

Report of Overview and Scrutiny Committee to Cabinet

O&S Recommendations to Cabinet in respect of Health Infrastructure requirements for the Borough

The Overview and Scrutiny Committee recommends to the Cabinet:-

- I. The Council continue close working with the CCG to ensure that the Local Plan provides the requisite opportunities to support the development of healthcare provision.
 - II. The Cabinet ensure that related aspects such as transport access to health care (for rural and/or elderly populations) are considered via an appropriate task group(s).
 - III. The Cabinet consider how best to work with the Ashford CCG and other Kent local authorities to lobby for changes in the funding allocation formula for CCGs to better reflect the projected population growth of Ashford.
 - IV. The Cabinet consider how future S106 agreements can be made in such ways that, so far as possible within the legal parameters, contributions relating to health infrastructure can be flexibly applied to projects across the borough.
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Date of O&S meeting: 27 July 2017

Chair of O&S Committee: Cllr Brendan Chilton

Date of Cabinet Meeting: 12 October 2017

Key Decision: NO

Significantly Affected Wards: All – none specifically

Relevant Portfolios: Planning
Health, Parking and Community Safety

Management Team Comment: See paragraph 10

Background Papers: **Clinical Commissioning Group's Plans and Requirements for Infrastructure** – report to Overview and Scrutiny Committee (and minutes), 25th July 2017

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Introduction and Background

1. The Committee received an update on the development of the Infrastructure Delivery Schedule (which forms part of the evidence base to support the Local Plan) at its meeting of 27th June 2017. In this meeting, the Director of Place and Space noted that to date there had been a disappointing lack of input into the Local Plan process by the Ashford Clinical Commissioning Group (CCG). Members agreed that to try and address this, it would be beneficial for O&S to discuss future requirements for Health Infrastructure with a representative from the CCG.
2. Accordingly at its meeting of 25th July 2017 the Overview and Scrutiny Committee received a presentation from the Accountable Officer for the Ashford and Canterbury & Coastal CCGs detailing ongoing work concerning the Sustainability and Transformation Plan (STP) for Kent and Medway and the future infrastructure needs of the Ashford CCG. In response to the evidence presented to it, the Committee has made a number of recommendations which are contained within this report.

Presentation from Ashford CCG and Discussion of Health Infrastructure Requirements

3. The Accountable Officer for the Ashford CCG outlined the challenges facing healthcare provision in Kent and Medway, the CCG's plans for development of local care services and acute hospital services and the proposed changes for the Ashford area towards a more community-focused model of care.
4. It was noted that through delivery of the STP, healthcare provision within Ashford would be co-ordinated under three Clinical Provider organisations, each comprising multiple GP surgeries and covering different areas of the Borough. The Ashford Clinical Providers would offer a more joined up way of working for patients, comprising joined up nursing services, specialist GPs, community geriatric care, local level consultant clinics, joined up health and social care, links to the voluntary sector and improved access to minor injuries services.
5. This planned shift towards community care would increase the use of GP surgery premises within the CCG's area, which were already under pressure. The Accountable Officer advised that between 2015 and 2017 there had been an increase in practice population of nearly 5,000 patients, and the predicted future growth across the area greatly outweighed any remaining capacity within current GP surgery premises.
6. Of additional concern to the CCG in relation to the Borough's growth was the allocation of health spending for CCGs, which was set in accordance with

ONS data for population growth. The lag between the reporting of ONS population figures and the real growth of Ashford had meant that funding levels had not kept pace with population increases in the Borough, and had not taken into account the large younger population in Ashford, which had influenced service provision.

7. In response to Member questions regarding a lack of progress over the Local Plan between the CCG and the Council, the Accountable Officer advised that planning cycles for both organisations were misaligned, and that the high-level plans of the CCG needed to be tailored to a local level and implemented faster to provide clarity for the Local Plan process.
8. The Accountable Officer advised that the CCG was working with the Council's Planning and Development service on local plan developments and had identified areas of significant growth to be taken into account within the CCG's plans. In response to Member concerns over the potential loss of section 106 contributions where healthcare sites within new developments did not come forward, it was noted that securing as much flexibility as possible in future s106 agreements relating to the application of health infrastructure payments.
9. Members also discussed hospital transportation and the difficulties faced by patients living within the rural areas of the Borough with regard to healthcare access. The Accountable Officer explained that whilst the new model of care proposed under the STP could result in a greater range of services available within existing rural practices, the CCG's plans to date had not explored transport links.

Management Team Comment

10. Management Team have considered the report, and wish to make its own comments on the following recommendations –
 - (ii) - whilst it should be made clear that this was an area that Ashford Borough Council had limited influence over, the appropriate member groups to consider this matter would be the Public and Voluntary Transport Liaison Task Group and the Ashford Health and Wellbeing Board.
 - (iii) that this would be raised through the Kent Chief Execs and Leaders Forum.
 - (iv) whilst this could be taken forward, that this also relied on projects being identified by the CCG.

Conclusion

11. The O&S Committee notes the position of the CCG as reported by the Accountable Officer and recommends the following to Cabinet:
 - I. **The Council continue close working with the CCG to ensure that the Local Plan provides the requisite opportunities to support the development of healthcare provision.**

- II. The Cabinet ensure that related aspects such as transport access to health care (for rural and/or elderly populations) are considered via an appropriate task group(s).
- III. The Cabinet consider how best to work with the Ashford CCG and other Kent local authorities to lobby for changes in the funding allocation formula for CCGs to better reflect the projected population growth of Ashford.
- IV. The Cabinet consider how future S106 agreements can be made in such ways that, so far as possible within the legal parameters, contributions relating to health infrastructure can be flexibly applied to projects across the borough.

Contact and Email

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