

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of A meeting of the Health Overview and Scrutiny Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday, 9th May, 2008.

PRESENT: Lord Bruce-Lockhart (Chairman), Mrs C Angell, Mr A R Chell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mrs S V Hohler, Mr G A Horne MBE, Dr T R Robinson, Mrs E D Rowbotham, Mr R Tolputt, Mrs E M Tweed, Mr R A Marsh, Mr C Hibberd and Mr W V Newman, DL

IN ATTENDANCE: David Turner (HOSC Research Officer) and Paul Wickenden (Overview, Scrutiny and Localism Manager)

UNRESTRICTED ITEMS

15. Minutes – 28 March 2008
(Item. 3)

RESOLVED: that the minutes of the meeting held on 28 March 2008 were correctly recorded and that they be signed by the Chairman.

16. Monitoring of outcomes from conclusions and recommendation of previous Health Overview and Scrutiny Committee meetings
(Item. 4)

Members welcomed the draft rolling action sheet that had been prepared, while making a number of suggestions regarding improvements to the format and topics that had been omitted.

RESOLVED: that an updated version of the rolling action sheet should be considered at each meeting of the Committee as a standing item.

17. Working Group – Healthcare Commission Core Standards
(Item. 5)

1) Dr Robinson reported on the Working Group of Members that had met on 25 April to speak to NHS colleagues from a number of trusts about their Core Standards declarations. A summary of the information gathered at this meeting was before the committee, along with a similar summary relating to the full Committee meeting on 28 March.

2) Dr Robinson said that a lot of useful information had been gleaned, providing the Committee with baseline data for the process of preparing third-party commentaries for the next Annual Health Check. The Committee would need to ensure that it was gathering evidence-based information for this purpose throughout the course of the coming year.

- 3) A Member suggested that, when the Committee was scrutinising the work of a local NHS body, it might meet in the actual area concerned. The Chairman suggested that the Committee would also need to involve Members of the County Council in each area in the process of gathering information for third-party commentaries on local NHS trusts.

RESOLVED:

- a) retrospectively to agree to the setting up of the Working Group that considered the self-declarations of the six remaining Trusts on 25 April 2008 – with similar arrangements to be made regarding the gathering information for third-party commentaries in respect of 2008–9; and
- b) to note the information set out in the summaries of the Working Group meeting on 25 April 2008 and the Committee meeting on 28 March 2008.

18. Draft Work Programme for June 2008 to April 2009
(Item. 6)

- 1) The Committee had before it a draft Work Programme, covering the period from June 2008 to April 2009.
- 2) The Chairman referred to the intention that the Committee would consider, on 28 November 2008, a report on criteria and policy for assessing future reconfigurations and rationalisations of NHS services. He thought this would entail making recommendations to the Cabinet and possibly also the County Council itself.
- 3) The Chairman also referred to the intention that the Committee would consider, in December 2008, a report on NHS funding and delivering value for money in Kent – possibly prepared with assistance from an external organisation, such as the King's Fund.
- 4) The Chairman reported that he, along with the Overview, Scrutiny and Localism Manager, and Graham Gibbens, the Cabinet Member for Public Health, had met the Chief Executive of the Council to discuss the resourcing of the Committee. The Chief Executive had given an assurance that resources would be made available to the Committee to support both these substantial pieces of work.
- 5) Members discussed various aspects of the proposed Work Programme that was before them.

RESOLVED: to agree the draft forward Work Programme for June 2008 to April 2009, while recognising that it was not wholly fixed, and might well require revision in practice.

19. Healthcare services in Dover
(Item. 7)

(Liz Shutler, Director of Strategic Development, Howard Jones, Director of Facilities, East Kent Hospitals NHS Trust; Lynne Selman, Director of Citizen Engagement, Sheila Pitt, Head of Practice-based Commissioning, and David Meikle, Director of Finance, Commissioning and Performance, Eastern and Coastal Kent PCT, were in attendance for this item at the invitation of the Committee.)

- 1) The Committee had before it a copy of a letter from the Patient and Public Involvement Forum for Eastern and Coastal Kent PCT, formally referring to the Committee the matter of healthcare services in Dover (dated 5 February 2008), along with a paper, setting out the reasons for referral, that was sent to the PCT (on 20 December 2007) and an annotated version of the paper, containing the PCT's responses. These papers are attached to these minutes as Appendices 1 and 2.
- 2) The Chairman reported that he had received a letter from Gwyn Prosser, the Member of Parliament for Dover and Deal, stating that he would have liked to attend the meeting, but was unable to do so, due to the lack of notice given. Mr Prosser had also gained the impression that he would not have been allowed to speak if he had attended the meeting.
- 3) The Chairman said that he wished to apologise to Mr Prosser and emphasised that local Members of Parliament were always welcome to attend and speak at meetings of the Committee. Copies of Mr Prosser's letter were circulated to Members.
- 4) Lorraine Sencicle, formerly a member of the Patient and Public Involvement Forum for Eastern and Coastal Kent Primary Care Trust, addressed the Committee, at the Chairman's invitation. Ms Sencicle said it had been stated that the basis for the Dover Project was the White Paper *Our health, our care, our say*. She believed that applying the principles of the White Paper to healthcare services in Dover must mean the establishment of a community hospital in the town – not a cottage hospital or a polyclinic. Funding had been made available for community hospitals, but Eastern and Coastal Kent PCT and East Kent Hospitals Trust had not put in a bid for this.
- 5) Ms Sencicle said that Dover was entitled to a community hospital providing: outpatient clinics; diagnostic services; phlebotomy; chemotherapy; physiotherapy; occupational therapy; renal dialysis; podiatry; orthopaedics; a Minor Injuries Unit, open from 6am to 9pm, seven days per week; day surgery; in-patient observation beds; intermediate care beds; end-of-life care; and other services.
- 6) Reg Hansell also addressed the Committee at the Chairman's invitation. He said that Dover lacked hospital services and had poor transport links to other areas where these were being provided. Buckland Hospital was "dying from a thousand cuts".
- 7) Mr Hansell read out a message from Gwyn Prosser MP, supporting enhanced facilities at the Buckland Hospital site. He also read out a message from Charlie Elphicke, the Conservative Prospective Parliamentary Candidate for Dover and

Deal, saying that he fully supported the idea of a community hospital in Dover, with an Emergency Care Centre similar to that existing at the Kent and Canterbury Hospital.

- 8) Mr Hansell also read out a message from Dr Joe Chaudhuri, of the Dover and Aylesham Practice-based Commissioning Consortium, explaining that the Consortium would be working with the PCT to commission services closer to home.
- 9) Cllr David Lloyd-Jones, of Dover District Council's Scrutiny Committee, addressed the Committee at the Chairman's invitation. He explained that his committee was conducting its own scrutiny on the issue of healthcare services in Dover. While he could not report on the outcome of this, as it would not be concluded until July, he could say that there was great public unrest and anger in Dover caused by fear that the town's hospital was going to disappear.
- 10) David Meikle Director of Finance, Commissioning and Performance, Eastern and Coastal Kent PCT, explained that the PCT recognised the work done under the heading of the Dover Project had been narrow in perspective. The PCT was now working with the local Practice-based Commissioning cluster and developing a Joint Health Needs Assessment.
- 11) In May 2008 the PCT would be discussing with GPs the "first cut" of a plan for enhanced local services, and discussing with East Kent Hospitals Trust how those services could be delivered. One of the main issues that needed to be considered was the buildings that would be used to deliver services.
- 12) Howard Jones, Director of Facilities for East Kent Hospitals Trust, explained that the Trust had come up with two options for the future of the Buckland Hospital site:
 - a general upgrade of the site, at a cost of £8 million;
 - the construction of a new building, at a cost of £11 million.
- 13) The Trust was currently discussing with Dover District Council other possible estate options in the area. Late July / early August had been set as the deadline by which the options for consideration should be set.
- 14) A consultancy report, by G V A Grimley Ltd, had been prepared regarding the possible disposal of Buckland Hospital and the construction of a new healthcare facility in Dover.
- 15) The market value of the Buckland site had recently been estimated at between £3 million and £4 million. The figure of £16.6 million, which had been quoted in the briefing paper provided to Members, was the "book value" for the site given by the District Valuer, not the market value. The site was not a "cash cow" for the Trust.
- 16) A Member pointed out that the Committee would need detailed information in order to be able to undertake scrutiny of the options that were to be considered. Sheila Pitt, Head of Practice-based Commissioning at Eastern and Coastal Kent PCT, said that the details were still being worked on and would be available by the end of June 2008, once they had been agreed by the PCT Board.

- 17) Mr Meikle said that the PCT welcomed scrutiny and criticism in the interests of improving services. A commitment was given to bring a detailed financial appraisal, with fully costed proposals, to the Committee for scrutiny.
- 18) Mr Jones said that the Trust would share detail as it became available. Plans for the options involving the Buckland site were currently being drawn up by architects for the Trust.
- 19) A Member asked whether the detailed options could come before the Committee for consideration in June or July 2008. The Chairman agreed that the detailed options should come before the Committee but said no guarantee could be given regarding when this would be.
- 20) Lynne Selman, Director of Citizen Engagement for Eastern and Coastal Kent PCT, assured the Committee that Practice-based Commissioning plans would be the subject of patient and public engagement and consultation, as well as coming before the Committee.
- 21) Responding to a question about the availability of adequate resources, Liz Shutler, Director of Strategic Development for East Kent Hospitals Trust, said that resources were not an issue for the Trust; Dover was a priority. The Board did want to reinvest in services, either at the Buckland site or an alternative Dover location, as the existing estate was not good enough.
- 22) Mr Meikle emphasised that the local Practice-based Commissioning cluster was committed to seeing a full range of diagnostic and other services available in Dover. Account was being taken of the voice of local GPs.
- 23) Ms Shutler said the Trust was planning to reprovide all services currently provided at the Buckland site. Practice-based Commissioning plans were currently awaited; if GPs wanted additional services to be provided, that would then have to be discussed.
- 24) A Member queried how services would be provided locally during rebuilding work at Buckland Hospital, if that option were to be adopted.
- 25) Another Member praised the quality of services at the Community Hospital in Deal (the Victoria Hospital), which was a refurbished building.
- 26) Responding to a question about public consultation, Ms Selman said that the PCT wanted to involve people all the way through the process of planning new services in Dover.
- 27) A Member queried whether it was an appropriate use of NHS money to have architects working on plans for the Buckland site when no decision had yet been made on which option to pursue.
- 28) Mr Hansell mentioned the availability of a site at Whitfield that he thought would be superb. Mr Jones said that the Trust did not think that a site at Whitfield would be suitable.

RESOLVED unanimously, on the motion of Dr Robinson, seconded by Mr Marsh, that:

The Health Overview & Scrutiny Committee of KCC strongly recommend & support E K Hospitals Trust working closely with the ECK PCT & Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover & the surrounding areas.

This proposal to be delivered to the EKHT by the end of August 2008. This third option to be considered & evaluated alongside options 1 & 2 concerning the Buckland Hospital Site.

20. Our NHS, Our Future – Next Stage Review (Darzi Review)
(Item. 8)

(Stephanie Hood, Director of Strategy and Communications, and David Mallett, Assistant Director, “Fit for the Future”, South East Coast Strategic Health Authority, were in attendance for this item at the invitation of the Committee.)

- 1) Stephanie Hood, Director of Strategy and Communications for South East Coast Strategic Health Authority, gave the Committee a presentation on the development of the South East Coast element of *Our NHS, Our Future – Next Stage Review* (the Darzi Review). Slides from the presentation are attached to these minutes as Appendix 3.
- 2) The Chairman thanked Ms Hood for her presentation. He emphasised it should not be forgotten that the South East, despite being an affluent region overall, still had real problems of deprivation.
- 3) A number of Members raised the question of polyclinics and the impact that these would have on local GP surgeries. Ms Hood responded that the work being undertaken in South East Coast around the Darzi Review was bottom-up and clinically led. It reflected what local people had told the NHS and was not being dictated from the centre. Whilst Lord Darzi had proposed a network of polyclinics for the NHS in London, this was not a blueprint for the rest of the country. Where polyclinics were proposed, it was to provide additional services, not to replace existing ones. And the Committee needed to focus on the ends that the NHS was trying to achieve, rather than on the means being employed.
- 4) Regarding GP-led health centres, which had been described as polyclinics, Ms Hood accepted that PCTs were being required to introduce these – but there would only be one in each PCT area. These would provide additional services, targeted at underdoctored areas, and it would be down to PCTs to carry out appropriate consultation over their introduction.
- 5) David Mallett, Assistant Director for “Fit for the Future” at South East Coast SHA, responded to a question about whether polyclinics might destabilise acute service providers by taking patients, and therefore funding, away from them. He said that the intention was now to deliver care locally both because this was cheaper and because it provided better access for patients. The NHS was now in financial surplus, having put an end to the “boom and bust” of the past, and this would enable some money to be taken out of the acute sector. Financial modelling had shown that, under Payment by Results, it would be possible to take marginal

amounts of activity out of the acute sector without destabilising acute Trusts. There was no threat to the financial sustainability of any hospital in Kent and Medway, or anywhere else, caused by shifting activity into the community.

- 6) Mr Mallett added, regarding polyclinics, that they were intended to enhance GP services, not to replace them. In any case, GP practices were not the NHS's to close – they belonged to GPs as independent contractors.
- 7) Responding to a question about maternity services, Mr Mallett said that, across South East Coast, consultant cover on maternity wards ranged between 15 hours per week and 40 hours per week. In the short-term, it was intended to provide 40 hours' consultant cover per week everywhere, rising to 50 hours' cover in the medium term and 60 hours' cover in the longer term. In achieving this, there was an issue regarding the number of consultants available to staff the necessary rotas. He emphasised that, where there was not consultant cover, middle-grade doctors and midwives were still present.
- 8) On the issue of partnership working between health and social care, Ms Hood agreed that this was very important. She said that Lord Darzi had visited West View Hospital at Tenterden and said that the hospital had the best joint working between health and social care that he had ever seen. Best practice was going on in such places, and it had to be spread.
- 9) Responding to a question about the cost of public consultation around the Darzi Review, Ms Hood said that this expenditure did not come from the budget for care of patients – and she would not apologise for asking people's views.
- 10) A Member asked about protocols regarding the distance travelled, and time taken, in transporting patients to receive emergency care. Mr Mallett said that in a few clinical instances there was guidance on maximum time taken in getting a patient to emergency care. However, in the main there was no evidence to support the intuitive view that shorter times produced better clinical outcomes. There was really good evidence to show that the key factor in producing better clinical outcomes was getting the patient to a centre of excellence – regardless of how long it took.
- 11) Regarding end-of-life care, Ms Hood said that it was not being suggested that everyone had to die at home. The intention was to allow people to die where they wanted. Mr Mallett added that currently 55% of people died in acute hospitals, and that people did not get the choice of alternative options (including hospices) early enough.
- 12) In response to a question about the dignity of patients and the persistence of mixed-sex wards, Ms Hood said that it was intended to address this issue.
- 13) Ms Hood thanked a Member for raising the issue of the NHS failing to support young carers; this was just the sort of feedback that was needed.
- 14) Responding to a question about personal budgets in the NHS, Mr Mallett said that there was a move to this, in line with the choice and patient empowerment agenda. Where such budgets were provided, patients would be able to choose to spend them on NHS care, social services care or third-party care.

21. Timetable for Foundation Trust status applications by trusts in Kent and Medway
(Item. 9)

The Committee had before it a progress report on Foundation Trust status applications, provided by South East Coast SHA. It was noted that the Committee had earlier agreed, as part of its Work Programme, to consider the application by Kent and Medway NHS and Social Care Partnership Trust on 13 June 2008.

RESOLVED: that the Foundation Trust progress report be noted.