

## Overview and Scrutiny Committee

Minutes of a Meeting of the Overview and Scrutiny Committee held in the Council Chamber, Civic Centre, Tannery Lane, Ashford on the **27<sup>th</sup> March 2018**.

### Present:

Cllr. Chilton (Chairman);

Cllrs. Bartlett, Mrs. Blanford, Burgess, Feacey, Howard-Smith, Knowles, Miss. Martin, Mrs. Martin, Ovenden, Sims.

In accordance with Procedure Rule 1.2 (iii) Cllr. Howard-Smith attended as Substitute Member for Cllr Hicks, Cllr. Sims attended for Cllr. Krause and Cllr. Mrs Blanford attended for Cllr. A.Howard.

### Apologies:

Cllrs. Hicks, A.Howard, Krause.

### Also Present:

Cllr. Buchanan, Bradford, Mrs. Bell.

Local Care Director for Ashford and Company Secretary for the Ashford, Canterbury and Coastal, Thanet and South Kent Coast CCGs; Estates Consultant - Ashford CCG.

Head of Health Parking & Community Safety, Cultural Projects Manager, Cultural Projects Team Leader, Corporate Scrutiny and Overview Officer, Member Services Officer.

## 398 Declarations of Interest

Councillor	Interest	Minute No.
Feacey	Made a "Voluntary Announcement" as Chairman of the Ashford Volunteer Bureau and Trustee of Repton Connect.	401

## 399 Minutes

Cllr. Feacey clarified that many Members had already undertaken the Overview & Scrutiny training, but the Member Services Team could arrange further training if it was requested.

**Resolved:**

**That the Minutes of the Meeting of this Committee held on the 6<sup>th</sup> March 2018 be approved and confirmed as a correct record.**

## **400 Future Reviews and Report Tracker and Topic Selection Flowchart**

The Corporate Scrutiny and Overview Officer introduced this item and explained that the Report for the Trading and Enterprise Board & A Better Choice for Property Ltd would now be presented at May's meeting, whilst the Report for Commercial Investment by the Council would be presented at April's meeting.

**Resolved:**

**That the Tracker be received and noted.**

## **401 Youth Engagement Report**

The Cultural Projects Team Leader introduced this item and gave a brief background to the report. He explained that many youth services were delivered in collaboration with key partners and agencies, including Uprising, Sk8side and the Ashford Volunteer Centre, for whom representatives had come along to the meeting to speak to Members.

The Team Leader from Uprising explained to the Committee that the Charity was founded in 2011 and ran several projects in the Borough including House (an open access youth centre) Aspire+, (a programme to help young people dealing with various issues) and Project Purple (a year 6 transition programme working in partnership with Ashford Oaks Primary School). The aim of all the programmes was to provide recreational and leisure activities to young people, whilst helping them to engage with the community responsibly.

The Services Co-Ordinator for the Ashford Volunteer Centre explained the ethos behind their projects was about increasing confidence and social skills so that young people could have a positive impact on the community. This was especially important for those Not in Education, Employment or Training (NEET). The reality was that many youngsters suffered with low self-esteem and the projects that the Centre ran focussed on improving what skills the young people did possess. The Centre worked closely with ABC, as well as a number of other agencies including Job Centre Plus, Porchlight and Ashford College.

The Director of Sk8side then spoke to the Committee and explained that they provided an open access space for young people to hang out and gain advice from youth workers. A variety of workshops were delivered, some of which concentrated on more serious issues including alcohol and drug abuse, and sexual health. Some young people from Sk8side had recently attended the public consultation for Victoria Park and enjoyed voicing their opinions in a public forum. Fundraising events were

planned by the Project after it was announced that the KCC Contract would be terminated this summer.

The Chairman thanked the Cultural Projects Team Leader and Partners for their contribution, and he then opened up the report to the Committee for questions/comments:

- A Member asked if there was any threat to ABC funding for any of the projects. The Cultural Projects Team Leader assured Members that ABC funding remained in place for the forthcoming financial year (2018-19). At this stage, it was difficult to predict beyond this timescale.
- The Committee discussed out reach of youth services in rural areas and the external partners advised that they did offer services in several rural areas outside of the town including Hothfield, Charing, Smeeth and Tenterden.
- A Member asked if part of Section 106 funding could be made available for youth services when new developments were built. The Cultural Projects Team Leader advised that this was sometimes the case; Chilmington Green was an example where part of the Section 106 funding had been allocated for a Community Development Worker.
- The Ward Member spoke about the proposed closure of Bockhanger Hall. The building was very run down and no longer fit for purpose due to its restrictive design. Since there were already a number of well-equipped halls within the vicinity it was felt that the best course of action going forward was to close Bockhanger Hall and look at alternative options for the site.

**Resolved:**

**That the Report be received and noted**

## **402 Ashford and Tenterden Estates Strategy**

The Corporate Scrutiny and Overview Officer introduced the report which aimed to provide an update on the CCG Estates Strategy and Implementation Plan, the purpose of which was to ensure the required community based healthcare infrastructure was in place to meet the needs of Ashford residents over the next decade. He introduced the Local Care Director for Ashford and Company Secretary for the Ashford, Canterbury and Coastal, Thanet and South Kent Coast CCGs; and his colleague, the Estates Consultant. A presentation was given by the Estates Consultant who highlighted the desire to move from what was a current position statement to a transformational plan of action that would see new health infrastructure within Ashford. An emphasis was placed on ensuring that the right services were provided in the right settings. It was stressed that the plan was a live document and would continue to be reviewed, developed and updated as necessary.

A clear distinction was made between the necessary primary care investment that was needed in terms of current use patterns and the far greater transformation that was necessary to enable the out of hospital local care shift i.e. the creation of health hubs in each of the three clusters, namely Ashford North, Ashford Rural and Ashford

Urban.

The Chairman then opened up the item for questions/comments:

- A member of the Tenterden Town Council and practicing consultant, Dr. Isworth said that he was pleased to hear about the proposals, but had concerns that current facilities were not being utilised fully. East Cross Health Centre in Tenterden currently held only two clinics per week, and there had been resistance to increase its use. Dr Isworth went on to talk about West View Hospital. He stated that the lower ground floor had the potential to be developed into a rehabilitation unit, but instead was unused. He suggested that this situation be reviewed believing that it would be an ideal facility to support those patients being discharged from hospital. He spoke about the need for interaction from East Kent Hospitals with local GP's and health care staff to be able to bring the facilities back into use. The CCG Representatives agreed with Dr Isworth that East Cross could be better utilised and said that plans to reconfigure that building were in place. West View building was owned by KCC and they agreed that it was currently not used to its best advantage, and it could be beneficial to operate additional services to those provided by KCC from that building. They asked to speak with Dr. Isworth to consult further on these issues after the meeting.
- A Member asked how plans were progressing for a health centre at Repton Park. The Estates Manager advised that a new health centre was not deemed necessary, as there was sufficient capacity within the patient lists for existing practices to accommodate the population increase arising from development at Repton. The possibility of receiving cash from the developer rather than just an option to purchase the land had been explored, but this was not possible. He explained how the new estate strategy included greater primary care provision since hospitals were now required to decrease their non-clinical estate to below 35%.
- In response to a question asking why some patients were not allocated to their closest GP surgery, the Local Care Director clarified that patients do have the choice of where they go providing the surgery they prefer had an open list and some may have been allocated years ago to a surgery and not changed when they moved home.
- A Member asked about the timeframe for the strategy since the Council's Local Plan was for fifteen years, but this new strategy was for five years. The Local Care Director explained that the NHS operated on a five year planning cycle, but they recognised that realistically the plans would develop over a longer period. It was anticipated that the public consultation would start in April 2018 and a Member said it was vital to keep the public informed at each stage so they had time to adjust to new procedures.
- The Committee then asked what ABC could do to help the CCG with their plans. The Estate Consultant advised that it was important to continue to improve working relationships between agencies, and it was positive that representatives from different agencies were now in contact and keeping abreast of changes. The Head of Health Parking & Community Safety

reiterated how important it was for partners to work together and outlined the positive steps that had been made with ABC Officers now being represented on the Ashford Estate Group and CCG Primary Care Commissioning Committee. They were also reassured that the CCG had the expertise and services operating on the ground and this would be sustained in order to see the estate strategy implemented.

**Resolved:**

**That the Report be received and noted.**

### **403 Sustainability and Transformation Plan Update - William Harvey Hospital**

The Local Care Director introduced the first part of this item, which was regarding the future of the William Harvey Hospital (WHH). He referred the Committee to the report that outlined two options. The first option was to retain the hospital as a major emergency centre with 24/7 A&E and all specialist services. The 2<sup>nd</sup> option was for it to change to providing 24/7 GP led urgent care services, with A&E services being provided at a new single major emergency hospital for all of east Kent provided in Canterbury. The options were currently at the evaluation stage (using criteria covering quality of care, access, staffing, affordability, deliverability and support for research and education) to identify preferred options with consultation to be carried out.

The report was then opened up to the Committee and the following points/questions were raised:

- A Member said that he felt that the 2<sup>nd</sup> option was unsuitable because the distance for people in Kent to travel to one A&E in Canterbury was too extensive and the surrounding infrastructure was sub-standard. Therefore, the 1<sup>st</sup> option stood out to be the better option since it provided extra GP's at Kent and Canterbury whilst retaining A&E services at WHH and QEQM Hospitals. The Local Care Director explained that currently staff were deployed over a large area travelling from each hospital, whereas A&E services on one site would enable concentration of staff and remove the travel time. He added that there were still many issues that needed to be worked through, and this was why consultation was important.
- Dr Isworth said that specialist services did need to be focussed in one place and more funding and equipment was necessary. However, the main problem for East Kent Hospitals was recruitment and retention of staff. He hoped that the recent announcement that a Medical School would be opening in the county would result in greater numbers of medical staff being trained and taking jobs within the county. He added that staff engagement and better working conditions were important factors also in retaining staff.
- A Member spoke about the conditions of the current hospital buildings and felt that they were all in need of vast modernisation, therefore the 2<sup>nd</sup> option of

building a brand new hospital did have key advantages.

- The Local Care Director spoke about the relationship between productivity and staffing and recognised that there were inefficiencies in delivery of services resulting from this. It was hoped that the new non-traditional (local care) ways of working being proposed would help to combat these problems and eradicate some of the pressure that was currently felt by staff.
- A Member, referring to the wider estate strategy and the local care arrangements, indicated support for the direction of travel especially with regard to the health hubs and networks. However, he strongly objected to any downgrading of the WHH and suggested a 3<sup>rd</sup> option be considered for A&E services to be in place at each of the three hospital sites. He said that since Ashford was a significant growth town with an increasing population it made no sense to dismantle the infrastructure within it. He went on to ask about the proposal within the report to potentially close a practice that served Ashford residents in the Borough and possibly relocate services to Otterpool Park, the new proposed Garden town near Folkestone. Members felt that this was unacceptable and were completely opposed to any closures in the Borough in the context Ashford's growth and the need to protect existing GP provision. The Estates Manager confirmed that there were currently no plans to close any surgeries and the report would be amended to reflect that.
- In response to a question from a Member, the Local Care Director informed the Committee that the engagement event that had been scheduled to take place in February was being re-arranged for a future date, since the proposal for the brand new hospital building required more information from the developer.
- A Member spoke about Section 106 agreements and expressed his disappointment that too often they were ineffective in respect of leading to the delivery of infrastructure. Public expectations were often not met as the facilities offered by the developer failed to materialise. He asked that ABC Officers ensure best value was gained from the Section 106 agreements in order to support delivery of vital infrastructure.
- The Chairman thanked the CCG representatives for their attendance and suggested that Members of the Committee respond accordingly to the consultation regarding the plans. The Head of Health Parking & Community Safety added that updates were available through the Ashford Health and Wellbeing Board and ABC were keen to support the consultation process. She indicated that the consultation over the hospitals would come before a future Cabinet meeting. The Chairman noted that the consensus of Councillors present at the Meeting was that further debate was necessary on these issues.

**Resolved:**

**That the Report be received and noted.**

## **404 Sustainability and Transformation Plan Update – Local Care Arrangements**

The second part of the STP Update was regarding Local Care arrangements. The Chairman opened up the report to the Committee for their questions/comments and the following points were raised:

- In response to a question asking where the three hubs would be located, the Local Care Director advised the Committee that it was expected that the Ashford Rural Hub would be situated next to Ivy Court Surgery in Tenterden. The Ashford North Hub may be located at the WHH and the Ashford Urban Hub at Chilmington Green, but these were still to be finalised.
- A Member raised a query regarding a community hospital in Ashford and the Local Care Director confirmed that there was no proposal for this type of facility. Instead, the CCG would be looking at sites for 'step up' and 'step down' care; examples of these included West View and Farrow Court. These facilities provided good provision for the intermediate care needed by those patients entering or leaving hospital. They would also look at increasing care provided in the home, with Community Care Navigators being made available and co-ordinated to deliver services.
- A Member outlined the need to align primary and secondary care provision. Members commented that duplication was currently a problem and they asked whether medical records could be electronic and made available to all medical staff, to avoid replication and provide a full medical history of the patient. The Local Care Director agreed this would be hugely beneficial and would mitigate pressures. They hoped to create a single care record and remove stand-alone systems, but he noted that Social Care records were slightly different to medical records.

### **Resolved:**

**That the report be received and noted.**

### **Recommendation:**

**That in light of the importance of the issues presented at the meeting, all Councillors should fully engage with the developing estate strategy, hospital transformation and local care arrangements including participation in relevant consultations.**

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