

Public Document Pack



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20 January 2023

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **OVERVIEW AND SCRUTINY COMMITTEE** on Monday 23 January 2023 at 6.00 pm, the following reports that were unavailable when the agenda was printed.

4 **MINUTES** (Pages 2 - 20)

To confirm the Minutes of the meeting of the Committee held on 14 November 2022 and 21 November 2022

Yours sincerely

A handwritten signature in black ink, appearing to read "Nicky", written over a horizontal line.

Chief Executive

Minutes of the meeting of the **OVERVIEW AND SCRUTINY COMMITTEE** held at the Council Offices, Whitfield on Monday, 14 November 2022 at 6.00 pm.

Present:

Chairman: Councillor C D Zosseder

Councillors: T A Bond
P M Brivio
D R Friend
D A Hawkes
S C Manion
M Rose
R S Walkden
P Walker
H M Williams

Also Present: Councillor M Bates
Councillor N J Collor
Councillor C A Vinson
Toby Howe, H&T Strategic Resilience Manager Kent County Council
Dover District Commander Chief Inspector Paul Barrell
Inspector Leigh Woolnough, Neighbourhood Inspector.

Officers: Strategic Director (Corporate Resources)
Head of Governance & HR
Head of Community and Digital Services
Parks and Open Spaces Manager
Community Services Manager
Major Projects and Programme Manager
Strategic Development Lead Officer (Building)
Democratic and Corporate Services Manager

27 APOLOGIES

There were no apologies for absence received.

28 APPOINTMENT OF SUBSTITUTE MEMBERS

The Democratic and Corporate Services Manager advised that no notice had been received for the appointment of substitute members.

29 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

30 MINUTES

The consideration of the Minutes was deferred.

31 DECISIONS OF THE CABINET RELATING TO RECOMMENDATIONS FROM THE OVERVIEW AND SCRUTINY COMMITTEE

There were none.

32 ISSUES REFERRED TO THE COMMITTEE BY PUBLIC PETITION, COUNCIL, CABINET, OR ANOTHER COMMITTEE

The Democratic and Corporate Services Manager advised that there were no issues referred to the Committee by Council, Cabinet or another Committee.

33 NOTICE OF FORTHCOMING KEY DECISIONS

The Democratic and Corporate Services Manager presented the Notice of Forthcoming Key Decisions to the Committee for its consideration.

In the absence of any dissent, it was agreed to note the Notice of Forthcoming Key Decisions.

34 SCRUTINY WORK PROGRAMME

The Democratic and Corporate Services Manager presented the Overview and Scrutiny Work Programme to the Committee for its consideration.

Councillor M Rose asked when his item on the bringing of services in-house would be considered and was advised by the Democratic and Corporate Services Manager that this was in the process of being scheduled.

In the absence of any dissent, it was agreed to note the Work Programme.

35 PUBLIC SPEAKING

The Democratic and Corporate Services Manager advised that no members of the public had registered to speak on items on the agenda to which the public speaking protocol applied.

36 ENCLOSED DOG PARK PETITION

The Parks and Open Spaces Manager presented the report on the petition for an Enclosed Dog Park.

Members were advised that Dover District Council already provided for safe sites for dogs to exercise in but acknowledged that most of them required a dog to be kept on a lead as these areas were within multi-use public open spaces. There were also a number of privately operated enclosed dog walking areas in the district.

Officers had identified four potential sites identified in the district for an enclosed dog park as followed:

- Site one: North Deal recreation ground, an area of grass to the side of the multi-use games – estimated cost of £7,500 excluding VAT
- Site two: Cow leas meadow, Sandwich, (Sandwich Town Council land) an area within the open space – estimated cost of £17,000 excluding VAT
- Site three: Connaught Park, Dover, the use of the plateau area up from the play area – estimated cost of £19,400 excluding VAT
- Site four: Station Field, Aylesham – estimated cost of £18,400 excluding VAT

The estimated cost excluding VAT of developing the four sites would be, based on costings obtained in August, a total of £62,350.00.

Members were advised that there was no budget provision for this in the current financial year so any project would need to be added to the 2023/24 special projects budget.

It was moved by Councillor C D Zoseder, seconded by Councillor D R Friend, and

RESOLVED: That it be recommended to Cabinet that funding for an enclosed dog park at four sites (North Deal Recreation Ground, Cow Leas Meadow, Connaught Park and Station Field) be added to the special projects budget for 2023/24.

37 TREASURY MANAGEMENT YEAR-END REPORT 2021/22

The Strategic Director (Corporate Services) presented the Treasury Management Year-End Report 2021/22. Members were informed that the Council remained within its Treasury Management guidelines and complied with the Prudential Code guidelines during the period up to 31 March 2022.

The Council had made a 3.04% forecast annualised return, which while less than originally estimated was considered a reasonable income return given the impact of a global pandemic.

In the absence of any dissent, it was agreed to note the report.

38 RUSSELL GARDENS ORNAMENTAL POND AND BRIDGES

The Strategic Development Lead Officer (Building) presented the Russell Gardens Ornamental Pond and Bridges.

Members were advised that the ornamental pond in Russell Gardens was the centre piece of the Mawson Garden that has been restored by Dover District Council, with financial support from the Heritage Lottery fund. The garden was designated as a Grade II-listed Park and Garden with the pond noted in the list description as one of the principal features contributing to the historic significance of the garden. In addition, the two bridges and boathouse were individually designated as listed buildings at Grade II. In heritage terms it was considered vital that the integrity of the pond was safeguarded as the water feature that was key to the garden.

It was stated that the pond had developed a number of structural defects over time in the concrete base that had led to leaks that had created voids underneath the pond. These voids had resulted in subsidence of the base of the pond and adjacent bank. While a number of temporary fixes had been put in place in previous years, the weather this year had resulted in a situation where the flow of the River Dour into the pond would dry up and this would provide an opportunity for investigatory survey and repair works to be undertaken.

The funding for the work of £110,000 would be drawn from the Special Revenue Reserve. The works would also address through non-invasive design solutions the problems associated with the listed boat house and ornamental bridges.

Members raised the following points in the considering the report:

- To state that the ornamental garden was a jewel in the crown of the Council's assets.
- To question whether the works would address all the problems. Members were advised that a full reconstruction of the pond with modern building methods would be a complex and costly exercise.
- To question whether there would be an opportunity to seek further lottery grant money to fund the full works. Members were advised that such a bid would be unlikely to succeed.

Members welcomed the works and requested that an update be provided to the committee at the next stage of the works.

39 KENT RESILIENCE FORUM

The Chairman welcomed Toby Howe, H&T Strategic Resilience Manager Kent County Council, to the meeting to discuss the traffic problems that had affected the Port of Dover and the area around Dover itself.

Members were advised that Councillors N J Collor and M Bates had also been invited as the former and current Portfolio Holders for transport matters respectively.

The Chairman expressed concerns over the impact of traffic problems during the Christmas and summer that had caused misery for the people of Dover. It was pointed out that that these problems had been predictable and that the measures to deal with them were slow to be put in place and often inadequate. The example was cited of the Port of Dover being unable to handle the volume of traffic arriving which then blocked the motorway and local roads because measures were not applied quickly enough to tackle the problems.

Mr Howe acknowledged that the situation at Dover was fragile and advised that the Kent Resilience Forum (KRF) was undertaking work in preparation for the introduction of further border checks. However, the route of the problem was a national issue and it would take a national solution to deal with it. The plans that the KRF had in place were responsive and did not have the resources to roll out these measures immediately when there was a problem. The KRF received information from the Port of Dover that it used to monitor traffic flows. It was accepted that there was a need for significant infrastructure improvements and that without these the third Thames crossing could make matters significantly worse.

Members were advised that the KRF lacked some of the enforcement powers it needed to deal with problems and punish foreign HGV drivers who tried to evade the plans to manage the traffic. It was suggested that expanded powers for the Port of Dover Police would also be useful in dealing with problems.

The following points were raised by Members:

- That there seemed to be no quick response plans in place to deal with short notice issues such as strike action in France.
- That introducing new immigration rules for the start of the Easter Holidays was an obvious mistake.

- That without clear roads the local economy would struggle to keep operating.
- That HGVs started diverting off the motorway before KRF could implement its plans or ignored the rules in place and tried to cut through Dover to access the Port rather than queue on the motorway. It was pointed out that it took hours to clear HGVs from places that they were not supposed to be in.
- To express concern that these problems would continue to occur at predictable times of year when traffic volumes surged.
- To warn of the problems that could occur when the new European Entry/Exit system was put in place in May 2023. There would be a requirement for biometric checks that could adversely impact on the time it took to process traffic through the Port.
- To urge the KRF to explore solutions such as remote controlled barriers to control traffic flows and introducing HGV barriers in the town to prevent them trying to enter the Port through the town.
- To highlight the suffering of the people of Aycliffe when HGV's were queued on the road approaching the Port.
- To advocate for a more agile KRF that could be proactive not reactive to find solutions to the problems facing Dover.
- The need to take into account the impact on local resident's health as a result of the congestion.
- That TAP can fill up in as little time as 30 minutes.
- To emphasise the importance of the KRF and other agencies working with Dover District Council and local elected members when there were problems.

The Chairman thanked Mr Howes for attending the meeting and answering the Committee's questions.

40 CRIME AND DISORDER UPDATE

The Head of Community and Digital Services presented the Crime and Disorder updated in conjunction with the Community Services Manager, Dover District Commander Chief Inspector Paul Barrell and Inspector Leigh Woolnough, Neighbourhood Inspector.

The presentation covered the following points:

- **Headline crime figures**
 - Victim Based Crimes down 5.6% (563 fewer crimes). It was noted that 30% of all Victim Based Crimes in the district were domestic abuse related.
 - Violent crime up 7% (461 additional crimes)
 - Robbery down 49% (61 fewer crimes)
 - Solved Crime Rate was 9.5% which made it one of the highest performing districts in Kent and above the National (7.8%) and Kent (8.2%) levels.
 - The Dover District had lower rates of victim based crime than Ashford, Canterbury and Thanet in East Kent and comparable levels in Folkestone and Hythe.
- Areas of focus in the district were:

- Domestic Abuse
 - Violence Against Women and Girls
 - Youth Violence
 - Anti-Social Behaviour
- The challenges to achieving this were:
 - Finances – A reducing government grant meant that year-on-year savings would need to be found next financial year and likely for the following three years after that.
 - Staff Retention – Due to economic uncertainty within Kent Police and the growth in Border Force staffing, the Dover CSU had 50% fewer PSE staff
 - Strategic Restructuring – the Review of Neighbourhood Policing was on-going with the intention of delivering a new model that delivers within a reduced budget
 - Business Continuity – the challenge of delivering the service in the medium-term given the issues above.
- The Community Safety Partnership had in the previous six months targeted:
 - Violence reduction
 - Youth Anti-Social Behaviour
 - Waste and Environmental Crime
 - Traveller incursions and unlawful encampments
 - Modern slavery
 - Animal cruelty
 - Keeping Dover moving during the peak season
- An award would be given the following day to a local licenced premises that had demonstrated a positive impact on the community
- The success of the Council's CCTV team which had detected 2061 incidents across the Dover District with 118 cameras. The main incident type was:
 - Disturbance
 - Nuisance Youths
 - Alcohol Related Disorder
 - Assault
 - Missing Persons
- Anti-Social Behaviour
 - It was acknowledged that low level incidents could have a big impact on the lives of people.
 - There was work being undertaken to divert young people away from crime.
 - Community Services and Kent Police undertook work with local schools.
 - Youth based knife crime was relatively low but targeting it to keep it under control was a priority.
 - Members had access to the anti-social behaviour map.

Members welcomed the presentation and congratulated Kent Police and Officers for their achievements over the last year.

The following issues were raised:

- The issues of the reorganisation of PCSOs. There were efforts underway to increase recruitment of warranted officers to meet targets but Kent Police was in competition with the Metropolitan Police for recruits. This meant that East Kent was not benefitting from the uplift in numbers as quickly as hoped.
- How community groups tackling the issue of domestic abuse were supported. In response it was acknowledged that Kent Police were only part of the solution and that groups that helped break the cycle of abuse were vital in supporting people regaining their independence from their abuser. Efforts were being made to encourage reporting. Statistics demonstrated that by the time an incident of domestic abuse was reported there had been on average 15 previous incidents.
- Improved police visibility in Deal. In response it was stated that officers in Deal were based at Deal Fire Station and the intention was for them to spend as much time as possible in the community.

It was suggested that the Police and Crime Commissioner be invited to a future meeting of the committee.

41 EXCLUSION OF THE PRESS AND PUBLIC

It was moved by Councillor C D Zosseder, duly seconded by Councillor D R Friend and

RESOLVED: That, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the remainder of the business on the grounds that the items to be considered involved the likely disclosure of exempt information as defined in paragraph 3 of Part I of Schedule 12A of the Act.

42 AYLESHAM DEVELOPMENT UPDATE

The Major Projects and Programme Manager presented the Aylesham Development Update.

Members welcomed the update and the positive news.

The meeting ended at 8.52 pm.

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Minutes of the meeting of the **OVERVIEW AND SCRUTINY COMMITTEE** held at the Council Offices, Whitfield on Monday, 21 November 2022 at 6.00 pm.

Present:

Chairman: Councillor C D Zosseder

Councillors: T A Bond
P M Brivio
D A Hawkes
S C Manion
R S Walkden
P Walker
H M Williams

Also Present: Councillor C A Vinson
Sukh Singh - Director of Primary Care
Natalie Davies - ICB Chief of Staff
Vincent Badu - ICB Chief Strategy Officer
Mike Gilbert - Executive Director of Corporate Governance

Officers: Democratic and Corporate Services Manager

43 APOLOGIES

Apologies for absence were received from D R Friend and M Rose.

44 APPOINTMENT OF SUBSTITUTE MEMBERS

The Democratic and Corporate Services Manager advised that no notice had been received for the appointment of substitute members.

45 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

46 PUBLIC SPEAKING

The Democratic and Corporate Services Manager advised that two members of the public had registered to speak on items on the agenda to which the public speaking protocol applied.

Local Primary and Community Care Services

- Anne Matthews
- Marsha Horne

47 LOCAL PRIMARY AND COMMUNITY CARE SERVICES

The Chairman welcomed the attendance of representatives from the NHS to answer the questions submitted by Members on the matter of Local Primary and Community Care Services.

The following representatives were present:

- Sukh Singh - Director of Primary Care
- Natalie Davies - ICB Chief of Staff
- Vincent Badu - ICB Chief Strategy Officer
- Mike Gilbert - Executive Director of Corporate Governance

The key questions submitted by Members were as followed:

Commissioned Services

- (1) *Which services are directly commissioned by GP's and why?*
- (2) *Please confirm to us which services GPs will be commissioning directly taking into account the difficulties in now getting GP appointments.*

Response:

General Practice (GPs) do not directly commission services. GP providers are independent contractors who deliver the service requirements of the GP contract to their patient population. NHS Kent and Medway Integrated Care Board (ICB) has delegated responsibility from NHS England for commissioning GP services.

General practices themselves are commissioned at various levels to provide additional services (in addition to core GP services) to their patient populations, these services include:

- Phlebotomy
- Minor surgery
- Vaccinations and Immunisations
- Enhanced GP access
- Enhanced Health in Care Homes

These services allow practices or primary care networks (PCN's) to expand their workforce and deliver services to their local patient population.

Changes to Services

- (3) *What changes in local primary, community and hospital services are being considered now and, in the future, to achieve the goals set out in the long-term plan?*
- (4) *Are any other changes in local primary, community and hospital services being made or considered as a result of pressures or priorities?*

- (5) *The change to phlebotomy service provision at Deal Hospital has understandably raised concerns over the future of other services offered there. What are the plans for service provision at Deal Hospital over the next five years?*
- (6) *With bus services being reduced public transport accessibility to major hospitals is becoming more difficult. What is the NHS doing to address this and are they looking at making more diagnostic tests more accessible locally?*

Response:

Community diagnostics and developing integrated pathways

The development of a Community Diagnostics Centre (CDC) at Buckland Hospital will provide greater opportunities to deliver a more localised 'one stop' treatment and health promotion service for people living in east Kent. The Buckland site has benefits of integrating with existing outpatient and Urgent Treatment Centre services, which gives local residents quicker access to diagnostic imaging as well as the site becoming a focal point for the delivery of local, accessible health care. The Community Diagnostic Centre 'hub and spoke' model also enables residents the ability to access better integrated primary, secondary and community care services associated with diagnostic, community, and outpatient care.

The East Kent Health and Care Partnership, supports the development of a provider collaborative approach which will bring GPs and other clinicians together to jointly deliver end-to-end care pathways, making best use of clinical and professional resource, as well as maximising opportunities to diagnose and treat conditions without referral to an acute hospital site. Work to explore the benefits of this greater alliance model are ongoing.

Some examples of initiatives to increase local integration of services include:

- A flexible, digitally connected capacity model for CT and MRI scanning to service the wider east Kent population and target areas of low access, sub-optimal outcomes, and areas of high deprivation.
- Direct patient booking appointments.
- Rollout of targeted lung health checks as part of the lung cancer screening programme using the diagnostic capacity at Buckland, linked to outpatient and other services
- Opportunities to have more locally focussed and targeted health promotion programmes, linking healthy living initiatives, primary care, and community care engagement.

East Kent Hospitals

The hospitals in east Kent have been struggling for many years to provide quality services that meet all the national standards of care. There is widespread consensus that the way services are currently configured impacts directly on this, as does the quality of the hospital buildings and supporting infrastructure staff are required to work in and offer patient care from. In October 2021, East Kent Hospitals submitted an expression of interest to apply to be one of the 8 new hospital projects in the Government's New Hospitals Programme. We are now waiting to hear whether the bid has been successful in making it onto the short list for possible future funding. If successful, this will provide East Kent Hospitals with a much needed and long awaited clear strategic direction for the future of acute hospital services and infrastructure.

We are in the process of creating three **Hyper Acute Stroke Units** across Kent and Medway. In East Kent, the HASU will be located at the William Harvey Hospital in Ashford. The implementation of HASUs through the centralisation of stroke services at a smaller number of hospitals will have numerous benefits including improved clinical and patient outcomes as well as financial savings.

We also have plans to centralise **inpatient Vascular Surgery** for Kent and Medway at Kent and Canterbury Hospital. These plans are in the final stages of approval.

Other services

Certain investigations and treatments, which could traditionally only be provided in hospital, will increasingly be available in primary care, enabled through the Primary Care Networks with wider skill mixes, more estate options, and extended hours.

Patients can get the care they need at home safely and conveniently, rather than being in hospital thanks to virtual wards, enabled by telemetry and wearable technology, support is delivered by a multi-disciplinary team at a distance.

We are bolstering our Urgent Community Response services that aim to see patients within 2 hours of referral in their own home.

Victoria Hospital, Deal

Local community hospitals like Deal are a vital part of the overall provision of NHS care and there are no plans to decommission services provided at the hospital.

Wider services at Victoria hospital were not affected by the change to phlebotomy services and Kent Community NHS Foundation Trust, as the owner of Victoria Hospital, has confirmed that it sees the site as an important local resource and has no plans to remove other services.

In addition, the former CCG contacted other providers of services at Victoria Hospital during the summer and they also confirmed they do not have any plans to change the services they operate from the site. There is no change to this position.

Bus services

The provision of bus services is the responsibility of the local authority. However, the development of a Kent and Medway whole system integrated care strategy, will include for the first-time partnership arrangements that look to support and address wider determinant of well-being, such as transport, environment, education, sport, and leisure, etc.

Public Consultation

- (7) *What are the statutory criteria for consulting with the public about changes in local primary, community, and hospital services?*
- (8) *Is consultation ever undertaken about changes in local primary, community, and hospital services in circumstances where there is not a statutory requirement to do so?*

Response:

The legal duties on public involvement as set out in the NHS Health and Care Act 2022 require NHS organisations to make arrangements to ensure people are appropriately 'involved' in planning, proposals, and decisions regarding NHS services. The guidance on this is detailed [here \(https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/\)](https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/).

NHS Kent and Medway Integrated Care Board is a new statutory organisation set up in July 2022 and its responsibilities include:

- Involving people and communities in the planning of services and proposal and decisions having an impact on services
- Demonstrating how legal duties have been met at different levels
- Developing integrated health plans with people and communities

- Creating strategy on how the ICB will work with people and communities.

There are different levels of engagement and activities vary widely depending on the change being considered.

Formal public consultation is different from public engagement. It is a mandatory process which NHS bodies have to go through when considering making significant, permanent changes to service configuration.

- (9) District Councillors have an important role as community representatives in supporting local residents including those affected by changes to primary, community and hospital services. Is there a way in which district councillors can be kept regularly informed of these changes?

Response:

Yes, they can sign up for news alerts from our website, to receive our Community Bulletin, and become members of our 'Have Your Say' digital engagement platform. We also seek to actively engage local councillors on matters in their areas. You can find out more on the [Get involved](#) section of our website - [Get involved :: NHS Kent and Medway \(icb.nhs.uk\)](#).

Local GP Practices

- (10) The Care Quality Commission (CQC) while providing the reassurance of good or better ratings for GP practices in the Dover District has found that one practice (The Cedars, Deal) that requires improvement in respect of safe and effective categories. What is the role of Kent and Medway NHS in supporting the improvement of practices that require improvement and overall seek to continuously improve the provision and quality of services?*

Response

We work closely as an ICB with the CQC. Specialist teams within the ICB including quality assurance and improvement; medicines management teams; safeguarding children and adults; Looked After Children (LAC) team; Infection Prevention and Control (IPC); patient safety and learning; etc. work with practices to ensure that patients continue to receive good, quality care and services, and where required work to improve these.

- (11) Why are people requesting blood tests from Specialists referred to Ashford, Canterbury, or Margate rather than locally?*

Response:

Blood tests requested by General Practice or where there is a shared care arrangement with the Acute Trust (specialists) will be completed by General Practice. All other blood tests requested by the acute trust will be completed by the hospital as part of the patient pathway with the acute provider (i.e., EKHUFT sites – Ashford, Canterbury, and Margate).

(12) Why can't people book 4 or more weeks ahead for a blood test locally?

Response:

Blood tests are available to book up to 4 weeks ahead. For some practices this is up to 6 weeks ahead. Arrangements can be made in advance for chemotherapy patients to ensure that all blood tests are taken according to their schedule. General Practice determine how many days/weeks ahead they will release clinical appointments.

(13) There is currently a shortage of around 4,200 full-time equivalent (FTE) GPs in England, which is projected to rise to a shortage of around 8,900 FTE GPs in 2030/31, relative to the number required to meet the rising need for care. Please could you provide in a table, broken down for each GP practice in the Dover District, the following information:

For 2022

- The population covered by each GP practice*
- The current number of full-time equivalent (FTE) GPs at each practice*
- The expected number of FTE GPs at each practice if full staffed*
- The current number of other clinical staff at each GP practice (nurses, nurse practitioners, paramedics, etc.)*
- The expected number of other clinical staff at each GP practice if full staffed*

Response:

See the table below for the response to a number of the questions.

For the expected number of FTE GPs at each practice if full staffed, this information would need to be sought direct from practices as they are responsible for their staffing model

For the expected number of other clinical staff at each GP practice if full staffed, this would need to be sought direct from practices as they are responsible for their staffing model

PRAC_NAME	PCN	TOTAL_P ATIENS	Total GP FTE	Total Nurse FTE	Total Direct patient care staff
BALMORAL SURGERY	DEAL and SANDWICH PCN	12175	6.14	3.09	2.89
ST RICHARDS ROAD SURGERY	DEAL and SANDWICH PCN	10269	3.25	2.43	5.33
SANDWICH MEDICAL PRACTICE	DEAL and SANDWICH PCN	12740	6.24	5.00	2.35
THE CEDARS SURGERY	DEAL and SANDWICH PCN	10821	4.58	4.07	0.67
MANOR ROAD SURGERY	DEAL and SANDWICH PCN	2401	1.23	1.73	1.00
ST JAMES' SURGERY	DOVER TOWN PCN	8632	2.56	3.81	1.49
HIGH STREET SURGERY	DOVER TOWN PCN	8753	2.34	1.40	3.96
BUCKLAND MEDICAL PRACTICE	DOVER TOWN PCN	10853	4.05	1.36	4.09
PENCESTER SURGERY	TOTAL HEALTH EXCELLENCE EAST PCN	13205	2.90	4.09	1.03
AYLESHAM MEDICAL PRACTICE	TOTAL HEALTH EXCELLENCE EAST PCN	8062	3.17	4.08	0.61
LYDDEN SURGERY	TOTAL HEALTH EXCELLENCE EAST PCN	5377	2.51	2.87	4.10
WHITE CLIFFS MEDICAL CENTRE	TOTAL HEALTH EXCELLENCE EAST PCN	9276	2.22	2.75	5.33
THE NEW SURGERY	TOTAL HEALTH EXCELLENCE WEST PCN	10614	2.84	2.05	1.19
GUILDHALL STREET SURGERY	TOTAL HEALTH EXCELLENCE WEST PCN	9157	3.75	3.59	0.91
SANDGATE ROAD	TOTAL HEALTH EXCELLENCE WEST PCN	13317	5.78	3.47	1.65
MANOR CLINIC	TOTAL HEALTH EXCELLENCE WEST PCN	9742	1.45	3.39	1.00

For 2030/31

- *The projected required number of FTE GPs at each practice in 2030/31 based on projections for population growth and rising care needs for the population*
- *The projected actual number of FTE GPs at each practice in 2030/31 and what plans are in place to deal with any projected shortfall*

Response:

Our business Intelligence lead in the primary care workforce team is currently doing some work looking at previous trends from NHS workforce data and future projections. This work has only just started, so will take a

few weeks. It will be at Primary Care Network, Health and Care Partnership and GP practice level.

Clinical Staffing

- (14) *The Nuffield Trust estimates that for the Southeast of England, there is a clinical staff shortfall of 8.2% for hospital and community health services. While accepting that the operational vacancy number will be lower due to agency staff cover, what is the current level of clinical staff vacancies for hospital services in East Kent and what is NHS Kent and Medway doing to support its hospital partners in ensuring safe levels, and longer term the desired levels, of clinical staffing is in place?*
- (15) *The Committee has previously been advised of shortages in clinical staff, beyond that expected as a result of normal turnover, in primary, community and hospital care. Is this still the case and if so, what is being done to address these shortages in both the short and long-term?*
- (16) *I understand that many, though not all, shortcomings in our local service are due to chronic understaffing, as recruitment fails to fill vacancies. What are we doing to bring in the right calibre of staff?*

Response:

Written response to follow for secondary and community workforce

From a primary care perspective, the shortages of GPs and staff nationally is seen locally. The training hubs, in collaboration with the ICB and Health Education England, have developed several initiatives to highlight to potential health care professionals the wealth of benefits and opportunities of working locally. These include:

- Academic Fellowship development for both GPs and multi-professionals,
- New to Practice programmes for newly qualified GPs, as well as nurses and other professionals
- Apprenticeships
- Supporting practices and PCNs to host students to highlight the benefits of working locally so that once qualified they will choose to work in practices
- Career development packages tailored to individual roles to enable practices to grow their own staff
- Opportunities to develop as educators to support trainees

- Attendance at GP trainee and nursing sessions raising the profile of benefits of working locally
- Recruitment campaign in planning stage to encourage nurses to consider a career in primary care
- Working with practices to achieve Tier 2 sponsor licences, which will enable them to recruit individuals on Tier 2 visas
- Working with practices to develop existing staff to support retention and to support recruitment processes to maximise potential
- Primary care recruitment workshop planned for early new year to support practices to maximise advertisement of posts
- Better supervision and wellbeing support for staff

(17) Patients' experiences in hospitals and surgeries can be adversely affected when they have difficulty in understanding. What are you doing to improve the communication skills of staff (from consultants to health care assistants) who fail to communicate effectively?

Response:

From a general practice perspective:

- Customer Services skills development including communication skills available for all Reception staff
- Difficult conversations development package provided for staff
- Roll out of 'A Kind Life' development programme
- Telephone Triage and signposting development programmes which focus on effective communication

Deal Hospital

(18) Walk in A&E services were withdrawn from Deal hospital due Covid and are only available if an appointment is made after ringing 111. Taking into account the issues with 111 why cannot this not revert to walk in facility again to take the pressure off the major the Major hospital A&E hospitals?

Response:

Members were advised that a written response would be provided separately at a later date.

In addition to the key questions, Members raised the following matters:

- Whether GPs were resourced to take on the additional workload for blood tests following the withdrawal of the service from Deal Hospital? In response, it was stated that the change was due to the provider withdrawing the service and the ICB was working with GPs to ensure the service could be delivered. The service had been withdrawn on clinical safety grounds as the provider no longer had the capacity to deliver the service and primary care was seen as the best alternative as it already offered that service. There were more tests being offered than before but this was also balanced by an increased demand for the tests.

The ICB was responsible for commissioning a range of statutory and other services, but it needed a provider or it could not deliver the service. The intention was to deliver as many services at a local level as it could though not all these services needed to be delivered through a hospital. However, it was acknowledged that some services, such as stroke services, needed to be delivered centrally. The ICB was required to plan at “place” level and a place was considered to be 500,000 people. On this basis, East Kent was considered to be a “place”.

- Who was responsible for providing ear syringing? In response it was advised that this was not a statutory service and it would have to be investigated to find out who was providing the service.
- Members raised concerns over the consultation that had been undertaken in respect of the withdrawal of blood services at Deal Hospital and it was requested that a full consultation be undertaken in future even if the overall impact of a change seemed minor. In response it was stated that the ICB would ensure that any consultation undertaken was sufficient in future. This did not mean that the outcome of the consultation would satisfy everyone as the changes made were often intended to improve the service for the most people. Members requested that local councillors be more involved in consultations in the future.
- In respect of concerns over GP numbers, Members were advised that this was a matter for the individual practices to recruit staff but the ICB remained committed to help support practices where it could.
- What was the ICB doing to support the Cedars surgery and its 11,000 patients following its CQC report? In response, it was stated that the CQC report had been a surprise and the ICB was working with the practice to address the issues identified. The ICB would work with the practice to communicate the CQC report to the patients at the practice. The performance of surgeries was monitored through a range of metrics and CQC inspections.
- There were concerns raised over accessing specialist services. In response the ICB asked to be provided details of the specialists concerned and this would be investigated further.
- In response to a concern about the maximum number of patients per GP, Members were advised that no such limit existed. However, practices could

close to new entries if they were unable to cope with patient numbers and locums could be used.

- What was being done to resolve the issues identified with maternity services at the QEQM? In response it was stated that the ICB was working with the hospital trust to address the issues raised, including tackling the culture and operational systems of the service through sustained improvements. The CQC was the regulator for maternity services and the ICB was the commissioner.
- What steps were being taken to plan for succession in GP practices due to retirements? In response it was stated that the ICB was working with practices on succession planning.

The Chairman thanked the representatives from the ICB who had attended and answered the committee's questions. She emphasised the need for better communication with elected Members and communities particularly in respect of big changes and invited them to return in one year to meet with the committee again.

The meeting ended at 7.35 pm.