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, 30 October 2009.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr J A Kite, Mr R L H Long, TD, Mr S Manion (Substitute for Mr A Willicombe), Mr C P Smith, Mr R Tolputt, Mrs J Whittle, Cllr Ms A Blackmore, Cllr R Davison (Substitute for Cllr Mrs J Perkins), Cllr C Kirby (Substitute for Cllr Mrs M Peters) and Cllr M Lyons

ALSO PRESENT: Mr R Hansell, Mr R Kendall, and Mr D Tutton.

IN ATTENDANCE: Ms D Fitch (Assistant Democratic Services Manager (Policy Overview)) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

15. Minutes
(Item 3)

Matters arising

(1) The Chairman stated that the LINk representation on the Committee needed to be formalised and asked that the LINk notify officers of their two representatives before the next meeting of the Committee.

(2) RESOLVED that the minutes of the meeting held on 2 October 2009 are correctly recorded and that they be signed by the Chairman subject to Mr G Cooke being added to the list of Members present.

16. Primary Care Out of Hours Services
(Item 4)

Mr A Cole (Head of Commissioning) NHS Eastern and Coastal Kent, Ms Z Fright (Senior Lead Commissioner Urgent Care) NHS Eastern and Coastal Kent, Mr K Gill (Procurement Manager) NHS Eastern and Coastal Kent, Ms D Robertson (Deputy Chief Executive) NHS West Kent, Ms D Stock (Strategic Commissioning Manager) NHS West Kent were present for this item.

(1) The Chairman welcomed colleagues from NHS Eastern and Coastal Kent and NHS West Kent to the meeting and invited them to give a brief introduction to the papers that they had submitted to the Committee.

(2) Members were invited to ask questions which including the following:-

- In response to questions on the way in out of hours GPs engaged with patients, both PCTs explained that there were a number of ways in which patients could be seen out of hours, GPs were available at certain bases and, if appropriate, patients could be asked to travel to them, generally an out of hours GP visit tended to be a option of last resort in order to make effective use of resources.
- What happened with the plan for integrated call centres? An East Kent colleague explained that South East Coast Strategic health Authority had decided not to participate in the Department of Health's single number or non urgent care pilot scheme. However, they were ensuring that if this was rolled out nationally there would be a directory of services ready to use to support this service.
- How does information get from the out of hours service to the patients GP in a timely manner? Members were informed that at the end of every out of hours session all notes were faxed or conveyed electronically to the relevant GP's by 8.00am on the next working day.
- Are there any plans to offer GP's inducements to provide an out of hours service for their patients? West Kent colleagues explained that their new out of hours contract would require the use of GPs who knew the local area, and if it was necessary to use locums from abroad the PCT would be informed so that checks could be carried out on training and language skills.
- In relation to the statement in the West Kent survey results (page 19 of papers) that half of patients had waited longer than half a day to make contact with the service, it was explained that this related to how long the patient had had the condition for before deciding that it was serious enough to contact the out of hours service. The question was designed to help establish how patients were using the service.
- Regarding the figures (page 17 of the papers) which compared the value for money aspect of services, Eastern and Coastal Kent stated that the national audit office had carried out this survey in 2006 and that most providers had expressed concern that a standard approach was not used. Work was being done with the Department of Health to produce a better tool to compare providers. In their new out of hours contract they would be looking to provide the best service for patients which may not be the cheapest option. West Kent colleagues also confirmed that patient care and safety was paramount for the new contract.
- The issue of out of hours health professionals having access to patients records was raised. Ms Robertson acknowledged the importance of good communications and access to records for the out of hours service. Currently for patients with long term conditions or at the end of their life there were processes in place to make sure that their medical information was available when needed. In the longer term the aspiration was for GPs and other relevant professionals to be able to access patient information at the point of contact.
- Mr Cole (Eastern and Coastal Kent) explained that they regularly performance managed their out of hours providers against 13 national requirements. He was unsure how these related to clinical outcomes but agreed to look at this and assess whether they needed to put something in place to assess clinical outcomes.
- Regarding what changes they had made as a result of complaints, Mr Cole confirmed that they a robust complaints process where they were required to respond with an action plan.

- In relation to feedback from patients, Mr Cole stated that they had strengthened their citizen engagement arrangements over the past few months and had sought feedback from residents on issues including the out of hours service.
- Colleague from both PCTs undertook to supply information on the Performance Indicators and complaints, compliments and comments.
- In response to a question on the scores from the Healthcare Commission review, Ms Robertson stated that West Kent did quite well on some but had scored lower in relation to integration and their vision for going forward, they recognised that there was a need to improve.
- Mrs Green asked for a copy of the survey that had been carried out by the NHS Eastern and Coastal Kent in June 2009 and a copy of Key Performance Indicators. Both PCTs offered to send in further information on patient surveys.
- In response to a question on the cost per head for their out of hours service, which ranged from £3.50 - £12.00 across the country. West Kent colleagues stated that they had two providers for out of hours services and the costs ranged from £7 to £ 9.50 per head. The cost per head in East Kent was £9 per head.
- In response to a question on the average waiting time to see an out of hours GP, Ms Stock explained that all out of hours calls should be triaged and if it was deemed urgent should call the ambulance within 3 minutes, if the call was urgent the caller would be asked to come into a centre, or there would be a telephone consultation, or if a visit was the only option this should be carried out within 20 minutes of the call. The Committee were assured that both East and West Kent were robust in their triage process.
- Regarding the percentage of health professionals there were of different types, and how many GP's there were on call out of hours, Ms Stock replied that they did not have a specific percentage but when they carried out their review they would try to establish whether people wanted to just see a GP or whether they would see nurses who are qualified in specialist primary care. South East Health had GPs at bases, if one base was overloaded then called would be diverted to other GPs who could attend, it was not just about the number of GPs available out of hours but of making best use of resources.
- The key factor was whether the needs and demands of local people were being met rather than the number of GPs available out of hours.
- Ms Robertson emphasised that anyone handling an hour of hours call would be appropriately qualified and able to follow through a triage process, it was usual to start with a qualified nurse and if necessary go through to a qualified GP if required.
- In response to a question on how the PCTs were going to make sure that people understood the out of hours systems in place, Mr Cole agreed that this was an area of high importance of this and were working hard to ensure the public knew what services were available.
- An assurance was given by Mr Gill that although they needed to have a new contract in place by January 2010, in time for the current contract to end in July 2010, the new contract would be able to take account of any issue that came out of the review currently being undertaken by the Care Quality Commission. Ms Stock stated that their new contract would also have a provision to enable them to do this as well.

- Ms Robertson clarified that it was the role of PCTs to monitor the services that they commissioned and the role of the Strategic Health Authority to ensure that PCTs delivered what they were supposed to.

(3) RESOLVED that the reports and answers to questions from Members be noted.

(Mr K Ferrin and Mr S Manion declared personal interests in this item, as their wives were GPs and took part in the discussion on this item).

17. The Future of PCT Provider Services

(Item 5)

(Mr P Edbrooke (Associate Director of Quality and Performance) NHS Eastern and Coastal Kent , Ms J Clabby (Assistant Chief Executive) NHS West Kent, and , Ms D Robertson (Deputy Chief Executive) NHS West Kent were present for this item.)

(1) NHS colleagues presented papers and answered questions from Members on the progress they have made to separate Commissioner and Provider functions. Questions and comments included the following:-

- In response to a question on when these arrangements had to be put in place and when they actually were put in place, Mr Edbrooke staked that Eastern and Coastal Kent Community Services was autonomous by April 2009. In West Kent the timescale has slipped, they had been assessed by the Strategic Health Authority and were awaiting confirmation. They had robust arrangements in place by 1 October 2009.
- It was agreed that in future NHS colleagues would be given an indication of the length and detail of information that should submitted to the Committee.
- In response to question Mr Edbrooke stated that the move to provider services was not a simple as making one decision, he referred to page 34 of the report which set out the 6 key areas that they were focusing on.
- A question was asked on whether the split had led to an increase in the number of senior officials serving on Boards. Mr Edbrooke stated that East Kent had decided that in order to have public accountability they would appoint a part time Chairman and 3 lay members to sit on the Board. The only new professional appointment that they had made to the Board was a part time Medical Director who was a Doctor, which provides assurance to the Board that Doctors were being managed effectively. Ms Clabby stated that West Kent had not made any senior appointments onto their Provider Services Sub-Committee, colleagues had moved from existing roles. On their Management Board they had 1 non executive director and had asked the Chairman of the Board to make 2 further independent appointments. The detail of this was contained in their Board papers for September 2009.
- In relation to service efficiency, Ms Clabby emphasised the importance of good outcomes and consideration of patient needs.
- The importance of savings being made in governance was highlighted by Members.
- Mr Edbrooke stated that the ultimate goal in separating Commissioning and provider functions was to obtain the right care at the right level for the people of Kent.

(2) Mr Edbooke and Ms Clabby said that they would welcome the opportunity to come to a future meeting and seek the Committee's view's on the final model for PCT provider services. A good time to do this would be early in 2010.

(3) RESOLVED that the update and comments made by Members be noted.

18. Dover Healthcare
(Item 6)

(Ms Harrison (Director of Assurance and Strategic Development) NHS Eastern and Coastal Kent, Mr Meikle (Director of Commissioning, Finance and Investment) NHS Eastern and Coastal Kent), Ms Shutler (Director of Strategic Development) East Kent Hospitals NHS University Foundation Trust, Mr Pearce (Environment Agency), Councillor Bano Dover District Council (on Behalf of Mr Prosser MP), Mr Ingleton (Head of Regeneration) Dover District Council were present for this item.)

(1) The Chairman explained that this item was being considered by the Committee as the NHS were reconsidering the site of the proposed healthcare facility due to a flooding objection raised by the Environment Agency. He emphasised that the HOSC's role was to consider the heatlh issues relating to the proposed new facility and could not get involved in the merits of planning issues. He then invited Ms Harrison to set the context for the discussion. She gave a brief background to the decision to proceed with a healthcare facility on a town centre site, which had been supported by this Committee in 2008. Although the PCT were aware of the flood issue with the mid town site they had assumed that works could be carried out to alleviate the risk. However, despite remedial works the were in the position of having to prove that it was the most suitable site and due to the flooding objection, they were having to consider other options.

(2) Ms Harrison reaffirmed that the PCT's priority was to get better healthcare for the people of Dover as soon as possible and because of time constraints they do not have time to carry out the full range of mitigation measures to make the mid town site safe. As a PCT they did not provide direct investment in to the building but paid for the services provided and therefore needed to take account of affordability and durability. The PCT Board had decided at its meeting in November to support whichever option was affordable and durable. She referred to the time pressures to deliver this facility; the money that had been allocated would only be available for a short period and after that there was a danger that it would be lost to other health service projects.

(3) Ms Shutler, on behalf East Kent Hospitals NHS University Foundation Trust who were responsible for the capital funding, explained that there was a pressure to get work started in Dover. The original plan was for work to start on the mid town site in November 2009, and so there was already a significant delay. This funding was not ring fenced and in order that it was not re-allocated to other schemes such as the enhancement of other hospital sites, it would be necessary for a decision to be made on the site at either the November or January meeting of the Board of Directors, so that the funding could be allocated within the next 2 years.

(4) Mr Ingleton, Head of Regeneration for Dover District Council, stated that the Council's preferred site was mid town and that they were working with partners to find

a solution to the flooding risk so that the site can go forward. The issues with this site went beyond those raised by the Environment Agency there were also issues with Southern Water and Kent Highways. There had been meetings with Southern Water and they were doing all that they could reach a timely solution. There had been a meeting with the KCC Cabinet Member for Regeneration and Economic Development to see how they could take forward the Department for Environment, Food and Rural Affairs' money allocated for surface water management plan in Dover.

(5) Although Mr Prosser MP was not able to attend the meeting, Councillor Bano from Dover District Council represented him at the meeting and read out a statement from him in support of the mid town site.

(6) Mr Peace from the Environment Agency explained that they had been working with Dover District Council on their statutory flood risk assessment since 2007. In September 2007 they had identified the mid town site as being in the highest flood risk zone. In accordance with government advice they had asked the District Council to look at an alternative site. He explained the 2 stage sequential test for site at risk from flooding. The first part was to ask the applicant to look at all available sites and to choose the one with the lowest flood risk. If there are no other suitable sites then they should choose the most appropriate type of development for the site and seek to make it safe from flood risk. Modelling work had been carried out on the flood risk which had shown that the mid town site was at flood risk from river and surface water and sewerage. The site was in the lowest part of Dover and in the area of highest risk. In summary the proposal was to place the most vulnerable type of development in the area of highest risk. If the Environment Agency objected to the planning application it would go to the Secretary of State for determination and it was likely that the objection would be upheld.

(7) In response to a question Mr Pearce confirmed that there was a history of flooding events on the site and that it had a 1 in 20 year river flooding risk and the flood risk on the site was accessed in 2007 as the highest risk. In relation to timescale for development of the mid town site, Mr Pearce stated that the Environment Agency would object to the proposed development on the basis of the sequential test i.e. that there were other sites that were not at risk of flooding. He believed that if measures to mitigate the flood risk on the midtown site could take between 5 and 10 years.

(8) Disappointment was expressed that the issues with this site had not been known when the site was first identified. Members acknowledged the importance of a decision being made on the site for this facility as soon as possible so that the funding for this facility in Dover would not be lost.

(9) Ms Harrison asked the Committee for their support for the PCT to push ahead with the most affordable and rapidly deliverable option. Mid town would take time to develop and it was necessary to balance with the risk with the opportunity to develop this facility. There was an opportunity to move quickly towards the development of the Buckland site as in was in the Trust's ownership and therefore deliverable. They would need to assess the Whitfield site option. They were aiming to have a board decision in November 2009. She expressed the personal view that it would take to long resolve the flooding issues for mid town and the funding may well be lost.

(10) Mr Meikle stated that local GPs were keen to bring acceptable and accessible services back to Dover and to move forward as quickly as possible.

(11) There were conflicting anecdotal views put forward at the meeting about the frequency of flooding on the mid town site.

(12) In relation to the Whitfield site Mr Ingleton stated that Whitfield was important for employment purposes and that development of the site for a healthcare facility was not a straightforward option and their any application could end up being referred to the Secretary of State for determination. There were different views expressed as to the adequacy of car parking and transport links to the Whitfield site.

(13) Members asked that the funds allocated by DEfRA for the surface water (flood) management plan for Dover should be utilised as soon as possible to assist with the site assessments. It was agreed that details of the timescale for producing this plan would be sought.

(14) Ms Harrison suggested that the committee invite her back to a meeting early next year so that she could present details of their agreed site and implementation plan.

(15) RESOLVED that the Committee support the PCT in moving forward with an affordable and rapidly deliverable option for a healthcare facility in Dover and that they be invited to attend to February meeting of the Committee to update Members on progress.

19. Department of Health Quality Accounts Consultation
(Item 7)

(1) The Committee received a briefing paper which set out the background to Quality Accounts which were being introduced as part of the Health Bill currently going through Parliament. The Department of Health were currently inviting responses to a consultation document about the proposed framework for Quality Accounts. One of the consultation questions asks whether Overview and Scrutiny Committees should be given the opportunity to comment on a provider's Quality Account. It was noted that the Executive would be responding to the consultation on behalf of KCC. When Quality Accounts were introduced it was suggested that they would only be brought before the Committee if any appropriate issues arose that needed the Committees consideration.

(2) RESOLVED that a response to the consultation from the Committee be delegated to the Overview, Scrutiny and Localism Manager in consultation with the Chairman, Vice-Chairman and spokesmen.

20. Draft Work Programme November 2009 to July 2010
(Item 8)

(1) The Committee considered the draft work programme for November 2009 to July 2010.

(2) RESOLVED that the draft work programme for the Health Overview and Scrutiny Committee for November 2009 – July 2010 be approved subject to the following additions:-

- 5 February 2010 – Dover healthcare
- 23 July 2010 – Accessing Mental Health Services – add LINks as a witness.
- September 2010 – visit Pembury Hospital
- Future meeting – delay in diagnostic reporting from East Kent PCT.