



September 2010

Kent County Council
Health Overview and Scrutiny Committee Report (HOSC)

This Committee reviews and scrutinises matters relating to health and social care in Kent and exercises the powers conferred on the Council under the Health and Social Care Act 2001 and the Local Government and Public Involvement in Health Act 2007. Prior to September 2007 this Committee was known as the NHS Overview and Scrutiny Committee.

It is composed of 12 County Councillors under the Chairmanship of Godfrey Horne and four representatives of the District Councils. Bryan Cope is Vice Chairman. The Kent LINK has two members of the committee; myself and Mark Fittock, but without voting powers. September is proving a busy month for the HOSC and already three meetings have taken place.

On 1 September 2010, Mark and I attended a HOSC Agenda Planning meeting. These meetings are extremely valuable since members and other invited participants can discuss informally which topics should be covered in the succeeding monthly meetings and thus arrive at a work programme for the coming months.

On 3 September 2010 there was a lengthy agenda partly because there was no meeting in August. The subjects under discussion were:

- Update on South East Coast Ambulance Trust (SECAmb's) 'Make Ready' programme
- The Future of Primary Care Trust Provider Services
- The Use of Community Hospitals.

SECAmb's Make Ready Programme

Representatives of SECAmb gave a PowerPoint style presentation but delivered against hard copies to demonstrate the nature and purpose of 'Make Ready' which is fundamentally a hub and spoke system to deliver the best service to patients throughout the South East Coast area. Of existing ambulance stations, 68% were built before 1974 in unsatisfactory locations to aid response speeds and in many cases could not be expanded in size to meet current needs.

A 'Make Ready Depot System' was therefore approved in 2008 to supersede the present system where to overcome the disadvantage of fixed ambulance stations vehicles are left in strategic positions to improve response speeds. Such locations have no facilities for staff who have to make the vehicle ready at the start of their shift and may be interrupted in doing so by an urgent emergency call.

A 'Make Ready' programme is a crew friendly quality assurance vehicle and equipment preparation centre designed to minimise cross infection and maximise patient safety through a rigorous vehicle and equipment cleaning and infection control regime.

This will improve patient safety and maximise the time available for clinicians to see patients, minimise the risk of vehicle breakdown and limit the chance of a lack or failure of equipment. These 'Make Ready Depots' will as far as possible be start and end of every shift. Crews will collect their vehicles and proceed to an Ambulance Community Response Post (ARCP). These will be aligned with patient need and provide locations from whence crews will respond during their shifts. The ARCP will provide reasonable facilities for crews and will result in more locations than the current ambulance stations although some of these may serve as ARCP's where the location is appropriate.

Locations for depots are in existence in Thanet and Hastings and are proposed at Ashford, Paddock Wood, Medway and Dartford. These are chosen as being central to despatch areas geographically, located close to main hospitals, enabling good access for all staff in the area and on suitable sites. In East Kent there will be 10 ARCPs located in line with patient need.

Improved infection control will be achieved through a deep cleaning programme every six weeks linked to the vehicle servicing schedule. All equipment will be removed when the vehicle is serviced, deep cleaned and then restocked. This will be carried out by dedicated civilian staff who will be carefully supervised. The Trust gave us a summary benefit analysis indicating improved performance at less cost by the elimination of wastage and improved environmental and staff work / life balance.

The committee were invited to visit the Thanet depot which will now take place at the end of the month.

Community Provider Services in Kent

The committee received evidence from East Kent PCT Provider Services, West Kent PCT and Kent Adult Social Services (KASS). The need for the separation of commissioning and provision of services was highlighted by the previous government and is supported by the present coalition administration. This follows from the belief that those who commission service should not purchase them from themselves since this may be detrimental to outside parties.

Consequently both East and West Kent have spent many months deciding the best method of achieving this separation. East Kent has made a firm decision to form a separate Provider Services Trust which is already in de facto operation. It will become an NHS Trust on 1 October 2010 and if all hurdles are overcome proceed to Foundation Trust status in due course.

In March 2010 the board of NHS West Kent agreed to integration with the NHS Eastern and Coastal Kent Community Health Trust to form a Kent wide service. The South East Coast Strategic Health Authority (SHA) agrees that such integration could provide efficiency gains but it will also need the blessing of the cooperation and competition panel before it can proceed.

This is expected to enable the integration of services by 1 April 2011.

For the benefit of clarity I list below the services which both East and West Kent provider services give:

- Community nursing
- Intermediate care
- Specialist nursing and Community Matrons
- Dietetics
- Health visiting and school nursing
- Adult speech and language services
- Outpatient Physiotherapy
- Equipment and wheelchair services
- Podiatry
- Sexual health
- Children's community nursing
- Walk in Centres and Minor Injury units.

KASS supported the proposed integration. They stated they have maintained an effective joint working approach with the Primary Care Trusts (PCTs) and stated they have maintained an effective joint working approach with the new commissioning structure despite the challenges. Health and social care services in the community can be redesigned to give a more integrated service providing better outcomes and long-term efficiency.

On 22 September 2010, Community Services sent the following message:

“One month delay in Community Services becoming a Trust”

“Community Services will now become a Trust on 1 November instead of 1 October due to further work being carried out at the Department of Health. The original date was always ‘subject to approval’ by the DH. Once the Trust status is confirmed, it will trade as Eastern and Coastal Kent Community Services, with a legal name of Eastern and Coastal Kent Community Health Trust.

Meanwhile, our Board last week agreed that when it becomes a Trust, Community Services should begin the process to establish a pan-Kent Community Services NHS Trust, bringing

together NHS community providers in East Kent and West Kent, staff and budgets. The proposed new name would be Kent Community Health NHS Trust (KCHT)".

The main questions put by HOSC Committee members revolved around whether the proposed arrangements would be detrimental to local services in other parts of Kent with the officers responsible being located many miles away and what level of public engagement and consultation would take place. The paper presented stated that the setting up of the East Kent Trust from October would not require further public consultation but before foundation status was achieved a period of consultation was necessary and the new trust undertook to be open and transparent. Negotiations on an agreement with Kent LINK had already taken place.

Community Hospitals

A community hospital is a venue / site outside of the main acute hospitals. These community hospitals provide a variety of services to local people. Typically inpatient beds, out patient clinics, diagnostic facilities, day care, minor injuries units and other extended primary and intermediate care although services will vary between hospitals according to need within the area.

East Kent Community Hospitals:

The hospitals in East Kent managed by the Community Trust and owned by the PCT will be located at:

- Victoria Hospital, Deal
- Queen Victoria Memorial Hospital, Herne Bay
- Whitstable and Tankerton Hospital
- Faversham Cottage Hospital
- Sittingbourne Memorial Hospital
- Sheppey Community Hospital.

There are 175 inpatient beds across all six Community Hospitals which are primarily used for patients who do not require admission to an acute hospital but require treatment that cannot be delivered in their own home or are able to be discharged from an acute hospital but are not yet ready to return home.

In addition to these the East Kent acute trust manages:

- Buckland Hospital, Dover
- Royal Victoria Hospital, Folkestone

West Kent Community Hospitals:

West Kent Community Health currently manages six Community Hospitals owned by NHS West Kent. They are located at:

- Livingstone Hospital, Dartford
- Hawkhurst Community Hospital
- Edenbridge and District War Memorial Hospital - Minor Injuries Unit
- Sevenoaks Hospital - Minor Injuries Unit
- Tonbridge Cottage Hospital
- Gravesham Community Hospital - Minor Injuries Unit

There are 131 beds available across the service.

The Department of Health provides guidance on the function of a Community Hospital within the healthcare system:

- 'A modern community hospital service aims to provide an integrated health and social care resource for the local population to which it belongs'
- 'These local facilities develop as a result of agreements between local people, service providers and the NHS'
- 'Community Hospitals are an effective extension to primary care with medical support provided largely by GPs'
- 'The health and social care provided may include medical care, rehabilitation, palliative care, intermediate care, mental health, maternity, surgical care and emergency care'
- 'Community hospital care is characterised by care pathways that make the most of local sources of support'
- 'The Community Hospital provides a focus for local community networks'.

The questions from members of HOSC were directed at what was the most appropriate management for Community Hospital. Clearly in the longer term with the proposed abolition of PCTs the estate will have to be located elsewhere. Some members of the committee suggested that it would be appropriate for both estate and management to pass to acute trusts but all agreed local nature had to be preserved.

Maidstone and Tunbridge Wells Women's and Children's Services

An additional meeting of the Health Overview and Scrutiny Committee was held on 20 September 2010 to discuss the above matter which has proved to be somewhat controversial. The main point of contention is in regard to the withdrawal of consultant led maternity services from Maidstone Hospital, transferring them to the new hospital at Pembury and replacing them with a midwife led Birthing Unit.

Neither Mark nor I was able to attend the meeting but I did follow the webcast of the last part of it. The majority of Councillors who spoke clearly found the proposal unacceptable and voted by 12 votes with none against with three abstentions to forward a further letter opposing the move to the Secretary of State for Health.

The bases of this objection were in line with his requirements to the SHA to take particular matters into account and report to him by the end of September.

The four facts were:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice.

The Chairman of HOSC, Godfrey Horne, also stated that the committee have also observed the stakeholder events organised on behalf of the South East Coast Strategic Health Authority, together with the sole public meeting organised by members of the County Council and Borough Council who represent Maidstone, whose residents wish to see Women's and Children's Services retained at Maidstone Hospital.

On 29 September 2010 members of HOSC are invited to visit the SECamb 'Make Ready Depot' at Broadstairs and the dispatch centre at Coxheath, near Maidstone.

Roger Kendall
Kent LINK Governors' Group
September 2010