

QEQM HOSPITAL CABINET ADVISORY GROUP

Minutes of the meeting held on 13 December 2016 at 11.15 am in the Austen Room,
Council Offices, Cecil Street, Margate, Kent.

Present: Councillor Game (Chairman); Councillors L Fairbrass, J Fairbrass,
Grove and Matterface

In Attendance: Councillor Constantine

6. APOLOGIES FOR ABSENCE

Apologies were received from the following Members:
Councillor I. Gregory;
Councillor Falcon;
Councillor Wells.

7. DECLARATIONS OF INTEREST

There were no declarations received at the meeting.

8. MINUTES OF PREVIOUS MEETING

Councillor Matterface proposed, Councillor L. Fairbrass seconded and Members agreed the minutes to be a correct record of the meeting held on 21 April 2016.

9. CAG TO DRAFT COUNCIL RESPONSES TO THE EKHUFT & PARTNER AGENCIES PUBLIC CONSULTATION

Councillor Game, Chairman of the cabinet advisory group introduced the item for debate and advised that Hazel Carpenter would be joining the meeting later to provide a brief overview of the public consultation currently underway. Members made the following comments in relation to the survey questionnaire:

- The survey was too complex for the public, in view of the fact that there was a high percentage of the elderly population that would struggle with the questions;
- The questionnaire was full of jargon;
- A number of people in Thanet were not computer literate;
- The questionnaire will discourage residents from taking part;
- Will the Ebbsfleet development disadvantage other areas like Thanet?

Hazel Carpenter then joined the meeting and addressed Members of the sub group highlighting the key changes that were being proposed for a new approach to delivering health and social care services in Kent and Medway. Ms Carpenter raised the following points about the reform process:

- There were significant challenges nationally for the national health services which was experiencing budget deficits, employment & retention challenges and increased demand for services;
- There was a need to understand how these services could be structured locally;
- CCG has to evidence that they have consulted widely on any options for change;
- The National Health Service (NHS) has now been divided into 44 Sustainable Transformation Plans (STPs) and Thanet sits within to the Kent & Medway STP;
- Whilst East Kent had already started work on transformation models, West and North Kent were not yet ready to consult;

- Most people would like to be cared for in their homes but still retaining access to specialist services;
- Thanet CCG is developing how local care should look.

Workforce planning:

- The east Kent Case for Change highlights the challenges in locally recruiting adequate number of doctors and other key staff;
- The NHS was increasingly relying on para-medics. There is therefore a need to plan for it;
- Plans were underway for a bid for a medical school for Kent and Medway led by the local Universities working together.

What Next:

- January/ February publication of a Kent and Medway case for change
- On-going development of service models for care locally, in hospital settings, for mental health and to ensure poor health is prevented;
- Development of options for any identified significant change;
- Development of evaluation criteria with clinicians, patients and public against which to assess the options;
- Potential consultation in 2017 no earlier than June 2017.

Ms Carpenter suggested that she could come back to the sub group at key points in the critical path to consultation and in response Members AGREED to hold a meeting as indicated by the critical path. She further reported that Thanet CCG had won a national award for the innovative work it was undertaking on coming up with new ways of working and delivering health and social care services to local residents. Ms Carpenter attributed this success to the good work being done by the local GPs with the nursing and social care staff who work alongside them locally.

Ms Carpenter said that the new way of working is seeing GPs working together across localities (Margate, Quex, Broadstairs and Ramsgate). In response one Member said that there were concerned there could transportation challenges for some residents who need primary care services. They may in some instances have to rely on taxis, which is expensive form of transport. Ms Carpenter said that these issues would be dealt with as part of the criteria. She also said that some bus operators had frailty policies that some residents could use.

All GPs had signed up to the new IT initiatives of patients data sharing. One of the changes also being brought in is that the GPs in the area have been grouped into 4 Primary Care Houses (PCHs), made up of the following:

Quex
Broadstairs;
Margate;
Ramsgate.

The four PCHs work the Acute Response Team which is led by a Thanet GP on a rota basis.

Ms Carpenter reiterated the point that an analysis will be conducted on recruitment and retention to ensure that the services were adequately staffed. In response to a Member query, she also said that the Ebbsfleet development will not disadvantage other areas and further made the following points:

- Use of digital date in health delivery services is lacking;
- Its proposed that there be data sharing between health practitioners;
- GP consulting via skype is being piloted;

- Very careful analysis including equity audit is conducted before new approaches are adopted;
- The current funding formula had a higher weighting for age than deprivation. This therefore impacts negatively Thanet or similar areas. This however was a political question;
- The clinical commissioning was based on the Right Care Data and joint Strategic Needs.'

In responses to a member of the public email that was read out at the meeting by the Chairman, Ms Carpenter said that the CCGs constantly reviewed service provision in order to find a way of improving the living standards of local communities.

Member Observations/Queries regarding the survey:

- The questionnaire was too complicated for a public survey;
- There was too much jargon in the questions being asked;
- Are transportation issues in relation to the proposed changes being factored in the new proposals and how will these issues be addressed;
- There is a need for a breaking down of terminology in the consultation documents for enable clearer understanding of the issues being presented;
- There is a need to use plain English;
- Changes being suggested have to bear in mind the Thanet disadvantages;
- There is a need to highlight demographics in Thanet.

In response Ms Carpenter said that:

- She will feedback the above comments to South Kent Coast CCG and Thanet CCG;
- QEQM Hospital Cabinet Advisory Group will get a formal response to their queries.

In conclusion Members AGREED that Penny Button, Head of Safer Neighbourhoods will draft the sub group's response using the working from the Member Observations/Queries list above and forward by email to Members of the sub group. The Members will in turn be expected to confirm the wording in the draft response document by emailing back to Ms Button. Thereafter Ms Button will forward the response to the Kent and Medway STP public consultation.

Meeting concluded: 12.45 pm