

Minutes of the meeting of the **OVERVIEW AND SCRUTINY COMMITTEE** held at the Council Offices, Whitfield on Monday, 13 November 2023 at 6.00 pm.

Present:

Chairman: Councillor C A Vinson

Councillors: S B Blair  
D R Friend  
R M Knight  
M J Nee  
D J Parks  
M W Rose  
H M Williams  
L M Wright

Also Present: Natalie Davis, Chief of Staff NHS Kent and Medway  
Sukh Singh, Director of Primary Care NHS Kent and Medway  
Councillor S H Beer, Portfolio Holder for Finance, Governance, Climate Change and Environment  
Councillor P M Brivio, Portfolio Holder for Housing, Skills and Education  
Councillor K Mills, Leader of the Council  
Councillor C D Zosseder, Portfolio Holder for Community and Corporate Property

Officers: Strategic Director (Place and Environment)  
Head of Place and Growth  
Strategic Project Manager  
Climate Change Officer  
Democratic and Corporate Services Manager

50 APOLOGIES

There were no apologies for absence received.

51 APPOINTMENT OF SUBSTITUTE MEMBERS

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

52 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

53 MINUTES

The Minutes of the meeting held on 11 September 2023 were approved as a correct record and signed by the Chairman.

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

There were no decisions relating to recommendations of the Overview and Scrutiny Committee to consider.

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

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

56 NOTICE OF FORTHCOMING KEY DECISIONS

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

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

57 SCRUTINY WORK PROGRAMME

The Head of Corporate Services and Democracy presented the Overview and Scrutiny Work Programme to the Committee for its consideration and advised:

- That Kent County Council had paused plans to go to consultation on the potential closures of the Household Waste Sites in Deal and Richborough. The Chairman indicated that the Committee should maintain a watching brief on this issue so that it was ready in the event that the consultation was to proceed at a later date.
- That NHS Kent and Medway had provisionally agreed to meet with the committee to discuss dentistry in April 2024. This was subject to confirmation closer to the date.
- That the Corporate Plan was going directly to Council and not via the Cabinet and Overview and Scrutiny Committee. Members agreed to consider whether to remove the item from the work programme following the Council meeting on 29 November 2023.

RESOLVED: That the Work Programme be noted.

58 PUBLIC SPEAKING

The Democratic and Corporate Services Manager advised that the Chairman had agreed to vary the public speaking arrangements in respect of Phlebotomy Services in Deal (Minute No. 59) so as to permit public speaking.

A member of the public had registered to speak on Phlebotomy Services in Deal following the variation.

The Chairman welcomed Marsha Horne to speak for three minutes in respect of Phlebotomy Services in Deal.

In summary, the following points were made as part of the speech:

- That the reinstatement, while welcome, had not gone far enough as the service at Deal Hospital would not be open to everyone.

- That everyone would still be affected negatively to some degree.
- That blood tests at GPs and Deal Hospital had run in tandem previously and complemented each other. The provision of one should not negatively impact on the other.

## 59 PHLEBOTOMY SERVICES IN DEAL

The Chairman welcomed Natalie Davis, Chief of Staff NHS Kent and Medway and Sukh Singh, Director of Primary Care NHS Kent and Medway.

It was stated that the previous 25 hour per week phlebotomy contract at Deal Hospital had been surrendered to the Integrated Care Board (ICB). The investment in GP's as replacements was intended to widen access through providing more hours of operation. However, after listening to the community it was now proposed to reintroduce the phlebotomy service at Deal Hospital for 25 hours of operation for key priority groups. This would be subject to a procurement exercise, as required by law, on the basis of a one year plus one contract. The service provided at Deal Hospital would be kept under review and if changes were required following this, they would be looked at further.

Q1. The independent review stated that the local survey undertaken by the Deal Blood Test Action Group contained numerous biased questions. Why, therefore has it been taken on board when considering this new service.

Members were advised that the report was based on more than the responses to the questionnaire as it also included information gathered from other sources. It was stated that the responses to questions would still be helpful, even if the independent review concluded the questions themselves were biased.

Q2. The independent report showed increased uptake of appointments at GP practices on cessation of the hospital clinic, with a subsequent (I assume) increase in staffing levels. Has the ICB liaised with practices as to how these staff can be redeployed should GP blood test appointments fall?

Members were advised that GPs had increased staffing and that they had been notified in writing that activity would be monitored for any unexpected variation. However, practices were ultimately responsible for their staff and how they used them. The Deal Community Phlebotomy Service responded specifically to those patient groups who had been unable to access a blood test locally. This service and the service provided by practices were seeking to coexist, but the impact on general practice and other providers would be reviewed as part of the evaluation.

Q3. The earlier proposed Deal pilot was to use Buckland hospital EKHUFT staff. Is this to be the case this time and if so, what will be the consequence for the phlebotomy service at BHD.

The procurement process would determine the provider for this service but there were no plans to change in phlebotomy service at Buckland hospital.

Q4. Communication was deemed to be key going forward. Can we be assured that the changes, particularly the patient criteria list, are clearly communicated to the Deal population in a timely manner.

Members were advised that this would be done.

Q5. How does the ICB plan to monitor and report back to DDC regarding the quality of this new service?

Members were advised that the ICB would be happy to engage with Members in respect of this.

Q6. What does SBAR stand for?

It was stated that SBAR stood for Situation, Background, Assessment, and Recommendation. It was a widely used report structure and communication tool to ensure consistent communication with the headline paragraphs under each title.

Q7. About the independent survey, by BHNC ... can we see a copy of the questions used in the survey that was sent to surgeries? How many people replied to their survey? What type of survey was it, paper? Online? Verbal? How much did the survey cost? What was the need for holding another survey because the action group survey went to almost every household in Deal, Walmer & several neighbouring villages, (over 10,000 people), in paper format and online.

Patient surveys were conducted by all four practices asking patients to score their experience of the blood testing service "in house" at the surgeries. Responses were recorded in different ways (paper, online & verbal) and a total of 154 patients responded.

The raw survey results were shared with Bexley Health Neighbourhood Care to inform their independent review.

Q8. The use of trained receptionists, trained that is for 2 days only for blood taking, is that safe? What about patients who bruise easily? Other medical problems? (I note that patients with known difficult venipuncture can go to the hospital). I suspect that not all categories of situations are covered. Surely, at the GP's discretion for high need patients defined by the GP?

The ICB supported the training and development of staff. Phlebotomists were specialists and valid partners in the healthcare team.

Q9. How to get an early morning appointment? As some surgeries don't start til 8:30 am, others later. Some patients need to get to work after a test. Many workers living in Deal travel elsewhere to work. The hospital will open at 8am. Surely patients like this should be able to go to the hospital?

The previous service offered at Deal hospital had clear opening hours (07:30 to 13:00) accessible only by appointment as it was staffed by one part-time phlebotomist (25 hours per week). While this provided for early morning appointments it was unable to meet all patients' needs. While the ICB would like to be able to meet all the needs of patients it was acknowledged that this was not always possible. The ICB wanted to work with the whole population to provide the best service it could to as many people as possible.

The feedback received from the GP phlebotomy service has been positive and for many patients represented an improvement over the previous arrangements. The GP service when considered with the new Deal Hospital service would represent a significant improvement in capacity.

Members while welcoming the proposed restoration of phlebotomy services at Deal Hospital urged the ICB to reflect further on widening access to the Deal Hospital service.

Q10. Why not have the hospital service open to all who want to go there, and record why they go there, and assess the use and need at the end of the year? It is convenient to use the GP service for some, but others not, for a variety of reasons.

The ICB believed that this would likely destabilise the general practice service to the extent that the services from general practice would need to close as they would not be sustainable. The Deal Hospital phlebotomy service was funded by the ICB and would stretch limited resources. The ICB was working on a way to support delivery of a safe service for all venues.

Q11. How will you judge the effectiveness of this Deal outpatient service at the end of the year? What are the review criteria you will judge by?

The criteria will include, but not be limited to:

- Patient satisfaction survey
- Total number of people attending (with a minimum set to make it viable)
- Number of 'urgent' blood tests
- Number of did not attend (DNA)
- Ages
- Postcode
- Waiting times
- Referral source
- Segmentation of those attending by criteria the service is focused on
- Impact on general practice and other healthcare providers.

The review would cover GP provided phlebotomy services as well as Deal Hospital.

Q12. I believe there is a consultation about the local ICB, and a possible restructuring. Can you tell us what is being planned? And who will be responsible for this particular phlebotomy service in future?

There was an internal restructure which would result in fewer ICB staff in post. However, there were no changes proposed to the duties of the ICB.

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

- RESOLVED: (a) That the Overview and Scrutiny Committee requests a copy of the evaluation report when published.
- (b) That consideration be given in the tender for phlebotomy services at Deal Hospital to the following:
- (i) Providing the service from 7.30am onwards at Deal Hospital.
  - (ii) To express concern that the service at Deal Hospital will only be open to a restricted number of groups and not be open to all.

60 ESTABLISHMENT OF CLIMATE AND NATURE FORUM

The Climate Change Officer presented the report on the Establishment of a Climate and Nature Forum.

Members were advised that the report sought disband the existing Climate Change Project Advisory Group (PAG) and replace it with a new body, the Climate and Nature Forum. The Forum, which like the PAG would not be a decision-making body but would be advisory, would offer the potential for wider representation including representatives from Kent County Council, the four town councils and local community groups.

The terms of reference for the new Forum would be discussed at the first meeting of the Forum. It was intended that the Forum would meet on a quarterly basis with other groups, such as the RSPB or Kent Wildlife Trust, being invited to the Forum as required.

Councillor C A Vinson expressed concern that this was reverting back to something similar to the previous Climate Change Working Group that had been changed to a PAG due to concerns over its effectiveness.

It was agreed to note the report.

61 TIDES LEISURE CENTRE

The Strategic Development Lead Officer (Leisure) presented the update report on the Tides Leisure Centre.

Members were advised on the findings of the RIBA Stage 2 detailed feasibility on Tides Leisure Centre and that Cabinet had been asked for approval to explore further options that could provide a solution to the challenges concerning the viability of the project. This had been agreed by the Cabinet and officers would report back once the options had been explored further. This was expected to be in early 2024.

Members discussed the following points:

- To acknowledge the work that had gone into finding a viable solution for Tides Leisure Centre and to express hope that a solution could be found.
- The monitoring work being undertaken in respect of the current Tides Leisure Centre as the building reaches the end of its operational life.
- To identify the volatility in respect of borrowing costs and the funding options being explored.
- Whether other assets could be disposed of to generate funding for use in respect of Tides. The Strategic Director (Place and Growth) advised that most of the Council's assets were not cashable as it included sites such as churchyards.

It was agreed to note the report.

62 EXCLUSION OF THE PRESS AND PUBLIC

It was moved by Councillor M J Nee, 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.

63 DOVER TOWN CENTRE REGENERATION - BENCH STREET (WESTSIDE), DOVER

The Head of Place and Growth presented the report on Dover Town Centre Regeneration – Bench Street (Westside) Dover.

Due to the links to the next item of business, Members discussed both items together.

It was agreed to note the report on Dover Town Centre Regeneration – Bench Street (Westside) Dover.

64 DOVER TOWN CENTRE REGENERATION - CAMDEN CRESCENT, DOVER

The Head of Place and Growth presented the report on Dover Town Centre Regeneration – Camden Crescent, Dover.

Due to the links to the previous item of business, Members discussed both items together.

RESOLVED: That it be recommended to Cabinet that the list of project risks to be included within the detailed risk assessment include risks related to other organisations and partners.

The meeting ended at 7.41 pm.