

SCRUTINY BOARD

21st October 2008 at 6.00 p.m.

PRESENT: Councillor Taylor (Chair); Councillors Bullock, R. Davies, Garrett, Mead, Raquib and Smith.

32 APOLOGY FOR ABSENCE (REF: 2)

An apology for absence from the meeting was received from Councillor Ireland.

33 MINUTES (REF: 3.1)

Resolved: That the Minutes of the meeting of the Committee held on 26th June 2008 be taken as read, approved as a correct record and signed by the Chair.

34 REPORTS FROM CHAIRS OF SCRUTINY COMMITTEE (REF: 9)

There were no reports from Chairs of Scrutiny Committees on this occasion.

35 REPORTS FROM BOARD MEMBERS ON MONITORING OF COMMITTEES AND PANELS (REF: 10)

There were no reports from Board Members on monitoring of Committees and Panels on this occasion.

36 NHS LUTON 18 WEEK TARGET (REF: 11)

Sue Assar, Interim Chief Executive, NHS Luton informed the Committee on how the NHS Luton would achieve the 18 week referral to treatment targets. She added that a national guarantee had been given that by December 2008 no patient would wait longer than 18 weeks from GP referral to commencement of treatment for any elective treatment or procedure. Also, 'Operational' targets had been set to allow for clinical exceptions and for patients who had chosen to wait longer than 18 weeks.

It was anticipated that 90% of patients who were admitted to hospital for treatment would have received/started their first definitive treatment within 18 weeks. Also 95% of non-admitted (i.e. treated as Out patients) would have received/started their first definitive treatment within the same time period.

Sue Assar went on to say that the NHS Luton was responsible for commissioning sufficient activity to ensure the targets were achieved and for monitoring and performance managing Providers. She added that the target would be measured throughout December and a report would be submitted

to the Health Care Commission in January, February and March. In May 2008 NHS East of England brought the target forward to October, which meant that NHS Luton needed to commission additional activity to enable early achievement of the target.

The best measure to ensure sustainability was the use of the waiting list 'backlog' i.e. the number of patients on the waiting list at any one time, who had breached the 18 week target. In addition, based on empirical evidence from the best performing Trusts, the 'backlog' should be no more than 0.5 weeks 'clearance' (the number of people the Trust can treat within half a week), if the target were to be sustainable.

Sue Assar informed the Committee on the current performance of Luton and Dunstable Hospital (L & D). At present, all patients on the waiting lists had a known clock start date. The percentage of non-admitted patients treated within 18 weeks was 95% achievement and a backlog level of 962 patients mainly due to administrative breaches. She added that 79% of admitted patients were treated within 18 weeks with a backlog level of 705, of which 452 were orthopaedic patients. The level of admitted backlog had been reduced from 1350 in March 2008 to 705 in October 2008 with a further planned reduction to 200 by December 2008. This plan included commissioning additional activity from the L & D, and offered transfers to the independent sector providers for patients that the hospital did not have the capacity to treat in time.

She added that an agreement with NHS East of England and the Interactive Support Team (IST) had been made that 'admitted' performance would remain around 80% with a step change to 90% in December as the Orthopaedic and General Surgery backlog levels were reduced.

The principles of offering patients a transfer to independent sector providers were:-

- Patient choice – Patients could choose to stay or revert back to the L & D at any time in the process.
- Clinical Safety – Only those patients for whom it was clinically safe and appropriate were offered transfer of provider.
- Convenience – Whole pathway provided by the independent sector provider, transport provided if needed, patients reverting back to the L & D do not lose their place on the waiting list.
- Cost – All activity is undertaken at National Tariff rates, therefore treatment for individual patients no more costly than if carried out by L & D.

Benefits to patients would be:-

- Current patients offered greater choice.
- Patients treated more quickly than otherwise would have happened.

- Meeting the target provided benefits to all patients, through shorter waiting times.
- Provides NHS Luton with the opportunity to reduce waiting times even further (potentially to 15 weeks next year).
- NHS Luton were discussing a longer contract with the Spire and Pinhill hospitals, which would give patients a realistic choice of provider in future.
- Patient benefits would be validated through a survey of patients '18 week' experience which NHS Luton was currently conducting as part of a national Department of Health Survey.

The Chair suggested that a further report be submitted to the Board updating Members on any developments on NHS Luton 18 week Target in six months time.

Resolved: (i) That the Presentation (REF: 11) be noted.

(ii) That the Chief Executive, NHS Luton be requested to submit a further report to the Scrutiny Board on the tPCT 18 Week Target in six months time.

37 AMBULANCE TRUST OPERATING PLAN (REF: 12)

Teresa Church, Assistant General Manager, East of England Ambulance NHS Trust advised Members that Bedfordshire, Essex, Hertfordshire, Norfolk, Suffolk and Cambridgeshire ambulance services had been amalgamated in July 2006 to become the East of England Ambulance Service. This brought together the three existing services of Bedfordshire & Hertfordshire Ambulance Service, Essex Ambulance Service and East Anglian Ambulance Service.

The new service served a population of 5.38 million people over 7,500 square miles. She added that in 1999 45.2% of 999 calls in Luton were reached within 8 minutes by an ambulance. At present the ambulance service was one of the best performing areas within the trust with 87.9% of calls being reached by ambulances after the introduction of the new Call Connect Standard.

Teresa Church added, however, that under the Healthcare Commission report for 2007/08 the East of England Ambulance Service scored weak both on quality of service and use of resources, which made it the worst performing service last year. She concluded that the 'use of resources' score related to the Trust's financial management and internal governance, which has since undergone significant changes and improvements. Also, a new Finance Director had been appointed, and an action plan had been put in place to ensure improvements in financial controls and strategic governance.

Members of the Board raised concern that the Healthcare Commission had indicated that the Ambulance Trust was underperforming, and suggested that the East of England Health Scrutiny Chairs Forum be requested the to consider the issue further. It was also suggested that the Board be informed of the services plans to reduce emergency response arrival times.

Resolved: (i) That the Presentation (REF: 12) be noted.

(ii) That the Eastern Region Chairs forum be requested to investigate further the issue of underperformance of the East of England Ambulance Service.

(iii) That the East of England Ambulance Service submit a further report to the Scrutiny Board in six months time on its Plans for improving emergency response arrival times.

38 HOSPITAL TRUST OPERATING PLAN (REF: 13)

Julie Wells, Director of Service Development, Luton and Dunstable Hospital NHS Foundation Trust gave a presentation in regards to the hospital's annual operating plan. The Board were informed that the hospital had an excellent international reputation in respect of patient safety. she added that the Trust had introduced a team which had been attached to the Intensive Care Unit to look after patients who where deteriorating.

Also, there had been a reduction in MRSA infections with only six cases reported at the hospital in 2008 so far. He added that the hospital had once again been short listed for 'Hospital of the Year', which would help build pride in the Luton and Dunstable Hospital.

A Member enquired if the targets set for dealing with patients admitted to the Accidents and Emergency Ward (A & E) were being met.

The Board were informed that the patient waiting time in A & E had not been breached for several years, although it had proved difficult to meet the 4 hour waiting target. It was added that the introduction of the new Ward would help deal with unexpected patients in an emergency situation. Also, the introduction of new working methods in social services by Local Authorities had put extra strain on the hospital.

The Chair commented that the Walk in Centre introduced by NHS Luton had worked very well, but funding for this service had been reduced. He added that the Centre was now open longer hours, which helped alleviate patients going to A & E.

A Member of the Board enquired how the Foundation Trust had made a difference to the hospital.

Members were informed that under the Foundation Trust, the hospital could now reinvest any surplus finances into providing better facilities and services, for example £2M would be spent on a new ward and £7.5M on antenatal services and a new car park, where as before surplus finances had to be returned.

A Member commented that there were a large number of infant mortalities in Luton.

The Board were informed that there was a high infant mortality rate in Luton, particularly with stillbirths in the Asian Community. However, this had been reduced from 17 to 2 per year.

A Member of the Board enquired if the hospital still did not have a cardiac specialist.

The Board were notified that the introduction of a new cardiac unit was one of the hospital's strategic objectives.

Members requested that the Hospital Trust submit a further report to the Board in six months time, to show what progress had been made.

Resolved: (i) That the Presentation (REF: 13) be noted.

(ii) That the Hospital Trust be requested to submit a further report to the Scrutiny Board in six months time detailing what progress had been made on the operating plan.

39 REVIEW OF MUSCULOSKELETAL SERVICES (REF: 14)

Sue Assar, Interim Chief Executive, NHS Luton gave a presentation in regards to the review of local Musculoskeletal (MSK) Services. She informed the Board that currently, MSK Services were provided at secondary care level at the Luton & Dunstable Hospital. However, the high number of inappropriate referrals to the service has led to an inefficient use of capacity and resources, which has resulted in increased waiting times and additional costs. It was therefore proposed the existing MSK Services be redesigned around a multi-disciplinary team of clinicians in order to direct patients to the most appropriate service.

The Drivers for change were:-

- National Guidance.
- National Targets.
- NHS Luton Operating Plan.
- Patient experience.
- Successful initiatives in other areas.
- Value for money.

The proposed changes to the MSK Services included:-

- A multidisciplinary team.
- Triage/referral management process.
- Community locations.

- Education & advice for local GP's.
- Access to pain services.

The Board were informed that the MSK Services would be benchmarked against other services across the country on the percentage of patient's treated in community services. Currently Luton was only 16% and a target of 70% had been set. She added that to make the service more accessible, community locations would be utilised with more convenient opening times.

A Member of the Board enquired how public involvement in the service would be achieved.

Sue Assar replied that a public visioning day would be held with patients and support groups invited to join steering groups to give feedback on the type of service they required, and their personal experiences of the service.

Members of the Board suggested that a further report be submitted to update Members on progress made on the re-design of the MSK in six months time.

Resolved: (i) That the presentation (REF: 14) be noted.

(ii) That the Chief Executive, NHS Luton be requested to submit a further report to the Scrutiny Board on the progress made on the re-design of the Musculoskeletal Services in six months time.

40 EAST OF ENGLAND HEALTH & WELLBEING SEMINAR (REF: 15)

The Scrutiny Officer reminded Members of the seminar organised by the East of England Health Scrutiny Chairs Forum on 'Health and Wellbeing - The Scrutiny Role', which would take place on 12th November 2008 at the Newmarket Conference Centre. He added that places were still available, and urged Members to apply.

Resolved: That Members interested in attending the 'Health and Wellbeing, The Scrutiny Role' Seminar, on 12th November 2008, book directly or through the Scrutiny Officer.

41 EAST OF ENGLAND JOINT HEALTH SCRUTINY (REF: 16)

The Scrutiny Officer reported on the East of England Joint Health Scrutiny Committee's response to the consultation by NHS East of England on its vision. He added that full written feedback had been received on the consultation, including specific responses to the Joint Committee's recommendations.

Overall, responses received by the public and relevant bodies and NHS staff, were broadly supportive of NHS East of England proposals for its long-term vision for the region's health services. NHS East of England had also noted that there were areas of concern, which needed to be and would be addressed.

Resolved: (i) That the Report (REF: 16) be noted.

(ii) That the Scrutiny Officer submit a further report in 12 Months time on the Strategic Health Authority's progress on implementing its Vision Strategy.

42 COMMUNITY COHESION REVIEW (REF: 17)

The Scrutiny Manager informed that the Board that under the new Scrutiny arrangements, the topic of Community Cohesion would not be able to be completed. He added that the Chief Executive had expressed an interest in undertaking a review of Community Cohesion in a different format.

Members agreed not to pursue the topic any further and to allow the Chief Executive to take it forward as appropriate.

Resolved: (i) That the Report (REF: 17) be noted.

(ii) That the Scrutiny Board would not pursue with the topic of Community Cohesion any further, and that the Chief Executive take the topic forward as appropriate.

43 RESPONDING TO THE GOVERNMENT CONSULTATION ON LOCAL ACCOUNTABILITY, PETITIONS AND SCRUTINY (REF: 18)

The Scrutiny Manager sought the views of the Board on the 'Communities in Control: Real People, Real Power' consultation document, and considered the draft response as attached in Appendix A to these Minutes. The Board were advised that this was the first fundamental review of the scrutiny process since its implementation. He added that the consultation paper broadly covered the proposed scrutiny powers, holding chief Officers and Chairs to account, and the use of new technologies to conduct Council meetings.

Members of the Board commented that if the proposed changes made by the consultation were implemented, there was no accommodation in the existing budget, and suggested that the Executive recommended to release additional resources to facilitate this.

Resolved: (i) That the Report (Ref: 18) be noted.

(ii) That the Scrutiny Manager, be authorised to prepare an official response in line with the proposed response as put forward by the Scrutiny Manager to the 'Communities in Control: Real People, Real Power' consultation document.

(iii) That the Executive be requested to put a growth item forward in the next budget to accommodate the outcomes of 'Communities in Control: Real People, Real Power' Government Consultation Document, if implemented.

44 SCRUTINY MANAGERS REPORT (REF: 19)

The Scrutiny Manager informed the Committee that the recommendation made by the Scrutiny Board at its meeting held on 26th June 2008 had been submitted to the Constitution Committee in regards to the adoption of the proposed re-organisation of the Scrutiny Committees remits and constitutions to bring them in line with the themes of the Luton Forum as the Local Strategic Partnership.

However, at its meeting held on 2nd October 2008, the Constitution Committee amended the reference and agreed the following recommendation to the Council:

- i) That, subject to the deletion of the Performance, Resources & Assets Scrutiny Committee, the proposed re-organisation of the Scrutiny Committees remits and constitutions to bring them in line with the themes of the Luton Forum as the Local Strategic Partnership, be adopted.
- (ii) That the functions of the current Performance, Resources & Assets Scrutiny Committee be included within the Terms of Reference of the Scrutiny Board.
- (iii) That the Scrutiny Board be responsible for dealing with all Executive decisions 'Called In'.
- (iv) That the Scrutiny Board establish annually a Task and Finish Sub-Group to deal with the budget process.
- (v) That if adopted the proposals as set out above, be referred to Council for approval.

Members of the Board commented that they still stood by their recommendation made at their meeting on 26th June 2008, and suggested that a further recommendation be made to the Council reaffirming that the Scrutiny Committees remits and constitutions should be brought in line with the themes of the Luton Forum as the Local Strategic Partnership.

Resolved: (i) That the Report (Ref: 19) be noted.

(ii) That the Council be recommended to reorganise Scrutiny Committees' remits and constitutions to bring them into line with the themes of the Luton Forum in complete accordance with the Appendix to Minute 29 of the Scrutiny board meeting held on 26th June 2008 as agreed by all political parties represented on the Council.

(iii) That the Scrutiny Board supports the recommendation to carry out a review of Scrutiny with a view to complete the review within six months.

(iv) That the Scrutiny Board supports the formation of an informal project board to help guide the review, with each political party nominating one representative. That the Group Leaders be requested to notify the Scrutiny Manager, and Democratic Services Manager of who their group representative would be.

45 SCRUTINY BOARD WORK PROGRAMME AND WORK PROGRAMMES OF SCRUTINY COMMITTEES (REF: 20)

The Scrutiny Officer reported on the work programme of the Scrutiny Board and the work programmes to be undertaken by each of the Scrutiny committees in the current year. He added that if the Committees' constitutions and remits were altered, the work programmes for each Committee would also be amended. The Chair reminded Members that the Forward Plan had been circulated with the Scrutiny Work Programme report for Members' information.

Resolved: That the Report (Ref: 20) be noted.

(Note: The meeting concluded at 8.30 p.m.)

Appendix A

The proposed response to the 'Communities in Control: Real People, Real Power' consultation document

Implementing the Local Government and Public Involvement in Health Act 2007 provisions

Question 1 Do you agree with our proposed approach in relation to overview and scrutiny committees requiring information from partner authorities?

Yes, these powers are needed now- but the requirement placed on Council Executives to respond to recommendations of Scrutiny within two months should also be placed on partner authorities, which would help to ensure that partner authorities provide quick, timely responses to scrutiny.

The provisions in the 2006 Act on scrutiny of CDRP's and the police should be implemented at the same time as these provisions to ensure that there is consistency of approach to scrutiny of all our public sector partners.

We would also recommend widening the scope of organisations that can be scrutinised to include business and voluntary organisations as they have a significant role in delivering various LAA targets and spending public money and therefore subject of the same levels of accountability as any other LAA partner.

Question 2 Do you agree with the proposal to apply the provisions in relation to exempt and confidential information without modification to local authority executives?

Yes, both parties should be bound by existing confidentiality/exempt information rules and provide a summary of the information that cannot be disclosed in full.

Question 3 Do you agree with the proposed approach towards joint overview and scrutiny committees? Are there specific issues that should be considered as part of the approach?

This issue does not affect us as a Unitary Council- however, perhaps the provision could be amended to enable Unitary Councils to develop joint scrutiny arrangements with other local authorities. For example, a group of councils may want to form a joint committee to scrutinise Regional Development Agencies- enabling them to work together them to examine issues relating to the sub-region. Indeed, we work with councils in our region to carry out scrutiny of Health and the NHS, any guidance should be designed to enable us to continue to do this.

Question 4 Do you agree with the proposed approach to enable district scrutiny committees to review the delivery of LAA targets?

Not applicable to Luton.

Question 5 Do you agree with the proposal to apply these new powers in councils operating alternative arrangements? Are there any specific implications that should be taken into account in doing so?

Not applicable to Luton.

Taking forward the 2008 White Paper commitments

Question 6 What issues should be considered as part of any new power to establish area scrutiny committees?

Not applicable to Luton.

Question 7 How might the requirement for dedicated scrutiny resource be put into practice?

We would support any move which reinforces the independent nature of the scrutiny officer role in legislation- such a move would help ensure that scrutiny can develop an independent and distinct approach, helping to ensure that Scrutiny Officers are working for and on behalf of Overview and Scrutiny committees, however, experience shows that Scrutiny is at it most effective when working closely with the Executive and officer across the council- we would therefore want to see any guidance on this issue allow us to continue this approach.

Examination of best practice around the financing of scrutiny suggests that the scrutiny budget should be voted on separately at the annual council budget meeting- this is as per the case nationally with parliament and again, reinforces the independent role and nature of scrutiny within the council.

The Government also needs to consider how councillors themselves will be able to put in the extra time and effort that is created by this legislation.

Question 8 Do you agree that appeals about a local authority's response to a petition should be considered by the overview and scrutiny committee? What practical issues might arise?

Yes, in principle, but Overview and Scrutiny investigating those petitions which have been rejected by the council's executive may lead to an issue being 'over scrutinised'.

Perhaps a more effective system would be one where an Overview and Scrutiny Committee is given the power to decide if a petition that relates to strategic issues or an issue which effects more than one area warrants further investigation with those petitions that deal with issues effecting only one area being dealt with at the Local level. Here at Luton, we operate a successful system in which petitions are dealt with by Area Committees.

Chapter 3: Increasing the visibility and accountability of local public officers

Question 9 Do you agree with this approach that those responsible for the job descriptions should determine the precise arrangements by which

the chair or chief executive will attend regular public meetings?

Yes, as this move would help ensure the Chair or Chief Executive view engaging with members of the public as a priority.

Safeguards should be put in place to ensure that officers are not called to account veraciously and that they are appropriately protected.

Question 10 Do you agree with our proposals to require the local authority with its strategic partners to agree a local scheme for petitions to hold officers to account? What practical issues might arise?

Yes- In principle. If the proposals allow us to develop protocols, which enable us to build-upon existing public meeting mechanisms for example Area Committees and Scrutiny Committees, we would support the proposal. On area based issues, petitions to hold officers could be dealt with by our Area Committees, on issues which have strategic or town wide implications, petitions to hold officers to account could be dealt with by our scrutiny committees.

Question 11 Should the Government provide some minimum standards for local schemes to hold officers to account? What should they be? Which, if any, local service providers and agencies must, or must not be in any scheme?

Yes- In principle. If the proposals allow us to develop protocols, which enable us to use existing mechanisms for example Area Committees and Scrutiny Committees, we would support the proposal.

Question 12 Do you agree that the scope of the scheme should be agreed locally subject to any statutory minimum standards and whether this would be an effective means of empowering communities?

Yes- however, the minimum standards should not be too prescriptive. The Council with its partners should be able to develop local arrangements. In case of dispute, It should be for the council to make the final decision on how the arrangements operate.

Chapter 4: Facilitating the work of councillors

Question 13 Do you agree with the proposed approach?

This is difficult to assess- such a scheme would be highly complex and impractical. The cost of providing the necessary supporting technology would also be prohibitive.