KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 11 June 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr R L H Long, TD, Mr C P Smith, Mr R Tolputt, Mrs J Whittle, Mr A Willicombe, Mr R Brookbank (Substitute for Mr A D Crowther), Cllr J Cunningham, Cllr M Lyons, Mr M J Fittock and Mr R Kendall

ALSO PRESENT: Cllr John Avey, Mrs A Burnand, Mrs C Davis, Cllr R Davison, Ms T Gailey, Cllr P Gulvin, Mr R Kenworthy, Mr R A Marsh, Miss N Miller and Mr M Willis

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Membership
(Item)

The Overview, Scrutiny and Localism Manager drew a number of Membership changes to the attention of the Committee. Mr Adrian Crowther had replaced Mr Jeremy Kite. The East Kent Borough Co-Optees were confirmed as Mr Charles Kirby and Mr Michael Lyons. The West Kent Borough Co-Optees were confirmed as Mr John Cunningham and Mrs Marilyn Peters.

2. Minutes
(Item 3)

RESOLVED that the Minutes of the meeting held on 26 March 2010 are correctly recorded and that they be signed by the Chairman.

3. Accessing Mental Health Services: Adult and Older People's Inpatient Services
(Item 4)

Part A: East Kent Health Economy

Lauretta Kavanagh (Director of Commissioning for Mental Health and Substance Misuse, Kent and Medway PCTs), Joanne Ross (Lead Commissioner for Mental Health, NHS Eastern and Coastal Kent), Dave Woodward (Social Care Commissioner for Mental Health, Kent Adult Social Services), Linda Caldwell (Lead Commissioner for Older People's Services, NHS Eastern and Coastal Kent), Sue Gratton (Head of Integrated Commissioning, NHS Eastern and Coastal Kent), Erville

Millar (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust), James Sinclair (Executive Director of Social Care and Partnerships, Kent and Medway NHS and Social Care Partnership Trust), and Nigel Lowther (Kent and Medway NHS and Social Care Partnership Trust) were present for this item.

(1) As Lead Commissioner for Mental Health on behalf of the three Primary Care Trusts in Kent and Medway, as well as joint commissioning lead with Kent Adult Social Services, Lauretta Kavanagh undertook to provide an overview of the strategic context of mental health services in Kent. The two Local Authorities and three PCTs had recently produced a draft strategy for improving the mental health and wellbeing of people in Kent and Medway called Live it Well. This was built around the twin aims of promoting good health and improving access to services.

(2) Talking specifically about NHS Eastern and Coastal Kent, the PCT had agreed a dementia strategy with Kent County Council in 2005. The subsequent National Dementia Strategy had specified that early diagnosis was key, as was the support of carers and providing appropriate levels of community support. In terms of adult and older people's inpatient services, the NHS had provided a detailed breakdown of the wide range of services provided and this was included in the information provided to Members in the Agenda pack.

(3) In response to a question about how decisions about mental health provision were made, Lauretta Kavanagh explained that the PCT and social services assessed the needs of the community and produced a Joint Strategic Needs Assessment. Kent and Medway NHS and Social Care Partnership Trust (KMPT) was the largest provider of mental health services, but were not the sole one. There were numerous independent providers also, and so the actual bed stock available was larger than that indicated in the papers.

(4) There has been a reduction nationally in the number of acute mental health admissions and Crisis Resolution Home Treatment teams had been established to act as gatekeepers to acute care and provide acute care in people's homes if it was appropriate. It was conceded by representatives of the NHS that there had been a degree of failure in communicating the relatively narrow criteria in accessing crisis services i.e. those who would otherwise need to be admitted into an acute setting.

(5) Crisis services should not be the first port of call for patients and so community services were being enhanced. Borough and District Councils in East Kent were working with the NHS in developing supported accommodation units.

(6) There were a range of other initiatives, such as 6 Admiral Nurses in East Kent who were able to provide specialised support for carers and the Alzheimer Society run café which enabled peer support and for the needs of carers to be picked up. It was admitted that respite services needed to be further developed and that they needed to be flexible as to times and locations.

(7) The scheme to improve access to psychological therapies ('talking therapies') had reached the third year in the first three year cycle of a six year programme. Referrals had increased by 20% and waiting times for accessing these services ranged from 4 to 17 weeks. A target of ensuring that waiting times were no longer than four weeks has been built into performance targets expected of providers by

commissioners. One Member made the point that there were often calls for Councillors to use grant money to help fund counselling services for teenagers.

(8) Although children's mental health services were not the focus of the meeting and detailed responses were not possible, Erville Millar took the opportunity to raise an issue about the caseloads of Tier 3 CAMHS workers in West Kent and Swale, which were around 300 per person, as opposed to the 80 which was recommended.

(9) Several Members noted that the system had improved greatly since large institutions such as Chartham were used across the board, but felt there was need for greater reassurances that community provision was in place and adequate to meet the demand before any further reduction in inpatient services.

(10) Moving on to consider secure accommodation, Erville Millar made the point that those with mental health needs were more likely to be victims of crime than to commit them. 82 medium secure beds are provided in Kent, in Dartford and Maidstone. Kent and Medway NHS and Social Care Partnership Trust (KMPT) were the only provider of forensic mental health services in Kent. Reoffending rates were much lower for those patients who were placed in secure accommodation compared to being put in prison. This was because of the emphasis put on assisting people to reintegrate back into society while resident in these specialised services.

(11) In response to a specific question about the St. Martin's development, Erville Millar stated that construction would commence in December 2010 with patients able to access the new facilities in April 2012.

Part B: West Kent Health Economy

Lauretta Kavanagh (Director of Commissioning for Mental Health and Substance Misuse, Kent and Medway PCTs), Julia Ross (Director of Strategy and Communications, NHS West Kent), Paul Absolon (Social Care Commissioner for West Kent, Kent Adult Social Services), Emma Hanson, Joint Commissioning Manager for Dementia Services, Kent Adult Social Services/NHS West Kent, Erville Millar (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust), James Sinclair (Executive Director of Social Care and Partnerships, Kent and Medway NHS and Social Care Partnership Trust), and Nigel Lowther (Kent and Medway NHS and Social Care Partnership Trust) were present for this item.

(12) Spending on mental health accounts for around 14% of NHS spending in England and there was much discussion as to how this worked in practice through both parts of the meeting. Some Members expressed scepticism that the formula used for allocating funding truly matched the demographic picture of Kent. Representatives of the NHS explained that while there was currently no tariff in mental health in the way there was for acute services, work was being carried out and it was unlikely that it would operate in the same way and would be most usefully structures around care pathways. The point was made that block contracts could be useful and flexibility was the key to any successful financial structure.

(13) A range of financial levers were open to commissioners in order to try and improve service quality, such as Commissioning for Quality and Innovation (CQUIN) payments, which make a proportion of the contract payment dependent on achieving certain quality standards. Performance indicators were part of every contract.

(14) Mark Fittock, a representative of the Kent LINk, informed the Committee that they were carrying out an investigation into mental health services and the report would be presented to the Committee later in the year. A representative from West Kent outlined how service users were continually being involved in service development, and that the Kent LINk had been invited to participate in the Commissioning Delivery Teams established by NHS West Kent.

(15) Picking up on the earlier discussion on crisis services, Erville Millar explained that one local success concerned early onset psychosis. This affected 1 in 100 people between 14 and 35 and patients were now engaged rapidly to enable them to manage their condition and avoid admission to hospital.

(16) Tunbridge Wells Borough Councillor John Cunningham outlined the findings of a report into mental health services produced by a joint committee of Maidstone and Tunbridge Wells Councils. Hard copies of the report were made available for Members. He highlighted the good work being carried out by the anti-stigma Time to Change campaign in which KCC and KMPT were partners. He highlighted one of the recommendations which called on Kent County Council to provide more support for patients to undertake voluntary work to ease them back into work. The Sunlight Centre in Gillingham was given as an example of good practice.

(17) Representatives from both the NHS and KCC welcomed the work carried out in producing the report. Erville Millar stressed that the key point about mental health is that it is all around us and that in an organisation the size of KMPT 700 staff could be experiencing mental health problems at any one time. Paul Absolon from Kent Adult Social Services added that there was a need to be creative in engaging the community, including the use of social networking sites.

(18) Questions were raised about the number of rehabilitation beds and the length of stay. It was explained that the 21 rehabilitation beds were quasi-residential and involved mental health professionals inculcating life skills in the residents, without which they would need even longer stays in hospital and that the average length of stay for a year had to be judged in this context. Erville Millar added that admitting mental health patients was often to do them a disservice and all the alternatives needed to be considered, especially those that enabled home care. He added further clarification in that there were two population sets who accessed rehabilitation services, those who needed new skills to enable independent living and those for whom the prospect of independent living had passed.

(19) It was around the area of delayed transfers of care, involving those people who should not be in acute settings, that the greatest need for co-operation between the NHS and social services was felt to exist.

(20) In response to a specific question from a member of the public attending the meeting, Erville Millar stated that respite care bookings at Priority House were being honoured pending a proper review.

(21) Picking up on an earlier point, it was revealed that there are 12 Admiral Nurses across Kent and that this is the highest concentration in England.

(22) Despite acknowledging much of the good work that was done, Members still had concerns that in West Kent, as in East Kent, there were major challenges in mental health and that there was a need to ensure community provision was available and of the appropriate standard before bed numbers were further reduced. Julia Ross from NHS West Kent extended an open invitation to any Member who wished to explore this topic in more detail to get in contact.

4. Further Information on Dentistry
(Item 5)

(1) RESOLVED that the additional information supplied by the NHS be noted.

5. Paediatric Audiology Services in West Kent
(Item 6)

(1) The Chairman provided a verbal update on this issue. It had been brought to his attention that paediatric audiology assessment services were being improved in West Kent in the sense that satellite services were being provided in three community hospitals but that services in Maidstone were going to be removed until suitable premises could be located. A meeting with those running the service had taken place and correspondence exchanged with NHS West Kent. This is included in the Appendix to these Minutes.

(2) The Chairman undertook to further pursue this issue and report back to the Committee at a later date.

6. Committee Topic Discussion
(Item 7)

(1) Members felt that given the complexity of the issues around mental health the Committee had only really begun to scratch the surface and while they gained a lot of useful information, they needed an opportunity to pursue the subject to a deeper level. In particular there was a need to see what can be done once a patient leaves acute care.

(2) There was a sense that a fuller and more frank exchange of information would enable the Committee to support and assist the NHS in achieving the aim of improving service provision for the people of Kent.

(3) The Overview, Scrutiny and Localism Manager outlined a range of ways in which a deeper mutual understanding between the NHS and KCC could be developed, including shadowing NHS Trust Non-Executive Directors and taking on the role of rapporteurs.

7. Date of next programmed meeting – Friday 23 July 2010 @ 10:00am
(Item 8)

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Kent County Council

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Date: 28 May 2010

Dear Steve

Paediatric Audiology Services

I am writing to you to see if there is any manner in which the Health Overview and Scrutiny Committee can contribute to finding a way to ensure paediatric hearing assessments will be able to continue in the Maidstone area until such time as a permanent, fit for purpose, facility is available to ensure there are no gaps in the service.

This matter was brought to my attention by fellow Committee Member Dan Daley and the two of us have had the chance to gain a fuller understanding of the issues through talking to Jane O'Rourke and Helen West in a meeting kindly and speedily arranged through Matt Willis and Paul Wickenden. We would both like to extend our thanks to both Jane and Helen for their time and assistance. The people of Kent are fortunate to have such dedicated individuals working in the health service.

More broadly, we are pleased at the way this service has been improved and developed in recent years. It is a truism that health services need to be provided in facilities which are appropriate for the task at hand, and this is even more so the case of children's health services. The case for discontinuing paediatric hearing testing as it is currently undertaken at Preston Hall is unarguable, and the rationale for having satellite clinics in three community hospitals around the region is clear. However, we are very concerned at what the impact will be on children and their families following closure of the Preston Hall facility and the uncertain length of time before a new permanent home for the planned centre of excellence is found. Travelling to Hawkhurst, Sevenoaks or Gravesham is not a realistic option for many people in the greater Maidstone area, particularly if it involves travelling with children and babies. This can only have a negative impact on health inequalities.

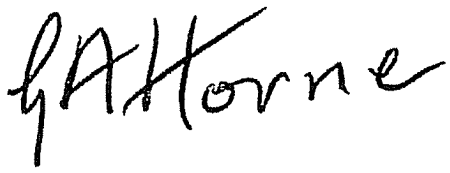
Geoff Wild LL.B, Dip.LG, Solicitor
Director of Law & Governance
CHIEF EXECUTIVE'S DEPARTMENT

Given how long the closure of Preston Hall has been anticipated, it would have been appreciated if the proposed closure of this service in Maidstone had been brought to the HOSC's attention at a much earlier date. This would have allowed more time to see if there is any way in which we could have supported your aim of finding a permanent home in the County Town. That said, given that the closure of the Preston Hall service has just been postponed, I am writing to enquire as to what work is being undertaken by NHS West Kent and West Kent Community Health, possibly in discussion with other organisations such as Maidstone and Tunbridge Wells NHS Trust, to find a temporary home or homes and to ask for further information as to what barriers need to be overcome before a permanent solution can be found. We would like to offer the weight of our support to achieving this.

My thought is to add this subject on to the Agenda for the HOSC meeting of 11 June. Due to the short notice of the Agenda being published next week, I am not asking for anything written, or for anyone to attend on this item, but I will provide a verbal update to the Committee and if I have received further communication from you prior to the meeting, I will also be able to report on this. If not, this may be something the Committee will wish to pick up more formally at a later meeting. We do already have diagnostic waiting times on the forward work programme for 23 July and this would fit in with this subject.

I look forward to hearing from you.

Kind regards



Godfrey Horne MBE
Chairman
Health Overview and Scrutiny Committee

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10 June 2010

Godfrey Horne, MBE
Chairman
Health Overview and Scrutiny Committee
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Sessions House, County Hall
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Dear Mr Horne

Paediatric Audiology

Thank you for your letter of 28th May 2010 and for your offer of assistance to enable the NHS to continue providing hearing screening in Maidstone.

West Kent Community Health has introduced a significantly improved service; unfortunately, however, practical constraints have limited options to continue hearing screening in Maidstone until suitable permanent facilities are available. As Jane O'Rourke explained at the meeting on 27th May, we have attempted to locate suitable alternative facilities in the Maidstone area and continue to do so. In the meantime we will keep the Committee informed as and when things progress.

As a result of the Department of Health quality assurance visit we were subject to a short timescale in order to ensure significant improvement is achieved by the next visit in 2011. Unfortunately, this timescale meant that extensive consultation at the time was not possible, and we regret that we were not able to share our plans more widely. However, we have engaged with key groups and individuals as described in the attached briefing note, and continue to listen to the views of parents through our patient satisfaction survey.

We are committed to ensuring that children across West Kent receive the same high standard of service, and we believe that the interests of the children of Maidstone are best served by providing a higher quality service from Sevenoaks, Hawkhurst and Gravesend than lesser care in suboptimal premises. We have ensured that home visits will be available where appropriate to mitigate any particular issues where people have significant difficulties reaching one of the new testing centres.

Our decision on the location of these new services was based first on the fact that we are not willing to compromise on quality and also on a range of practical issues. We hope to make this excellent service more local to people in and around Maidstone when we have the opportunity. Until we are able to find suitable facilities, I trust the Committee will be reassured to know that the people of Maidstone have access to a dramatically improved service.

Yours sincerely

Steve Phoenix
Chief Executive

Paediatric Audiology – briefing note to KCC HOSC

The Department of Health Quality Assurance visit in 2009 highlighted that although the staff running the Preston Hall service are skilled and dedicated, the facilities were not fit for purpose. The decision to create three new services across West Kent was clinically driven and based on the desire to provide the best facilities. The expected qualities of the new service are such that a number of staff from other parts of the South East and beyond have proactively approached the team about recruitment possibilities.

Engagement and consultation

Stakeholders and parents were engaged in the decisions around improvement through the Children's Service Working Group (ChSWG) which consists of representation from NHS West Kent, West Kent Community Health, children's commissioners, education, social services, the Kent Deaf Children's Society, the National Deaf Children's Society and parents. This group meets every three months and has been kept informed of all developments. The ChSWG was also involved in the quality assurance visits, giving the contributors the opportunity to discuss the existing service and what they would want from an improved service. During the quality assurance visits, all the parents of children using the service were invited to give their views.

Further consultation can still take place. There are forthcoming consultations about certain children's services, which could be widened to allow parents of children requiring audiology to give their views about the service and raise issues so we can consider creative solutions to them. In addition, a patient satisfaction survey is currently taking place around this service, and we hope that this will give patients and parents the opportunity to raise any concerns or suggestions about the current and future service – improvements have already been made as a result of this survey.

Consideration of facilities in the Maidstone area

There are very specific requirements to the facilities that are needed, including a 15ft by 15ft space which can be sound-treated, with reception facilities that are appropriate for children and people with a disability. These requirements make it impractical to seek a temporary solution.

Serious consideration was given to locations such as children's centres and the acute audiology department at Maidstone Hospital. However, as experience has shown us, it can take years to arrange suitable locations for services, and where the facilities are not owned by the PCT, negotiations can be protracted. It was important we did not miss the opportunity to make wholesale improvements, especially as Preston Hall is scheduled to close in summer next year.

However, we continue to look for suitable facilities in the Maidstone area which will enable the new high standard of service to be provided more locally.

Timing of new service development

The need to make drastic and rapid improvements to the paediatric audiology service was highlighted by the Department of Health quality assurance visits in 2009, and improvements must be implemented before the next visits in 2011.

The speed with which we needed to establish the improved service was, however, exacerbated by the fact that funding was available in the capital programme for 2009-10 to fit out new facilities, which may not have been the case in 2010-11. This meant that it was important to focus on using facilities that West Kent Community Health own and control.

Consideration of health inequalities

The NHS in West Kent is mindful of the need to address health inequalities and we appreciate that people in the Maidstone area on low incomes may now have further to travel until a location can be found. However, the service can arrange home visits where many elements of the testing can be carried out, if patients have significant difficulties in attending.

The new service will be a real 'gold standard' and a big improvement on what is currently available, and that across West Kent the majority of patients will have shorter distances to travel than they currently do. The new service will also be much more flexible and timely in the availability of appointments, and we hope this will compensate for any additional difficulties with transport. Indeed, until this time, patients from the areas of West Kent with the highest concentration of deprivation, Dartford and Gravesham, have been faced with a journey to Maidstone and we are pleased to now be able to provide a service in this area.