

PRESENT

Members of the Committee

Councillor Christopher Buckmaster (Chairman)
Councillor Timothy Coleridge (Vice-Chairman)
Councillor Marianne Alapini
Councillor Terence Buxton
Councillor Maighread Condon-Simmonds
Councillor Robert Freeman
Councillor Dr. Iain Hanham
Councillor Pat Mason
Councillor Matthew Palmer

Others in Attendance

Councillor Fiona Buxton (Cabinet Member, Housing Services, Adult Social Care, Public and Environmental Health)
Stella Baillie (Head of Adult Social Care)
Henry Bewley (Health Policy Officer)
Ian Elliott (Project Director, Children's Trusts)
Ahmed Farooqui (Scrutiny Development Manager)
Dr Anil Joshi (Chair, Kensington and Chelsea Local Medical Committee)
Joan McGarvey (Senior Policy Officer, Transport, Environment and Leisure Services)
Andy Michaels (Director of Primary Care Strategy, Londonwide LMC)
Peter Molyneux (Chair, Kensington and Chelsea Primary Care Trust)
Paul Morse (Director of Environmental Health)
Dr Jane Pettifer (Kensington and Chelsea Local Medical Committee)
Ann Ramage (Head of Environmental Quality, Public Health and Service Improvement)
Dr Melanie Smith (Director of Public Health and Partnership, Kensington and Chelsea Primary Care Trust)
Martin Waddington (Head of Policy and Performance - Housing, Health and Adult Social Care)
Deborah Wallworth (Voluntary Sector Manager)
Gavin Wilson (Governance Administrator)

A G E N D A

A1 APOLOGIES FOR ABSENCE

An apology for absence was received from Cllr Mills.

A2 MEMBERS' DECLARATIONS OF INTEREST

No declarations were made.

A3 MINUTES OF THE MEETING HELD ON 14 MAY 2008 and 21 MAY 2008

The minutes of the meeting held on 14 May 2008 were confirmed as a correct record and signed by the chairman, subject to a revision under the second paragraph of minute A5, to read, "Arrangements for a launch event . . . were also being made."

The minutes of the meeting held on 21 May 2008 were confirmed as a correct record and signed by the chairman, subject to the insertion of the words "Health" to replace "Cabinet and Corporate Services" in the heading.

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Note: With the agreement of the meeting, the chairman announced that the order of the agenda would be varied to allow reports A10, Climate Change Strategy and A11, Kensington and Chelsea's 'Local Involvement Network', to be taken first.

A4 CLIMATE CHANGE STRATEGY

The committee's attention was drawn to the following three areas in which the Council intended the climate change strategy should make a difference over the period 2008-2015: in the operation of its own estate; in delivering services; and in stimulating behavioural change amongst businesses, residents and partner organisations in the community.

Basically, it was envisaged that the strategy would allow greater co-ordination of initiatives in order to tackle what was a complex and substantial challenge. A draft of the strategy had just been published for public consultation, with comments being invited by 15 August 2008.

With reference to paragraph 5.4 of the report, Cllr Mason said that it would be useful if the anticipated health implications for residents (eg from air pollution) were covered in greater detail. In response, Joan McGarvey referred to the fact that, whilst the strategy was intended to cover a range of such issues, it was nevertheless an overall strategy, and the action plans which would follow in due course would incorporate greater detail.

The chairman indicated his agreement with the suggestion that areas with health implications, such as air pollution, should be accorded a degree of greater emphasis in the final version of the strategy, making the strategy as comprehensive a document as

practicable, while signposting those seeking further information to other relevant documents.

In reply to an enquiry by Cllr Alapini, Joan McGarvey confirmed that mechanisms were incorporated into the Council's contracts to allow a flexible response where this was needed in order to reflect policy changes, such as an alteration in CO2 emission targets by the Mayor of London.

A5 KENSINGTON AND CHELSEA'S "LOCAL INVOLVEMENT NETWORK" (LINK)

The committee was advised that interviews had taken place for the post of a LINK Co-ordinator, and it was hoped that the successful candidate would take up her position in a few weeks' time. Appointments had also been made to the position of Development Officer and to an Administrative support post.

An initial public meeting was to be held at the Town Hall on 30 July 2008 which would explain the work of the LINK, recruit new members, and begin initial consultation on governance arrangements. The official launch of the LINK was planned for the end of September 2008, at which point it was intended that final decisions would be taken on governance arrangements.

The committee was also informed that the Department of Health was about to publish a code of conduct on 'enter and visit' responsibilities for LINKs members who wished to visit health and social care establishments. The code would be distributed to all local provider organisations and LINKs representatives.

The LINKs website was now operational, and had the facility for translation into a range of languages. The site was still in the initial phase of development, however, and in due course would be expanded to include, among other things, discussion fora.

A6 ANNUAL REPORT OF MEMBER TRAINING AND DEVELOPMENT 2007-08

The chairman commented that the report before the committee was the first such annual report, and would be presented in future years to summarise training and development activity during the previous twelve months. In total, there had been around 150 training 'episodes' for councillors during the course of 2007-08.

A formal assessment of the Royal Borough for Member Learning and Development Charter status had been carried out in June by London Councils, and it was understood informally that the Council's application was likely to be recommended for approval; a formal decision was expected in September 2008.

The chairman drew members' attention to two scrutiny training sessions for councillors which were being arranged: a session on 23 July 2008 by Dr Philip Whiteman (Institute for Local

Government) on scrutiny and performance management; and a seminar on 23 September 2008 at which Dr Fiona Campbell (Centre for Public Scrutiny) would address key aspects of the current Health agenda.

A7 CABINET MEMBER REPORT ON CURRENT ISSUES

The committee received an oral report from Henry Bewley on key aspects of the further interim report on Lord Darzi's next stage review of the NHS.

A central focus of the report was on quality. It was envisaged that every PCT would commission comprehensive well-being and prevention services in partnership with local authorities. Key areas would be obesity, alcohol harm, drug addiction, smoking, sexual health and mental health. Prevention services would be needed "on an industrial scale".

Personal health budgets would be piloted for groups such as people with long-term conditions or those receiving continuing healthcare. Following legislation, 'direct payments' (whereby individuals received money, rather than it being held on their behalf) would also be piloted.

It was also the intention to pilot 'integrated care organisations', bringing together health and social care professionals, and proposals for these were likely to be called for shortly.

A range of options for community services, including community foundation trusts, and social enterprises would be explored.

Each PCT would need to publish a five-year strategic plan for local health improvement, based on regional visions, working in partnership with local authorities to ensure that the plan was set within the wider local priorities contained in community strategies and Local Area Agreements.

The committee was advised that a response to the government's long-awaited consultation paper on the funding of adult social care (which would inform a Green Paper) was in the course of preparation.

Further to a point raised by Cllr Alapini concerning paragraph 15.1, Affordable Warmth Strategy/Warm Homes update, and the need for adequate budget provision to be made in the face of increasing fuel costs, Paul Morse said that he would be pleased to provide her with details of the Warm Zones scheme.

Action by: Director of Environmental Health

In response to an enquiry from Cllr Palmer, Dr Melanie Smith said that the PCT was considering the possibility of locating a dispensing pharmacy at the St Charles hospital site. However, she cautioned against making assumptions that, if implemented, this proposal would lead to the closure of local pharmacies, and in this context referred to a report to be considered at the next

meeting of the PCT's Board, which would look at an expanded role for pharmacies in the community.

A8 REVIEW OF KENSINGTON AND CHELSEA PCT COMMISSIONING PRIORITIES

The chairman drew attention to the useful way in which the Review report assisted an understanding of how the NHS was structured, and how it operated, as well as providing a straightforward outline of the PCT's operations in the particular context of its role as a commissioner of services.

Peter Molyneux replied affirmatively to the chairman's expressed hope that, following its initial response, the PCT would respond with detailed comments on the Review report's twenty-two recommendations and key findings.

Further to an enquiry from Cllr Dr Hanham regarding paragraph 2.2 of the covering report, Peter Molyneux briefly explained the steps being taken by the PCT to separate its provider functions from its commissioning role. The PCT Board wanted to consider the final destination for various of its provider services (eg joint provision with the Royal Borough), and would wish to encourage other providers, where appropriate. The PCT would need to work with the Council in its capacity both as a commissioner and a provider of services, in order to consider future alignment of services.

Taking up Peter Molyneux's final point, the chairman referred to the increasing trend towards greater integration of health and social care, and to the growing alignment with the PCT in respect of the commissioning and provision of services. This was an area which would need to receive further attention over the coming months.

In response to an enquiry from Cllr Freeman regarding steps that the PCT could take to achieve raised standards in services such as obstetrics, Dr Melanie Smith said that the PCT was presently working with the South Bank University to develop new models of care in this area, and it was hoped to have a new service model operational in Autumn 2008. More generally, regarding the PCT's relationships with other Trusts, she referred to the fact that over time the PCT's contractual arrangements were becoming more sophisticated, with specification of outcomes and outputs making it easier to achieve desired results. Peter Molyneux referred to other mechanisms available to the PCT, including strengthening leverage over large provider organisations, and indicated that this was an area to which the PCT would be pleased to return at a future meeting.

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Note: With the agreement of the meeting, the chairman announced that, in view of the related subject matter covered by

reports A7, Darzi Next Stage Review and Guidance on consultation and A8 Health Accountability, these reports would be considered together.

A9 DARZI NEXT STAGE REVIEW AND GUIDANCE ON CONSULTATION, AND HEALTH ACCOUNTABILITY

With reference to paragraph 4.1 of the report, the chairman drew attention to the implausibility of the pledge in Lord Darzi's further interim report, 'Leading Local Change' that existing services would not be withdrawn until new and better services were available - if indeed this was intended to mean that services would run in parallel.

The committee noted the welcome theme of strengthening democratic accountability through increasing the role of overview and scrutiny committees, contained in the reports 'Who's accountable for health?' and 'Out of Our Control? The case for better health accountability'.

Responding to Cllr Coleridge's point that none of the five pledges or eight key steps in 'Leading Local Change' addressed financial issues, Peter Molyneux explained that maintaining its finances in a sound condition was a critical part of the PCT's role, and this was an overarching responsibility above the pledges and key steps.

In response to an enquiry from Cllr Dr Hanham concerning the 'Listening to you' key step, Peter Molyneux said that this reflected the recognition on the part of the NHS of the need for greater transparency in the way it related to the outside world, illustrated by various initiatives aimed at achieving an improved understanding of what people wanted from the NHS. Dr Melanie Smith added that the PCT was well aware of the challenge of reaching out to people who currently did not use health services.

Cllr Fiona Buxton referred to the proposal in 'Out of our control?' for non-executive directors of PCTs, and local authority Executive (Cabinet) members with a 'health' portfolio to attend regular 'Question Time' events to answer questions from the public, and sought the PCT's view regarding how these sessions might be organised. In reply, Peter Molyneux suggested that in the case of public events where the PCT was shaping proposals, experience showed that an 'open forum' format worked well, allowing themes and concerns to emerge. However, in 'question and answer' sessions, where people often tended to ask questions relating to personal experience, it could be useful for the chairman of the meeting to ask for questions to be provided in advance.

A10 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - PLANNING FOR THE FUTURE

Paul Morse introduced the report, drawing the committee's attention to the fresh opportunities which the JSNA process presented for re-evaluating health and social care needs, leading hopefully to better service integration between the NHS and the Council. Existing Council and PCT strategies were being reviewed so that the JSNA responded to existing service priorities. Essentially, the component parts of the JSNA would comprise a web-based tool intended particularly for commissioners; a document for commissioners; and a web tool and document for the public. In future years, it would be the intention to build on the initial work carried out in undertaking the JSNA. He particularly drew members' attention to whether the suggested questions set out in paragraph 2 of the report were considered to address the right issues.

In response to an enquiry from Cllr Alapini concerning steps being taken to capture information on disabled residents, Paul Morse explained that information was being assembled from a number of sources.

The question of determining the population figure for the Royal Borough to be used in the JSNA was raised by Cllr Terence Buxton. The chairman referred to the various population figures in use: for land use planning purposes - 170,000 by the Greater London Authority; while for grant distribution purposes from NHS London to the PCT there was an estimate of 186,000; with the Department of Communities and Local Government using an estimate of 196,000 for the Royal Borough. He underlined the importance of using the most accurate estimate of population for undertaking strategic needs assessment. Dr Melanie Smith drew attention to the fact that only a limited number of issues under the JSNA related to the entire population of the Royal Borough.

Concluding the discussion, the chairman emphasised the critical role which the JSNA should have in future in shaping the provision of services, and expressed the hope that, as it developed, it would become less process-oriented and focus to a greater extent on the achievement of aims and targets.

A11 MISCELLANEOUS MATTERS

The chairman referred to the previous identification of dentistry services for in-depth scrutiny, and asked members to give consideration to other suitable topics for the 2008/09 work programme, for consideration at the next meeting in September. He mentioned the possibility that a joint scrutiny of the PCT autonomous provider organisation (APO) might be carried out in conjunction with Hammersmith and Fulham and Westminster OSCs.

Peter Molyneux said that, if it would be helpful, the PCT could provide a briefing on relevant areas related to dentistry, which

should assist with co-ordinating the timing of this scrutiny review.

Brief oral reports were made by members on matters of interest considered by recent meetings of Health Trust boards and neighbouring boroughs' Health OSCs.

The committee was pleased to note from Cllr Mason that NHS London had agreed to reinstate the cuts (of around 30%) in the HIV prevention programme which had been proposed as a result of the allocation of certain sums to an African communities HIV prevention programme, as reported to the committee at its meeting in November 2007.

The committee was also pleased to learn from Cllr Alapini that Chelsea and Westminster Hospital had taken the decision to make their Board papers available on the internet.

The chairman drew the committee's attention to the fact that the protocol between NHS London and London Health OSCs had finally been approved by the meeting of the London Scrutiny Network on 30 June 2008.

The chairman reported that a request had been received for the meeting of the committee scheduled for 19 November 2008 to be postponed until 26 November 2008, and asked whether this was acceptable to members of the committee present; no objections were raised.

A12 DECISION TRACKER SHEET

The tracker sheet of key decisions was noted.

The meeting ended at 8.24 pm

Chairman