KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 3 September 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr A D Crowther, Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs J A Rook, Mr C P Smith, Mr R Tolputt, Mr A R Chell (Substitute for Mrs J Whittle), Mrs P A V Stockell (Substitute for Mr A T Willicombe), Cllr J Cunningham, Cllr M Lyons, Mr M J Fittock and Mr R Kendall

ALSO PRESENT: Cllr Ms A Blackmore, Mrs A Burnand, Mrs C Davis, Cllr R Davison, Mr R Kenworthy, Mr J Larcombe, Mr R A Marsh, Miss N Miller and Mr M Willis

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee) and Mr P D Wickenden (Overview, Scrutiny and Localism Manager)

UNRESTRICTED ITEMS

1. Minutes
(Item 3)

(1) RESOLVED that the Minutes of the meeting held on 23 July 2010 are recorded and that they be signed by the Chairman.

Matters Arising

(2) Further to Minute Number 8 the Chairman apologised that it had not been possible to circulate the letter prepared on behalf of the Committee as resolved at the end of Item 10 before being sent to the Secretary of State for Health. The Committee noted that the letter and reply were included in the Agenda for the meeting.

2. NHS White Paper Equity and Excellence: Liberating the NHS
(Item)

(1) The Chairman indicated that he had asked Tish Gailey, Public Health Policy Manager, to put before Members a summary of the NHS White Paper *Equity and Excellence: Liberating the NHS* (see Appendix 1) along with a copy of one of the related consultation documents, *Local democratic legitimacy in health*. Ms Gailey invited Members to forward any comments on the paper to her to enable them to be incorporated into the response by Kent County Council.

(2) Members thanked Ms Gailey for the information and the opportunity to forward comments.

3. Update on SECAmb's Make Ready Programme

(Item 4)

Geoff Catling (Director of Technical Services and Logistics, South East Coast Ambulance Service NHS Trust), Janine Compton (Senior Communications Manager, South East Coast Ambulance Service NHS Trust), Darren Reynolds (Head of Business Development, South East Coast Ambulance Service NHS Trust), and Steve Rose (Senior Operations Manager, South East Coast Ambulance Service NHS Trust) were present for this item.

(1) Representatives of the South East Coast Ambulance Service NHS Trust (SECAmb) explained that they were attending to provide an update on the Make Ready Programme, but were happy to answer any questions on any aspects of the organisations activity as there were a number of interesting new developments, such as 'hear and treat', 'see and treat' and a new Computer Aided Despatch system which had gone live in Kent one month previously. The Coxheath Despatch Centre was staying in its current location.

(2) The background to the Make Ready Programme reached back to 1974 when ambulance services transferred from local authorities to the NHS. This meant that ambulance stations were based on local authority estate locations and there was often now room to expand or improve facilities and the locations of them could have an impact on ambulance response times. A range of issues arising from this resulted in an Estates Strategy for SECAmb in May 2008 which established the direction for the Make Ready Programme.

(3) SECAmb representatives explained the current system was more akin to 'make do' than 'make ready'. Between 40 minutes and 1 hour 15 minutes was often lost from each shift due to ambulances not being fully prepared for the start of each shift, with ambulances often having to go to different locations in order to become fully equipped. Crews were also currently responsible for cleaning their ambulance and a call could often come in during cleaning meaning that an ambulance responded without the cleaning process being completed.

(4) Infection control was stated as one of the main drivers behind the Make Ready Programme. The idea behind Make Ready Depots was that they would be built specifically for the purpose of being somewhere where specially trained staff would clean and prepare the ambulances for the beginning of each shift, freeing up paramedic time. The extended cleaning the ambulances would receive, along with a six-weekly deep clean would dramatically improve infection control. The Care Quality Commission had inspected and approved the programme on two occasions. The intention was also to locate Make Ready Depots near accident and emergency departments in order to clean ambulances after particularly severe incidents and allow ambulance crews to have a break from the event.

(5) Three Make Ready Depots had already been opened, at Chertsey, Hastings and Thanet in Kent. There were plans to open a number of further depots as the Programme was rolled out. The next two planned would also be in Kent, at Paddock Wood and Ashford, both in 2011. The plan was for the one in Ashford to also include a hazardous response unit. One Member of the Committee reported his favourable impressions of the Hastings Depot following a visit.

(6) Locations for ambulance community response posts were also being sought by SECAmb where ambulances would be sited in key positions so as to be able to respond quickly to incidents. Ambulances had in the past often been parked in lay-bys but locations where additional facilities were available were being found, such as Springfield House in Maidstone.

(7) Members had before them colour versions of the maps contained within the Agenda pack and a number of questions were asked clarifying details about the response time around Deal and Birchington. It was explained that there were challenges in reaching the 8 minute target for Category A calls in some areas in East Kent, which was why finding the right locations for response posts was important.

(8) Questions were asked about the ongoing funding for the Programme and it was explained that the funding stream formed part of the Long Term Financial Model as part of SECAmb's bid for Foundation Trust status. Funding for this current year was set, and that included developing depots at Paddock Wood and Ashford.

(9) Future projects, such as developing a depot at Medway Airport, would follow the establishment of SECAmb as a Foundation Trust. Until a new depot location was secured and operational, the ambulance stations in Medway and Dartford would remain.

(10) In answer to questions about the longer term future of the ambulance station in Maidstone, representatives from SECAmb explained that the current station was not fit for purpose and that there would be response posts in Maidstone, but that the Paddock Wood Depot would service the needs of Maidstone. Several Members expressed reservations that the county town may suffer a reduction in access to ambulance services.

(11) Questions were also asked about staff training. It was explained that the nature of training was changing and paramedic education was becoming a graduate profession with specialisms within it. Additional training for maternity transfers was provided in West Sussex work was ongoing with Maidstone and Tunbridge Wells NHS Trust on implementing the appropriate pathway of care.

(12) There were also rigorous training standards set for the company contracted to the staff the Make Ready Depots.

(13) Members were keen to pursue the subject further and in particular requested more information on response times in West Kent. SECAmb were invited to attend the meeting on 8 October and they accepted and expressed a hope that an opportunity for Members to visit the Thanet Make Ready Depot before that date could be arranged.

4. The Future of PCT Provider Services and the Use of Community Hospitals *(Item 5)*

Anne Tidmarsh (Director of Commissioning and Provision, East, Kent Adult Social Services), Ashley Scarff (Head of Business and Corporate Planning, Maidstone and Tunbridge Wells NHS Trust), David Meikle (Acting Chief Executive, NHS Eastern and Coastal Kent), Philip Greenhill (Managing Director, NHS Eastern & Coastal Kent

Community Services), Phil Edbrooke (Associate Director of Quality, Performance and Corporate Development, NHS Eastern & Coastal Kent Community Services), Oena Windibank (Operations Director, NHS Eastern & Coastal Kent Community Services), Paul Duncan (Associate Director of Business Development, NHS Eastern & Coastal Kent Community Services), Alison Davis (Assistant Director of Commissioning, NHS Eastern and Coastal Kent), Ruth Brown (Lead Commissioner for Community Services, NHS Eastern and Coastal Kent), Mark Sheppard (Managing Director, West Kent Community Health), Judy Clabby (Assistant Chief Executive, NHS West Kent), Dr Mike Parks, Medical Secretary, Kent Local Medical Committee), and Ray Fuller were present for this item.

(1) The discussion of this item was divided into two sections, looking at the future of Primary Care Trust (PCT) Provider Services to commence with.

(2) It was explained to the Committee that the broad direction of travel had not changed as a result of the General Election in that the separation of provider and commissioner functions of PCTs would continue. However, PCTs as commissioners were to be abolished.

(3) Representatives of the NHS provided further written information to assist in clarifying the timeline of developments locally (see Appendix 2). Eastern and Coastal Kent Community Services (ECKCS) would become a separate NHS Trust from 1 October 2010. The intention of both PCTs was that West Kent Community Health would separate from NHS West Kent and join with ECKCS and a new organisation called Kent Community Health Trust would be formed on 1 April 2011.

(4) The Business Case for joining together of the two provider services needed to be approved by the Cooperation and Competition Panel and the judgment was expected in December. Even with this, the Kent wide community services organisation was not a foregone conclusion and the views of stakeholders would be sought early next year.

(5) From the perspective of General Practice, the Local Medical Committee (LMC) believed that community services were key to local delivery and hoped that a Kent Trust could be used as a framework within which to further integrate health services and rebuild primary healthcare teams and allow for community healthcare staff to move back into surgeries. However, many surgeries were not fit for purpose and would need improvements to deliver more services. The LMC have been involved in the discussions over the Kent wide Trust and were relieved that vertical integration with the Acute Trusts in Kent was not the favoured option in Kent.

(6) Concern was expressed by Members that a Kent wide Trust may miss the local dimension, particularly when contrasted with GPs who were localised.

(7) Mr Greenhill from ECKCS explained that his organisation was currently the fifth largest provider of community services in the country and that more needed to be done to develop local structures but that work was being done to integrate community teams in a geographical area.

(8) Mr Sheppard from West Kent Community Health (WKCH) explained that this was also the case in West Kent. His organisation was smaller than the one in East Kent and merging with it would enable it to be regarded equally with the Acute Trusts.

The Invicta Practice Based Commissioning Cluster in West Kent was heavily involved in developing services locally.

(9) There were differences between the two community service providers in where services had traditionally been based, and this partly explained why ECKCS had more staff that WKCH. Other reasons include the fact that ECKCS also provides services in Medway along with some services which are delivered in West Kent by Acute Trusts.

(10) As a result of staff consultation, community paediatric services in West Kent were to be vertically integrated with Maidstone and Tunbridge Wells NHS Trust and Dartford and Gravesham NHS Trust.

(11) Speaking on behalf of Kent Adult Social Services, Anne Tidmarsh welcomed the idea of a Kent wide Trust as this would enable the good work which was already happening integrating services to continue in areas such as hospital discharge pathways and a single assessment process so that the same person would not need to be assessed by a nurse and a social worker. KASS would also continue to work with the Acute sector, particularly in the light of the increased responsibility of Acute Trusts over hospital discharges.

(12) As a representative of the Acute Sector, Ashley Scarff noted that he recognised the importance of the community services sector and that it was important not to become too focussed on organisational form.

(13) Members felt that the publication of the NHS White Paper raised a number of questions about how community services, and a Kent wide Trust in particular, would fit in with the move to transfer responsibility for commissioner NHS services to GPs. The forthcoming publication of the Public Health White Paper would give further details of the developing shape of how the NHS and local authorities would fit together, with responsibility for this aspect likely to go to local authorities and that this would include health visitors.

(14) The Committee requested that this subject be returned to at a later date and representatives from the NHS suggested early in 2011 would be timely.

(15) The Committee then turned its attention to the use of Community Hospitals. As an overview it was explained that in East Kent there were 175 beds across 6 community hospitals and in West Kent 130 beds across 6 community hospitals. They all provided different services and were spread unequally across Kent. They were seen as central to how the health economy operated in both halves of the county.

(16) In West Kent there was joint commissioning with the local authority for integrated care and services at the hospitals were being developed to enable a wider range of patients to access care as, for example, through changing the admissions criteria so that patients with longer rehabilitation needs than the current 6-8 weeks would be able to be cared for. Community hospitals were looked at as part of the whole rehabilitation pathway as accessing these beds would free up beds in Acute hospitals. Mental health patients were not included in the new criteria as they were not properly resourced for this group of patients.

(17) It was reported that similar developments were happening in East Kent. The community hospital setting was seen as beneficial for patients, particularly where it enabled them to be closer to friends and relatives.

(18) In response to questions from Members who felt that 1 Kent wide Trust would mean the local dimension was missing, representatives of the NHS responded that the same principles would apply in developing services whether or not the merger happened as the locality model was important. Likewise, restrictions like the location of the hospitals and the state of the Estate would still exist. Gravesham Community Hospital was the only new state of the art facility out of the 12 across Kent.

(19) Dr Mike Parks of the Local Medical Committee reported that the GPs largely agreed and felt that community hospitals could, and did, do more than provide inpatient services. They had a key role to play in diagnostics, out of hours care and other outpatient services. GP commissioners will be looking for community hospitals to do more and will be looking for GP and District Nurse admitting rights. Dr Parks also reminded the Committee that GP commissioners would be able to choose from 'any willing provider' and that the potential increase in choice between providers could be a positive thing.

(20) Anne Tidmarsh reported that Kent Adult Social Services already worked closely with the community hospitals on integrating care pathways, but that the choice of discharging people from hospital to either their home, intermediate care or a community hospital should be based on clinical need.

(21) In response to a specific question about the lack of a community hospital in Maidstone, Mr Sheppard reported that the Kent and Medway Partnership Trust (KMPT) property at Heathside had been considered, but that this was being developed for use by children's and adolescent mental health services. There were currently ongoing discussions with Kent Adult Social Services over a possible development of the Dorothy Lucy Centre.

(22) Following a question about paediatric audiology services which had been moved from Preston Hall to other community hospitals around Kent, Mr Sheppard reported that pending agreement of a Service Level Agreement, the service would be provided in Maidstone general hospital from July 2011 and that a limited home visiting service would be available in the interim.

(23) On behalf of the League of Friends of Tonbridge Cottage Hospital, and more broadly other Leagues of Friends in West Kent, Mr Fuller explained that the current West Kent Community Health organisation was very well regarded, and this was the sixth Trust the hospital had been under in ten years. However, if this organisation could not continue, he favoured vertical integration as most of the community hospital's business came from step down beds.

(24) With or without vertical integration, Ashley Scarff reported that community hospital beds were viewed as essential for acute services and the business case for the Pembury PFI relied on the presence of community hospital beds for step down purposes.

(25) Members felt they needed further information on the alternatives to a Kent wide Trust and how community hospitals would fit into the developing NHS and so once more asked that an opportunity be found to return to this subject early in 2011.

5. Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust: Update (To Follow)

(Item 6)

(1) It was reported to Members that a letter had been received from the Highways Agency explaining that little could be done to improve the A21 at present and that a response from the Cabinet Member for Environment Highways and Waste on the A228 was expected.

(2) Members had before them information on the engagement events which had and were being carried out by NHS West Kent in relation to Women's and Children's Services and Maidstone and Tunbridge Wells NHS Trust. Mr Cooke asked that it be noted that the listed focus groups were by invitation only and at ones he had observed only 1 person had attended. The view was expressed that this cast doubt on the level of public engagement being carried out by the NHS.

(3) The attention of Members was drawn to the public meeting being held on Women's and Children's Services and Maidstone and Tunbridge Wells NHS Trust on 9 October. HOSC Members were also welcome to attend the Co-design Stakeholder Event at the Hop farm on 22 September. Clarification over the Co-design event was being sought from the NHS.

(4) RESOLVED that the Committee receive the report and note the additional meeting of the Committee on Monday, 20 September 2010.

6. Forward Work Programme

(Item 7)

Members agreed the Forward Work Programme with the addition of the SECAmb Make Ready Programme item returning on 8 October and a suitable opportunity for returning to the Future of PCT Provider Hospitals and the use of Community Hospitals be found in early 2011.

7. Committee Topic Discussion

(Item 8)

(1) Members expressed their satisfaction that both the main items would be returned to.

(2) It was suggested that a full meeting be given over to discussing the Public Health White Paper. As it had a potential impact on the whole of Kent County Council, the Overview, Scrutiny and Localism Manager suggested that this may be an issue that the Scrutiny Board could consider.

8. Date of next programmed meeting – Friday 8 October 2010 @ 10:00am
(Item 9)