

Local Health Care Provision in Maidstone

| | |
|---------------------------------------|---|
| Final Decision-Maker | Communities Housing and Environment Committee |
| Lead Head of Service | Chief Executive – Alison Broom |
| Lead Officer and Report Author | Chief Executive – Alison Broom |
| Classification | Public |
| Wards affected | All |

Executive Summary

The report sets out the current position with respect to local health care capacity including consideration of models of care, workforce and general practice estate. The role of Maidstone borough council with respect to progressing each of these topics and hence contributing to improvement in access to local health care is explained including potential future changes with respect to use of S106/CIL contributions and the council's role as developer.

Purpose of Report

To provide information requested by Councillors Purle and D Rose.

This report makes the following recommendations to this Committee:

1. That the Committee notes the content of the report and provides feedback for consideration and potentially future reports concerning local health care provision in the Maidstone borough.

Timetable

| Meeting | Date |
|---|-------------------------------|
| Communities Housing and Environment Committee | 14 th January 2019 |

Local Health Care Provision in Maidstone

| Issue | Implications | Sign-off |
|---------------------------------------|---|--|
| Impact on Corporate Priorities | We do not expect the recommendation will itself materially affect achievement of corporate priorities. However, the activity described supports the Council's overall achievement of its aims including enabling infrastructure, supporting communities and reducing health inequalities. | Chief Executive |
| Cross Cutting Objectives | The report content support the achievement(s) of the health inequalities reduction cross cutting objective by reflecting actions taken and planned by the council working in collaboration with the Clinical Commissioning Group and others to improve capacity and accessibility of health care services in the borough for existing and new communities. | Chief Executive |
| Risk Management | This report is presented for information only and has no risk management implications. | Head of Service or Manager |
| Financial | There are no direct financial implications arising from this report. Primary responsibility for local health care provision in Maidstone rests with the NHS. Maidstone Borough Council officers can facilitate this to a certain extent through officer support within the scope of existing revenue budgets. The Council also has a role in collecting S 106 and CIL contributions which may be deployed to provide new health infrastructure. | Section 151 Officer & Finance Team |
| Staffing | There are no specific staffing implications at present as this report is presented for information only | Chief Executive |
| Legal | There are no specific legal implications at present as this report is presented for information only. | Team Leader (Corporate Governance), MKLS |
| Privacy and Data Protection | The report is presented for information only and does not impact personal data held by the Council. | Policy and Information Manager |

| | | |
|---------------------------|---|------------------------------|
| Equalities | The report is presented for information only and does not propose a change in service therefore will not require an equalities impact assessment | Policy & Information Manager |
| Public Health | We recognise that the information included in the report demonstrates action taken by the council with the objective of having a positive impact on population health or that of individuals. | Chief Executive |
| Crime and Disorder | The report is presented for information only and does not impact on Crime and Disorder | Chief Executive |

1. INTRODUCTION AND BACKGROUND

- 1.1** A request was put forward to the Communities, Housing and Environment Committee at its meeting on 12th November 2019 by Councillors Purle and D Rose concerning local health care in Maidstone Borough.

The councillors' introduction to the topic stated that

"You will be all too aware that Maidstone (and the West Kent Clinical Commissioning Group's area) suffers one of the worst ratios of patients-to-doctors in the country. This appears to apply largely across the board but (a) I [Councillor Purle] am concerned about my patch given the loss 18 months ago of the Allington Park surgery and the prospect of about a million more flats getting built in my Ward or very close to it; and (b) Cllr D Rose is particularly concerned about the poor GP provision in Park Wood, a point aggravated by his residents being on the worse-end of local health inequalities and by monies supposedly having been collected from property developers to address this."

The outcome desired is as follows

"We would like the committee to request & receive a report at its meeting on 10th December 2019 on the subject with particular attention given to two areas as follows: -

Firstly, we understand that conversations have been happening at a high level between the Council's Officers and the Clinical Commissioning Group ("CCG") about GP provision throughout the Borough. We would like an account of these discussions (when they've occurred, frequency, broadly what was said by whom, any commitments or undertakings made or received) with an explanation of obstacles the Council may have encountered. Whilst we have a particular interest in our own respective Wards, our interest is Borough-wide and we would particularly like to know of such discussions where they concern any developments in which MBC intends to act as master-developer e.g. Lenham Heath, Maidstone East et cetera.

Secondly, we would like a broad summary & explanation of options that are, even if in theory, open to MBC to accelerate GP surgery provision should it wish to take a more interventionist approach e.g. building and providing surgeries itself.”

- 1.2 To address the issues raised the paragraphs below briefly consider
- Building capacity and capability – through NHS workforce changes and new care models
 - Local health care estate
 - Information about officers’ work with the Clinical Commissioning Group and health service providers to achieve the best possible local health care provision in the borough
 - Key issues and challenges

Greater detail is set out in appendix A.

Building capacity and capability – through NHS workforce changes and new care models

- 1.3 Workforce is fundamental to delivery of local health care. The strategy for new models of care and the workforce needed to deliver these is set out in the NHS Long Term Plan published in January 2019. This built on the previous Five-Year Forward View. The aim is to introduce over 20,000 additional workers into the primary care workforce, over the period of 5 years. The Kent and Medway Sustainability and Transformation Partnership has provided a framework for how the principles and requirements set out in the Long-Term Plan will be implemented. Partners at a local level are working together to design managerial leadership, operational and financial arrangements. The council has been involved in these discussions through the West Kent Integrated Care Partnership Development Board and its predecessors.
- 1.4 General Practice is changing significantly. Two key aspects of this change are development of wider teams of health professionals within each general practice business and establishment of Primary Care Networks ie groups of GP practices working together – which will hold extended contracts for service delivery and be funded to employ more health professionals including social prescribers, clinical pharmacists and advanced medical practitioners. One of the consequences is that some patients will receive care from a range of health professionals without seeing a GP, releasing GP time for people with the most complex needs. Developing public understanding of these changes is key – and councillors have an important role to play in this. Councillor Gooch chairs the Members’ Forum for the West Kent Integrated Care Partnership Development Board and has been working with her counterparts, officers, the communications lead for the ICP and representatives of the patient participation groups to identify how this can be best achieved.
- 1.5 There is also change in community health care provision – which includes district nursing. Following three years of testing alternative models the NHS has committed to a series of community service redesigns

everywhere. The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks (PCNs); in West Kent the Bertzog model has been trialled and subsequently refined and will be rolled out across the area.

- 1.6 MBC is working with the CCG, the Kent and Medway Community Health Foundation Trust, PCNs and individual GP practices to strengthen the connectivity between primary health care and services which impact as determinants of people's health including housing, leisure services, debt and financial management to improve secondary prevention, anticipatory care and deliver a person-centred approach to improve outcomes for people and reduce pressure on the health system. Details of this work are set out in appendix A. The extended contracts with PCNs will also include requirements to reduce health inequalities – this element will come into place in 2021/22 and provides a good opportunity for closer working between MBC, KCC public health, PCNs and community health. Initial scoping work is being developed through the West Kent Integrated Care Partnership Development Board Steering Group; district council input is being led by the Chief Executive.
- 1.7 The Kent Medical school has been established and will contribute to increasing the number of doctors being trained; it will receive its first cohort of students in September 2020. The training model includes periods of placement at hospital trusts, NHS providers and in General Practice across the county including in Maidstone. Key to this is appropriate accommodation which will be provided close to Maidstone hospital. MBC is working with MTW acute trust to ensure that this is provided in a timely way. In October 2019 planning consent was approved for a scheme for 160 staff accommodation bed spaces (in clusters akin to student accommodation) at Springwood Way, adjacent to the Hospital. Occupation of the accommodation is limited to public healthcare key workers working or training at MTW NHS Trust hospitals. There is on-going dialogue concerning car parking capacity and changes to buildings in anticipation of hosting an acute stroke unit and other operational changes.
- 1.8 The need to explore CIL contributions to support the NHS workforce eg through training facilities has been identified and will be explored further with health colleagues eg in the context of larger development proposals in the borough where premises are not required but local health care staffing needs to be grown.

Local health care estate

- 1.9 Issues encountered with access to services does not automatically mean that more buildings are needed. Where additional space is required plans will include refurbishment (including creating more flexible use of space), extensions to existing buildings and in a smaller number of cases new premises. In Maidstone there is a recognised need for a new general practice building serving the urban area.
- 1.10 West Kent CCG produced an estates strategy in November 2018 That identified several premises priorities that could provide a response to the

expected growth. It reflects the growth in the current Local Plan. A summary of the process, assumptions and elements relevant to Maidstone borough was shared with members via a workshop and briefing note in February 2019 and was subsequently discussed at the CHE Committee in April 2019. The key elements have been incorporated into the updated Infrastructure Delivery Plan 2019 for the adopted Local Plan and the projects identified are -

- a) Options for development of a Local Care Hub in the Maidstone area
- b) New building to deliver GP services in Maidstone central area (over and above existing premises). This may be delivered through the commissioning of a new provider or an extension of an existing provider of GP services.
- c) College Practice, Maidstone including Barming Medical Centre and Allington Clinic (branch sites); College Road and Allington premises are not considered suitable for the longer term. Premises development plan is required to provide sustainable and resilient capacity. This is at Stage 1 of the NHS 3 stage development process.
- d) Aylesford Medical Centre (located in Tonbridge & Malling). Premises Development Plan required. Option to understand opportunities linked to Local Care mini-hub in Aylesford area.
- e) The Medical Centre – Northumberland Court and Grove Green (branch). New site needed for Grove Green branch surgery – MBC and CCG currently working with GP to identify options. This element is at Stage 1 of the NHS 3 stage development process. Northumberland Court premises works including refurbishment and reconfiguration to support maximum utilisation of existing premises are now complete.
- f) Sutton Valence Group Practice – main site South Lane and branch site at North Street subject of a new premises development plan (replacing two existing premises) which are proposed to respond to growth in Langley/Sutton Road/ Sutton Valence area. This is at Stage 1 of the NHS 3 stage development process.
- g) Len Valley Practice – Glebe Medical Centre branch. Measures to provide additional capacity in line with future Premises Development Plan (potential extension of existing premises)
- h) Greensands Health Centre. New premises provision in Coxheath proposed to replace existing two premises in accordance with premises development plan. This is at Stage 2 of the NHS 3 stage development process.
- i) Brewer Street Surgery, Bower Mount Centre, Vine Medical Centre, Blackthorn Maidstone, Mote Medical Practice, Orchard Medical Centre, Langley, Wallis Avenue Surgery, Bearsted Medical Practice, Albion Medical Centre, Marden Medical Centre, Headcorn surgery, Staplehurst Health Centre are all practices where works including refurbishment and reconfiguration of existing premises will be assessed as part of the

CCG's ongoing review to support maximum utilisation of existing premises.

- 1.11 MBC's spatial planning team has engaged with the CCG as part of the Local Plan Review providing briefings on the process, scale of housing development required by government and is conducting dialogue as part of the analysis of proposals received through the call for sites. This will include all the proposals for garden communities. Public consultation on the preferred and alternative spatial options is planned for autumn 2020.
- 1.12 The council corporately has made the CCG aware of its work in developing proposals for a council-led garden community at Lenham Heath and, through regular dialogue, has a good understanding of the CCG's planning criteria. One of the key benefits of a new garden community is the opportunity to plan infrastructure as part of the master planning and capture some of the uplift in land value to invest in it. This project is still at a very early stage and therefore there have not been any detailed discussions concerning health care infrastructure.
- 1.13 The current standard NHS model for investment in GP estates starts with a requirement that GP contractors are responsible for providing suitable premises to deliver services from. If works are required, they are responsible for sourcing capital funding. The CCG holds the revenue budget for re-imbursment of rent, business rates, water rates and clinical waste. S106 and CIL contributions are sources of capital that can contribute to a general practice premises improvement or development (to support growth); current NHS investment rules mean that the maximum contribution from S106/CIL is 20% of the total capital cost. Any extra space means an additional revenue cost. This must be affordable within the CCG's revenue budget and offer value for money to the NHS. There is a three-stage governance process for new premises developments and large extensions.
- 1.14 Hence application of S106/CIL funding for GP estate improvements is complex and as a result significant time is needed to implement them. There are private sector providers of turn-key GP practice buildings. Officers have had some discussions with a provider to better understand the benefits and risks of becoming a developer in this context. Amongst other things the council acting as developer for new facilities would need to ensure that premises are included in the NHS estates strategy and programme of projects in order to secure revenue support post construction. This option is under consideration and MBC will continue to promote it with respect to the Local Care Hub and any new GP practice buildings.
- 1.15 The 2018 GP Estates Strategy provides clarity for future investment in infrastructure. Historical S106 contributions have been mapped and aligned to the key projects. Details are set out in the table below

| | £ | No of Contributions |
|---|----------------------|---------------------|
| Total Healthcare contributions <u>held</u> by MBC | £1,937,643.91 | 56 |
| Contributions expected to align to Premises Development Projects (Note – these are not all “live” projects; some are future intentions that relate specifically to contributions in an area) | | |
| New Premises Development - Greensands Health Centre , Coxheath | £ 298,215.91 | 6 |
| New Premises Development - Sutton Valence Group Practice | £492,725.36 | 6 |
| Premises Extension/reconfiguration - Len Valley Surgery, Lenham & Harrietsham | £198,931.67 | 7 |
| Premises Extension/reconfiguration – Marden Medical Centre | £208,366.04 | 7 |
| Premises Improvement / Extension – Staplehurst or Marden | £37,568.75 | 2 |
| Premises Extension/reconfiguration - Headcorn | £46,584.56 | 3 |
| Total contributions aligned | £1,282,392.29 | 31 |
| Total Contributions ‘drawn down’ since end August 2019 | £79,715.07 | 5 |
| Contributions held to align to identified projects | £575,536.55 | 20 |

1.16 The CCG has advised that the current position in terms of progress of capital schemes through the NHS 3-stage governance process is as follows

The following projects are approved for Stage 1 (ie further exploration and development of proposals/ plans)

- New Premises for Grove Green Surgery (branch of Northumberland); MBC is working with the CCG as part of the sites identification and options appraisal
- New premises for College Practice, Allington
- New premises for Sutton Valence group Practice (this proposal accommodates growth in the Sutton Road/Langley area)

At Stage 2 (ie Outline Business Case and review of financial impact. Ahead of Full Business Case, and full approval at Stage 3)

- New premises for Greensands, Coxheath

In addition, the following work has been undertaken

- Len Valley Practice - Feasibility work undertaken (in final stages of review) to provide options for consideration to increase capacity at main and branch sites.
- Grove Park Surgery - premises no longer in use following merger with Northumberland
- Local Care Hub work progressing (see below); the CCG expect to link need for new general practice building for Maidstone urban area to the Local Care Hub once location work complete.
- A number of smaller projects have focused on upgrade works to a small number of practices to support more flexible use of the space for the clinical staff and also where S106 allows it has supported the expanding workforce with IT equipment both in the surgery and to support remote working. for example, at the Wallis Avenue practice S106 funds have been used to upgrade the flooring and wash basins in four clinical rooms, upgrade the patient accessible WC and for installation of automatic entrance doors. These improvements will support the practice to accommodate growth in both workforce (an new Advanced Clinical Practitioner and Healthcare Assistant have been recruited) and people living in the area, improve access and facilities for patients and ensure flexible and full use of the clinical rooms. The improved clinical space will also accommodate additional health professionals recruited for the local Primary Care Network as a result of the NHS Long-Term plan for example social prescriber, clinical pharmacist, first contact physio, community paramedic.

Officers' work with the CCG and health providers

- 1.17 Currently strategic level conversations between the council and key partners in the health system occur via the West Kent Integrated Care Partnership Development Board (WKICPDB) which was established in November 2019. This was preceded by the West Kent (Health) Improvement Board (WKIB) and before that the West Kent Health and Well-being Board. Change in governance arrangements has occurred most recently in response to national requirements to prepare for implementation of Integrated Care Partnerships by April 2021. The WKICPDB is chaired by a Non-Executive board member (from the

Community Health Foundation Trust); board partners include health providers including the acute, community health and mental health trusts, Kent County Council public health and social care services, patient participation groups and Healthwatch – as well as the council and the CCG. In broad terms this is the arena where strategic relationships are built, and partnership projects are identified and monitored.

1.18 There are several sub-groups for the board; the council is represented on

- | | |
|--|-------------------|
| • West Kent ICPDB | Chief Executive |
| • WKICPDB – Steering Group | Chief Executive |
| • West Kent ICPDB Members’ Forum | Deputy Leader |
| • Local Care Hubs Steering Group | Chief Executive |
| • Local Care Delivery Group Communities | Head of Housing & |

1.19 Details of the frequency of meetings and scope of discussions are set out in Appendix A.

Key issues and challenges

1.20 Key issues for the council working with the local NHS to secure enough workforce, integrated service delivery and premises include

- Creating a place where people want to live and have their families to support the retention and recruitment of healthcare professionals
- Delivery of the new operating models particularly planning and integrating health and well-being interventions to achieve the outcomes identified at the Kent and Medway level through the West Kent Integrated Care System; including delivery of the Maidstone Local Care Hub and joint work with PCNs and community health services to reduce health inequalities and improve anticipatory care
- Inclusion of strategic and site-specific spatial policy to reflect the CCG estates strategy
- Identification and leveraging funding for health services and estate including through S106 and CIL
- Development of alternative models for delivery of health infrastructure where new premises are required and meet NHS investment (capital) and value for money (revenue) tests

Challenges

1.21 MBC has worked closely with the CCG and health providers particularly over the last 24-36 months, which has developed understanding and collaboration to enable and improve delivery of services to our existing community and future population. This puts us in a better position to

address challenges of improving health and wellbeing services. Challenges include

- Local government councillors and officers developing depth and consistency of understanding of NHS governance and strategy for improving capacity and accessibility of health care – in particular future models of care, changes to the workforce including the role of the whole general practice team and how investment decisions are made.
- There is a complementary need to continue to develop NHS understanding of the role of local government and the potential opportunities for different models for delivery of infrastructure through the council as investor
- Complexity – changing operational models, developing and growing the health professionals workforce, changing culture and securing decisions for medium term capital investment are complex requiring trust and time
- Timescales – for recruiting staff and improving/expanding premises at a pace commensurate with both the health needs of current communities and our growing population

2. RISK

2.1 This report is presented for information only and has no risk management implications.

3. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

3.1 A report was presented to the Communities, Housing and Environment Committee on 16th April 2019 following an all member workshop regarding local health care on 25 February 2019. A detailed briefing note had also been prepared and circulated as a background document. Some circumstances have changed since this note was provided; relevant points of change are picked up in this report and the more detailed Appendix A. At the workshop, Members had raised concerns about the infrastructure and staffing for General Practitioner (GP) provision. Additionally, the issue of historical Section 106 (S106) agreements had been debated. This issue had been considered in further detail with the Chairman of the Strategic Planning, Sustainability and Transportation (SPST) Committee.

4. REPORT APPENDICES

Appendix A - Local Health Care Provision in Maidstone

5. BACKGROUND PAPERS

None