

## 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, 26 January 2018.

PRESENT: Mr M A C Balfour (Substitute) (Substitute for Mr N J D Chard), Mr N J Collor, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Cllr L Hills and Cllr T Searles

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer)

#### UNRESTRICTED ITEMS

##### **34. Membership**

*(Item 1)*

The Chair informed Members that following Mr Whiting's appointment as Cabinet Member for Planning, Highways, Transport and Waste, he was no longer able to serve as a Member of the Health Overview and Scrutiny Committee.

##### **35. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 3)*

Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of Canterbury City Council's Planning Committee.

##### **36. Minutes**

*(Item 4)*

RESOLVED that the Minutes of the meeting held on 24 November 2017 are correctly recorded and that they be signed by the Chair.

##### **37. Transforming Health and Care in East Kent**

*(Item 5)*

*Hazel Smith (Accountable Officer, NHS South Kent Coast and Thanet CCGs) and Michael Ridgwell (Programme Director, Kent and Medway STP) were in attendance for this item.*

- (1) The Chair welcomed the guests to the Committee. Ms Smith began by explaining that whilst there had been no substantive change since the update in November, the papers provided additional information on local care which had been requested. She acknowledged that further work was required, to demonstrate the model for local care was the same across East Kent, with GPs working together to develop primary and community care to support their local populations of 30,000 – 60,000. In terms of the potential Kent and

Medway Medical School (KMMS), confirmation regarding the bid's success would be received on 31 March 2018. If successful, the new undergraduate programme would begin in September 2020 with first year students undertaking placements in community hubs. She noted that the public listening events that had taken place last year were broadly supportive of the proposed transformation in East Kent; areas to address included the need to develop local care; transport and access; and specialist centres.

- (2) Members enquired about the local care model in Herne Bay; the potential third option, proposed by Paul Carter, Leader of Kent County Council, with A&E services being provided on three sites; and the commissioning of an impact assessment. Ms Smith explained that the model in the Herne Bay area was the same as the Encompass vanguard but was run by a separate organisation of GPs and reflected the needs of its local population. She explained that the East Kent CCGs had met with Paul Carter to discuss his proposal; she noted the importance of looking at all the viable options. She stated that following the meeting the medical directors across Kent & Medway had written to Mr Carter stating that the provision of A&E services on three sites was not clinically deliverable. Mr Ridgwell noted that there had not been A&E services on all three sites in East Kent for 13 years. Mr Ridgwell advised Members that public consultation would be undertaken before any decision was made. Ms Smith committed to circulating the letter from the medical directors to the Committee. In response to a question about the impact assessment, Mr Ridgwell explained that an integrated Impact Assessment was being undertaken by Mott MacDonald; the final report would be shared with the Committee. He suggested that a Deloitte report into social-economic impact, referenced by a Member, was a historic document and would seek further information about it.
- (3) Following a reference to option 2, the offer to build a new hospital in Canterbury from a developer, as a 'super hospital', Ms Smith stated that it was not a term being used by the East Kent CCGs. She confirmed that the CCGs were not looking to commission a tertiary hospital; where specialist tertiary services were required, they would be continued to be purchased from the London hospitals. The Chair stated the importance of clear terminology in the public consultation.
- (4) Members asked about the planning for population growth, training programmes and the merger of CCG management functions. Ms Smith confirmed that predicted population growth had been used in the planning and review of the long list of options. She noted that there were a number of primary care facilities in East Kent that required refurbishment or rebuilding; the CCGs were seeking for investment to facilitate this. Ms Smith informed the Committee that training programmes were in place to help develop and train staff, including the Health Navigator Programme. She committed to bringing back the comprehensive workforce plan with the Committee later in the year. Mr Ridgwell confirmed that discussions were being undertaken around shared CCG management functions; he committed to providing a paper on this to the Committee at its next meeting.
- (5) In response to a question about stroke services, Mr Ridgwell stated that the national view, which had been upheld by the South East Coast Clinical Senate, was that specialist stroke services should be co-located with other

specialist services. The proposal for East Kent was the provision of one specialist stroke unit at the William Harvey Hospital. He stated that whilst NHS funding was a national challenge, the stroke review in Kent & Medway was driven by quality and workforce rather than finance. Evidence from stroke services which had already been reconfigured indicated improved outcomes for patients and a societal benefit as patients did not require as much support as part of their recovery. The Chair noted that the concerns about accessibility particularly in East Kent had been raised at the JHOSC and requested that the JHOSC minutes be shared with the Committee once available.

- (6) Members commented about workforce, services in Thanet, sub-acute provision in South Kent Coast, and public transport. Ms Smith reported the importance of evidencing a deliverable workforce as part of the business case. She highlighted the work of the Acute Response Team in Thanet, a group of GPs who were implementing enhanced primary care services to reduce hospital admissions; it was anticipated that when the team was fully operational, it could reduce attendances by 25%. She noted that development of primary care hubs in Cliftonville and Westwood Cross; local discussions were taking place about which GP practices would look to relocate, provide core services or extend services. As part of the development of sub-acute provision, Ms Smith noted that from 1 April 2018 patients in South Kent Coast CCG area would be able to access emergency GP appointments from primary care hubs; this would enable GPs to spend more time with patients with complex needs. She explained that direct conversations with bus companies would be planned. She noted that as part of the reconfiguration of outpatient services in East Kent, bus services to hospitals were initially funded by the NHS but now attracted enough business to run sustainably without subsidy.
- (7) In response to questions about the viability of option 2 and the timetable for the identification of a preferred option, Ms Smith explained that the CCGs were working with KCC to understand if option 2 could be taken forward by the end of February.
- (8) RESOLVED that:
  - (a) the report on Transforming Health and Care in East Kent be noted;
  - (b) a full update be presented to the Committee at the earliest opportunity but no later than April;
  - (c) the Committee be provided with the rationale as to why the provision of A&E services on three sites is not clinically deliverable.

### **38. Financial Recovery in East Kent**

*(Item 6)*

*Hazel Smith (Accountable Officer, NHS South Kent Coast and Thanet CCGs) was in attendance for this item.*

- (1) The Committee received a report on the financial recovery plan for the East Kent CCGs which expanded upon the report considered by the Committee in

September 2017 on the financial recovery plans for Ashford and Canterbury CCGs.

- (2) Members enquired about the under delivery of contract management savings and the potential £18 million deficit. Ms Smith explained that in some cases the CCGs' ability to achieve change within the timescales had been optimistic. She noted that the deliverability of some initiatives only became apparent once operational; additional cost pressure relating to increased drug costs and sepsis cases, workforce and a national change to clinical coding had also impacted on the CCGs' financial position. Ms Smith assured the Committee that a consistent financial recovery programme was being applied across the four CCGs via weekly joint management meetings. Ms Smith acknowledged that the £18m deficit was a risk and stated the importance of service transformation in restoring financial balance in East Kent. She explained that the NHS did not want to save money but reduce waste. She noted that initiatives under consideration including infertility treatment and gluten free prescriptions were small in terms of their financial impact in comparison to the acute trust costs.
- (3) In response to concerns raised around the reduction of MRI scans, Ms Smith explained that national data showed that GPs in East Kent had greater access to MRI scans than elsewhere which was impacting on access for urgent cancer patients. Ms Smith advised the Committee that this initiative was being led by a group of GPs who were looking to establish a service whereby patients could be assessed by professionals in the community with enhanced skills to determine whether they required an MRI scan or a referral into the acute trust. A new clinical pathway programme had also been installed to enable clinicians to identify appropriate referrals. She acknowledged that cancer targets in East Kent were not being met; a Cancer Recovery Plan had been developed to improve cancer performance. She committed to sharing CCG cancer performance data with the Committee.
- (4) In response to a question about increased drug costs, Ms Smith explained that there were two cost pressures. The first was the increased cost of drugs in the category M drug tariff; the cost of these drugs were nationally set following negotiations between government and pharmaceutical companies. The second cost pressure on drugs was the impact of Brexit.
- (5) RESOLVED that the report on financial recovery in East Kent be noted, and the East Kent CCGs be requested to provide an update in March 2018.

### **39. East Kent Out of Hours GP Services and NHS 111**

*(Item 7)*

*Hazel Smith (Accountable Officer, NHS South Kent Coast and Thanet CCGs) and Sue Luff (Head of contract) were in attendance for this item.*

- (1) Ms Luff introduced the report and began by updating the Committee about the successful implementation of the new contract by Integrated Care 24 (IC24) to run the NHS 111 and GP Out of Hours (OOH) service in East Kent on 1 December 2017. Ms Luff noted that the Christmas period had been challenging for NHS 111 and GP OOH providers nationally, initial performance

in East Kent was positive. She reported that the CCGs were working with IC24 to fully develop the service which included working towards the national workforce competency through staff training; developing the clinical advice service and extending the working group to include patient representation. She confirmed that the Folkestone OOH base had reopened and the bases in Deal, Herne Bay and Romney would reopen by the end of February.

- (2) Members enquired about the provider, OOH signage and due diligence process. Ms Luff explained that IC24 was a not-for-profit organisation who was an experienced provider of NHS 111 and GP OOH services. She stated that signage regarding OOH services should not contain information about the provider; Ms Luff stated that she would investigate the signage at the William Harvey Hospital. Ms Luff explained that due diligence had been undertaken on the previous provider, Primecare. She stated that the concerns identified by the CQC replicated those that the CCGs had already raised with Primecare; the CCGs had issued a contract performance notice following a quality visit to Primecare's HQ in Wales. She noted that an external audit of the procurement and termination of the Primecare contract had been undertaken to identify lessons learnt for future contracts. She noted that Primecare continued to operate as a healthcare provider but was subject to scrutiny by NHS England and the CQC who undertook monthly quality visits.
- (3) In response to a question about staff training, Ms Luff explained that there was a rigorous training programme to ensure all 111 staff were suitably qualified, competent, skilled and experienced. Once trained, staff were subject to a period of supervision and their calls were audited monthly; if staff fell below the expected level, they were required to re-complete the training programme. If staff failed the training programme twice, their contracts were terminated. She stated that staff who transferred from Primecare to IC24 were treated as new starters and were required to complete the training programme.
- (4) RESOLVED that the report be noted, and the East Kent CCGs be requested to provide a written update in March to confirm that the Deal, Herne Bay and Romney Marsh bases had been re-opened by the 28 February 2018.

#### **40. Assistive Reproductive Technologies (ART) Policy Review**

*(Item 8)*

*Stuart Jeffrey (Chief Operating Officer, NHS Medway CCG) was in attendance for this item.*

- (1) Mr Jeffrey introduced the report and welcomed Members questions and comments in relation to the review of Assistive Reproductive Technologies (ART) policies in Kent and Medway.
- (2) Members enquired about the funding of donated genetic material for same sex couples, interventions prior to IVF and public consultation. Mr Jeffrey confirmed that donated genetic material for same sex couples would be funded going forward and public consultation would not be undertaken on this aspect of the review. Mr Jeffrey advised Members that there would not be any change to early interventions that would have an impact prior to IVF, the focus of the review was on the number of funded IVF cycles. Mr Jeffrey stated that a 12-week public consultation was planned and would include a survey, public

meetings across Kent & Medway and engagement with interested groups such as Fertility Fairness and Healthwatch Kent to target hard-to-reach groups. The launch of the public consultation was subject to sign-off by NHS England's assurance process.

- (3) Members commented about the emotional impact on affected patients and gene screening. Mr Jeffrey stated that whilst the driver for the review was financial, he acknowledged that it was a sensitive subject and the consultation would seek to gather qualitative information around this to help the CCG better understand the emotional impact and ensure it could be taken into account. Mr Jeffrey committed to providing further information about the commissioning of gene screening.
- (4) RESOLVED that:
  - (a) the Committee deems the proposed policy changes to be a substantial variation of service;
  - (b) a joint HOSC be established with Medway Council.

#### **41. Kent and Medway Integrated Urgent Care Service Programme (Written Briefing)**

*(Item 9)*

- (1) The Committee considered a report about the procurement of the NHS 111 and Clinical Assessment Service telephony services across Kent and Medway and the procurement of face-to-face services in North Kent including out-of-hour services and urgent treatment centres.
- (2) RESOLVED that the report be noted and Adam Wickings, Senior Responsible Officer for Kent and Medway Integrated Urgent Care Service Programme, be invited to provide a verbal update to the Committee on 2 March 2018.

#### **42. Kent and Medway Emergency Care Performance (Written Briefing)**

*(Item 10)*

- (1) The Committee considered an interim update on NHS winter performance which focused on the emergency care performance over the Christmas and New Year period.
- (2) The Chair noted the Committee's concerns about the interim performance data and requested that a review of winter performance be brought forward from the June to April meeting with clearer performance data.
- (3) RESOLVED that:
  - (a) the report on emergency care performance over the Christmas and New Year period be noted;
  - (b) the NHS be requested to note the Committee's concerns about the interim performance data;

- (c) the NHS be requested to provide a review of the 2017/18 winter plans and clear performance data to the Committee in April 2018.

**43. SECAMB Regional Sub-Group (Written Briefing)**

*(Item 11)*

- (1) The Committee considered the notes of the SECAMB Regional Scrutiny Sub-Group held on 22 October 2017. The Chair invited Mr Angell to provide an overview of the meeting which included a presentation on the new Ambulance Response Programme and a tour of the Emergency Operations Centre at the Trust's HQ.
- (2) Members requested that the following points to be raised at the next meeting of the Sub-Group:
- the difficulties in ambulances accessing new build sites or narrow roads
  - an update on the fire service co-responding with the ambulance service.
  - an update on the turnover of paramedic practitioners who go onto work in primary or secondary care
  - an update on the Trust's public education programme to promote resuscitation and access to defibrillators.
- (3) RESOLVED that the notes of the SECAMB Regional Scrutiny Sub-Group on 22 October 2017 be noted.