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, 6 January 2012.

PRESENT: Mr N J D Chard (Chairman), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mr K Smith, Mr R Tolputt, Mr A T Willicombe, Cllr J Burden, Cllr R Davison, Cllr M Lyons, Cllr G Lymer, Dr M R Eddy and Mr M J Fittock

ALSO PRESENT: Mr L Christie and Cllr J Cunningham

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Introduction/Webcasting
(Item 1)

2. Declarations of Interest.
(Item)

Michael Lyons declared a person interest in the Agenda as a Governor of East Kent Hospitals University NHS Foundation Trust.

3. Minutes
(Item 4)

RESOLVED that the Minutes of the meeting of 25 November 2011 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

4. NHS Emergency Resilience and Olympics Planning
(Item 5)

Meradin Peachey (Director of Public Health), Matthew Drinkwater (Head of Emergency Preparedness and Response, NHS Kent and Medway), Paul Mullane (Head of Emergency Planning, Response and Resilience, 2012 Olympics Lead, NHS Kent and Medway), Jon Amos (Contingency Planning and Resilience Manager, South East Coast Ambulance Service NHS Foundation Trust), and Geraint Davies (Director of Commercial Services, South East Coast Ambulance Service NHS Foundation Trust) were in attendance for this item.

(1) The Chairman welcomed and introduced the guests before explaining that the purpose of the meeting was for Members of the Committee to seek reassurances from the NHS on behalf of the people of Kent that the

appropriate plans were in place relating to emergency resilience, and specifically to the Olympics and Paralympics Games.

(2) The Director of Public Health was invited to introduce the item and did so by explaining that she was the lead director for NHS Kent and Medway. The overall principle was to ensure there was one clear approach to mobilising emergency plans across all provider Trusts and the Primary Care Trusts in Kent and Medway. The call system operated 24-hours a day and the plans meant the whole resource of the NHS could be mobilised.

(3) The publicly available plans produced by the NHS were contained in the Strategic Major Incident Response Plan which each NHS Trust produced and refreshed each year. This ran alongside the Business Continuity Plans which all organisations produced annually. This was a practice mirrored across all the organisations which were Category 1 and 2 responders and so were part of the Kent Resilience Forum.

(4) There were a few key messages about NHS emergency resilience planning running through the information provided at the meeting. Representatives from the NHS were keen to stress that the emphasis was on developing capabilities rather than responses to specific scenarios as it was difficult to predict and plan for every possible event. This was complemented by the fact that plans could be scaled up across the local area, then regionally and nationally. What this meant in practice was that where necessary the NHS could call on the resources of any Trust, near or far, to provide resources and assistance, as well as call on the support of other organisations such as the police, fire and rescue service and the military.

(5) While there were limits to how much detail could be provided on the lessons learnt from actual incidents elsewhere, representatives of the local NHS explained that events in New York and Mumbai had been closely studied and there was sharing of good practice relating to other events around the world, such as in Norway and Belgium. The particular position of Kent and Medway, neighbouring London as it does and containing a number of transport hubs, was incorporated into the planning. For example, in response to a couple of specific concerns raised about Manston Airport, it was explained that yearly interagency exercises were carried out at the airport, with a live one taking place every 3-4 years; the last one took place last year.

(6) The Ambulance Service was key to the implementation of any plans. Most calls triggering an emergency response came through the ambulance service which coordinated NHS Gold Command. This in turn was able to allocate NHS resources across Trusts in case of need, with the Folkestone earthquake given as an example in recent years. The Trust reported that recent changes in the way the ambulance service was organised meant it could deliver a more flexible response. This included the availability of 60 Critical Care Paramedics and the introduction of the Make Ready Depots. The two Hazardous Area Response Teams (HART) at Ashford and Gatwick formed an important part of the resources the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) could deploy. These were specially trained teams of 42 staff, each on permanent standby and able to enter ‘hot zones’ in the event of chemical spills and similar events.

(7) Related to this, the Director of Public Health explained that there was a greater need now than 20 years ago to plan for biological and chemical incidents. She was the lead STAC for Gold Command in the County. STAC stood for Science & Technical Advice Cell and meant that she had the responsibility for pulling together the best advice relating to poisons and poisonous substances. This system was designed to avoid the situation which occurred at the Buncefield oil disaster a few years ago when it took 3 days to pull together the proper advice. There were 12 public health consultants in Kent and Medway STAC trained when 3 from the Health Protection Agency were included. Continual STAC coverage for 3 days had been rehearsed.

(8) A number of Members raised a number of related concerns about the impact of the Olympic and Paralympic Games. The whole period of the Games would see a marked increase in the number of people travelling through Kent and Ebbsfleet Station was seen as a major pinch point. One Member felt that little had been done to warn the general public of the anticipated impact of the Games on the wider transport network. There would still be the regular amount of commuter traffic over this period and recent high winds had shown how quickly the traffic system could cease up. Alongside the impact on the continuity of daily life, Members also expressed concerns about the ability of the NHS to continue providing a regular level of service, as people would still require medical treatment over this time.

(9) In response, representatives from the ambulance service explained that the core assumption behind the plans was to keep the regular 999 service continuing as normal. Modelling from previous Games as well as modelling carried out by the London Ambulance Service and Office of National Statistics, meant that an increase in activity of between 1% and 7% was predicted as a result of the Games. While the service was lean, it was used to dealing with a flux in demand. The NHS was already used to dealing with extra demands over winter and was used to dealing with such occurrences as Operation Stack and Kent had recently hosted the Open Golf Tournament which saw an increase in the number of people travelling through the County. Leave restrictions and other measures such as a bank system had been brought in to make sure the appropriate capacity was available. A more coordinated response with police and other services was being brought in at control room level with weekly Gold level meetings during the Games. Specific funding for days when events were taking place had been requested by the ambulance service. In addition, SECAmb were in negotiation with commissioners over their 2012/13 contract around the anticipated 1-7% increase in activity. The Trust offered to report back to the Committee in April as to the outcome of this process.

(10) With regards the Olympic Park in London, there was a national scalable Department of Health plan which would enable appropriate resources to be brought in from the most appropriate source, including the military. This could involve calling on Trusts based in Kent and Medway, as when SECAmb provided assistance during the London riots in 2011. During the period of the Games, 28 staff from across the SECAmb area would move to assist covering the London area. While none of the Olympic lanes would be in Kent, patients in Kent and Medway did access London acute services and so there was a

potential impact. SECAmb was working with Transport for London and the London Ambulance Service over the best ways to ensure continuity of service.

(11) In relation to the Paralympic cycling events to be held at Brands Hatch, SECAmb was working with St. Johns Ambulance and specialist Olympics and Paralympics medical staff on preparations. The regular ambulance fleet would be able to provide the necessary cover. In addition, there were three air ambulances across the SECAmb area, with the helicopters of the RAF Coastguard on standby. London and Essex were in a position to provide mutual aid.

(12) The Chairman thanked the guests for their valuable contributions and looked forward to receiving further information from SECAmb in April.

(13) AGREED that the Committee thank representatives of the local heath sector for their contribution to its review of this important subject, commends the work they have done in conjunction with other partners and wish them all every success for this Olympics year.

5. Reducing Accident and Emergency Admissions: Preliminary Findings

(Item 6)

(1) The Chairman introduced the item by explaining that the report in front of Members contained some preliminary findings and that the final report on reducing accident and emergency admissions would only be produced following the 3 February HOSC meeting at which the role that mental health services play would be considered.

(2) A number of Members supported the Chairman's impression that the NHS was becoming more a series of silos and less an integrated service. Several Members provided examples from their own experiences of the lack of communication between different NHS organisations.

(3) Members felt that there were a number of ways in which attending an accident and emergency department (A&E) was becoming the default response of many people. Where GP surgeries could not carry out minor procedures, or could not do so within a reasonable amount of time, then members of the public may feel attending A&E was the only option. This tendency would be reinforced where there were issues around accessing GP out-of-hours services and uncertainty around the services which minor injury units and pharmacies could or could not provide. There were also areas, like Maidstone, which had no community hospital. The Chairman undertook to write to the Chief Executive of Kent Community Health NHS Trust to request information about opening times and the availability of services at community hospitals, minor injury units, and walk-in-centres.

(4) On Member reported that a major report on this subject had come out the day after the last occasion the Committee had considered it. The Member felt that this would have changed the outcome of the debate if it had been known about and that the NHS may well have known it was about to be published

and what it contained. It was felt that there was a need to take on board the findings of these report in order to develop a more accurate understanding of the realities of the health service.

(5) AGREED that the Committee note the report.

6. Forward Work Programme

(Item 7)

(1) The Chairman introduced the Forward Work Programme and highlighted some of the items proposed for future meetings. The Chairman requested that should any Member have any specific question relating to the 9 March item, *Partnership between Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust*, then they should be forwarded to the Committee Researcher by the end of Friday 13 January. In addition, the Chairman commented that the idea of an event around April time looking at 'One Year to Go' before the new NHS system is introduced on 1 April 2013 had been passed on to the Health and Wellbeing Board but no response had been received.

(2) On this subject, Members felt that it would be beneficial for them to receive information on the Health and Wellbeing Board and what it was considering because there was a possible role for the Committee in adding value to the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The Researcher to the Committee undertook to ensure Members received information about future Health and Wellbeing Board Agendas.

(3) On the subject of the partnership between Darent Valley and Medway Maritime, one Member explained that the Governors of each Trust were visiting the other on 1 and 15 February and felt any interested Member would be able to take part in either or both and undertook to provide the relevant contact details to the Committee Researcher in case any Member wished to enquire further.

(4) A representative of the Kent LINk requested the opportunity to bring back a report on mental health issues in April and undertook to provide the necessary information to the Committee Researcher.

(5) A range of views were expressed on the development of locality boards and how they would fit in with health scrutiny. There had been a paper on this subject included in the Agenda for 14 October 2011 and since then there had been developments around the Committee structure at Kent County Council which may also have an impact on the way health scrutiny develops. The Chairman felt that while it was something of a chicken and egg situation, the Committee would be able to accommodate and respond appropriately to any issue which came through the locality boards.

(6) There were a number of broader points made about the role and effectiveness of the HOSC. One the one hand, the view was expressed that it was difficult to see what practical results the Committee was achieving in improving the local health service. On the other hand, the view was expressed that the Committee

had created a major shift in the way the local NHS approached public consultation, with the recent work on maternity services in East Kent an example, and that this was a positive achievement.

(7) There was clear consensus around the fact that the development of the Health and Wellbeing Board and other changes in the health and local government sectors would mean a change to the way health scrutiny was carried out. One Member felt it would be of assistance to have a reminder of the statutory powers of the HOSC and the Chairman undertook to ensure there was a paper in the next Agenda.

(8) AGREED that the Committee approve the Forward Work Programme.

7. Date of next programmed meeting – Friday 3 February 2012 @ 10:00 am
(Item 8)