

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 Tuesday, 17 December 2024.

PRESENT: Mr P Bartlett (Chair), Sir Paul Carter, CBE, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Ms L Parfitt, Ms L Wright, Mr S R Campkin, Ms K Constantine, Mr R G Streatfeild, MBE, Cllr K Moses, Cllr S Jeffery, Mrs P T Cole and Mr H Rayner

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny), Mr M Atkinson (Director of System Commissioning & Operational Planning, NHS Kent and Medway), Ms N Bentley (Director of Strategy and Business Development, East Kent Hospitals), Mr P Griffiths (Director of Stakes Optimisation, KCHFT) and Ms K Sharp (Programme Director East Kent Health and Care Partnership)

UNRESTRICTED ITEMS

195. Apologies and Substitutes

(Item 1)

Apologies were received from Mr Barrington-King, Mr Meade, Mr Kennedy, Mr Cole, Ms Keen and Mr Kite. Mr Rayner and Mrs Cole were in attendance as substitutes for Mr Kennedy and Mr Cole respectively.

196. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 2)

1. The Chair declared that he was a representative of East Kent councils on the Integrated Care Partnership.
2. Mr Chard declared that he was a Director of Engaging Kent.
3. Mr Streatfield declared that he was the District Councillor for Chiddingstone, Fordcombe and Penshurst.

197. Minutes of the meeting held on 2 October 2024

(Item 3)

RESOLVED that the minutes of the meeting held on 02 October 2024 were a correct record and that they be signed by the Chair.

198. Edenbridge Memorial Health Centre

(Item 4)

Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent (KCHFT), was in attendance virtually for this item. Mr Streatfield declared that he was the District Councillor for Chiddingstone, Fordcombe and Penshurst.

1. Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent (KCHFT), provided a 12-month update on the Edenbridge Memorial Health Centre.
2. There were no significant updates to the report since the date of publishing.
3. In response to comments and questions it was said:
 - a. A question was asked regarding the use of the building facilities for social prescribing. Mr Atkinson shared that the GPs had Health and Social Care Co-ordinators who helped to signpost individuals to local community services, additionally a Social Value Co-ordinator had been employed to work with the community. The Health Centre had been mobilising the community by setting up groups to improve the wellbeing of residents.
 - b. Asked the opinion of local GPs on the new Health Centre, and whether the service provided value for money, Mr Tracey said that collaborative work had taken place with GPs to avoid duplication. Additionally, he shared that the Minor Injuries Unit was run by GPs, having been transferred from the wider health service. Furthermore, an additional GP had been recruited, which provided additional support and the opportunity to identify patients earlier for additional support. GPs had been developing processes for the future, working towards less lengthy referrals between services. Dr Rickard (LMC) added that GP surgeries had not raised any concerns but there were questions about estate challenges. The issue of underfunding was still present and no additional core funding was being received by those GP surgeries.
 - c. A Member questioned whether virtual ward beds were an adequate replacement for physical beds. Additionally, they questioned whether decreased GP waiting times had been achieved and the revenue cost per patient. Mr Tracey shared that the virtual ward had 14 beds to compensate for those from community hospitals. He offered to seek further information from GPs about waiting times outside of the meeting – this data was not routinely shared with the health service. He confirmed that the Health Centre was owned by the NHS as opposed to GPs.
 - d. A Member questioned social prescribing and how forthcoming funding from the NHS for preventative services would be. Mr Tracey shared that the League of Friends were active in this area and working with clinicians to help keep people out of hospital and at home well. The League of Friends was funding an initial project but long-term funding had not been secured.
 - e. A Member asked what saving was made when patients didn't visit the GP for a period of time. Dr Rickard explained that a funding

methodology called the Carr-Hill Formula was used to pay GPs, weighted according to population demographics and characteristics. The funding formula assumed 3 to 4 visits to a GP surgery per patient per year, and that usually balanced out across patients.

- f. Members requested a future item on how the Carr-Hill Formula worked and whether there were opportunities for a better, fairer formula to be introduced.
- g. A Member noted the benefits of the integrated health centre model, including savings made from preventing elderly patients from going into acute care. It was recognised that the savings accrued from preventative work were difficult to quantify, but that would be important to demonstrate its value.
- h. The Committee requested that a future update present data around how integrated models support GP practices, how preventative work helps reduce admission into acute care, and how many patients access acute and rehabilitative care.

4. RESOLVED that the Committee considered and noted the report.

199. NHS Kent and Medway Community Services review and procurement *(Item 5)*

Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, was in attendance for this item.

1. Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, introduced the report and gave an overview of the highlights.
2. There were no significant updates to the report since the date of publishing.
3. In response to comments and questions it was said:
 - a. A Member questioned why not all District and Borough councillors had been written to in stage 1 of the engagement. They also questioned the variation in funding allocations across the county. Mr Atkinson reassured the Committee that remaining Councillors would be contacted before the end of the engagement programme. Additionally, the contract values reflected the incumbent contracts but the variations were recognised and would be addressed over the lifetime of the contract.
 - b. A Member questioned whether the intention was to have one large contract or a series of smaller ones, to which Mr Atkinson responded that he was unable to comment but the best provider(s) would be awarded. Members expressed concerns about the potential risks of having a single provider, which Mr Atkinson recognised.
 - c. The Member went on to ask whether the opinion of GP surgeries had been considered and whether earned autonomy could be built in. Mr

Atkinson noted that the outcomes of the Darzi report and the NHS 10-Year Health Plan in Spring 2025 would be significant. Additionally, he shared that the model present in Thanet was one the service was looking to replicate and that there had been preliminary engagement with GPs and users, which was to continue.

- d. When asked how effective stage 2 of the review and procurement would be, Mr Atkinson expressed that it was too soon to share but there was a desire to bring a dedicated phase 2 paper to the Committee at a later date.
 - e. Members questioned the most effective ways to share information about community groups among residents. The Chair suggested that the Joy Platform could be brought before the Committee at an appropriate time, providing Members with information as to how the platform gathers its information.
 - f. The Committee recognised the scale and importance of the procurement and were keen that the item continued to return regularly.
4. RESOLVED the Committee noted the report and was to invite the ICB to provide an update at the appropriate time.

200. Winter planning 2024 *(Item 6)*

Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, was in attendance for this item.

1. Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, introduced the report and gave an overview of its content.
2. There were no significant updates to the report since the date of publishing.
3. In response to comments and questions it was said:
 - a. A Member questioned the take-up of flu and coronavirus (COVID-19) vaccines and whether it was due to end that week. Mr Atkinson shared that flu vaccines were available until the end of March 2025 and COVID-19 vaccines until the end of January 2025 but there was thought going into extending this.
 - b. A Member queried the language used, such as pathways 0-3, highlighting that some may not understand it. Furthermore, questioning the support of the discharges for pathways 1-3 and the 144 beds in East Kent. Mr Atkinson provided an overview of the pathways:
 - i. Pathway 0 - a simple discharge home. The national drive was to secure discharges before 12pm.

- ii. Pathway 1 - discharge home with domiciliary care. This was commissioned by KCC. In West Kent the provider was Kent Enablement at Home (KEAH) and in East Kent there was a collaborative model between KCC and Kent Community Health NHS Foundation Trust (KCHFT).
 - iii. Pathway 2 - discharge to a community hospital. Work was underway with community providers to maximise efficiency.
 - iv. Pathway 3 - discharge to a care home. Work was underway to secure a better value rate for placements, as well as reduce the number of patients on this pathway.
 - c. In terms of the 144 beds in East Kent, there was an aim to create additional schemes in pathway 1 to grow the capacity, working with care homes to provide additional, non-hospital beds.
 - d. A Member asked whether there was more granular data on the bed occupancy levels and the variation across the county. They questioned what would happen if bed occupancy reached 98%. Mr Atkinson responded that insufficient capacity was challenging, however the Kent and Medway region historically bounced back from challenging days quite quickly. He explained that occupancy levels were based on previous trends and it was important to maintain effective discharge pathways. He provided an overview of the situation in the local acute hospitals. He confirmed that bed numbers reflected core beds.
 - e. A Member questioned why Respiratory Syncytial Virus (RSV), COVID-19 and flu virus vaccinations were not promoted more widely. Mr Atkinson assured Members that the ICB had a communications plan in place to push prevention but agreed that more could be done. Work had been carried out around rescue packs for people with respiratory diseases, educational programmes for clinicians and risk stratification to identify patients of greater risk. A Member questioned why RSV vaccines had only been offered to older residents. Mr Atkinson had said that this was a national decision but offered to come back to Members with information.
 - f. There was interest to see figures for Category 1 and 2 ambulance call outs, and Mr Atkinson said he would respond outside of the meeting.
 - g. When asked how mental health support was incorporated into winter planning, Mr Atkinson explained that historic data evidenced there was no spike in instances of mental health crises over the Christmas period. Crisis support teams were available to support residents.
4. RESOLVED that the report be noted and NHS Kent and Medway be requested to provide feedback on the performance of the winter plans at the Committee's June meeting.

201. Thanet Integrated Care Hub

(Item 7)

Karen Sharp, Programme Director, East Kent Health and Care Partnership, Phil Griffiths, Director of Stakes Optimisation, KCHFT and Nicky Bentley, Director of Strategy and Business Development, East Kent Hospitals were in attendance for this item.

1. Karen Sharp, Programme Director East Kent Health and Care Partnership, provided an overview of the proposals for the Thanet Integrated Care Hub.
2. There were no significant updates to the report since the date of publishing.
3. In response to comments and questions it was said:
 - a. A Member questioned whether there was adequate onsite car parking available. Mr Griffith shared that the change of use application contained detail of car parking provision. The national database TRICS provided transport metrics and had shown car parking onsite was adequate. Additional nearby options were available.
 - b. When asked what measures would be taken to ensure the Care Hub was adequately resourced with qualified staff and that its services would be available to the public at least 5 days a week, Ms Sharp shared that as onsite services became more integrated, Health and Care Partnership (HCP) would assess how productivity could be improved. There were benefits to co-locating services and the opportunity to share receptions and IT systems would be looked into. There had been work carried out to establish an academy for staff, along with internal training programmes that would assist with local recruitment.
 - c. Recognising the challenges of staff recruitment and retention, East Kent Colleges was setting targets for the number of students it trained for working in health and care sectors.
 - d. A Councillor asked for further clarity on the same day access model and the scope of the catchment area. Ms Sharp assured Members that the service was available for all Thanet residents, and ease of access had been considered. The service was within walking distance of the Westwood Cross shopping centre which had bus services and opportunities to expand those services was being looked into.
 - e. A Member contested the viability of the walking distance between the hub and the shopping centre, as well as the GP surgery relocation. Ms Sharp shared that the surgery was moving just 0.75 miles. She accepted there were concerns about access and welcomed meeting Thanet councillors on site to discuss. She explained that there were requirements for where diagnostic services had to be located and this had influenced their decision.

- f. A Member questioned whether developer contributions had been secured. Mr Griffiths shared that a number of discussions had taken place with the local authority about developer contributions. Reviews were held every 2 months to ensure the health community was benefiting from that funding source.
 - g. When asked about the timescale of the consultation, Ms Sharp said that local engagement sessions were to take place in early 2025, these would be online and face-to-face sessions. The Chair requested that Members have the opportunity to attend these events. Feedback from the events would be included in future reports.
4. The Chair proposed that the proposals relating to the Thanet Integrated Care Hub were deemed as substantial for the following reasons:
 - i. The Hub represented an important new way of working.
 - ii. it was hoped the Hub would be an exemplar piece of learning.
 - iii. Important issues relating to workforce had been discussed.
5. The Committee viewed the proposals as an opportunity and the declaration of a substantial variation was not to be seen as a threat to that work. There was concern about what impact the resolution would have on the implementation of the Hub, and Ms Sharp noted the tight timescales involved in the project. The Chair confirmed there would be no impact on delivery.
6. RESOLVED that:
 - i. the Committee deemed that the Thanet Integrated Care Hub is a substantial variation of service.
 - ii. NHS representatives be invited to attend the Committee's 12 March 2025 meeting with an update ahead of the Hub opening.

202. Specialist Children's Cancer Services (written update)

(Item 8)

1. A Member asked what processes were in place to safeguard patients. The Chair suggested this be covered in the next update.
2. RESOLVED that the Committee note the update.

203. Revisions to the Terms of Reference of the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC)

(Item 9)

1. The Clerk presented the report which introduced changes to the Terms of Reference for the Kent and Medway JHOSC.
2. The Chair proposed option A: *'The JHOSC has delegated powers to respond to the Secretary of State with representations'* and option B: *'Delegation - The JHOSC has delegated powers to request a call in without reference to the HOSC'*.

- i. This was due to these options allowing KCC's HOSC to retain its power to make this decision on its own behalf if JHOSC decides against it.
3. A Member asked the Chair if he had received response from the Secretary of State regarding a letter sent raising concerns about the lack of power held by HOSC. Additionally, the Member raised the issue of the wider democratisation of the ICB. The Chair shared that he had received a response that he would re-circulate to Members.
4. RESOLVED that the Health Overview and Scrutiny Committee:
 - i. CONSIDERED the report; and
 - ii. AGREED its preferred options concerning changes to the Kent and Medway JHOSC Terms of Reference

204. Work Programme

(Item 10)

1. The Chair noted the following additions from during the meeting:
 - a. Carr-Hill formula on fair funding
 - b. Update on Edenbridge Memorial Health Centre
 - c. Update on the Community Service Review
 - d. Update on Thanet Integrated Care Hub in March 2025
2. The Chair explained that the item about the use of social prescribing in primary care would likely be a briefing between members of HOSC, the Adult Social Care Cabinet Committee and the Health Reform and Public Health Cabinet Committee, due to its cross-cutting nature.
3. A Member suggested a future item on the impact on HOSC of any devolution decisions from Government.
4. RESOLVED that the work programme be noted.

The Chair congratulated Councillor Keji Moses on her receipt of an award at the Kent Mental Wellbeing Awards.