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, 11 April 2014.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Mr J Elenor, Ms A Harrison, Mr A J King, MBE, Mr R A Latchford, OBE, Mr G Lymer, Mr C R Pearman, Cllr P Beresford, Cllr M Lyons and Cllr R Davison (Substitute) (Substitute for Cllr Chris Woodward)

ALSO PRESENT: Mr A H T Bowles, Mr S Inett, Mr T Gates and Mrs J Whittle

IN ATTENDANCE: Ms D Fitch (Democratic Services Manager (Council)) and Mr A Scott-Clark (Acting Director of Public Health)

UNRESTRICTED ITEMS

30. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

(1) Mr Nick Chard declared a Disclosable Pecuniary Interest as a Non-Executive Director of Healthwatch Kent.

(2) Councillor Michael Lyons declared an other significant interest as a Governor of East Kent Hospitals University NHS Foundation Trust.

31. Minutes - 7 March 2014
(Item 3)

(1) In relation to Minute no 28 the Chairman informed the Committee that:

- A meeting had been organised for Friday 9 May with the Chairman, Vice-Chairman, Group Representatives, Steve Inett and Tish Gailey to consider how the work of Healthwatch Kent could support the work of the Committee.

- The Chairman had written to the Chief Executives of the four acute hospital trusts in Kent and Medway with a request for a small group of Members to meet with the Director of Finance to look at the Trust's financial performance in 2013/14 and projected forecast for 2014/15. Two responses were received. This working group would initially look at acute trusts' finances and report back to the Committee.

- The Chairman had invited Roger Gough to HOSC in July or September to give an update on integration.

- The Scrutiny Research Officer circulated details of the NHS Leadership Academy after a request from Members for information on the future leadership of the NHS.

- A briefing note on GP recruitment and retirement was being produced for Members by the NHS England Kent and Medway Area Team.

(2) RESOLVED that the Minutes of the Meeting held on 7 March 2014 are correctly recorded and that they be signed by the Chairman.

32. Child and Adolescent Mental Health Services (CAMHS)
(Item 4)

Ian Ayres (Accountable Officer, NHS West Kent CCG), Dave Holman (Head of Mental Health Programme Area and Sevenoaks Locality Commissioning, NHS West Kent CCG), Lisa Rodrigues (Chief Executive, Sussex Partnership NHS Foundation Trust), Lorraine Reid (Managing Director, Specialist Services, Sussex Partnership NHS Foundation Trust), Simone Button (Divisional Director, Children and Young People's Services, Sussex Partnership NHS Foundation Trust) and Jo Scott (Programme Director, Sussex Partnership NHS Foundation Trust) were in attendance for this item.

(1) The Chairman welcomed the guests of the Committee and asked them to introduce the item. Mr Ayres began by acknowledging that the Committee had given NHS West Kent CCG and Sussex Partnership NHS Foundation Trust (SPFT) a challenging time at the previous meeting particularly in regard to the length of wait for an initial assessment. The CCG had recognised at the January meeting that CAMHS was not a good service when it was taken over by SPFT; the Trust had a significant task to turn around the service. The CCG and SPFT had taken HOSC's recommendations seriously and had spent a long time working together to get the service back in line. By the end of August, the following targets should be met: referral to assessment within 4 – 6 weeks; urgent referral within 24 hours; and referral to treatment within 8 – 10 weeks.

(2) Mr Ayres had been assured by the CCG's clinical team that once an initial assessment had been held, the quality and performance of the service was good. SPFT had not fully recruited in Kent however, the full time vacancy rate was low enough for temporary staff to be recruited. The CCG had been working with Steven Duckwork from NHS England's South East Coast Strategic Clinical Network. He was supporting the CCG to review Tier 4 services and their interface with Tier 3 and identify a best practice CAMHS service to benchmark against services in Kent. CAMHS was recognised as a national challenge, a number of national reviews had been launched and the CCG and SPFT were involved with those.

(3) The CCG now had an agreement with KCC and NHS England to reintegrate the commissioning of CAMHS with a lead commissioner and single specification for the service. It was acknowledged that it had not been sensible for different sections of the service to be commissioned by three different commissioners. The Kent Health and Wellbeing Board had approved this direction of travel. The CCG were also working with the Police to commission a Section 136 place of safety for children which had not been commissioned under the previous arrangement. The CQC were inspecting safety and safeguarding arrangements in NHS West Kent CCG and NHS Dartford,

Gravesham and Swanley CCG with a focus on CAMHS during the week of the meeting. No emergency findings had been identified at the time of the meeting; an emerging view from the CQC would be published within a month.

(4) Mr Brookbank noted that he had received letters expressing concerns with CAMHS in Kent from The Rt Hon Greg Clark MP and Julian Brazier TD MP. He had also received an email from Patrick Leeson and Andrew Ireland regarding the integration of CAMHS commissioning.

(5) Ms Rodrigues commented on SPFT's decision to bid to run CAMHS in Kent. CAMHS was an important service which SFPT already delivered in East Sussex, West Sussex and Brighton and Hove. The Trust was under no illusion about the challenge it had taken on when it bid for the contract. SPFT agreed with the commissioners that a three year improvement plan would be needed to improve CAMHS in Kent. SPFT were now 18 months into the plan; they had increased the number of whole time equivalent staff to 274; carried out a number of geographical moves; made improvements to IT and mobile communication systems and introduced a 24 hour service; in addition to running the existing service. In July 2013, the average wait for an initial assessment was 32 weeks; by February 2014 the wait had been reduced to 7 weeks. However the number of referrals particularly urgent referrals was higher than anticipated. In February 2014, 79 of 112 emergency referrals had been out-of-hours and were all assessed within 24 hours. The number of standard referrals had increased from 772 in February 2013 to 952 in February 2014.

(6) Ms Rodrigues highlighted the challenges to SPFT and their staff. Referrals had increased with improved access; in addition to a 10% national increase. NHS England was conducting a rapid review into the national increase. With three different commissioners; it was easier for children and young people to access higher level services rather than lower tier services. Staff were feeling beleaguered following negative media coverage which contained anecdotal and historic allegations; there was an unrealistic expectation in the press of what the service could achieve in the time that SPFT had been responsible for the service. Ms Rodrigues stressed that SPFT would continue to make improvements and was committed to improve the service in Kent.

(7) Mrs Whittle was invited to comment. She explained that the Health and Wellbeing Board would be looking at the commissioning arrangements for all CAMHS tiers. She had concerns with the referral pathways and waiting times for tier 2 and 3 services. It was important that children and young people could access the correct treatment at the right time particularly with the increased demand. She felt that the provider had been set up to fail with the backlog they had inherited; however both KCC and the PCT were not aware of the backlog at the time of commissioning. She acknowledged that the services were performing much better than three years ago. Mrs Whittle suggested that the Health and Wellbeing Board report regularly to this Committee about the progress of reintegrating the commissioning arrangements.

(8) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired if referral to routine assessment was the same as referral to treatment. Mr Ayres explained that if

performance in the contract was being met, a child or young person would be assessed within 6 weeks and treated within 10 weeks. The wait for assessment was currently 7 – 8 weeks which compressed the time available for treatment. Ms Reid noted that an assessment often had an element of treatment with homework tasks being set for the next appointment.

(9) A Member acknowledged and expressed sympathy with SPFT staff working in challenging circumstances; the Member proceed to ask what lessons had been learnt about the commissioning process. Ms Rodrigues explained that SPFT had experience of taking on a number of services. When a service was re-tendered like the CAMHS contract in 2012, it suggested there were issues with the original contract. It was reported that SPFT had a similar experience in Hampshire three years ago; the Trust had benefitted from this experience and were able to implement change much faster in Kent than in Hampshire. Ms Reid added that SPFT inherited staff with low morale; some of who had tendered for the CAMHS contract on behalf of their previous organisation. She explained that it took at least 18 months for staff to settle into a new organisation and sign up to the new model. Further, when SPFT took up the contract, all the commissioning arrangements changed too. Ms Reid stated that discussions with HOSC regarding CAMHS had been very helpful; the commissioner and provider were working more closely together.

(10) In regards to lessons learnt, Ms Reid expressed that she would have introduced a less complex management of change but would have still implemented the same model. Mr Ayres stated that the CCG should not have undertaken the procurement with a commissioning team who had no knowledge of running the service. The CCG also recognised that there had been an information vacuum in the transition from the old to the new provider. Knowledge capture would be built into reviews for future contracts. Mr Ayres explained that neither the contract nor provider of CAMHS were poor. Both the commissioner and provider, initially, had not dealt with problems fast enough; things are beginning to be turned around. Most of the actions from the last HOSC meeting had been enabling actions rather than delivering results.

(11) A question was asked about the transition to adult mental health services. Ms Scott explained that it depended on the issue; the majority of young people did not need to transfer to the adult section if they had been successfully treated beforehand. Children with continuing needs were transferred to adult services which began six months before the young person's 18th birthday with the adult and children services working together. Adult mental health services in Kent were provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT). The CCG sets both KMPT and SPFT transitional targets. Mr Holman acknowledged that transition had always been a problem. From a contract view, it was important for the contract to align with SPFT and KMPT to ensure a smooth transition. Transition would be part of the integrated commissioning review.

(12) A number of comments were made about the recent KCC Select Committee on Commissioning, joint commissioning and the importance of performance management. A Member questioned the NHS' experience in commissioning. Mr Ayres admitted that the NHS was not good at commissioning and contracting; every three years the NHS was restructured which had prevented

the development of good commissioning teams. For West Kent CCG, he explained that it would take another year to build a confident commissioning team; external expertise would be brought in. The amount of CAMHS activity in Kent had been higher than anticipated in the contract. If the CCG had been dealing with a commercial provider, a cost premium would have been associated with the additional activity. Cooperation between partners in the NHS, such as the CCG and SPFT, was very helpful as there was recognition that a child needed to be seen rather than an associated cost. Mr Ayres was keen to improve joint working with Kent County Council to ensure clearer interactions with education and young peoples' services; and to learn from their expertise with commissioning and procurement.

(13) A further question was asked about the provision of information given to bidders during the tendering process. Mr Ayres acknowledged the information given to the provider had been poor. The CCG had discovered that with the former block contract, counting activity had been poor; therefore information given to the bidders was flawed. In addition, Mr Holman explained that there was a growing need for CAMHS in Kent; providers needed to be kept informed about the additional services required.

(14) A Member expressed concerns that SPFT performance had got worse since the January meeting; the Member referenced figures provided by The Rt Hon Greg Clark MP. Ms Rodrigues clarified that the figures provided in the report to HOSC were correct. In response to Mr Clark's letter to SPFT, Mr Ayres explained that if the contract was broken down into very small areas, some areas performed better and worse over time. The contract did not set out individual targets for small geographical areas. A Member expressed their disappointment that waiting times by area had not been included in the report; this information had been provided at the last meeting in January.

(15) A number of questions were asked about the use of inpatient beds and the development of a Section 136 suite in Kent. Ms Scott explained that Kent and Medway had a high number of bed users due to the historic set up of community services. A home treatment service to look after children and young people in their homes had recently been introduced. This had reduced the number of children and young people who required an inpatient bed. There was a national shortage of beds with a one in, one out system. The home treatment service also facilitated early discharge from an inpatient bed as children and young people can be supported at home. Mr Holman acknowledged that it was not acceptable for children to be going out of county to a Section 136 suite. A place of safety was being developed in Dartford; it was due to open on 1 May 2014 as an interim arrangement. It had the support of the Police and South London and Maudsley NHS Foundation Trust (SLaM); a place of safety in Kent would relieve bed pressure for SLaM.

(16) In response to a specific comment about KCC's duty to safeguard Looked After Children as part of its corporate parenting role, Ms Rodrigues acknowledged that it was very important to safeguard Looked after Children as they were more likely to need the support of the CAMHS service There were a large number of Looked After Children in Kent with London Boroughs' placing children in the county.

(17) A series of questions were asked about mental health funding and staffing levels at West Kent CCG. Mr Holman explained that funding for mental health services as a whole was low. Funding for children and young people was even lower despite 75% of first mental health difficulties happening between the ages of 14 – 24 years. Mr Ayres noted that staffing had increased from 6 – 60 staff at West Kent CCG since April 2013. The transition to CCGs had been very disruptive for the whole of the NHS; 54 of the CCG's staff had moved from within the NHS.

(18) Members enquired about staff morale, feedback on the effectiveness of treatment and appointments in school holidays. Ms Reid explained that morale was a very important issue for SPFT. There had been a significant programme of change, negative media coverage and an increased demand for services which had increased stress and lowered morale. To boost morale, SPFT had engaged staff in the business continuity plans, improved the physical working environment and increased the number of staff. SPFT were also expert providers of mindfulness training which had been made available for staff. Ms Reid stated that the Trust received lots of feedback from children and young people about their treatment. Children and young people were also involved in advising on treatment programmes. All treatments were based on NICE guidance. Ms Rodrigues explained that SPFT ran services all year round including the school holidays. The CCG had asked SPFT to be tougher on patients who were offered an appointment in the holidays and then cancelled them.

(19) A Member highlighted a case which had been brought to their attention. A child who was originally referred for Tier 3 services was escalated to Tier 4 inpatient bed. The child had received extremely good treatment. The child was subsequently discharged on the understanding that one-to-one treatment would be continued at home. There has been no contact with the child since being discharged. Mr Ayres encouraged the parent or carer to complain. Ms Scott asked for the Member to pass her the contact details, with the parent's permission, outside of the meeting and said that it would be looked at immediately after the meeting.

(20) In response to a specific comment about SPFT being set up to fail, Ms Rodrigues explained that this was not the case. The Trust was confident that they would meet the needs of children and young people in Kent and Medway. The Trust was 18 months into their three year transformation programme and staff were working very hard. Ms Rodrigues welcomed the opportunity to return to the Committee to update them on progress in six months.

(21) RESOLVED that:

(a) this Committee continues to be concerned for the CAMHS service in Kent and recommends that the commissioning of this service is investigated by KCC and West Kent CCG.

(b) West Kent CCG be asked to give due regard to the recent KCC Select Committee on Commissioning.

(c) West Kent CCG and Sussex Partnership colleagues be invited to the Committee meeting in 6 months' time and the CCG submit two monthly update reports to the HOSC.

33. Patient Transport Services
(Item 5)

Ian Ayres (Accountable Officer, NHS West Kent CCG) and Dean Souter (Control and Planning Manager, NSL Care Services) were in attendance for this item.

(1) The Chairman welcomed the guests of the Committee and asked them to introduce the item. Mr Ayres began by updating the Committee on developments following the January meeting. At the beginning of the year, the contract was significantly underperforming. The contract had since been reset and stabilised and the six key targets were on a trajectory to be achieved by June. An independent monthly performance report had been introduced; figures from the February report were beginning to show improvement with day-to-day variation narrowing. By early June, the CCG would know if a recovery had been achieved.

(2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the additional costs to the contract. Mr Ayres explained that there were three components to the additional costs. The first, £100,000 was a financial settlement for additional costs incurred between July and December. Both the commissioner and provider were found to be culpable. The second, £600,000 was to cover the costs of additional staff being transferred to the provider which had not been disclosed to bidders. The third, £1.6 million per annum, resulted from the re-basing of the contract. Mr Ayres noted that with these additional costs, NSL would have still won the contract. He reported that from June there were would be no further recovery plans; if performance was not turned around, the CCG would l seriously reflect on the future of the contract.

(3) A Member raised concerns about the quality of service provided by NSL. Mr Ayres explained that two key learning points had arisen from the tendering process. Firstly the contracting team should have included a manager with knowledge of running a Patient Transport Service to evaluate the quality of the bid. Secondly the CCG should have better understood the balance between quality and price. NSL scored significantly higher on quality and value for money. Mr Ayres accepted that this was a failure of the commissioners to show due diligence. Mr Souter reported that NSL successfully ran services in Shropshire, Herefordshire and the East Midlands. These areas recognised NSL as quality service provider. In response to the increased patient activity, NSL had invested in 75 new staff and 15 new vehicles in Kent to improve quality. He stated that NSL committed to continuing to provide an improved service for the people of Kent.

(4) A question was asked about the recovery plan and the target to meet 'most' Key Performance Indicators (KPI) by Easter. Mr Ayres reported that there were 20 KPI; he understood that 15 -16 KPI had been met. The six critical targets were due to be met by June:

1. Delivering a renal patient to an appointment
2. Collecting a renal patient from an appointment
3. Delivering an outpatient to an appointment

4. Collecting an outpatient from an appointment
5. Collecting a discharge patient within three hours
6. Collecting a discharged patient within two hours

(5) Mr Ayres explained that the CCG was provided with weekly unvalidated data; he would be able to provide validated data to the Committee in April. There was a delay in receiving validated data due to contractors and volunteers of NSL submitting records manually rather than on electronic handsets which were used by NSL staff. There had been a reduction in the number of extreme events but this had not impacted on contract performance.

(6) A number of questions were asked about performance management and terminating the contract. Mr Ayres reported that the CCG were deeply concerned about the performance of the contract. A final decision would be taken in June by the Commissioners using May's data. The CCG was working with senior managers from the acute hospital trusts on what the new arrangements would look like if the contract was terminated. If necessary there would be a managed transition to the new arrangements. Mr Ayres stressed that the money for overperfoming contracts came from contingencies rather than reducing care in a different service. He welcomed the opportunity to develop joint working with the Council and to become involved with the recent Select Committee on Commissioning.

(7) A Member raised a concern about the amount of time taken to transfer a patient from a hospital to a secure unit. Mr Ayres encouraged the Member to raise a complaint.

(8) RESOLVED that Mr Ayres and Mr Souter be thanked for their attendance and contributions to the meeting along with their answers to the Committee's questions, and that a written update be submitted to the Committee in July.

34. Faversham Minor Injuries Unit
(Item 6)

Simon Perks (Accountable Officer, NHS Canterbury and Coastal CCG), Andrew Bowles (Leader of Swale Borough Council and KCC Member for Swale East) and Tom Gates (KCC Member for Faversham) were in attendance for this item.

(1) The Chairman welcomed Mr Perks and asked him to introduce the item. Mr Perks began by updating the Committee on progress. At the November meeting, the Committee raised a number of serious and legitimate concerns about the procurement and lack of engagement with stakeholders. The Committee asked the CCG to set aside the decision to close the Minor Injuries Unit (MIU) and rethink the proposals. Mr Perks reported that the governing body had actioned the Committee's recommendation and secured an extension of the contract until September 2014.

(2) Fresh engagement work began in December with a number of public meetings; in January a steering group chaired by the Mayor of Faversham was established with local stakeholders. Stakeholders included a retired PCT Finance Director and three Faversham GPs. Through the steering group, the

CCG had been able to share information regarding finance and activity forecast with a much wider stakeholder group. At the last steering group meeting, it was acknowledged that putting together a specification which was accessible and to the required standard with the money available would be incredibly challenging. Further, if the specification was not right, it would not be viable to put out to tender. The CCG and steering group were looking at other service elements which would make it affordable and viable to the provider. The original specification with the x-ray facility had made the previous tender unviable. The eight options for the Faversham MIU would be discussed at the next meeting of the steering group on 15 April; the most likely model for the unit is access Monday to Friday between 08.00 – 18.00 with an x-ray facility. It was also proposed that there would be direct access for GPs to make a referral for an x-ray.

(3) The Chairman invited Mr Gates and Mr Bowles to speak. Mr Gates thanked the Committee for their recommendation; full consultation with the people of Faversham had now been carried out as a result. Mr Gates highlighted that the MIU covered a larger area than just Faversham; it included 17 parishes and a large number of tourists in the high season. Mr Gates enquired about the proposed models for the service.

(4) Mr Perks explained that proposed models included options for different opening hours and running with and without an x-ray service. Through engagement activities, it was found that most people currently use the service Monday to Friday between 08.00 – 18.00; rather than the weekends and evenings which had been anticipated by the CCG. It was important that the unit met the needs of the community to be viable as the smallest MIU in Kent. The CCG were hoping to attract users who had previously attended the Estuary View Medical Centre and the Kent and Canterbury Hospital. The CCG had also examined the Edenbridge model as part of the option development.

(5) Mr Bowles also expressed his gratitude to the Committee, in particular to Mr Chard and Miss Harrison, for championing this issue on behalf of the people of Faversham and Swale East. He believed that Mr Perks had learnt a lot from this experience and that the CCG were moving in the right direction; the original process would have been successful if the CCG had been more inclusive. Mr Bowles enquired if the steering group's recommendations would be reported back to the CCG governing board and asked for an assurance that if the service was continued it would be fully advertised.

(6) Mr Perks explained that in the old and new specification, the CCG required the provider to appropriately signpost people to the unit. The profile of the unit had been raised following the closure announcement in November. Mr Perks stated that he and his staff had learnt a lot from this process especially in making use of local knowledge and skills. This knowledge had been used in the review of community services which would be discussed at the Committee's June meeting; the CCG had been actively engaging with the local community about the future development of community hubs. Mr Perks gave assurance that the recommendations from the steering group would be taken to the CCG governing body and to the Canterbury Health and Wellbeing Board.

(7) Members of the Committee then proceeded to ask a series of questions and make a number of comments. Several Members commended the CCG for their honesty about the learning which had taken place since November.

(8) A question was asked about the approximate population of Faversham and number of MIU users per month in comparison to Edenbridge. It was explained that Faversham had a population of 25,000; in comparison to Edenbridge which had 8,000 residents. On average, there were 550 visits to Edenbridge MIU and 450 visits to Faversham MIU per month despite the larger population in Faversham. Mr Perks explained that the steering group had been cautious with the numbers; if patients were not well signposted to the service or had heard about the threat of closure they were unlikely to use the service.

(9) A number of comments were made about the importance of moving services out of hospitals into the community and the value of these services to local communities.

(10) Mr Inett noted that he had attended the steering group meeting and it had been positive. Healthwatch Kent would be visiting Faversham MIU the following day to further gather patients' views. Healthwatch Kent was keen to facilitate an event with commissioners to develop best practice public engagement; they would like to use Faversham MIU as a positive example of community engagement. Mr Inett observed that people often stepped forward when there was the threat of closure, especially hospitals, but it was much harder to engage with hard-to-reach groups or motivate the community when services were not easily defined.

(11) A Member suggested, following a number of agenda items at the meeting which had highlighted weaknesses with procurement and commissioning, that an invitation to Member training on commissioning should be extended to CCGs.

(12) RESOLVED that it's guests be thanked for their attendance and contributions to the meeting along with their answers to the Committee's questions, and that they return to the Committee within three months to give an update on the consultation and final outcome of the steering group review before a final decision is made by the CCG governing body.

35. Redesign of Community Services and Out-of-Hours Services - Swale
(Item 7)

Patricia Davies (Accountable Officer, NHS Swale CCG), Ken Pugh (Cabinet Member for Community Safety and Health, Swale Borough Council) and Andrew Bowles (Leader of Swale Borough Council and KCC Member for Swale East) were in attendance for this item.

(1) The Chairman welcomed Ms Davies to the meeting and asked her to introduce the item. Ms Davies began by explaining that the provider of the out-of-hours contract had been changed on a temporary basis following recommendations from the Keogh Review relating to Medway NHS Foundation Trust and listening exercises with the public and Swale Borough Council. The original

out-of-hours contracts were commissioned in 2010 by East Kent and West Kent PCTs where IC24 won the contracts. The contracts were due to expire in March 2014; most CCGs in Kent had extended their contract with IC24 until 2016.

(2) Recommendations from the Keogh Review and the Emergency Care Intensive Support Team at Medway NHS Foundation Trust indicated the need for coordination of non-elected out-of-hours care in Medway and Swale. Prior to 31 March 2014, out-of-hours services in Medway were provided by Medway On Call Centre (MedOCC) whilst the service in Swale was provided by IC24; this had caused problems with inappropriate admissions and discharge.

(3) In addition, NHS Swale CCG was encourage to look at a review of community services, community nursing and out-of-hours services as part of the Keogh Review recommendations. The CCG had held a series of engagement events and governing body meetings where members of the public raised concerns regarding the difficulty accessing IC24 services at the weekends and evening; travelling long distances to Canterbury for out-of-hours appointments and the perceived lack of access to visiting services on the Isle of Sheppey.

(4) NHS Swale CCG had therefore transferred the out-of-hours services to MedOCC for twelve months. This would enable further public engagement and the procurement of the out-of-hours services to link up with other procurements including MIUs and Walk-In Centres. Ms Davies congratulated IC24 and MedOCC for their tireless work and reaching a solution together.

(5) The Chairman invited Cllr Pugh and Mr Bowles to speak. Cllr Pugh explained that Swale Borough Council had worked extremely closely with the CCG to review out-of-hours and community services. As Cabinet Member for Community Safety and Health at Swale Borough Council, he fully endorsed the report and approach of the CCG to engage with the public as part of the full procurement.

(6) Mr Bowles explained that as Leader of Swale Borough Council and Chair of the Health and Wellbeing Board in Swale he welcomed the way forward proposed by NHS Swale CCG. He believed that there would be genuine consultation with the public, the decision would not be rushed and would result in the right decision being made for Swale.

(7) A Member asked about the NHS England review of the walk-in centre at Sheppey Hospital. The Committee had been involved with the set-up of the walk-in centre and the Member believed that this was something the Committee should continue to be involved with. Ms Davies explained that the contract for the walk-in centre was currently held with NHS England. The provider of the walk-in centre also held the primary medical services contract which was commissioned by NHS England. The contract would be split and the walk-in centre element would come under the CCG. The contract had been extended until 2016 to enable the CCG to successfully procure and consult with the local community.

(8) RESOLVED that the Committee determines the proposed service change as a substantial variation of service and that a timetable for consideration of the

change would be agreed between the HOSC and NHS Swale CCG after the meeting. (The timetable would include the proposed date that the NHS Swale CCG intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal).

36. Folkestone Walk-In Centre: Written Update
(Item 8)

(1) A Member highlighted concerns with engagement work carried out in Deal and questioned its replication in Folkestone.

(2) RESOLVED that report be noted and the Chairman write to NHS South Kent Coast CCG, prior to the visit to Deal Hospital, requesting an outline of the engagement work carried out in Deal.

37. East Kent Out-of-Hours Services: Written Update
(Item 9)

(1) A Member asked for further details regarding the additional costs resulting from the contract variation with the current provider, the working group and a timescale for procurement.

(2) RESOLVED that the e report be noted and the Chairman seek written clarification in regards to the additional costs resulting from the contract variation with the current provider, the working group and a timescale for procurement.

38. East Kent Outpatients Consultation: Written Update
(Item 10)

(1) A Member raised concerns that non-clinical staff were redeployed on 1 April prior to the independent analysis of the consultation.

(2) RESOLVED that the report be noted and the Chairman to write to EKUHFT to clarify the concerns raised regarding the redeployment of non-clinical staff prior to the independent analysis of the consultation.

39. Date of next programmed meeting – Friday 6 June 2014 at 10:00 am
(Item 11)