

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Sessions House on Thursday, 20th June, 2019.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr D L Brazier (Substitute for Miss E Dawson), Mr D Butler, Mr A Cook, Mr D S Daley, Ms S Hamilton, Mr S J G Koowaree, Mr B H Lewis, Mr K Pugh, Mrs P A V Stockell (Substitute for Mrs L Game) and Mr I Thomas

OTHER MEMBERS: Paul Carter, CBE and Clair Bell

OFFICERS: Andrew Scott-Clark (Director of Public Health), Penny Southern (Corporate Director, Adult Social Care and Health), Karen Cook (Commissioning Manager, SCHW) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

51. Membership.

(Item. 2)

The committee noted that it had a vacancy in its membership, following Mrs C Bell becoming Cabinet Member for Adult Social Care and Public Health.

52. Apologies and Substitutes.

(Item. 3)

Apologies for absence had been received from Miss E Dawson and Mrs L Game.

Mr D L Brazier was present as a substitute for Miss Dawson and Mrs P A V Stockell as a substitute for Mrs Game.

53. Declarations of Interest by Members in items on the agenda.

(Item. 4)

Mr B H Lewis declared that his wife was employed by the County Council as a care worker.

Mr I Thomas declared that, in relation to any mention of plans for a new hospital site at Canterbury, he was a Member of Canterbury City Council's Planning Committee.

54. Minutes of the meeting held on 10 May 2019.

(Item. 5)

It was RESOLVED that the minutes of the meeting held on 10 May 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

55. Kent and Medway Integrated Care System.
(Item. 6)

Michael Ridgwell (Deputy Chief Executive of the Kent and Medway Sustainability and Transformation Partnership), Dr Fiona Armstrong (Chairman of the Primary Care Board, STP), Dr Gaurav Gupta (Chairman of the Kent Local Medical Committee), Dr Bob Bowes (Chairman of the System Commissioner Steering Group, STP) and Cathy Bellman (Local Care Lead, STP) were present for this item at the request of the committee, with Ms P Southern, Corporate Director, Adult Social Care and Health.

1. The Leader, Mr P B Carter, introduced and thanked the guest speakers for attending. He explained that he had asked for this special meeting to give the committee time to listen to the invited speakers and explore where the significant structure change to the health economy was leading to within Kent and Medway, with a hope and aspiration that it would lead to better health care in Kent communities and better health outcomes for the Kent population.

2. His hope was that Kent and Medway was introducing the changes set out in the NHS forward view, recently published, at a faster rate than in other areas, bearing in mind that Kent had one of the most complex health geographies in the UK, with multiple clinical commissioning groups (CCGs), multiple hospital trusts, etc, and this brought an enormous challenge. He hoped that, with the changes being made around empowered GP practices, the investment in multi-disciplinary teams (MDTs) to support primary care networks (PCNs), and an ability to solve challenging workforce issues alongside technology and funding, Kent could deliver the aspirations in the forward view. If Kent invested in local care and got it right, many hospital admissions, particularly of the elderly and frail, could be saved, with good health care being delivered in the community.

3. He thanked Karen Cook for writing the paper at short notice and setting out as clearly and simply as possible some very complex changes in the way in which health services would be reconfigured in Kent and Medway. He hoped that the committee would be able to have a high-level discussion focussed on outcomes.

4. The Director of Public Health, Mr A Scott-Clark, gave a brief introduction and summarised the aim of current work to integrate all aspects of the health economy, public health and social care to make one joined-up system with a shared vision and outcomes.

5. Each of the guest speakers presented a series of slides about the subjects listed below:

Mr Ridgwell - Strategic and Policy Overview

Dr Gupta and Dr Armstrong - Primary Care and Primary Care Networks

Dr Bowes - System Commissioning

Ms Bellman – Local Care

Ms Southern – Social Care

and responded to a range of comments and questions, including the following:-

- a) asked about the aim to attract additional funding, Mr Ridgwell replied that, although additional funding would always be welcomed, it was important to be realistic and make the best use of the funding currently available. Integration would reduce duplication, but it was important to distinguish between integration and merger;
- b) Mr Ridgwell explained that the MDT model brought together the health service and other partners to tackle the wider needs of the population, including their health needs, and to direct those needing treatment to other than hospital services, wherever possible. Investment in MDTs would include social prescribers and increased mental health service provision;
- c) the importance was emphasised of maintaining good communication and engagement with the public. Dr Bowes explained that the journey towards the current arrangements had started some 2 ½ – 3 years ago with the case for change being made. Public engagement had started by emphasising the need to integrate primary and social care and mental and physical health services, and public understanding of these aims had been good;
- d) Kent and Medway was the largest health administrative area in the UK not to be served by a medical school. Mr Ridgwell explained that the school would enrol its first students in 2020, and supporting revenue from the Department of Health and Social Care would accompany each student enrolled; there would be no pump-priming of funding;
- e) Dr Gupta explained that the accountable clinical directors of the primary care networks were required to be clinicians, including possibly pharmacists, but did not necessarily need to be GPs;
- f) Dr Gupta explained that the integration of services would not necessarily lead to a reduction in the cost of care; integration may highlight hitherto-unmet needs, and meeting those needs could attract increased costs;
- g) the concept of placing GPs within hospital premises was frustrated by boundaries, but Dr Gupta advised that urgent treatment centres would be led by GPs;
- h) asked about the effect of the cap on bursaries on the number of nurses entering training, Mr Ridgwell undertook to look into the number of training places taken up and supply this information outside the meeting. He advised, however, that there were insufficient nurses being trained to produce the nursing workforce required. Mr Carter cited the Kent Community Health Foundation Trust (KCHFT) workplace nursing apprenticeships as a good model which could be duplicated elsewhere;
- i) Dr Gupta clarified that primary care networks in Kent were expected to be in place by 30 June 2019. Dr Armstrong added that MDTs across the county would align to the PCNs;

- j) Dr Gupta explained that social prescribing would form part of the primary care system and would be placed in GPs' surgeries as a regular offer, perhaps weekly. Social prescribing in Kent was being provided by Red Zebra;
- k) new investment in primary care and the development of PCNs was heartily welcomed. Mr Carter agreed that new investment in primary care was needed urgently as the primary share of the NHS budget had been reduced in the past. He emphasised the importance of the third sector in providing vital services such as social prescribing. Dr Gupta added that Mr Carter had long been a very strong advocate for increased support for primary care. Mr Ridgwell advised that the Sustainability Transformation Plan (STP) would set out the identified demand for, and increased investment in, local care, and that the County Council's Health Overview and Scrutiny Committee would monitor the additional investment in this and in primary care. Mr Carter added that the Local Care Implementation Board, which he chaired, would be watching keenly to see where additional funding was spent, to boost MDTs and the third sector;
- l) one speaker expressed the hope that he might be able to see some of the planned changes come to fruition within his lifetime, being currently 87!;
- m) the need to increase the NHS workforce was already established as a major issue, with the related challenges of attracting medical staff to Kent to study and work and ensuring that Kent could compete with other areas to attract NHS staff;
- n) asked what CCGs could do to guard against additional funding destined for primary care being diverted to the acute sector, Dr Bowes advised that, whereas this might have happened in the past, he was optimistic that this was less likely to happen now. Acute trusts relied on there being a strong primary care network, as the two were jointly accountable for improving the health of the population of Kent;
- o) asked about the costs of the digitally-enabled care system, and the timespan for its introduction, Mr Ridgwell advised that there was more than one possible model for this and, as the system was currently subject to the procurement process, it was not yet possible to determine the costs of it;
- p) asked how professionals' varying opinions on a patient's needs and treatment would be managed, Dr Bowes advised that this would depend partly on the level of experience of the doctors and clinicians concerned. Care planning and assessment would need to be more focussed and make better use of information sharing and advocacy;
- q) asked if the system could become over-reliant on the third sector, Dr Bowes expressed the opinion that the third sector was under-used and could be used more; he did not foresee a time when this sector would no longer be available as a partner. Mr Ridgwell added that the County Council and the NHS had a joint duty to support the third sector and allow

it to play the fullest role possible. They had not focussed sufficiently on it in the past and needed now to raise its profile;

- r) it was possible to integrate both hospice care and care in the community into the NHS and Mr Ridgwell confirmed that this was a supported aim. Ms Bellman explained that references to supporting the patient 'in a community setting' meant the patient's own home, a residential care home or a community hospital. Mr Carter added that the County Council's new Accommodation Strategy would be published soon and would set out all options, including extra care sheltered housing, nursing care, etc. In this way, the Council sought to future-proof its accommodation options;
- s) asked if patients might one day be able to consult their GP via Skype, Dr Armstrong advised that the digital strategy would vary across the county, but in some places it could be possible to use email or skype to consult a GP. Dr Bowes added that about one-third of consultations were achieved by telephone, with the remaining needing to be face-to-face, due to the nature of the symptoms being discussed; some issues simply could not be tackled effectively using technology. The digital strategy piloted in Manchester had saved an estimated 2,000 GP appointments a year, which was an exciting prospect;
- t) Mr Ridgwell advised that take-up rates for the 5-yearly NHS Health Check, offered to everyone over the aged of 50, were not always good; and
- u) Ms Cook advised that social prescribing would be funded directly from the Government, and it was important to make the best use of the available funding.

6. It was RESOLVED that:-

- a) the information set out in the presentations and given in response to comments and questions be noted, with thanks;
- b) Members' comments on this and the progress being made in Health and Social Care integration across the county, in line with the long-term plan, be noted; and
- c) further updates on the development of the integrated care system be made to future meetings of the committee, with the panel of speakers being invited to attend again.

7. The Chairman thanked sincerely Mr Ridgwell, Dr Gupta, Dr Armstrong, Dr Bowes and Ms Bellman for giving their time to prepare presentations and attend the meeting and help the committee to understand the integrated care system, and they confirmed that they would be willing to attend again. He advised that a copy of the slides used in the presentations would be sent to the committee.

8. The Chairman also thanked Penny Southern for attending to set out the Social Care element of the system and Karen Cook for producing, at short notice, the excellent covering report.

56. Work Programme 2019/20.
(Item. 7)

It was RESOLVED that the Cabinet Committee's planned work programme for 2019/20 be agreed.