Overview and Scrutiny Committee

Minutes of a Meeting of the Overview and Scrutiny Committee held in Committee Room 2, Civic Centre, Tannery Lane, Ashford on the **25th July 2017.**

Present:

Cllr. Chilton (Chairman);
Cllr. Ovenden (Vice-Chairman);

Cllrs. Bartlett, Bradford, Burgess, Heyes, A. Howard, Knowles, Krause, Miss Martin, Mrs. Martin.

In accordance with Procedure Rule 1.2 (iii) Cllr. Heyes attended as Substitute Member for Cllr. Feacey.

Apologies:

Cllrs. Hicks, Feacey

Also Present:

Cllr. White.

Head of Health Parking & Community Safety, Principal Policy Planner, Senior Policy, Performance and Scrutiny Officer, Corporate Scrutiny and Overview Officer, Member Services Officer.

134 Declarations of Interest

Councillor	Interest	Minute No.
Bartlett	Made a "Voluntary Announcement" as a Member of the Health Overview & Scrutiny Committee for KCC and as a former governor of East Kent Hospitals Trust.	136
Bradford	Made a "Voluntary Announcement" as Chair of the Ashford Health and Wellbeing Board.	136
Miss. Martin	Made a "Voluntary Announcement" as a former governor of East Kent Hospitals Trust.	136

135 Minutes

Resolved:

That the Minutes of the Meeting of this Committee held on the 27th June 2017 be approved and confirmed as a correct record.

136 Clinical Commissioning Group's Plans and Requirements for Infrastructure

Mr. Simon Perks, the Accountable Officer for Ashford and Canterbury and Coastal Clinical Commissioning Groups (CCG) gave a presentation to the Committee outlining the CCGs ongoing work concerning the Sustainability and Transformation Plan for Kent and Medway Strategic Delivery Plan (STP), and their infrastructure requirements. The presentation covered the following points:

- **Challenges in Kent and Medway**; A growing population with more long-term conditions, and an expected increase of 20% in the number of people aged over 70 in the next 5 years. Each day around 1000 people in Kent were in a hospital bed when they no longer needed to be - they could instead receive community care in their homes. Challenges also existed when recruiting GPs and practice nurses.

- **The CCG's Plan;** Doing more to help people to stay well and live a healthy lifestyle, re-direct more resources into local care services, organise acute hospital services efficiently and effectively.

- **What people say they want;** End of life care, healthy lifestyles, joined up health & social care, more services alongside GPs or in people's homes, support for family carers, to see regularly the same person, faster and easier appointments.

- **Aims for local care;** To prevent ill health, deliver excellent care closer to home, offer support for people to look after themselves, intervene earlier before hospital admission.

- **How it will work in Ashford;** Ashford Clinical Providers would offer a more joined up way of working e.g. joined up nursing service, specialist GPs, community geriatrician, local level consultant clinics, joined up health & social care, links to voluntary sector, and improved access to minor injuries services. Ashford would be divided into three cluster areas comprising Rural, Ashford North and Ashford Urban.

- **Impact on infrastructure;** Shift of care towards community would increase use of GP surgery premises, between 2015-2017 in Ashford there was an increase in practice population of nearly 5000 patients, predicted future growth across the area greatly outweighed any remaining capacity in current premises.

- **Planning future infrastructure;** The CCG were currently working with ABC planning team on Local Plan developments and had identified areas of significant growth, the CCG intended to work on developing a tariff system for S106 agreements.

The presentation was then opened up to the Committee and the following questions and points were raised: -

- In response to a question asking what issues were hindering progress between the CCG and the Council, the Accountable Officer explained that the planning cycles for each organisation were misaligned. The CCG had detailed high-level plans, but recognised that these needed to be tailored to a local level and faster implementation was required. The allocation of health spending for CCGs was set in accordance with the Office for National Statistics (ONS) data on population growth, and the lag between the reporting of ONS figures and the growth of Ashford meant that funding allocations had not kept up with the growth level in Ashford, nor had it taken into account that Ashford had a large younger population, which had influenced services. Additionally resources within the CCG were over-stretched, but they had now formed a single CCG Management Team, which meant senior resources would now be available to work on strategic issues.

- The Accountable Officer noted that the CCG's development plans would have to be crystallised by the Autumn of 2017 in order that consultation could be carried out in early 2018. The Principal Policy Planner explained that subject to the outcome of the current round of consultation, the draft timescale for progression of ABC's draft Local Plan to 2030 would be for submission around Christmas 2017, with subsequent examination by the Planning Inspectorate expected to take place in April/May 2018.

- One Member spoke about capital demands and developer contributions having an adverse effect whereby section 106 contributions for health services were dependent on the number of houses being built, and developers could be inclined to build up to tariff thresholds to avoid higher section 106 payments. He wondered whether improvements to the William Harvey Hospital needed to be included in the Local Plan. The Accountable Officer explained that hospitals developed their own plans and these needed to match local service plans.

- The Principal Policy Planner added that the tariff-based system was no longer a system that could be used in the majority of circumstances. It had been replaced by the Community Infrastructure Levy (CIL), which – once adopted – would collect money from housing developments across the Borough into a central pot to be spent on strategic infrastructure. There was also now a restriction on how many S106s could be pooled to go towards infrastructure projects. The limit was set at no more than 5. This effectively ended the requirement for a generic tariff based S106 approach.

- In light of this context, specific projects were now needing to be identified by providers so that it could be determined whether they would be funded by S106 payments or CIL, and whether the project could be justifiably disaggregated to allow more S106 to go towards delivery.

- The Accountable Officer added that South Canterbury Health Board had

formed a singular partnership with a view to closing older premises and then building new on the same site. If the same principle were replicated in Ashford, it could avoid land ownership difficulties.

- The Committee discussed hospital transportation and the difficulties faced by rural patients because local transport services between rural and urban areas were infrequent and sometimes unreliable. The Accountable Officer explained that transport links had not yet been explored in regards to their plan, but the CCG appreciated receiving this type of information. He noted that under the new model of care being proposed there could be a greater range of services available within existing practices, including those within the rural parts of the Borough. He went onto say that there were many determining factors affecting public health including transport links, housing conditions, employment and financial hardship.

- Members spoke about a specific site where land had been set aside for the creation of a health centre, but this had not come to fruition and the deadline for the application was approaching. The Accountable Officer was aware of the particular site and confirmed that it was contained within the CCG's plans. A second site at Ashford Hospital was identified and the Accountable Officer explained that the CCG felt that it would be more cost-effective to utilise that site for Local Care services.

- The Accountable Officer expanded on the problems encountered when recruiting GPs. Demographic changes played a part and larger practices were often more appealing to new GPs since there were more training and development opportunities. The medical field had received bad press in recent years and this, coupled with salary constriction had resulted in a decrease in the numbers of GPs recruited. However, GP's salaries were still substantially higher than other health care salaries and this often resulted in more GP's choosing to work part time. He went on to say that, with the provision of modern high quality buildings and the proposed creation of a medical school in the South East area, the CCG believed that these difficulties would be overcome. Further to this, improved access to GPs was a primary aim and extended opening hours and weekend services formed part of the STP.

- The Committee discussed costs and funding streams and a Member raised concerns about who would ultimately foot the bill. The Accountable Officer explained that there was a total resource pot available for the East Kent area, but funds would also come from the Hospital system, since it would start to focus solely on acute care which in turn meant there would be less employees and less revenue would be needed. There was also a possibility that some capital funding would be available from central government in the autumn, however the existing capital budget was limited with a total of £360m available nationally this year. To provide context for this figure, the Accountable Officer advised Members that a cost estimate for a new hospital in East Kent had been identified in the region of £600m. Inevitably, the funding gap in Kent and Medway would not be closed after the STP was implemented, but with sensible investment and partnership arrangements, the CCG would be closer to balancing the books.

- A Member spoke about Ivy court Surgery, East Cross Clinic and the West View Integrated Care Centre in the Tenterden area and the possibility of combining services to provide better Local Care. There was currently no overarching organisation to bring these centres together. The Accountable Officer noted that the STP was focussed on increasing the range of care services at a local level and agreed that it would be beneficial if such expanded services were to be offered across all existing healthcare sites within Tenterden. He noted that beds at West View could potentially be utilised as an alternative to inpatient stays at the William Harvey Hospital, to provide local care if the model was delivered effectively.

- The Committee spoke about Telehealth and Telemedicine, and the benefits of providing patients with equipment to monitor themselves at home and the opportunity to take control of their own health and manage symptoms independently. Home Visits were discussed and the Accountable Officer explained that Paramedics were increasingly utilised for home visits.

- A Member spoke about the correlation between affordable housing supply and recruitment of health workers. The Accountable Officer agreed that social factors such as housing and transport undeniably played a vital part in recruiting and retaining staff.

The Chairman and Committee thanked the Accountable Officer for his presentation and agreed that it had been extremely valuable. The Committee agreed that representatives of the East Kent Hospitals University NHS Foundation Trust (EKHUFT) should be invited to a future meeting of the Committee to present on development plans and requirements for the William Harvey Hospital.

The Accountable Officer for the CCG offered to attend a future meeting of the Committee to update on the CCGs plans prior to consultation being undertaken. The Committee thanked the Accountable Officer for this and advised that they would be pleased to welcome him back.

Recommended:

That

(i) The CCG closely involve Ashford Borough Council's Planning and Development service in the development of its forward plans and that in particular, dialogue is focused on key areas such as site allocations, capital projects and service development.

(ii) 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.

(iii) The Cabinet is asked to 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).

(iv) 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.

(v) 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.

Resolved:

That

(i) The Accountable Officer for the Ashford CCG be invited back to a future meeting of the Committee to update on the progress of the CCG's development plans.

(ii) Representatives of the East Kent Hospitals University NHS Foundation Trust (EKHUFT) be invited to a future meeting of the Committee to present on future plans and requirements for the William Harvey Hospital.

(iii) Officers be asked to provide information to a future meeting of the Committee on existing S106 agreements related to the provision of healthcare and health infrastructure.

137 Budget Scrutiny Task Group 2018/2019 - Preparations

The Senior Policy, Performance and Scrutiny Officer introduced this item and confirmed that the membership of the Task Group would be agreed at the September Overview & Scrutiny meeting. The report presented a number of suggestions, to be explored further on how the Task Group meetings could be less labour intensive and draining on Members and staff. He proposed to invite an independent organisation to a future meeting to present to the Committee on what Budget Scrutiny is about and how to successfully undertake the meetings. Some changes were already being considered including reducing the number of sessions and more flexible timings. Members were encouraged to relay any further ideas they had to the Scrutiny Team.

A Member added that it would be helpful to receive a report exploring the pressures being placed on staff.

Resolved:

That

(i) The Committee endorsed the proposed changes to the Budget Scrutiny Task Group process for 2018/19.

(ii) The Committee decide the Task Group membership at the September meeting.

138 Future Reviews and Report Tracker and Topic Selection Flowchart

The Chairman confirmed there were no items on the tracker for August and therefore the next meeting would take place in September.

Resolved:

That the Tracker be received and noted.