KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 26 April 2022.

PRESENT: Mr P Bartlett (Chairman), Cllr D Wildey (Vice-Chairman), Cllr T Murray, Cllr W Purdy, Mr N J D Chard, Ms K Constantine and Ms S Hamilton

ALSO PRESENT:

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS

50. Election of Chair
(Item 2)

Cllr Wildey proposed, and Mr Chard seconded, that Mr Bartlett be elected Chair of the Committee. There were no other nominations.

RESOLVED that Mr Bartlett be Chair of the Committee.

51. Election of Vice-Chair
(Item 3)

Mr Bartlett proposed, and Cllr Purdy seconded, that Cllr Wildey be elected Vice-Chair of the Committee. There were no other nominations.

RESOLVED that Cllr Wildey be Vice-Chair of the Committee.

52. Declaration of interests by Members in items on the Agenda for this meeting
(Item 4)

Mr Chard declared that he was a Director of Engaging Kent.

Mr Bartlett made a voluntary announcement that he was an Ashford Borough Council councillor and that Ashford Borough Council had responded to the Vascular Services consultation but he had taken no part in that response.

53. Minutes from the meeting held on 2 December 2021
(Item 5)

The Clerk noted that Ms Constantine had not been recorded as present virtually in the minutes from the previous meeting.

RESOLVED that, subject to the inclusion of Ms Constantine as a virtual attendee, the minutes from 2 December 2021 meeting were correctly recorded and that they be signed by the Chair.

54. Specialist Vascular Services Review
(Item 6)

In attendance for this item: Rachel Jones, Executive Director of Strategy and Population Health, K&M CCG, Su Woollard, Transformation Delivery Manager (Kent & Medway), NHS England, and Nicky Bentley, Director of Strategy and Business Development, EKHUFT.

In virtual attendance for this item: Janette Harper, Deputy Director of Transformation and Recovery, NHS England, Kierstan Lowe, Senior Communications and Engagement Manager, NHS England South, Central and West and Carol Wood, Head of Communications and Engagement, NHS England

1. Rachel Jones (Kent & Medway CCG lead on vascular reconfiguration) introduced the item and provided a brief overview of the agenda report. A virtual public consultation had run between 1 February and 15 March, which included 4 online events, additional events for staff, presentations to community groups, surveys and direct patient contact. They had also spoken on BBC South East and outreached to seldom heard group (including the gypsy, roma and traveller community who are known to suffer from vascular disease).

2. Responses were broadly in favour of the proposal, but key areas of concern were around travel and transport to the Kent & Canterbury Hospital, particularly for visitors of patients. The only treatments affected by this change were urgent treatment and planned overnight surgery. Day surgery would continue to be delivered in the same way.

3. Ms Jones recognised the importance of visits from family and friends and described some of the mitigations being put in place to make access easier.

    a. There would be an initial clinical consultation over the phone to assess need. Vascular opinions would be possible at the patient's incumbent hospital.
    b. The team were mapping what transport links were currently in existence and how long those journeys were. Once complete, a further piece of work would be undertaken to see how these journeys could be improved.
    c. Journey routes and times would be available on the CCG's website to assist patients and visitors.
    d. Patients would be offered treatment times that took into account their journey time.

e. An implementation group would be established – this had been well received during the consultation and a number of people had already shown interest.

4. A Decision Making Business Case (DMBC) was being written for submission to the Integrated Care Board (ICB) and Specialist Commissioning at NHS England, hopefully in June 2022.

5. The changing landscape of public transport was discussed, with one Member voicing concern at the deteriorating quality. Local changes included the introduction of on-demand buses and a KCC consultation on reducing certain public transport routes. Ms Jones confirmed these changes were being considered.

6. Ms Jones recognised the pressure the ambulance service was under and conceded there may be a need for additional private transport. She accepted a different approach may be required, to ensure visitors can access the site. If the pressure on ambulance services continued, the CCG would need to consider increased investment (though an investment in one area would likely require a dis-investment in another). A KCC Member was keen for the ambulance service to receive thorough scrutiny soon (it was a regular attendee to Medway's HASC) and the Chair offered to look into the best way of achieving this outside of the meeting (recognising that SECAmb covered a number of regions).

7. Speaking about fuel poverty, Ms Jones recognised the rising cost of fuel and the impact additional travel may have on lower income families. This would be a matter for discussion within the implementation group.

8. A Member asked whether there was digital infrastructure in place to enable joint working. Ms Jones offered to look into this outside of the meeting.

9. Asked about the impact of the changes on staff, Ms Jones explained that the surgical teams had rotated for surgery only in the past year but that had worked well. Further radiologists had been recruited. In terms of additional travel, staff were entitled to claim expenses for travel beyond their designated base.

10. Members asked what lessons could be learnt from the virtual public consultation. Ms Jones said the virtual aspect and been well-received and recognised that some people were more comfortable in a digital setting. However, that wasn't right for everyone and in future she envisaged using a hybrid model for consultations, utilising both physical and virtual events. Ms Lowe agreed, and explained the pandemic had changed views on the use of digital methods to reach people.

11. In response to a question, Ms Jones acknowledged there was a backlog for vascular treatment, as there were for many specialties. The aim was to clear the vascular waiting list backlog within six months.

12. Asked about the extent of integrated working across health and social care, Ms Jones reflected that the pandemic had necessitated improvements in this area, and all involved were intent not to lose the benefits as business returned to normal. Both sectors were represented on the Integrated Care Board, and more joint sector roles were on offer. There was also increased input from research, academia, and the voluntary sector. All were driven to write an Integrated Care Strategy by December 2022.

13. Looking to page 13 of the agenda pack, a Member asked about the new Interventional Radiology (IR) suite that was to be completed in June 2022 at the Kent and Canterbury Hospital. Ms Jones explained that an upgrade to the IR suites was required regardless of the Vascular Services reconfiguration as it was used for a number of treatments. Ms Bentley explained there were three elements to the IR theatre work, representing an investment of £5m: a new IR suite, replaced and additional IR equipment, and refurbishing the existing theatre.

14. RESOLVED that the report be noted.

55. East Kent Transformation Programme

(Item 7)

In attendance for this item: Rachel Jones, Executive Director of Strategy and Population Health, K&M CCG, and Nicky Bentley, Director of Strategy and Business Development, EKHUFT.

1. Ms Jones provided a verbal overview of the report. An application for capital investment had been submitted to the Department of Health & Social Care (DHSC) but it was understood there were many applicants.

2. The project team had been permitted to undertake market testing around the two options. A soft marketing exercise was underway and would be followed by a more formal procurement exercise, but that would stop before the end of the process. Doing that work now would mean there was no delay once the outcome of the funding bid was known. Ms Jones explained the importance of ensuring both options were viable before public consultation began.

3. Asked about demographic modelling, Ms Jones explained that the current population model (signed off in October 2021) had a 10-year outlook but confirmed that modelling would be redone prior to public consultation to ensure it was still accurate. The regulators had agreed the use of external modellers.

4. For the NHS, the level of financial investment was the same with both options, but option 2 had additional private investment. The Chair voiced his concern at option 2s reliance on investment from a private developer, which he felt could be removed at any point. Ms Jones assured the Committee that the market itself was being tested, not just one developer. They were doing everything they could to ensure both options were credible and equally viable.

5. In terms of the revenue costs of each option, Ms Bentley explained that consolidating expertise onto one site generally resulted in financial benefits. Revenue implications were included in the decision-making matrix, along with capital funding requirements, and each factor had been given an equal weighting. A Member asked to see the decision-making matrix once it was available.

6. RESOLVED that the Committee note the report.

56. Date of next meeting: to be confirmed
(Item 8)