

## KENT COUNTY COUNCIL

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### 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, 3 March 2017.

PRESENT: Mr M J Angell (Chairman), Mr N J D Chard (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mr A H T Bowles, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr G Lymer, Ms D Marsh, Mr C R Pearman, Cllr J Howes, Cllr N Heslop and Mr S C Manion (Substitute) (Substitute for Mr D L Brazier)

ALSO PRESENT: Mr S Inett and Dr M Parks

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Mr A Scott-Clark (Director of Public Health)

#### UNRESTRICTED ITEMS

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

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

**81. Minutes**  
*(Item 3)*

- (1) RESOLVED that the Minutes of the meeting held on 27 January 2017 are correctly recorded and that they be signed by the Chairman.

**82. Kent and Medway Sustainability and Transformation Plan**  
*(Item 4)*

*Michael Ridgwell (Programme Director, Kent & Medway STP), Liz Shutler (Director of Strategic Development and Capital Planning EKHUFT) and Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) were in attendance.*

- (1) The Chairman welcomed the guests to the Committee. Mr Ridgwell began by outlining the three objectives of the Sustainability and Transformation Plan (STP): improving quality and performance; reducing health inequalities and addressing the financial challenge. He reported that these objectives could only be achieved by health and social care organisations working together.
- (2) Mr Ridgwell stated the Case for Change set out why change in Kent & Medway was required including variable outcomes for patients, workforce challenges and financial deficit. The STP was looking to develop local care proposals to resolve these issues. Following a stocktake, the STP Programme Board had agreed that there would be two waves of consultation. The first

wave of consultation would focus on service change in East Kent along with stroke and vascular services; the second wave would look at transformation in the rest of Kent & Medway. He noted that the STP had been identified as one of four national pathways and would be exploring innovative ways to improve efficiency and productivity. He stated that further engagement with stakeholders including the patients and public was a priority.

- (3) With regards to acute sustainability in East Kent, Ms Shutler explained that the main issue was the provision of emergency medical services across three sites; locum, temporary and permanent staffing was required to reinforce staffing levels. She stated that the Trust was looking at a range of different options which included proposals to move and/or reduce services provided on each site. She stated that there were no plans at present to implement any of the proposals; the Trust was continuing to work on the proposals and would engage with staff and the public. She stressed that any decision to implement a proposal would be based on patient safety. Mr Perks noted that the CCGs were working with the Trust and endorsed the planning being undertaken to provide sustainable services in East Kent.
- (4) Members enquired about the proposed models of care Mr Ridgwell stated that models of care would be brought back to the Committee; local care based models were being developed to create sustainable primary and community care at scale. Mr Perks stated the importance of provider organisations, including social care, in developing care models to meet the needs of the patient. He highlighted the work of Dr Ribchester at Estuary View who had developed a care model which brought together a multi-disciplinary team to support GPs in providing patient-centred care.
- (5) In response to a specific question about 300 bed reductions in East Kent, Mr Perks explained that 300 patients in East Kent, as part of a cohort of 1000 patients across Kent & Medway, were not in the appropriate care setting; they were occupying an acute hospital bed and not receiving hospital medical treatment. The STP was looking to develop a model of care which would enable these patients to receive appropriate care outside of a hospital setting.
- (6) A number of comments were made about prevention, the provision of services in London, public engagement and sustainability. The guests were in agreement about the importance of prevention and scaling it up as part of the STP. Ms Shutler highlighted that the services provided in London were specialist and it was inappropriate for these to be replicated locally. Mr Ridgwell stated that access to specialist services in London would always be part of the range of services available to patients in Kent. Ms Shutler explained that a number of engagement events had been held and further would be planned as the STP was developed. Mr Inett reported that people attending the listening events understood the aspirations of the STP.
- (7) RESOLVED that the report on the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee at the appropriate time.

### **83. Gluten Free Services in West Kent** (Item 5)

*Bob Bowes (Chair, NHS West Kent CCG) and Adam Wickings (Chief Operating Officer, NHS West Kent CCG) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Dr Bowes began by explaining that the proposal was an aspect of the CCG's Financial Recovery Plan. He stated that the CCG had received feedback from the consultation and was forming recommendations.
- (2) Members made a number of comments about the importance of exemptions if the proposal was accepted; the greater availability and reduction in costs of gluten-free products; and the previous withdrawal of routine provision of gluten-free products in East Kent.
- (3) Mr Inett noted that Healthwatch Kent had acted as a critical friend to the CCG during the consultation and would be publishing a report with their findings. Dr Parks stated that GPs would require support from the CCG, to implement the withdrawal of gluten free products on prescription, if the proposal was agreed.
- (4) RESOLVED that NHS West Kent CCG:
  - (a) take into account the views expressed by Committee Members when forming recommendations for the Governing Body;
  - (b) submit a report to the Committee when a final decision has been made by the Governing Body.

#### **84. West Kent CCG: Financial Recovery Plan**

*(Item 6)*

*Bob Bowes (Chair, NHS West Kent CCG) and Adam Wickings (Chief Operating Officer, NHS West Kent CCG) were in attendance for this item.*

- (1) Dr Bowes began by apologising for not consulting with the Committee about the implementation of the measures as set out in the financial recovery plan. He reported that the urgent measures were taken as preventative action to avoid further impacts on services in the next financial year. Mr Wickings stated that the implementation of the measures had been a difficult decision but would enable the CCG to achieve the financial position which had been agreed by NHS England.
- (2) A number of comments were made about activity levels, cancer diagnosis and pathway redesign. Dr Bowes explained that activity in the first nine months had exceeded the planned level of activity for the whole year. Dr Bowes stated that the two-week cancer pathway would not be affected by the measures. He reported that West Kent CCG had a lower number of A&E cancer diagnoses and their GPs were above average for identifying cancer. Mr Wickings highlighted that pathway redesign was required to reduce activity and expenditure as additional funding was not expected. Dr Bowes noted that elective orthopaedic surgery would be reviewed as part of the pathway redesign; he reported that only 50% of patients who had knee surgery thought it was worthwhile 18 months after their surgery. He noted that the CCG was also looking to move away from payment-by-results contracts. Mr Wickens stated that payment-by-results had incentivised activity and caused tension between commissioners and providers.

- (3) Mr Inett enquired about the involvement of patients in the decision making about the financial recovery plan. Dr Bowes acknowledged that the CCG had not engaged as widely as it could have done; CCG members and the Chairs of the Patient Participation Groups had been consulted.
- (4) RESOLVED that the Committee:
  - (a) expresses disappointment about the lack of prior notice and consultation by the CCG with the Committee about these proposals;
  - (b) is notified, in good time, as any further proposals are developed by the CCG.