for establishing closer working links with Social Care services.

Responding to an enquiry from Cllr Weale as to where the proposals for GP consortia might lead to better patient outcomes, Dr Ramsden said that he envisaged that care for the elderly was one such area, where closer working with Social Care should lead to improvements.

Cllr Freeman highlighted the likely impacts of the significant cut in allowance per patient, and the fact that the anticipated £1.8 million (based on borough population) was a very small sum to allow the consortia to carry out functions previously undertaken by the PCT. In reply, Dr Ramsden said that he believed that operating with this level of support, though challenging, was viable; much could be done to reduce costs, including measures to reduce the need for hospital admission, and allow early discharge.

In response to a point by Cllr Freeman, Dr Ramsden recognised drawbacks to the existing system of 'payment by results', but said that GPs would have to continue to work with the system as best they could.

Cllr T. Buxton drew attention to the considerable level of backroom support which would be needed in order to provide effective managerial arrangements for the new system of GP consortia to be established. Dr Ramsden acknowledged that this was a considerable concern for the PBCG, and recognised the short-term cost and management pressures involved.

Cllr Healy highlighted the fact that, whilst the PBCG operated successfully at present, this was with the support of the PCT (and also the Strategic Health Authority). Under the Government's proposals, this level of support would be removed, and she questioned whether the GP consortia would have sufficient business/management expertise to successfully deliver primary care across the borough. Responding to this, Dr Ramsden said that it was likely that a relatively small number of GPs would need to devote a considerable amount of their time to business/management of the consortia. He also pointed to the existing expertise which existed.

Responding to a point raised by Cllr Hoier concerning the level of GPs' support for forming consortia, Dr Ramsden referred to a well-attended meeting with GPs held the previous day, which illustrated a generally positive and enthusiastic approach to making the proposals work; however, he recognised that there were also anxieties about a move into untried and untested territory. Hopefully, if the bid for pathfinder status was successful, this would allow the training and management needs of GPs to be addressed in some detail.

In reply to Cllr Wade's point that some GPs spent more per patient than others, Dr Ramsden advised that in his experience there was not necessarily a direct correlation between the amount spent and patient outcome. Developing quality of care and achieving value for money would be an important focus for the consortia.

Cllr Weale thanked Dr Ramsden for his presentation and for responding to Members' questions. She said that the Committee recognised the need to develop closer working links between Social Care and GPs as the proposals for

consortia developed, and the opportunity to hear from the PBCG in around six months' time would therefore be greatly appreciated.

A9 FINANCIAL IMPLICATIONS OF THE COMPREHENSIVE SPENDING REVIEW (CSR) 2010

The Committee was advised that under the CSR, the number of separate grants (e.g. Supporting People grant) was being reduced, as these were absorbed into Formula Grant. Also, councils were being allowed greater flexibility in the way in which they could spend central Government grant, which was to be welcomed. However, the overall national level of Formula Grant was to be reduced by 26% over the period of the CSR. How this would translate into financial settlements affecting individual councils was not yet clear, and the Government was consulting on distributional changes; an announcement of the settlements for 2011/12 was expected in early December. Two new grants were to be introduced: a Learning Disability and Health Reform Grant in 2011/12, and a ring-fenced Public Health Grant in 2013.

A10 ANNUAL WORK PROGRAMME 2010/11

The Committee considered which areas should be the subject of detailed scrutiny in its 2010/11 Work Programme.

The Committee agreed that a review of the Noise and Nuisance Service should form one topic of detailed scrutiny.

It was then agreed, by five votes in favour to one against, that the provision of healthcare at home for older people should be the second topic of detailed scrutiny.

Cllr Weale indicated that, if possible, ways should be found to include the development of the St Charles Polyclinic into the Committee's Work Programme at an appropriate point in the future.

A11 KENSINGTON AND CHELSEA'S LOCAL INVOLVEMENT NETWORK (LINK)

Cllr Weale welcomed Ms Murphy and Ms Vigars to the meeting.

Ms Vigars drew the Committee's attention to the LINK's priorities for the year, and to progress on a number of its main areas of activity.

Ms Vigars highlighted the big change under the Health White Paper's proposals, as the LINK evolved into a local HealthWatch (a new consumer champion organisation for patients and communities). She believed that it was important that during this transitional process, the LINK continued to remain independent, with a distinct local presence (notwithstanding joint working with neighbouring areas) and, as HealthWatch developed, that it did not cut across the work carried out by local voluntary sector organisations.

Cllr Weale acknowledged the important role played by the LINK in leveraging in voluntary support, and said that it would be important not to lose this momentum in the transition to HealthWatch. Ms Daintith paid tribute to the LINKs' excellent work across a range of areas and its close links with the Council, and welcomed the continuation of a mutually beneficial local relationship.

A12 OPTIONS FOR FUTURE OF MENTAL HEALTH DAY AND OUTREACH SERVICES

The Committee noted that the words, "levels of investment" were missing at the end the boxed text on the first page of the report, and should be followed by the words, "For Discussion".

Ms Baillie introduced the draft Key Decision Report by highlighting the primary intention to bring together a range of external contracts with in-house provision, in order to offer an integrated service. Changed economic circumstances meant that greater financial savings needed to be made than at the time when previous Key Decision Reports in relation to the changed provision of mental health day care services had been considered. Of the four options contained in the report, Option C (to proceed with a procurement intended to realise a saving of 29.1% of current spend, which would entail the decommissioning of the Befriending Scheme) was recommended for the Cabinet Member's approval. It was intended that this would allow the same kinds of services to be offered, although individuals would not necessarily receive as much support as at present.

Cllr Weale drew Members' attention to two papers circulated for their information prior to the meeting: a consultation briefing for service users, carers and other stakeholders, produced by HHASC; and a response to the

proposal to close the Befriending Scheme, produced by the Scheme Co-ordinators.

With the Chairman's agreement, Mr Dunn addressed the meeting, on behalf of STAG.

Mr Dunn made some detailed comments on matters contained in particular paragraphs of the Key Decision Report, raising queries and making a number of critical points. He said that STAG believed that the 'Clubhouse' model of day service provision could be considered, and coupled with access to more psychological services, a point could be reached where service users might be assisted towards co-managing activities and therapies, in a spirit of community self-help. He concluded by saying that, of the options in the report, STAG's preference was for Option A (to maintain day and outreach services as they were).

Cllr Weale thanked Mr Dunn for his presentation.

In response to a point raised by Mr Dunn regarding the low level (£2,000) of Department of Health funding for 'Improving Access to Psychological Therapies' identified in paragraph 4.2, Ms Leveaux explained that in addition to this, there was provision of around £2 million under this head in the Primary Care budget.

With the Chairman's agreement, Ms Clark introduced Ms Udall, who addressed the meeting, on behalf of the Befriending Scheme Co-ordinators.

Ms Udall emphasised the need for the Befriending Scheme, based on its proven effectiveness in working with a wide range of people, many of whom were vulnerable, isolated and difficult to involve, and more likely to engage with volunteers (as distinct from health and social care professionals, some volunteers themselves being service users), who could arrange visits during evenings and at weekends.

Ms Udall referred to the emphasis under Personalisation on individual choice, and in this context, she considered that it was important to retain the option provided by the Befriending Scheme. The engagement with volunteers fitted very much into 'Big Society' thinking, and Central and N.W. London NHS Foundation Trust (CNWLNHSFT) staff (with whom close links had been established) were supportive of the Scheme. However, she recognised the arguments over whether the Scheme represented good

value for money, although she had concerns at the costing model applied in the Key Decision Report, which did not accurately reflect the complete range of its activities. She also drew attention to the potential loss of a valuable volunteer base and staff expertise if the Scheme was discontinued.

Cllr Weale thanked Ms Udall for her presentation.

Cllr Hoier said that she supported the points made by Ms Udall, and considered that the Scheme had helped to break down some of the stigma attached to mental health, allowing patients in the ward at St. Charles Hospital, for example, to grow in confidence. Terminating the Scheme ran the risk that some service users would retreat into isolation.

Cllr Mills questioned what qualities volunteers could offer which were different to those offered by professional staff. In response, Ms Udall underlined the importance of the different dynamic, whereby Befrienders had chosen voluntarily to spend time with service users, and were not perceived as having an assessing/monitoring role; consequently users were more able to 'open up' and there was a greater opportunity that potential risk situations might come to light.

Responding to the question of whether good value for money was being obtained through the use of volunteers, Ms Baillie commented that the Scheme had not developed in the way originally envisaged; its unit cost was a good deal higher than other elements in provision; and there were alternative ways of involving volunteers. The Committee was advised that to make the Scheme economically viable would require an increase in provision from the present level of 23 sessions per week to 60 sessions per week.

Referring to the Scheme's high unit cost, Ms Daintith commented that HHASC were seeking to be as realistic as possible about making the savings that were needed over the coming two to three year period, and were having to consider reducing the level of service provision in areas which, in other circumstances, they would certainly wish to retain. It was therefore a difficult decision to put the Scheme forward for closure, but she believed that other arrangements could be developed for volunteers to work with service users. She was at pains to stress that the

proposed closure of the Scheme was in no way an indictment of the staff or volunteers associated with it.

In reply to an enquiry from Cllr Weale regarding what would happen to service users who were currently benefiting from the Scheme, Ms Baillie said that ways would need to be found to continue as many established relationships as possible, but it would not be the intention to continue enlarging it. She believed that it should be possible to offer alternative outreach support at a lower unit cost.

Cllr Freeman commented that it appeared that, as a result of the need to make savings arising from the Coalition Government's proposed cuts in financial support to local authorities, the most vulnerable would be those who suffered most. He added that he would have hoped that, since a firm proposal to end the Scheme was being presented, a specific proposal could have been put forward for its replacement. Ms Baillie confirmed that, as yet, there was no specific replacement measure.

Cllr Wade expressed concern that vulnerable individuals might 'fall through the net' as a result of the Scheme's termination. Responding to this, Ms Baillie pointed out that a wide range of mental health services in the Royal Borough was provided by CNWLNHSFT; by comparison, the Council's budget in this area was small.

Cllr Healy said that she did not accept that the proposed savings were necessary, and considered that the approach should be rethought. In this context, she pointed to the fact that the Council still had considerable financial reserves upon which to draw. However, of the four options presented in the report, Option A was to be preferred.

The Committee noted that a full equalities impact assessment was being carried out, and would form part of the final Key Decision Report.

Cllr Healy said that the Director of Legal Services' advice in paragraph 10 of the report that there were grounds for the Council to take the view that TUPE would not apply to the proposed closure of the Scheme was very concerning. If this was the case, conditions of service and jobs, as well as service reductions would be involved.

Cllr Weale re-emphasised her concern at the impact that the closure of the Scheme would have on existing service users, and that the value of the concept of befriending

should be adequately recognised. Ms Daintith acknowledged these concerns, and referred to the exploration of links with the voluntary sector, in order to compensate for the loss of the Scheme wherever this was possible. She pointed out that, in comparison with other London Boroughs, the Royal Borough had a high level of day care provision, and there were many opportunities for offering alternative means of support.

Ms Udall said that an alternative to the four options set out in the report would be for the Scheme to continue, but with just one post of co-ordinator.

Cllr Weale concluded the discussion by indicating that it was now for Cllr Mills, as the relevant Cabinet Member, to consider the comments made at the meeting, when the final Key Decision Report was before her for consideration.

A13 UPDATE ON IMPLEMENTATION OF SERVICE USER CONTRIBUTIONS POLICY

The Committee noted from the report that it was considered that the contributions policy would achieve its financial targets, although this would require monitoring in order to identify any adverse variance.

Mr Mellor agreed to send Cllr Healy percentage figures in relation to the data in paragraph 4.3 on decreases and increases experienced by current service users following implementation of the contributions policy on 31 May 2010.

Action: HHASC (S.

Mellor)

In reply to a point raised by Cllr Condon-Simmonds, Ms Baillie explained that there was no threshold for determining whether an assessment should be carried out. Each case was looked at on an individual basis, and intervention was possible where there was cause for concern. It was also possible to offer a carer's assessment in appropriate circumstances.

A14 CABINET MEMBER REPORT ON CURRENT ISSUES

Cllr Weale asked that Cllr Mills' suggestion that consideration be given to new working relationships between the Council and GPs be noted for discussion at the agenda planning meeting for the next meeting of the Committee.

Action: Governance Services (G.

Wilson)

The report was received.

A15 MISCELLANEOUS MATTERS

The Committee agreed that a schedule of rota visits for Members be drawn up, for the Chairman's agreement.

Action: Governance Services (G.

Wilson)

Cllr Weale asked Members to email her if they wished to fill the vacancies for receiving Board agendas and monitoring local NHS trust Boards and related bodies.

Cllr Healy reported that she had not been receiving Board agenda and minutes from the Chelsea and Westminster Hospital. It was agreed that this matter should be followed up.

Action: Governance Services (G.

Wilson)

Cllr Weale asked that, if any Members wished to comment on the recently circulated NHS paper on a proposed consultation on national changes to children's heart surgical services, they should do so by the end of the week.

The meeting ended at 8.56

pm

Chairman