DOVER DISTRICT COUNCIL

Democratic Services
White Cliffs Business Park
Dover
Kent CT16 3PJ

Telephone: **(01304) 821199**
Fax: **(01304) 872452**
DX: **6312**
Minicom: **(01304) 820115**
Website: **www.dover.gov.uk**
e-mail: **democraticservices@dover.gov.uk**

25 April 2018

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE** on Wednesday 25 April 2018 at 6.00 pm, the following reports that were unavailable when the agenda was printed.

4 **MINUTES** (Pages 2 - 12)

To confirm the Minutes of the meeting of the Committee held on 9 September 2017 and 13 September 2017 (attached). The Minutes for the meeting held on 17 January 2018 were circulated as part of the agenda.

Yours sincerely

Chief Executive

Minutes of the meeting of the **SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE** held at the Council Offices, Whitfield on Wednesday, 13 September 2017 at 6.00 pm.

Present:

Chairman: Councillor L A Keen

Councillors: T A Bond
P I Carter
N Dixon
P J Hawkins
M J Ovenden
G Rapley
N A G Richards

Officers: Head of Inward Investment
Policy and Projects Manager
Team Leader - Democratic Support
Democratic Services Officer

42 APOLOGIES

Apologies for absence were received from Councillors G Cowan and R J Frost.

43 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

44 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

45 MINUTES

The Minutes of the meetings held on 14 June 2017, 12 July 2017 and 1 August 2017 were approved as a correct record and signed by the Chairman.

46 PUBLIC SPEAKING

The Team Leader – Democratic Support advised that no members of the public had registered to speak on items on the agenda to which the public speaking protocol applied.

47 DECISIONS OF THE CABINET RELATING TO RECOMMENDATIONS FROM THE SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE

Members received the decisions of the Cabinet relating to recommendations made by the Committee.

RESOLVED: That the Cabinet decisions relating to recommendations from the Scrutiny (Community and Regeneration) Committee be noted.

48 ISSUES REFERRED TO THE COMMITTEE BY COUNCIL, CABINET, SCRUTINY (POLICY AND PERFORMANCE) COMMITTEE OR ANOTHER COMMITTEE

There were no matters for consideration.

49 ITEMS CALLED-IN FOR SCRUTINY OR PLACED ON THE AGENDA BY A MEMBER OF THE COMMITTEE, ANY INDIVIDUAL NON-EXECUTIVE MEMBERS OR PUBLIC PETITION

There were no matters for consideration.

50 NOTICE OF FORTHCOMING KEY DECISIONS

The Team Leader - Democratic Services presented the Notice of Forthcoming Key Decisions to the Committee for its consideration.

RESOLVED: That the Notice of Forthcoming Key Decisions be noted.

51 SCRUTINY WORK PROGRAMME

The Team Leader - Democratic Services presented the Scrutiny Work Programme to the Committee for its consideration.

It was suggested that Stagecoach and Kent County Council be invited to a future meeting to discuss the changes to the bus timetables and its impact on local communities, particularly rural.

RESOLVED: That the Work Programme be noted, subject to the inclusion of an item on bus services.

52 DOVER DISTRICT COUNCIL LOCAL DEVELOPMENT SCHEME

The Policy and Projects Manager presented the report on the Local Development Scheme.

The Local Development Scheme (LDS) set out the timetable for the production of key planning documents that would form part of the District's Local Plan. It was a legal requirement, and as such, it was important that it was kept up-to-date to reflect the Council's progress and keep residents and key stakeholders informed.

This LDS superseded the Council's previous one published on 1 March 2017 and it had been updated to take into account changes to the preparation, consultation and adoption of the Dover Waterfront Area Action Plan, the District Local Plan; and a number of Conservation Area Character Appraisals (CACA).

The revised timetables were as followed:

Local Plan Review –	Consult: October/November 2018 Publication: September/October 2019 Submission: January 2020 Examination: April/May 2020 Adoption: July 2020
Dover Waterfront Area Action Plan -	Consult: January/February 2018 Publication: June/July 2018 Submission: October 2018 Examination: January 2019 Adoption: June 2019
Sandwich Walled Town CACA - Upper Walmer CACA	Consult: April 2018 Adoption: July 2018

In respect of the Dover town area there was work ongoing to look at the public realm and connections within the town. The Council had also submitted a bid for a Bus Rapid Transit service to link the town with the new housing at Whitfield in order to encourage footfall for town centre retail.

A retail study would be undertaken and following that there would need to be work undertaken in respect of future retail provision in the town.

In response to a question about resources, it was stated that the Policy and Projects Manager was currently in the process of trying to recruit temporary cover for a member of staff on maternity leave. Members expressed concern that any staffing shortage could affect the proposed timescales.

RESOLVED: (a) That the revised Local Development Scheme, as set out at Appendix 1 to the report, be approved and brought into force.

(b) That Dover residents and shopkeepers be asked what they would want for the Dover Bench Street to London Road area at a suitable time in the Local Plan consultation.

(c) That, due to the difficulties in recruiting Planners, a Planner be recruited to initially work for the Policy and Projects Manager but, at the end of providing maternity cover, be moved to Planning to reduce the need and expense of consultants.

53 REGENERATION UPDATE - DOVER WATERFRONT AND TOWN CENTRE REGENERATION

The Head of Inward Investment provided an update on the Dover Waterfront and Town Centre Regeneration.

Members were advised that the bulk of the physical construction had been completed for the hotel and that a site visit of the St James development would be arranged for members of the two scrutiny committees who wished to attend.

The scheme was about 80% let and Legal and General had expressed confidence that the scheme would be filled.

It was hoped that the cinema would bring more people into the town centre which would increase footfall for retail businesses. It was also part of the changing dynamic of the town which was transitioning from pure retail to a leisure/retail mix.

The importance of links between the waterfront and the town centre were discussed as well as the need for a full partnership approach from the key stakeholders in the town (Dover District Council, Kent County Council, Dover Town Council and Dover Town Team).

RESOLVED: That the update be noted.

The meeting ended at 7.16 pm.

Minutes of the meeting of the **SCRUTINY (COMMUNITY AND REGENERATION) COMMITTEE** held at the Council Offices, Whitfield on Tuesday, 19 September 2017 at 6.00 pm.

Present:

Chairman: Councillor L A Keen

Councillors: S F Bannister
T A Bond
G Cowan
P I Carter
N Dixon
R J Frost
B J Glayzer
P J Hawkins
M J Ovenden

Also Present: Councillor S S Chandler
Councillor P M Beresford
Karen Benbow (South Kent Coast Clinical Commissioning Group)
Liz Shutler (East Kent Hospitals University Foundation Trust)
Natalie Yost (East Kent Hospitals University Foundation Trust)

Officers: Democratic Services Manager
Democratic Services Officer

54 APOLOGIES

Apologies for absence were received from Councillors G Rapley and N A G Richards.

55 APPOINTMENT OF SUBSTITUTE MEMBERS

It was noted that in accordance with Council Procedure Rule 4, Councillors B J Glayzer and S F Bannister had been appointed as substitute members for Councillors G Rapley and N A G Richards respectively.

56 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

57 REPORT - EMERGENCY TRANSFER OF ACUTE MEDICINE - KENT & CANTERBURY HOSPITAL

The committee welcomed Liz Shutler and Natalie Yost from the East Kent Hospitals University Foundation Trust (EKHUFT) and Karen Benbow from the South Kent Coast Clinical Commissioning Group (CCG) to answer the questions it had set on the issue of the emergency transfer of acute medicine from the Kent and Canterbury Hospital (K&CH).

Q1. What happens to patients who would normally be taken to the Urgent Care Centre at Kent & Canterbury Hospital?

Patients needing emergency medical care who would previously have been brought to the Kent and Canterbury Hospital were taken directly by ambulance to hospitals in Margate or Ashford instead, whichever was closer, for initial assessment.

If the patient needed to be admitted, patients were treated at these hospitals while they are very unwell. This was because EKHUFT needed patients to be seen in the place where they would receive the most appropriate treatment. For the moment this meant being treated at Ashford and Margate for the initial stages of their care. Patients that were well enough, but need to remain in hospital to continue their recovery and rehabilitation, could be brought to the K&CH to be closer to home.

EKHUFT had up to 30 patients a day in total going to either Ashford (the William Harvey Hospital) or Margate (Queen Elizabeth the Queen Mother Hospital) who would have previously gone to the Urgent Care Centre at K&CH. The majority of patients who were attending, around 90 a day, are still being seen in the minor injuries and illnesses service at the K&CH which remained open 24/7. Around 850 patients were still being seen and treated at K&CH with most services unchanged e.g. surgery, chemotherapy, renal services, vascular, urology and outpatient appointments.

Q2. Are the changes to services at Kent & Canterbury Hospital permanent or temporary and if temporary, what is the end date for the emergency transfer of acute medicine?

The changes to acute medical services at the K&CH would only be made on a temporary basis, to protect patient safety. Permanent changes to services would only be made following a formal public consultation process.

Over the past few years EKHUFT had been unable to fill a number of gaps on the Consultant HCOOP, Stroke, Acute Medicine, Endocrinology, Cardiology, Respiratory, Gastroenterology and Rheumatology rotas across its three hospital sites. These gaps were creating significant difficulties in ensuring that appropriate senior clinical cover and training support was provided to medical trainees. During the early part of this year, these difficulties were further compounded by vacancies on the K&CH site due to key clinicians leaving the Trust and serious long-term absence. As a consequence, services were heavily dependent upon a large number of locums to fill vacant posts in order to deliver services. A series of visits by Health Education Kent Surrey and Sussex (HEKSS) dating from March 2014 identified significant concerns with the provision and oversight of core medical training at K&CH. Despite the completion of an action plan (which included making changes to the Emergency Care Centre at K&CH) the lack of a substantive consultant workforce in HCOOP and acute medicine continued to threaten the sustainability of acute inpatient medicine at K&CH.

In March, HEKKS and the GMC undertook an emergency visit to K&CH. Following the visit they stated that while they had no immediate concerns in relation to patient safety they felt that the training experience of junior doctors on the K&CH site was unsatisfactory and recommended that 38 of the 76 trainees from K&CH had to move to EKHUFT's two other acute hospitals so that they could continue their training with appropriate clinical supervision. The Trust had no option but to comply with Health Education England's recommendations in response to the immediate operational

issue. It was therefore necessary to make the temporary changes to some services at K&CH

EKHUFT continued to actively recruit for its consultant vacancies across the three acute hospitals. However any decision to move junior doctors back to the K&CH site would be for HEKSS to make once it is happy that EKHUFT had the necessary levels of consultant cover in place. If the temporary changes at K&CH were still in place when EKHUFT reached public consultation for our longer-term strategy (under the Kent and Medway Sustainability and Transformation Plan), EKHUFT would focus on implementing any longer-term reconfiguration once the final decision was made on where and how services were to be provided.

Q3. Can you reassure members that this is not part of a plan to permanently reduce services at Kent & Canterbury Hospital?

The safety of patients was EKHUFT's priority which was why it made the changes. The Trust has a legal and constitutional obligation to formally consult on any permanent significant service change and it could therefore confirm that no permanent changes would be made without formal public consultation.

Q4. Can the measures being used to create capacity at William Harvey Hospital (WHH) and the Queen Elizabeth the Queen Mother (QEQM) be applied to Kent & Canterbury Hospital?

EKHUFT's three acute hospital sites worked closely together and supported each other. The interim changes that have been put in place for K&CH meat that some patients who had received their acute episode of care at WHH and QEQM could be moved back to K&CH if they were medically fit to do so. This helped to maintain some capacity at the WHH and QEQM. EKHUFT were also working very closely with other health and social care partners to ensure that the necessary capacity was provided in the community and in people's homes to enable patients to stay in an acute hospital bed for as short a time as possible.

Q5. How is EKHUFT intending to provide more capacity in community care settings for people who are well enough to leave hospital but are not yet able to return home given the shortage of GPs?

EKHUFT continued to work closely with community and social care partners to provide increased capacity in community care settings. For example, the Community Trust had a programme of improvement to reduce Delayed Transfers of Care (DTOC) for patients, and the Clinical Commissioning Groups also had a series of plans aimed at improving capacity.

Q6. What is being done to offer more services at Buckland Hospital?

EKHUFT were currently looking at starting cataract procedures at BHD from January 2018. There were also discussions with the CCG to bring some primary care services into the building as part of their local care plans.

Q7. What affect will the changes to services at Kent & Canterbury Hospital have on waiting lists?

The temporary changes that had been made at K&CH did not impact on waiting times for hospital appointments. EKHUFT had not had to cancel any surgical

appointments as a result of the temporary changes and although some outpatient appointments were re-scheduled for a small number of medical patients they had now all been re-booked and had attended their appointments.

Q8. How has the savings resulting from the closure of 24 beds at Kent & Canterbury Hospital been spent?

Whilst some beds at K&CH had closed as part of the temporary transfer of services, EKHUFT had not made any financial savings from implementing the changes. Ward staff had been deployed to other clinical areas either on the same site or at other hospital sites operated by EKHUFT. They had also recruited a number of Registered Medical Officers (RMOs) to continue to support the delivery of some of the services at K&CH.

Q9. How do you intend to achieve the extension of 7 day services to therapies, pharmacy and cardiac catheterization laboratories given staffing and other pressures?

The Trust was taking a phased approach to this by developing new and extended roles such as Advanced Clinical Practitioners, along with developing a pipeline of staff via programmes such as apprenticeships, so that professionals could work to the top of their competency with other trained support roles in place to carry out some duties they currently undertook.

Q10. What use is being made of private medical facilities, such as Chaucer Hospital or French hospitals, during the transfer of services from Kent & Canterbury Hospital?

These temporary changes related to the provision of acute inpatient medicine and did not relate to the provision of planned or elective surgery which was what private hospitals were able to provide.

Q11. Does EKHUFT and its partners have sufficient funding and staff to deliver the promised improved healthcare in East Kent for the future?

EKHUFT was working with all health and social care partners across Kent and Medway to develop the Sustainability and Transformation Plan (STP). This plan demonstrated how healthcare would be delivered in the future and included details of the staff, roles and skills that would be required over the next few years, as well as how transforming the way healthcare was provided would be more cost effective.

Q12. What services does EKHUFT intend to permanently remove from Kent and Canterbury Hospital in the longer term?

EKHUFT's long-term vision was for a comprehensive reorganisation of services in a way that improved the quality and sustainability of services for patients and made best use of all of its hospitals. EKHUFT were currently undertaking detailed work to thoroughly assess all available options of where services could be provided in the future. Any proposals for permanent changes would be subject to formal public consultation, which it was anticipated would start early next year.

Q13. Does the reduction of hospital beds at KCH, WHH and QEQM form any part of the proposals to reduce the number of hospital beds by 300 as part of the Sustainability and Transformation Plan?

Working closely with our partners in East Kent EKHUFT had undertaken a series of audits aimed at understanding the acuity (i.e. how seriously ill patients were) of patients that were in acute hospital beds. These detailed audits had shown that on average, at any one time, there were approximately 300 patients occupying an acute hospital bed when they did not need acute hospital care. EKHUFT's future plans under the STP aimed to address this issue ensuring that people received the right care from the right professionals, in the right place.

Q14. Are there any plans to sell the Kent & Canterbury Hospital site?

There were no plans to sell the K&CH site.

Q15. Why can't the training of doctors be conducted at the Kent & Canterbury Hospital rather than moving the doctors to other sites?

Junior doctors needed to receive medical training and clinical supervision in order to learn their skills. This training and supervision could only be provided by consultants who were experts in their clinical field. It could not be provided by locum consultants (i.e. consultants who are employed on a temporary basis to fill a gap in a rota). Over recent years the Trust had been unable to recruit sufficient consultants to provide the training and clinical supervision for junior doctors.

Members were advised that this question had also been partly dealt with as part of the answer to Question 2.

Q16. What is being done to recruit and retain permanent consultants and how is this different from normal recruitment and retention practices?

EKHUFT continued to work hard to recruit more consultants to work at all of its hospitals, including the K&CH. The Trust continued to actively recruit permanent consultant doctors including holding regular national and international recruitment campaigns, placing targeted adverts in publications such as the British Medical Journal, working with recruitment experts who specialised in recruiting doctors, and using targeted social media adverts. Posts were often advertised for consultants to work for the Trust rather than individual hospitals to increase the opportunity to attract applicants.

A new website for the public sector had been launched in East Kent called 'Take a Different View' specifically selling the advantages of relocating to East Kent. EKHUFT had recruited 44 new consultants since 2016. This included 29 who had been recruited since January 2017, with 4 recruited since 19 June 2017, which was the date when the temporary changes at K&CH had come into effect. Since then, 12 more consultants had been offered posts and were in the process of undergoing pre-employment checks, and 7 more positions were currently being advertised. Since 19 June 2017, EKHUFT had advertised for 28 consultant posts, including for A&E, stroke and cardiac care.

Q17. How is EKHUFT tackling unexpected long-term sickness and resignations due to career changes at Kent & Canterbury Hospital?

EKHUFT's workforce plan and its people strategy focused on retaining, developing and supporting staff in their careers right across the Trust.

Q18. Is EKHUFT trying to reduce the use of expensive agency staffing and if so, how?

EKHUFT focussed on recruiting permanent staff wherever possible and only used agency staff where absolutely necessary and this was closely monitored.

Q19. What measures are you taking to retain newly qualified doctors, especially given the widely reported increase in the number taking up jobs abroad?

The Trust was focussing on how it can make roles more attractive to consultants, for example, by reviewing its research opportunities, relocation incentives and working patterns as well as supporting training and development opportunities. EKHUFT were also introducing new ways of working to support clinicians achieve work life balance, in particular around on-call arrangements to make jobs more attractive to its staff.

Q20. How realistic are the proposals for a medical school in Kent and when would you expect it to be operational? Are there any plans to expand existing training provision, such as at Canterbury Christchurch University?

The Trust fully supported the bid for a medical school for Kent and Medway. The most important factors in attracting doctors were hospital services that deliver the best care, offer attractive services, manageable rotas and excellent working conditions. This was the Trust's vision for its hospitals and having a Medical School locally would add to that attraction.

Q21. How does the number of Accident and Emergency and Urgent Care units in East Kent compare with the provision elsewhere (for similar population sizes) in England?

Health and Social Care partners in Kent and Medway were working to the nationally adopted Sir Bruce Keogh's model for healthcare services. The report set out which hospital services should be provided for different sized populations. This specified that an Accident & Emergency (A&E) centre needed 500,000 people to sustain it and East Kent had c.700,000 people. The projected catchment population therefore suggested that East Kent should have a maximum of two emergency departments and potentially only one full A&E centre.

Q22. As a result of the emergency transfer of acute medicine from K&CH, how many patients have had to be taken by ambulance to QEQM or WHH instead of KCH?

EKHUFT had up to 30 patients a day in total going to either Ashford or Margate who would have previously gone to the Urgent Care Centre at K&CH.

Q23. What is the current ambulance capacity at William Harvey and QEQM and what will it be in 6 months and 12 months' time?

Members were advised that this question should be directed to the ambulance trust.

However, it was important to note that commissioners put additional resources into the number of ambulances and paramedics available to support the transfer of services. This funding was based on modelling undertaken by the Ambulance Trust.

Q24. In the report to the Kent Health Overview and Scrutiny, it was stated that ambulance travel times from the K&C were 28 minutes to William Harvey Hospital and 38 minutes to QEQM Hospital. How were these times calculated?

These travel times were provided by the ambulance trust and were based on data provided from their data systems.

The following additional points were discussed:

- In response to a question concerning the length of wait at A&Es and how this compared to the targets for patients to be seen at A&E, it was stated that the performance was not where EKHUFT wanted it to be and that this was part of a larger national problem.
- In response to a question on the impact of shortages in primary care provision on A&E visits and the challenges in recruiting replacements, it was stated that the CCG was looking at this issue.
- The need to correctly signpost patients to the most appropriate service, which wasn't always A&E, was emphasised by Members. In response it was stated that this also included a role of the third sector in care co-ordination.
- The need for care packages to be arranged to facilitate step up/down care and role of Kent County Council in ensuring this was done was raised.
- The need for proper transport links to the six outpatient service sites in East Kent was raised by Members.
- In response to a question on the plans for EKHUFT to appoint a replacement for its Chief Executive it was stated that an interim Chief Executive would be appointed shortly.
- In response to a question on the availability of medicine from the pharmacy at Buckland Hospital, members were advised that due to low use and problems recruiting staff it was currently closed. However, it would be reopened when pharmacy staff could be recruited. The possibility of having medicines delivered to Buckland Hospital from other Trust sites was also raised.

The Chairman, with the consent of the members of the committee and the representatives from EKHUFT and the CCG, offered members of the public present the opportunity to ask questions. These questions included:

- In response to a question on the number of consultants need to bring acute medicine back to K&CH it was stated that there was not a single number as it was up to NHS England to determine when services could be reinstated at K&CH.
- In response to a question concerning the number of clinical staff it was stated that the trust was making significant investment and efforts to recruit the staff that it needed.

RESOLVED: That the representatives from East Kent Hospitals University Foundation Trust and the South Kent Coast Clinical Commissioning Group be thanked for attending the meeting and providing thorough answers to the Committee's questions.

The meeting ended at 7.58 pm.