

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 Wednesday, 6 September 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Ms S Hamilton (Vice-Chairman), Mrs P T Cole, Ms L Wright, Mr R G Streatfeild, MBE, Cllr P Cole, Cllr H Keen and Cllr S Mochrie-Cox

PRESENT VIRTUALLY: Ms K Constantine, Mr S Campkin

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

133. Membership

(Item 1)

1. The clerk noted the following membership changes. Mr Tony Hills had stepped down from the Committee and Ms Wright and Mrs Parfitt-Reid had joined the Committee. The Committee also welcomed the following district and borough council members: Councillor Keen, Councillor Mochrie-Cox, and Councillor Moses.

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

(Item 3)

1. The Chair declared he was a representative of East Kent authorities on the Integrated Care Partnership.
2. Mr Mochrie-Cox declared that he was a representative of North Kent authorities on the Integrated Care Partnership.
3. Mr Cole declared that he sat on the West Kent and Tunbridge and Malling Integrated Care Board forums.

135. Minutes from the meeting held on 19 July 2023

(Item 4)

1. RESOLVED that the minutes from the meeting held on 19 July 2023 were a correct record and they be signed by the Chair.

136. NHS Kent and Medway Community Services review and re-procurement (Item 5)

Lee Martin, Chief Delivery Officer – Integrated Care Board, and Mark Atkinson, Director of integrated Care Commissioning - Integrated Care Board, were in attendance for this item.

1. The Chair introduced the two guests and asked them to provide an overview of the published report.
2. Mr Martin gave a brief overview of the contract situation; the key highlights were:
 - a. There was a backlog of contracts requiring re-procurement after they were paused during the Covid-19 pandemic. The community services contracts were some of the most significant to be procured during the current period.
 - b. Following a review of the previous contract it was recommended that a new specification was used so that providers were required to adopt new models of care that were sustainable for communities for the following 5, 10 and 15 years.
 - c. Procurement and contract award(s) would take place with new contracts commencing on 1 April 2024.
 - d. The proposal was to procure contracts on a like for like basis for one year, during which time transformation would take place, leading to new models of care. Engagement with the public and partners would occur during the transformation year.
3. The Chair asked about the community midwifery service and if there were any proposals for change. Mr Martin noted that those services were outside the scope of the contract being discussed. During the year of transformation, the links to those pathways would be considered to ensure they were seamless.
4. The Chair requested further details on the nature of the engagement in the transformation year. Mr Martin said that the engagement would focus on how to implement and operate nationally defined models of care within the local community. The engagement would take several forms including through GP practices, specific forums and re-design events.
5. Members were concerned that there was a lack of detail about the consultation and how co-designing services would be achieved. Mr Martin said that the NHS had numerous ways by which to engage with the public and their partners. Further information and documents would be published in due course, setting out how the co-design would be achieved.
6. A Member asked who the anticipated industry partners were. Mr Martin said that many of the required partnerships were already in place, but a new overarching framework was required. Groups of staff and providers would need to work together to design the clinical pathways identified in the prospectus.
7. Mr Martin noted that earlier commissioning decisions had resulted in variations across the county. Asked how service variation would be overcome when there were staff shortages, Mr Martin said that part of the transformation process would be to ensure that the workforce had the right skills to deliver the clinical models of care where required, as well as general competencies and specialist skills. Mr

Martin said a skills centre would be established to develop staff within primary care and community settings, which would also help with recruitment and retention.

8. Mr Martin said that the transformation work would look to increase capacity and ensure that services were sustainable over the coming decades as the effects of an aging population were seen. Scalability would be built into the contract to meet demographic changes.
9. A committee member expressed concern that there was a lack of detail in the report regarding the costs of recommissioning services and the plan for co-production. Mr Martin said there had been changes to the NHS commissioning landscape, and the ICB had only been in place for 9 months. The Chair noted that much more detail would be available once the transformation was underway from April 2024.
10. Mr Martin said the NHS was not notified of long-term finance settlements by government but that the funding for the contract would be maintained. It was noted that money saved by the re-design would be invested into building capacity and further change.
11. A Member asked if the contract was an extension or a full re-procurement. Mr Martin said the new contracts from April 2024 would be like-for-like with the existing specifications while the year of transformation took place. At that time new specifications would come into effect. He noted local NHS commissioners had not used this method of procurement before, but others had.
12. Mr Martin confirmed that the ICB had assessed the proposals and did not deem the first year of the re-procured contracts to be a substantial change. Adapting clinical care models to conform with national guidelines was part of the NHS way of operating. In addition, the contract(s) would drive integration between partners to increase long term sustainability.
13. A Member expressed concern that staff may struggle with performing their main duties at the same time as looking to transform services. Mr Martin said that support was in place for staff to manage the change and it was not unusual for staff to experience changes to the model of working. The transformation was an opportunity for a new way of working and it supported the integration agenda. The transformation would streamline access to patient information which would save time and reduce the task burden for staff. Mr Martin also noted that the changes would not be entirely new as they had been tested and piloted over the previous 18 months.
14. A Member emphasised the importance of communication and consultation with both staff and local communities. Mr Martin said a draft communication plan had been developed and it would be informed by the lessons learned from previous engagement activities. It was noted that the engagement would reach out to different generations (including both adults and children) and ethnicities.
15. A Member felt that many phrases in the report indicated that significant change would occur, highlighting reference to a 'step change' in the final paragraph of section 2 of the report. Members noted the level of risk involved in the proposals,

including the number of services involved (18), integration of IT across many services, and using a new method of procuring.

16. Noting the above concerns and the length of the new contracts, Mr Mochrie-Cox proposed that the changes represented a substantial variation. There was no seconder, the motion fell.
17. Mr Martin said there were yearly triggers built into the contract so if transformation work was not on track the contract would be paused.
18. A Member asked what effect a substantial variation decision would have on the timescales and implementation of the contract. It was recognised that the proposed procurement was a new way of doing contracts and if it was decided that it constituted a substantial variation, the ICB would extend the current contracts and delay the transformation for two years. It was noted that this would prevent the NHS from developing capacity at scale to meet with the needs of an older population.
19. Seeking clarification as to why a two-year delay would be required, Mr Martin said that it was necessary as they did not have alternative mechanisms in place. It was not possible to roll over the current contracts and ask providers to reflect national changes in the way they delivered services.
20. The Chair noted that if colleagues at Medway Council also deemed the changes to be a substantial variation, then a joint committee would be required to lead on scrutiny.
21. Members said that a delay would not be in the interest of the authority, residents or the NHS, but they did want to be kept informed about the progress of the transformation over the duration of the contract.
22. The Chair summarised the two recommendations in the report and the arguments that supported each one.
23. RESOLVED that:
 - a. The Committee deems that proposed changes to the re-procurement of Community Services are not a substantial variation of service.
 - b. NHS representatives be invited to attend the Committee and present an update at an appropriate time, to include details on financing and engagement.