

Overview and Scrutiny Committee

Minutes of a Meeting of the Overview and Scrutiny Committee held in the Council Chamber, Civic Centre, Tannery Lane, Ashford on the **26th February 2013**

Present:

Cllr. Aaby (Chairman);

Cllr. Chilton (Vice-Chairman);

Cllrs. Apps, Bartlett, Bennett, Davison, Galpin, Mrs Hutchinson, Mrs Martin, Mortimer, Shorter.

Apologies:

Cllrs. Feacey, Hodgkinson, Robey, Smith, Yeo

Mr Nick Sandford (Godinton Estate Manager).

Also Present:

Cllrs. Claughton, Blanford, Burgess, Marriott, Sims

Dr Navin Kumta – Clinical Lead and Designate Clinical Chair, Ashford Clinical Commissioning Group, Mr Simon Perks – Accountable Officer (Ashford and Canterbury & Coastal Clinical Commissioning Group)

Mr Peter Slender – Slender Winter Partnership, Mr Matthew Morris – Woodfuel Development Manager and Kent Downs Woodfuel Pathfinder

Head of Cultural and Project Services, Environmental Health Manager (Commercial), Finance Manger, Principal Accountant, Project Office Architect, Quantity Surveyor, Building Surveyor, Senior Scrutiny Officer, Member Services and Scrutiny Officer.

343 Declarations of Interest

Councillor	Interest	Minute No.
Galpin	Declared an "Other Interest" as he was a Member of the East Kent University Hospitals Trust	346
Mrs Hutchinson	Declared an "Other Interest" as she was a Trustee on the Tenterden Leisure Centre Trust	345
Shorter	Declared an "Other Interest" as he was a member of the Ashford Clinical Commissioning Group, Patient Participation Forum	346

344 Minutes

Resolved:

That the Minutes of the meeting of this Committee held on the 22nd January 2013 be approved and confirmed as a correct record.

345 Stour and Civic Centres: Review of either Biomass Boilers or Combined Heat and Power (CHP) for heat provision to the buildings.

The Chairman introduced the item which presented a reappraisal of the two heating methods being considered for the Stour and Civic Centres. The report gave the key outcomes of the review and two possible recommendations for the Committee to consider, recommending either Combined Heat and Power or a Biomass Plant. The Chairman explained that present at the meeting, was Mr Peter Slender, a partner at Slender Winter Partnership which provided a mechanical and electrical design service and had advised the Authority on the sizing of the two heating options, and Mr Matthew Morris, Woodfuel Development Manager and Kent Downs Woodfuel Pathfinder to speak in support of the Biomass option.

Mr Morris addressed the Committee. Britain was one of the largest users of gas and explained how the supply of fossil fuels was under pressure with increased international competition. The security of supplies was very important. The Head of Ofgem (Office of Gas and Electricity Markets) had issued a warning of higher prices. Ashford was heavily wooded in chestnut coppice, providing sustainably managed woodland opportunities. Whilst there would be an additional cost to the Authority, installing biomass plant could create jobs, with the potential for using local fuel being a key opportunity. Britain was targeted to reduce carbon emissions and Ashford Borough Council's Green credentials were poor and this would address some of these concerns.

The Head of Cultural and Project Services addressed the Committee. He explained that initially the train of thought was that Biomass was the obvious choice, however, further consideration and sensitivity analysis were carried out, the details of which were all contained within the report, and this identified that the CHP plant was more suitable to the needs of the Stour Centre. It was a heavily electrically dependent building and the decision had to be based on practical business efficiencies. Producing its own electricity had to be considered the best option for the Council. It appeared that Biomass boilers did not cope well with rapid changes in heat demand. As service and heating continuity were important factors, there was not a convincing argument that Biomass, in this type of building, would provide a practical heating solution. In addition the quantity and cost of wood fuel required was significant to the extent that a contract for supply would be subject to meeting open competition rules in Europe and could result in wood fuel supply from Europe and not the local economy. He concluded that Biomass was still a suitable solution in general and one that the Authority would support the use of for more suitable applications.

The Principal Accountant added that following the sensitivity analysis, choosing Biomass would significantly restrict the funding potential for the rest of the Stour Centre Refurbishment.

During the debate the following issues were discussed:-

- Members were assured that they weren't being presented with a fait accompli, and that the purpose of the review coming to Committee was so that it could be debated fully.
- The principle of using Biomass Plant was supported by Members but it was accepted that it was not appropriate for this type of installation.
- The decision should be based on achieving an outcome that was efficient, effective and economic. Whilst the creation of jobs had to be endorsed wholeheartedly, the overall picture was not in favour of biomass.
- It was considered unfortunate that at 2 of the leisure centres visited, the biomass plants were not functional, it was explained that this was more to do with the management of the facilities but added a concern that the plant was not reliable in such large, purpose built structures. Mr Slender added that the plant was not good with fluctuating loads.
- A Member explained that he had requested further information on the heat/cooling plant. This was presented to him at the meeting, and he considered there were further issues for discussion. He undertook to discuss these issues with Officers outside of the meeting. The Head of Cultural and Project Services thanked the Member for his support and challenges on this matter.

Overall the debate highlighted that the principles of Biomass plants were to be commended and that they be used where economically viable, and where the decision could be deemed credible. Members were keen to seriously consider Biomass in the future. In this case, however, it was clear that the Combined Heat and Power plant presented the more acceptable option as the economic facts were clear.

Recommended:

That the Cabinet be asked to:-

- (i) Confirm the Cabinet decision (10.1.13) to proceed with the Stour Centre Essential Repairs and Proposed Invest to Save Project (including the choice of a CHP plant for heating and power supply to the buildings) based principally on the significant saving.**
- (ii) Consider using biomass boilers for other more suitable and less sensitive buildings.**

346 Presentation by Ashford Clinical Commissioning Group (ACCG): Health Care Provision in the Borough, now and going forward,

The Chairman introduced Dr Navin Kumta – Clinical Lead and Designate Clinical Chair, Ashford Clinical Commissioning Group. Dr Kumta gave some background as to how and why the Ashford Clinical Commissioning Group (ACCG) had been formed and confirmed it would be a statutory body from April 2013. Members were then given a short presentation on some of the key elements of the Group's structure, strengths, priorities, risks and aspirations set against the current healthcare issues and demographics of the Borough. This presentation was published on the Committee Services section of the Council's Website under the document section of the agenda for this meeting: <https://secure.ashford.gov.uk/cgi-bin/committee/index.cfm?fuseaction=DocTrack.getDocument&DocID=5021>

Dr Kumta explained that most of the borough's population was aged between 0-19 and 40-69 years and whilst in the most part the Borough was relatively wealthy, there were pockets of deprivation. In terms of the ACCG's strengths, there were 16 practices in Ashford who would be members of the ACCG and this group represented a vital source of information.

The presentation illustrated that compared to the National and Eastern and Coastal Kent Averages, Ashford performed well in terms of mortality and major disease prevalence rates, but there were variations between wards regarding health, in addition to the impact of the growth of Ashford.

The priorities for the ACCG were set out, namely: maintaining the health status of the population, reducing health inequalities across wards; and maintaining clinical effectiveness. There was a heavy emphasis on integration of services to ensure joined up working, resulting in effective changes being made for the benefit of the people of Ashford.

Dr Kumta, then introduced Mr Simon Perks, - Accountable Officer, (Ashford and Canterbury & Coastal Clinical Commissioning Group) responsible for Statutory Functions. He continued the presentation and explained the organisational structure, which was considerably smaller than that previously in place for the PCT. Their key responsibility was to support the clinicians and provide a dedicated team for Ashford.

By encouraging integration of services, there would be budget savings, increased efficiency, and better managed service provision. There was more and more emphasis on making savings and the money available was unlikely to increase, so spending money in the right places to achieve the best clinical care was a priority.

The presentation concluded with a summary of the need to determine how the ACCG could operate moving forward, to ensure the arrangements were strong, robust and effective, working collectively and incorporating the views aired and feedback received. There were some key goals to be achieved, namely:

- To deliver the 13/14 Commissioning Plan, better reflecting local need
- Secure provider performance for the long term
- Establish a new approach to quality and safety
- Hold conversations with key providers
- Transform urgent care
- Plan for contract renewal
- Local Health and Wellbeing Board
- Fully engage with HealthWatch
- Complete recruitment and OD Plan

During the debate the following issues were discussed:-

- Members were in agreement that the care of the elderly should take place in their homes where possible. GPs should be included more, and support any care plan assigned to a patient. It was explained that this view was supported by GPs and that friends and family should also be involved in any care meetings. Mr Perks added that it was accepted that the GPs may be the most appropriate co-ordinator of a health plan but that this was a new way of working. It was also essential that relatives be involved in key decisions and the delivery of care.
- Many of the concerns raised were in relation to the Accident and Emergency provision particularly with regard to the insufficient numbers of doctors available. Dr Kumta added that because the hospital computer system did not share the information from the surgeries' systems, this caused delays. The aim was to get transparency for the clinical providers, so that they could share and view, important patient information.
- There were not sufficient facilities in the Borough to provide support and care for children and young adults suffering with Mental Health issues. Dr Kumta explained that there was a "programme of needs team" with regard to Mental Health to make them closer and more available to those with mental health issues.
- There was some discussion over the buildings previously occupied by PCT staff. Of the 3 premises, Trinity House had gone to the Kent Community Trust so was no longer a liability to the ACCG. Templar House was to be handed back to the landlord, Kent House was to be used by the Kent and Medway Commissioning Group. The ACCG had temporarily taken over the lease at Inca House but this was a short term solution.
- The desired outcome was to have a good quality service, where health and social work services work together.
- With regard to the Children Centres within the Borough, clinicians were already working with the managers of these centres to avoid duplication and to get the best service for children and the young.

- The issue of drugs within the Borough was raised. It was clear that the ACCG would need to work with education providers and that this could be considered further by the Ashford Health and Wellbeing Board. It was important that the bigger picture was identified and taken into consideration and that all the relevant agencies worked in a co-ordinated manner.
- There was some debate regarding making complaints. Whilst there was some negative publicity surrounding the process in some areas, the complaints system was quite clear and straight forward. If a complaint had previously gone to the PCT, it now went to the ACCG. The ACCG did not, however, have the power to commission regulation. The complaints procedure was, according to Mr Perks, clear and worked well. The problems referred to were specific to one area where the relevant providers “failed to link the dots” and was not reflective of the majority. Dr Kumta added that the member practice GPs would be best placed to gather “soft intelligence” which could be addressed via the Clinical Commissioning Group (CCG) to the provider organisation.
- A Member who had been part of the Ashford Clinical Commissioning Group, Patient Participation Forum from the onset explained that there had been a lot of scepticism from both patients and GPs but over the last year, the GPs in Ashford had really embraced the opportunity. It was a radical change but he was confident that the population of Ashford would see an enormous improvement in service and provision. The Portfolio Holder for Community and Wellbeing agreed with the points raised and reassured Members that it was a great time of change, and that the principle of providing joined up care should be embraced. There would be scrutiny and accountability but overall the intention was to ensure engagement, outcomes, joined up commissioning to secure better health, wellbeing and quality provision.

The Environmental Health Manager (Commercial) concluded the item by explaining that much of the work undertaken by the Council directly influenced health and wellbeing. The Ashford Health and Wellbeing Board (AHWB) (which was a sub committee of the Kent Health and Wellbeing Board (KHWB) presented the Council with a unique opportunity to work closely with other partners and help ensure the decisions made supported the improvement and protection of the public’s health. The AHWB would be informed by the priorities of the KHWB.

Resolved:

That the presentation was received and noted.

347 Future Reviews and Report Tracker

Members considered the report and Forward Plan. A Member advised that he had requested that the Committee be able to debate the Stage 2 Refurbishment of the Stour Centre. The Head of Cultural and Project Services explained that Officers would be happy to report to O&S with some options - to get a feel from O&S and then to work on the business case.

It was agreed that this would be on the 26th March 2013 O&S Committee Agenda.

Resolved:

That subject to the above, the Future Reviews and Report Tracker be noted.

MINS:O&S Mins 26-02-13

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