

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, 5 September 2008.

PRESENT: Mrs C Angell, Mr M J Angell (substitute for Mr R J Parry), Ms S J Carey (substitute for Mrs S V Hohler), Mr A R Chell, Mr A D Crowther, Mrs V J Dagger (substitute for Dr T R Robinson), Mr D S Daley, Mr C G Findlay (substitute for Ms B J Simpson), Ms A Harrison, Mr C Hibberd (substitute for Mr R J Parry), Mr G A Horne MBE, Mr W V Newman, DL (substitute for Mr M J Fittock), Mr M J Northey (substitute for Mr B R Cope), Mrs E D Rowbotham, Mr R Tolputt and Mrs E M Tweed.

ALSO PRESENT: Mr R A Marsh, Cabinet Member for Public Health and a range of press, public and former Patient and Public Involvement Forum Members.

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

UNRESTRICTED ITEMS

35. Membership

(Item 1)

The Overview, Scrutiny and Localism Manager informed the Committee that Mr M J Northey had filled the vacancy created by the death of Lord Bruce-Lockhart and Mrs B J Simpson had replaced Mr R A Marsh on the Committee.

36. Election of Chairman

(Item 3)

(1) The Overview Scrutiny and Localism Manager informed the Committee that following the death of Lord Bruce-Lockhart Mr B Cope had been identified as the Chairman designate for the Committee. Unfortunately, Mr Cope was currently unwell and unable to attend the meeting. Mr Fittock, the Vice-Chairman, was unable to attend the meeting.

(2) It was therefore proposed that a Chairman should be elected for the meeting. Mr Tolputt proposed, Mr Northey seconded that Mr G A Horne, MBE be elected Chairman for the meeting.

Carried without a vote

(Mr G A Horne, MBE presiding)

37. Lord Bruce-Lockhart

The Committee stood in silence as a mark of respect for the late Lord Bruce-Lockhart, Chairman of the Health Overview and Scrutiny Committee.

38. Minutes - 18 July 2008

(Item 5)

RESOLVED that subject to Mr Tolputt being recorded as having been present at the meeting, the Minutes of the meeting held on 18 July 2008 are correctly recorded and that they be signed by the Chairman.

39. Application for Foundation Trust Status

(Item 6)

RESOLVED that the Committee endorse the letter of support which had been sent to the East Kent Hospital's Trust by the Overview, Scrutiny and Localism Manager following consultation with the Chairman, Vice Chairman and Liberal Democrat Spokesman.

40. Dates of meetings in 2009

(Item 7)

The Committee agreed to its meeting dates in 2009 as follows:-

Friday, 9 January
Friday, 6 February
Friday, 20 March
Friday, 1 May
Friday, 17 July
Friday, 4 September
Friday, 16 October
Friday, 27 November

All meetings to start at 10.00 am.

41. Dover Healthcare

(Item 8)

(Ms A Sutton, Chief Executive, Dr Sandro Limentani, Director of Public Health, Ms Sheila Pitt, Director of Practice-based Commissioning, Mrs Lynne Selman, Director of Citizen Engagement and Communications, of the Eastern & Coastal Kent Primary Care Trust, Mr S Bain, Chief Executive, Ms Liz Shutler, Director of Strategic Development and Service Improvement, of the East Kent Hospitals Trust, Mrs L Sencicle and Mr R Hansell, former Patient and Public Involvement Forum representatives, Councillor P Heath, Cabinet Member for Health, Well Being and Public Protection, Councillor J Hood and Mr N Aziz, Chief Executive, of Dover District Council, Mr G Prosser, Member for Parliament for Dover, Kenneth Cobb, Transport Integration Manager, and Martyn Ayre, Senior Policy Manager, from Kent County Council, were in attendance for this item)

(1) Further to Minute 19 of 2008 the Committee returned to the issue of Dover Healthcare following the resolution approved by the Committee on 9 May:-

“That the Health Overview and Scrutiny Committee of Kent County Council strongly recommend and support East Kent Hospital’s Trust working closely with the Eastern and Coastal Kent Primary Care Trust and Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover and the surrounding areas. This proposal to be delivered to the East Kent Hospital’s Trust by the end of August 2008. This third option to be considered and evaluated alongside options 1 and 2 concerning the Buckland Hospital site.”

(2) The Committee had before them a background briefing paper prepared by the Committee’s Research Officer.

(3) The Committee also had a briefing paper received from the Eastern and Coastal Kent Primary Care Trust which set out from the Trust’s perspective:-

- (a) a summary of actions taken since the 9 May 2008 meeting of the Health Overview and Scrutiny Committee;
- (b) the practice-based commissioning intentions/opportunities to bring back services to Dover before the new hospital is developed;
- (c) the process for arriving at a hospital site recommendation and criteria for selection;
- (d) other relevant information including on-going stakeholder/public engagement; and
- (e) some operational next steps dependent upon the Health Overview and Scrutiny Committee’s decision/recommendation.

(4) Attached to the briefing note was:-

- (a) a diary of events/public engagement undertaken;
- (b) some frequently asked questions with the answers;
- (c) Dover District Council Overview and Scrutiny Committee recommendations;
- (d) the Health Equity Audit;
- (e) the criteria for selecting sites;
- (f) the long list of site options; and
- (g) the practice-based commission intentions.

(5) The Committee also had before them:-

- (a) a statement from Mrs L Sencicle, a member of the former Eastern and Coastal Kent Primary Care Trust Patient and Public Involvement Forum. Mrs Sencicle had referred the issue of Dover Healthcare to the Health Overview and Scrutiny Committee prior to the dissolution of the Patient and Public Involvement Forum at the end of March 2008;
- (b) a statement from Mr R Hansell;
- (c) a letter from the Chairman and Clinical Lead for Dover and Aylesham Practice-Based Commissioning Consortium, Dr S Chaudhuri; and
- (d) a short statement from Mr C Elphicke, a Prospective Parliamentary Candidate for Dover.

(6) Ms A Sutton, Chief Executive of the Eastern and Coastal Kent Primary Care Trust made a short presentation, attached as Appendix 1.

(7) The Primary Care Trust and other partners had taken into account fully the recommendation of the Health Overview and Scrutiny Committee.

(8) Ms Sutton's presentation concentrated on the work that had been undertaken to identify a potential central site in Dover. This work had been undertaken against the background of the outcomes of the Independent Reconfiguration Panel which had determined where the acute hospital sites should be for East Kent, namely, Ashford, Canterbury, and Margate, to provide sustainable working services. The full implementation of the acute services changes had come into being in March 2006.

(9) The Committee noted that in June 2008, clinical GP leaders in Dover had excluded in-patient and acute services from their commissioning intentions for reasons of safety and clinical effectiveness.

(10) The presentation set out the site selection criteria which had been prepared following a consultation of views from public and partner organisations. These included:-

- Supporting the delivery of commissioning intentions;
- Transport and car parking;
- Accessibility – % of households in Dover District within 30 minutes of each site by public transport or on foot;
- Future proofing – potential for expansion, ability to adapt to changes in need/service;
- Deliverability – time scale, site availability;
- Value for money;
- Adjacencies with other health services, e.g. GPs, dentists, clinics etc; and
- Wider considerations – regeneration, depreciation, attracting staff.

(11) The Committee noted that a number of sites were excluded on the basis that they were:-

- (a) not currently available;

- (b) no better than the shortlisted options; and
- (c) could not support the Commissioning Intentions.

(12) The selection criteria had been applied to all options and the following three options had been shortlisted:-

- (a) Mid Town Development;
- (b) Whitfield (White Cliffs); and
- (c) Rebuild on Buckland Hospital site.

(13) Ms Sutton's presentation then dealt with the advantages and disadvantages of each of the three shortlisted options.

(14) Ms Sutton made it clear to the Committee that services to be provided in a new hospital when available would be an enhancement of the services currently available in Dover. The proposal was not a "polyclinic". Ms Sutton concluded that as a new Community Hospital is developed the Primary Care Trust did wish to explore whether more intermediate care beds were needed.

(15) The Chairman then invited Mrs Lorraine Sencicle, who as a former Patient and Public Involvement Forum Member for the Eastern & Coastal Kent Primary Care Trust had referred the issue of Dover Healthcare to the Health Overview and Scrutiny Committee, to address the Committee. Mrs Sencicle then read to the Committee a statement that she had prepared which expressed her concerns about possible bias in the local media which she felt was not supportive of the Community Hospital.

(16) Mrs Sencicle informed the Committee that a site was available at Whitfield. She acknowledged that there was £20 million available now which would enable a Community Hospital to be available, up and running in two years time. She said this had to be the priority. She added that the benefits of a Community Hospital were that it would become a major local employer and those health workers that currently commute would be able to work closer to home. It was important that the service included more diagnostic services in Dover to cut down on the patients who currently have to travel to other parts of Kent.

(17) Mrs Sencicle then read a list of services that she would like to see in the Community Hospital.

(18) Mrs Sencicle concluded that a Community Hospital was needed now somewhere in Dover.

(19) Colleagues from Dover District Council including Councillor Mr P Heath, Cabinet Member for Health, Well Being and Public Protection, Councillor Mr J Hood, Chairman of the District Council's Scrutiny (Community and Regeneration) Committee and Mr N Aziz, Chief Executive were present at the meeting and addressed the Committee. Mr Heath said that consideration of the future of the Buckland Hospital had provided an opportunity to review health services in the area. He said that there were five very depressed wards with health needs which required better facilities than those currently available at the Buckland Hospital.

(20) He added that the District Council had a good working relationship with the Health Trusts in taking the healthcare needs of Dover residents forward and he was content with the Primary Care Trust's proposals. He considered that a midtown site was the most appropriate proposal. Councillor Hood referred to the work of the Dover District Council's Scrutiny Committee which had been looking at the issue of Dover healthcare. They had concluded that a town centre site was the most appropriate. Councillor Hood added that he had found the dialogue with the Primary Care Trust and the Acute Hospital Trust to be open and honest.

(21) He concluded that the regeneration was also important and that provision of a Community Hospital in the town centre would act as a catalyst for this regeneration. Mr Aziz added that the health inequalities and health needs of Dover were blindingly obvious, the need for health improvements in the town were long overdue and it was important to look now at what health improvements were required and what was deliverable.

(22) Mr Aziz added that the debate about a full general hospital was a damaging distraction. He did not anticipate seeing a full acute hospital, although it would be nice, in his lifetime. He said that the Whitfield site which was being suggested would have to be purchased at a commercial rate and there would be significant planning challenges. In addition, the health inequalities in the area favoured a town centre site.

(23) Mr R Hansell read the statement included in the papers for the Committee's meeting to the Committee. In summary Mr Hansell said that the Dover population rated low in the health rankings.

(24) It was important that the facility to be provided had the room to expand. He said that the Queen Elizabeth, the Queen Mother Hospital (QEQM) at Margate and the William Harvey Hospital (WHH) at Ashford were already operating at full capacity. With Operation Stack and 14,000 new homes to be built in the area he said that parking in the town centre option would be impossible.

(25) He said that he was pleased that Dover District Council were working seriously on the concept of a new general hospital at Whitfield. He concluded that 30,000 members of the Dover population supported a new general hospital and he encouraged the Health Overview and Scrutiny Committee to make site visits to the sites proposed.

(26) The Committee then invited Mr G Prosser, Member of Parliament for Dover, to address the Committee. Mr Prosser made it clear that initially he had wanted the Buckland Hospital or the Buckland car park options to be taken forward. He also initially had various doubts about the viability of the town centre option. He had been campaigning to save the Buckland Hospital for some 20 years. However, the town centre site issues had now largely been resolved and £20 million capital funding had been found.

(27) He therefore asked that the Committee confirm its resolution of 9 May 2008 so that a town centre site could be developed.

(28) Mr Prosser added that the proposal for a new hospital at a site in Whitfield had too many practical problems. It was important that a practical solution, one that was deliverable and deliverable without delay, was found and the town centre option best meets requirements. However, he added that there were issues with the town centre site where assurances would be required including future proofing, car parking, intermediate care, ability to expand the site and all these issues needed to remain live on the agenda and could be monitored as things moved forward. He now wished to see the resolution of the Committee taken forward by the Eastern & Coastal Kent Primary Care Trust, East Kent Hospitals Trust and other partners.

(29) Members of the Committee then asked a range of questions of those officers of the County Council, Dover District Council, the Eastern & Coastal Kent Primary Care Trust and East Kent Hospitals Trust who had been asked to attend the meeting for this item. Questions raised included:-

- (a) future proofing, car parking, accessibility of the town centre site;
- (b) whether the size of the hospital was fit for purpose in planning terms and regional capacity;
- (c) further details of the petition which had been presented to 10 Downing Street;
- (d) how the needs of residents from surrounding areas such as St Margaret's were taken into account; and
- (e) how much impact the cruise ship terminal and port expansion would have on the provision of health services in the Dover area.

(30) The Committee noted the responses to the various questions. These included the fact that the town centre site was adjacent to a health centre which was an old building which would probably need replacing.

(31) Access to the site needed to be looked at in the context of sustainable transport.

(32) It was understood that the petition presented to 10 Downing Street was for a general hospital.

(33) Regarding the questions relating to cruise ship issues these were currently dealt with by the ambulances as at present. There had been no public health issues or outbreaks of illness on cruise ships in the past.

(34) One Member of the Committee who represented several parish councils indicated that government funded improvements to rural bus services had made it easier for those from the rural areas in the parishes she represents to access the site proposed in the town centre. It was important that there was equitable healthcare provision for the deprived areas. Dover District Council Park & Ride scheme needed to be linked into any proposal and it was important that the new health facility employed local people.

(35) Ms Sutton informed the Committee that health needs assessments had been carried out and the issue of access to jobs and good housing were extremely important for the health and wellbeing of local residents. In answer to some questions around public consultation the Committee's attention was drawn to the documents within the papers.

(36) A further series of questions were asked relating to the catchment area for a new Community Hospital and whether those areas outside Dover town centre which were deprived would fall within it; the relationship between the town centre population and the growth planned for Whitfield; how the County Council had recently failed in getting a depot built at Whitfield and what challenges this presented for the Whitfield option; and concerns which had not been heard before relating to flooding as an issue for the town centre option.

(37) Mr Bain, Chief Executive of the East Kent Hospitals Trust, said that he had experience of building on constrained sites. In response to the issue relating to flood risk assurance the representative of Dover District Council responded that that part of Dover town centre was considered safe and the likely incidents of flooding was a 1 in a 100 year event.

(38) In answer to a question relating to intermediate care beds and the expansion of these beds in community health teams locally Ms Sutton responded by explaining where the current allocation of beds was and referred the Committee to the excellent model at Westview, Tenterden of integrating health and social care.

(39) The Committee also noted that the Eastern & Coastal Kent Primary Care Trust together with partner organisations were working with children's commissioners on intermediate beds for children.

(40) In response to further questions relating to transport and ownership of the site the response was that the County Council and the two PCTs were working on the whole transport issue. The site in the Dover town centre area was partly owned by the Primary Care Trust and partly by Dover District Council.

(41) Responding to questions relating to whether the Community Hospital being proposed would have all the aspects on the list which Mrs Sencicle had alluded to, questions around parking, and the consultation process the response was that practice-based commissioners were not asking for acute hospital beds. The intermediate care beds would be provided in other settings other than the Community Hospital and end of life care would be based in hospices.

(42) The Committee also noted that the building of a new Dover hospital would cut down on transport/parking at other sites.

(43) The Eastern & Coastal Kent Primary Care Trust acknowledged that there had been no formal consultation but there had been an ongoing engagement process. One Member commented that the Dover Project consultation had been an exemplar recognised by the Health Overview and Scrutiny Committee which should be repeated elsewhere. This Member also praised the partnership working and hoped that there would be some devolution of powers from the Health Overview and Scrutiny Committee so that the ongoing work in this project could be monitored locally not only by the Council but also local councillors.

(44) In conclusion Ms Sutton made it clear that what was being considered was definitely not a polyclinic but was a Community Hospital.

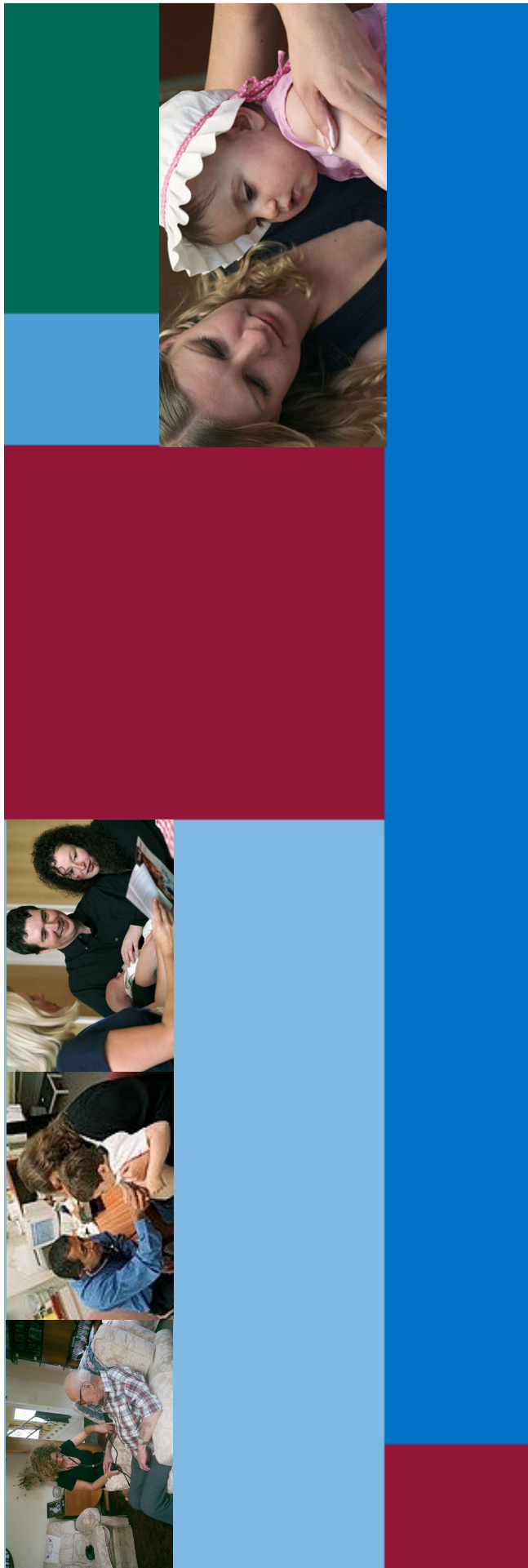
(45) Mr R Tolputt moved, and Mr D Daley seconded:-

“that the Kent County Council’s Health Overview and Scrutiny Committee strongly recommends, supports and endorses Eastern and Coastal Kent Primary Care Trust working closely with East Kent Hospitals Trust, Kent County Council, Dover District Council and the Consortium of Local General Practitioners (CLGP) to develop a central site for Dover for a modern Community Hospital for the population of Dover and the surrounding area by 2011”.

Carried:- 14 votes for, 0 against, 1 abstention

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Dover Healthcare



HOSC Recommendation made on the 9th May 2008

- The Health Overview and Scrutiny Committee of KCC strongly recommend and support East Kent Hospitals Trust working closely with the ECK PCT and Dover District Council to locate a central site in Dover for the Community Hospital Services for the population of Dover and the surrounding areas
- This proposal to be delivered to the EKHT by the end of August 2008. This third option to be considered and evaluated alongside options 1 and 2 concerning the Buckland Hospital site

Identifying a potential central site:

Investigation of site options:

- Talked to Dover District Council
- Undertook a land search
- Members of the public given the opportunity to propose sites

Developed criteria and priorities for site selection:

- 11th June – commissioning plans for Dover discussed to raise awareness of the services to be provided (78 people)
- 22nd July – Development and prioritisation of the criteria for site selection (32 people)
- Worked with other partners (PBC, DDC, EKHT and others) to prioritise their criteria for site selection

Other views considered:

- Dover District Council OSC – presentation on 17th June *endorsed the proposal to locate a central and accessible site in Dover for community hospital services for the population of Dover and the surrounding areas*
- Petition submitted July – for the provision of a general hospital in Dover
- Dover and Aylesham PBC Consortium commissioning intentions supported by PCT Board in July 2008
- 14th August – current preferred site discussed with members of the public (52 people)

Background

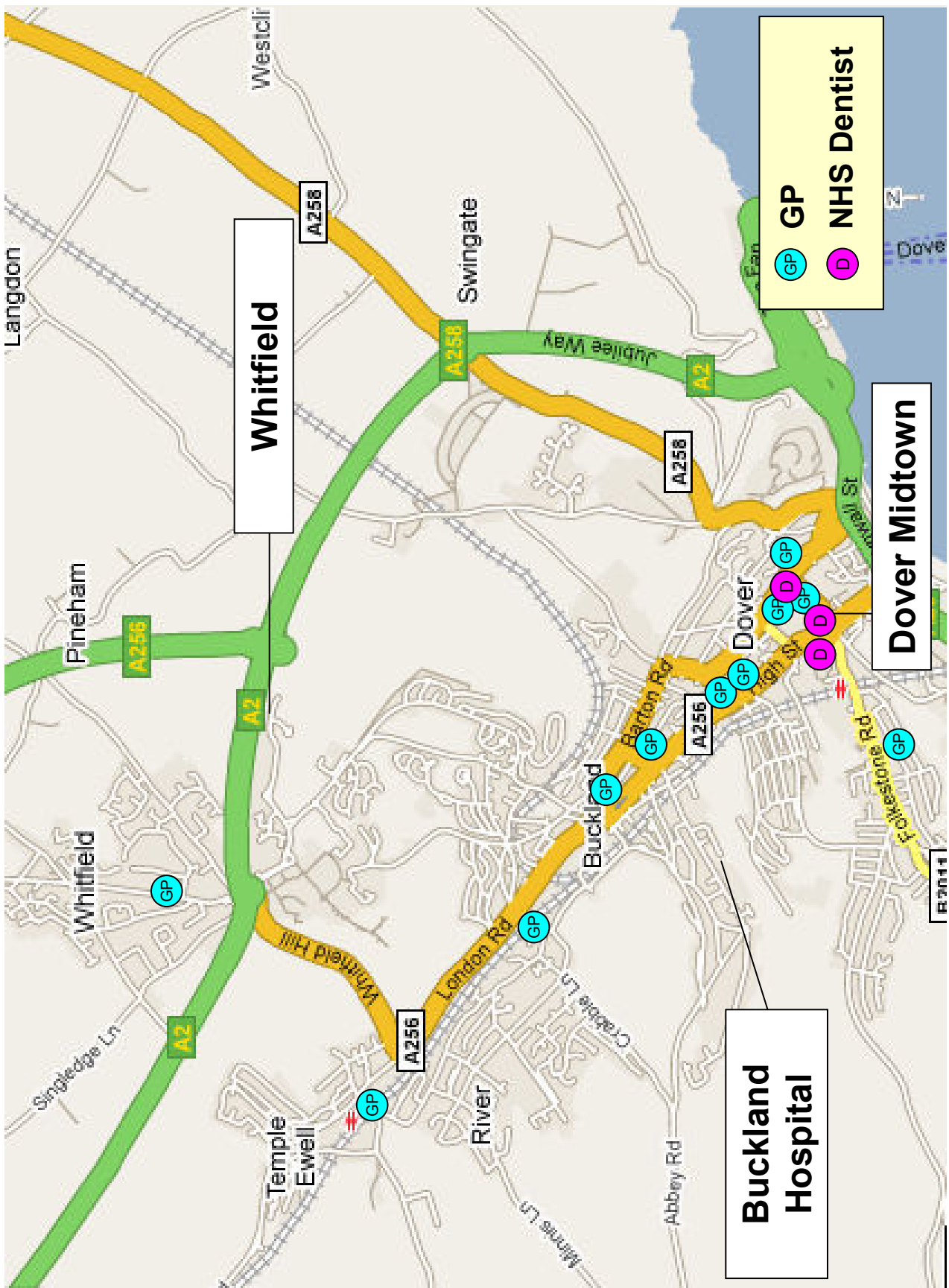
- June 2003 Independent Reconfiguration panel determines acute sites in Ashford, Canterbury and Margate working together to provide sustainable acute services
- October 2003 future location of acute services agreed by local PCTs
- March 2006 Full implementation of acute service changes by EKHT
- June 2008 Clinical GP leaders in Dover exclude inpatient and other acute services from their commissioning intentions for reasons of safety and clinical effectiveness

Site Selection Criteria – combination of views from public and partner organisations

- Supports the delivery of commissioning intentions
- Transport and car parking
- Accessibility - % of households in Dover District within 30 minutes of site by public transport or on foot
- Future Proofing – potential for expansion, able to adapt to changes in need/service
- Deliverability – time scale, site availability
- Value for Money
- Adjacencies with other health services e.g. GPs, dentists, clinics
- Wider considerations – regeneration, deprivation, attracting staff

Site Selection

- A number of sites were excluded on the basis that they were:
 - Not currently available
 - No better than short listed options
 - Couldn't support the commissioning intentions
- All selection criteria applied to the three shortlisted sites.
- Each site has advantages and risks/disadvantages
- Three short-listed options
 - Mid Town Development
 - Whitfield (White Cliffs)
 - Rebuild on Buckland Hospital site



Whitfield White Cliffs:

Advantages: Car parking,
Potential for future expansion
Supports delivery of commissioning intentions

Disadvantages: Cost of site purchase at commercial rates
Deliverability – requires site acquisition on open market, change of planning use, public transport realigned, setting up of road/ utilities infrastructure
Outside areas of deprivation
Moves services and resources away from centre of regeneration
Accessibility – 30.7% of households within 30 minutes
Not adjacent to other health services

Buckland New Build:

Advantages:

- Car parking**
- Potential for future expansion**
- Supports delivery of commissioning intentions**
- Deliverability – site in EKHT ownership, site designated for health use**
- Good access from St Radigund's ward**
- No site purchase cost**

Disadvantages:

- Poor access from other disadvantaged wards**
- No positive impact on regeneration**
- Accessibility – 34.3% of households within 30 minutes**
- Not adjacent to other health services**

Mid Town:

- Advantages:**
- Car parking,
 - Potential for future expansion
 - Supports delivery of commissioning intentions
 - Deliverability – site in DDC/PCT ownership,
 - Good access from all deprived wards
 - Site purchase costs within public sector partnership
 - Accessibility – 56.2% of households within 30 minutes
 - Positive impact on regeneration
 - Adjacent to other health services
- Disadvantage:**
- Awaiting assurance re costs to mitigate any flood risk

Next Steps

- Views of HOSC – 5th September 2008
- PCT Board paper issued to Dover Community from 10th September
- PCT Board meeting in public 17th September 2008, The Ark, Dover
 - single topic debate 9.00 – 1030 am to make decision on preferred option
- EKHUT – will consider response to preferred option

Service Improvements – Work going on now

- Further improvement and investment in intermediate care
- Look at extending the MIU opening Hours
- Investigate “Hospice at Home”
- More outpatients in Buckland
Trauma, orthopaedic, diagnostics, ear, nose and throat, ophthalmology, gynaecology
- Introduce children's centre in the Dover area for pre school children
- More NHS Dentists

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