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, 7 September 2012.

PRESENT: Mr M V Snelling (Chairman), Mr N J Collor, Mr A D Crowther, Mr D S Daley, Mrs E Green, Mr J F London (Substitute for Mr C P Smith), Mr R A Marsh (Substitute for Mr R E Brookbank), Mr L B Ridings, MBE, Mr K Smith, Mr R Tolputt, Mr A T Willicombe, Ann Allen, Cllr Mrs A Blackmore, Cllr M Lyons, Cllr G Lymer and Mr M J Fittock

IN ATTENDANCE: Ms D Fitch (Assistant Democratic Services Manager (Policy Overview))

UNRESTRICTED ITEMS

3. Declaration of Interest

(Item)

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

4. Minutes

(Item 4)

RESOLVED that the Minutes of the meeting held on 20 July 2012 are correctly recorded and that they be signed as by the Chairman.

5. Kent Community Health NHS Trust: FT Application

(Item 5)

Marion Dinwoodie (Chief Executive, Kent Community Health NHS Trust), Lesley Strong (Deputy Chief Executive / Director of Operations Adults (Kent Community Health NHS Trust), Isabel Woodroffe (Head of Governor and Member Recruitment, Kent Community Health NHS Trust), Natalie Yost (Assistant Director, Communications, Engagement and Public Affairs, Kent Community Health NHS Trust) were in attendance for this item.

(1) The Chairman welcomed the representatives from the Kent Community NHS Trust and invited Mrs Dinwoodie to introduce the item.

(2) Mrs Dinwoodie set out the context, their five strategic goals and the consultation process for the Foundations Trust Application and referred to the papers on their journey to become a Foundation Trust which had been circulated with the agenda.

(3) A general question was raised about the impact of Private Finance Initiatives (PFIs) on the finances of local hospitals. Although this did not affect Kent

Community Health NHS Trust directly, it was explained that local PFI hospitals were looking at getting into a stable and mature position and had a 5 year plan to get full money back into the area by year 6.

(4) Members requested some clarification around which properties were run by the Trust. Mrs Dinwoodie confirmed that the Kent Community Health NHS Trust FT ran services in the 12 Community Hospitals around Kent, but that there was not an equitable distribution across the county as they tended to be positioned around the perimeter of the county. These were used as step down facilities from an acute setting. She stated that there needed to be a better balance between this and step up facilities from respite. The future of the community estate was currently being considered and it was likely a new body, The NHS Property Company, would take ownership of them. Most services were provided by the Trust outside of fixed locations, in the community. This contributed to a sense in which community services were like "dark matter" in the health economy in that they held everything together but were not visible. In the future, the Trust would be asset light which would improve its flexibility.

(5) In response to a question about information to patients on about what to expect following an operation with an example given by a Member, Ms Strong stated that the trust would be working on care pathways to ensure that this situation patients were given this information prior to discharge. She undertook to discuss the specific matter further with the Member outside of the meeting. She explained that the normal process was to facilitate discharge into Community Services if appropriate. With long term conditions part of the Trust's work was supporting self management to help the client to manage the condition themselves.

(6) In response to a question on how the difference made by the Trust would be seen on the ground, Mrs Dinwoodie and her colleagues stated that they believed that the Trust engaged with and listened to the patient now, but there will be a greater transparency under the constitution of the Foundation Trust as there will be a membership with Governors drawn from this. The aim was to make services more personalised. So, for example, if a client has a long term condition they would see what opportunities they have if they came to a focus group or engaged and were listened to.

(7) Referring to the FT consultation process, a Member referred to the 12 consultation meetings and assumed that they were linked to District areas and asked what the feedback been like so far and the attendance at consultation meetings. Ms Woodroffe explained that the Trust had also sought feedback at the County Show. The Consultation process did not just start on 30 July 2012 as the Trust already had a large panel of people who they engaged with about services via their engagements team, which is a rich source of feedback. The Trust also sought feedback from these people in August. The Trust had run a radio campaign on a local station which was aimed at young people. The Trust had a small team who went out to all kinds of events with specific groups and they had been out and about in the community. She believed that they had received about 36 written responses but had also captured the responses from meetings that they had attended.

(8) In relation to a question about the financial duty upon a Foundation Trust and the difference between this and the break even duty, Mrs Dinwoodie explained that the financial duty on the Foundation Trust would be rigorous and went further than the break even duty. She explained that as a Foundation Trust they would have to demonstrate to their Board, the Strategic Health Authority, the Department of Health and Monitor, as well as the Committee that they really understood their business. They had to show that what they were going to provide had the certainty of support from various commissioners, including KCC, and that the Foundation Trust's strategy matched commissioners' intentions. Also the Foundation Trust needed to demonstrate a stable commitment over five years. This should enable the Trust to run a more stable organisation year on year than having to achieve annual break even. If the Trust wants to pump prime anything to provide new services they needed to demonstrate how they would make a surplus, they therefore need to have a recurring balance every year.

(9) In relation to a question about the wellbeing of staff, Ms Strong stated that there was a robust Occupational Health service available, and there were policies being developed around for example staff smoking at work. However, lifestyle choices were down to the individual, although it was possible to influence this through work polices.

(10) In relation to assessing community based quality of service Mrs Dinwoodie explained that this would be a matter for Monitor. In the past the Trust had been paid as a block contract and therefore they did not know the true cost of each service. They were now moving to a tariff regime and would therefore be able to see if a service was making a profit or loss. This in turn would help the Trust consider issues of quality and value for money. The Trust also wanted to be able to show what impact they were having with their work to try to get performance and understanding out into the open. She stated that they would keep the Committee informed of progress.

(11) Ms Strong explained in response to a question on the equality of provision that there was a tension between how the Trust made the service locally appropriate, as they had to engage with CCGs, and the risk that the services would develop differently depending on CCG commissioning and local community needs. The aim was for people not to have to go to acute hospitals but to manage their own condition, for example via telehealth. This could work very well at the local level but one size did not fit all.

(12) Mrs Dinwoodie, in response to a question stated that the Trust was getting better at understanding what patients and GPs will want to choose. The Trust was gaining the confidence of patients and partners through, for example, listening to patients and aiming to be responsive. They were getting to the stage of seeing what offer would be in each CCG area. They were trying to get as much sign off and input from CCGs as to what they will want to commission. Expanding the numbers of people appropriately looked after in the community was possible but limited by budgets and what could be afforded.

(13) Mrs Dinwoodie confirmed that there were 19 Community Trusts aspiring to be Foundation Trusts so there was a network, which enabled the Trust to produce benchmarks as well as sharing and learning from best practise.

(14) Mrs Dinwoodie confirmed that the Trust was taking the application to their Board and the Strategic Health Authority in November 2012.

(15) In response to a specific question Ms Woodroffe explained that local people would hold the Foundation Trust to account via the Council of Governors. The Public Governors would be elected by the membership who would be balloted in March 2013 and there were already 20 people who had expressed an interest in becoming a Governor. In November/December a workshop would be held for anyone interested in becoming a Governor. The four Staff Governors would be elected in a similar way. The out of area Governor would be elected from people who did not live in Kent but had accessed the Trust's services. There had been no expressions of interest for out of area Governors but these could be elected over time in the same way as the other Governors. The stakeholder Governors would be elected by their appointing bodies.

(16) In relation to locations for services, Ms Strong explained that work was being carried out to provide services in different ways such as, for example, from Children's Centres. In relation to services for Adults the Trust was looking at co-locating in existing or KCC buildings. She emphasised that the Trust wanted their budget to be spent on staff and services and did not want the expenses of running a large property estate.

(17) Regarding the statement in the paper that the Trust wanted to have "committed" staff, Ms Strong stated that they were going through large scale changes and that this recognised the need to take staff with them. They did this by constantly explaining to staff what was happening and why there was a need to change and do things differently.

(18) In relation to a question on achieving financial balance Mrs Dinwoodie explained that there was a need to have a stable service which was in control of its revenue year on year and its targets to save year on year. In relation to savings she explained that for many years they had shaved budgets but now there was a need to redesign services and to work across boundaries, this was a huge thing to get right. Regarding the Acute Trusts, they had 70% of beds occupied by people with long term conditions; this was a drain on the health economy.

(19) The Chairman stated that there was an additional subject that he wished to raise with Mrs Dinwoodie. This was stroke services at Tonbridge Cottage Hospital. Mr Daley referred to this matter and the question of what consultation the Trust had carried out with this Committee prior to the changes being implemented. He reminded Health Service colleagues that where there was a proposed change of service provision the Committee should be informed so that they could decide if it was a significant service reconfiguration and how it might wish to be involved or consulted.

(20) Mrs Dinwoodie explained that when the consultation was undertaken for the new Pembury Hospital part of the change was that the ward for stroke

rehabilitation would not be within the acute hospital and that it would go to a community unit in Sevenoaks. There was subsequently a view that would be better placed at the Tonbridge Cottage Hospital, the PCT Board therefore made this decision. Ms Strong confirmed that there were still community beds at Tonbridge Cottage Hospital and others had been re provided over West Kent. Discussions were underway with local CCGs to look at increasing the number of community beds at Tonbridge but these were at an early stage. She gave an undertaking that the Trust would bring any proposed changes to services to this Committee at an early stage.

(21) The Chairman emphasised that the Committee should be informed of any proposed service changes at an early stage and if the Committee decided that they were a substantial variation then it would need to be fully involved.

(22) RESOLVED that the guests be thanked for their contributions and that the Committee looks forward to receiving further updates in the future.

6. Vascular Services

(Item 6)

Nicky Bentley, Associate Director (South of England Specialised Commissioning Group, NHS Kent and Medway) was in attendance for this item.

(1) The Chairman introduced the item and explained that it was for the Committee to consider whether the changes were a substantial variation. Medway Council's Health and Adult Social Care Overview and Scrutiny Committee had considered this and asked for further information before deciding whether this was a substantial variation. If both Health Overview and Scrutiny Committees decided that this was a substantial variation then it would be considered at a Joint Health Overview and Scrutiny Committee.

(2) Ms Benton presented the paper on the Kent and Medway NHS vascular review which included an outline of the proposal with reasons for the changes and the timescale. The Trust had to report to the Strategic Health Authority by the next financial year that they had a plan in place.

(3) Members expressed their appreciation to the Trust for coming to the Committee at this early stage; they welcomed the review and the holistic and long term approach taken. The comment was made that it would be helpful to know the costings and estimated savings from these proposals. Confirmation was sought that this review was more to do with clinical excellence than achieving savings. Ms Benton explained that the proposal was related to Consultant training and Junior Doctors, there was a need for a critical mass of expertise for this service and she did not believe that it was possible to achieve this on two sites.

(4) Information was sought on the impact that travelling a greater distance for surgery would have on the outcome for the patient. Ms Benton stated that this was not available yet but that they would need to have this information for the review.

(5) Responding to a question about screening it was confirmed that it was already in place in GP surgeries in Canterbury. It was reported that this had been very successful and was being rolled out across Kent and Medway.

(6) As only data for 2011/12 had been supplied, a Member asked if this was indicative of previous years. Ms Benton explained that data was available for previous years and would be supplied for as part of the full review.

(7) Ms Benton confirmed that patients would still have the option of being treated at Kings College Hospital.

(8) In relation to a question on the impact of the European Working Time Directive on achieving 24/7 cover, Ms Benton stated that part of the impact was physically having the right number of people, with the right skills in the right place at the right time.

(9) RESOLVED that:

(1) the Committee considers that the proposed changes to Vascular Services are a substantial variation and that, subject to the view of Medway Council, further consideration will be given to them by either the Kent Health Overview and Scrutiny Committee or the Joint Health Overview and Scrutiny Committee with Medway Council, and

(2) an item on the impact of the European Working Time Directive be added to the work programme for this Committee.

7. Older People's Mental Health Services in East Kent
(Item 7)

Evelyn White (Associate Director Integrated Commissioning, NHS Kent and Medway), Linda Caldwell (Senior Commissioning Manager Carers and Older People East Kent, NHS Kent and Medway), Dr Kanagasooriam (GP Commissioning Lead for Older Peoples Mental Health), Dr Karen White (Executive Medical Director), Dr Barbara Beats (Assistant Medical Director – Older Adults), Justine Leonard (OPMHN and Specialist Service Line Director, KMP), Su Brown (Head of Operations, Communications and Engagement, NHS Kent and Medway) were in attendance for this item.

(1) The Chairman welcomed Health Service colleagues and invited them to introduce their preliminary paper on Older Persons Mental Health Services in East Kent.

(2) Ms White presented the paper which set out the outcomes of the formal consultation which would be presented to the NHS Kent and Medway Board in later in the month. Ms White confirmed that the Trust were part of a bid for national funding to make the implementation of improvements faster for those with dementia, this was an important work stream and there was partnership working with social care colleagues in relation to this important piece of work. The Trust was aware of the recommendations of the KCC Select Committee on Dementia.

(3) Ms Leonard confirmed that there were two options for the proposed provision at St Martins, these were either to build a new unit or to convert an existing facility but this would not be a ward in the older part of the hospital.

(4) Ms White explained that one of the pieces of work that was going on across the County was to ensure that support staff see the individual and not the dementia. There were dementia champions at each of the Acute Trusts. This was not part of the process being reported to the Committee today but was part of a wider agenda.

(5) In response to the reference to the patient safety aspect of the options, Dr White explained that option one would mean it was necessary to rota across three sites and it would be more likely that locum staff would need to be used. Whereas with option two, it would only be necessary to have a rota across two sites which would be easier to cover with Trust staff.

(6) In relation to a question on the increased prevalence of dementia within an aging population and the proposals ability to cope with this, Dr White stated that an increase in the number of people with dementia did not necessary mean that there was a need for an increased number of inpatient beds, what was needed was support in the community to enable better management of the condition and improved individual care in the persons own home. There should be more investment in crisis treatment and care in the community which would result in a reduced need for acute beds. There was a need to work closely with local authority colleagues to provide a joined up service and to be confident that the commissioning of beds met the needs now and in the immediate future. She emphasised that it was essential to build capacity in the community prior to the any planned reduction in acute beds. Ms White confirmed that there was a dedicated dementia crisis team.

(7) In relation to the demographic changes of an elderly population, Dr Betts stated that the proposal should provide sufficient flexibility to meet a wide range of needs alongside adequate community support and early discharge planning in to a supported home environment. Specifically, the importance of the proposals taking account of the older population who move into the Thanet coastal area was noted as one demographic factor.

(8) Regarding a question on mixed sex wards, Ms Leonard stated that the aim of the new provision was to provide single en-suite rooms with good access to a social space and a female only lounge. There will be mixed facilities which was normal in residential care facilities and they would do everything to cater for the individual and to protect privacy.

(9) Regarding respite provision, Ms White explained that this was an important element of their plan and was one of a number of things that they were working on with colleagues in social care on as part of their dementia plan.

(10) In response to a question on why there were no public consultation meetings held in Thanet Ms White explained that the three consultation meetings had been spread across the whole area based on advice from their communications and engagement team. In addition to these meetings there was also a lot of work carried out with groups that support older people with

Dementia and Mental Health needs across this area, such as Age UK and via the Dementia cafes.

(11) Ms White stated that the Trust was in discussion with Kent Community Health Trust regarding integrated teams and this was part of a whole system approach to the service.

(12) Responding to a specific question about what issues existed around recruiting clinical staff, Dr White stated that there had always been an issue with attracting doctors into the area of psychiatry, especially focusing on older people with dementia; it had a stigma and therefore healthcare professionals were less likely to select to work in this area. However, the Trust had been more successful than other areas in attracting staff and offered placements to doctors before they made their final choice of specialism so that they could do this based on a positive experience. She asked Members to do all that they could to reduce the stigma attached to Mental Illness.

(13) RESOLVED that the Committee support the Older People's Mental Health inpatient reconfiguration based on option 2.

8. Joint Health and Wellbeing Strategy
(Item 8)

Meradin Peachey (Director of Public Health, KCC) and Julie Van Ruyckevelt, (Interim Head of Citizen Engagement for Health, KCC) were in attendance for this item.

(1) The Chairman asked that, due to the lack of time to fully consider this item, Members email Ms Peachey with their comments on this first draft of the Joint Health and Wellbeing Strategy prior to consideration at the next meeting of the Committee.

(2) RESOLVED that consideration of the Joint Health and Wellbeing Strategy be deferred until the meeting of the Committee on 12 October 2012.

9. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust: Developing Relationship - Written Update
(Item 9)

(1) The Committee considered a letter on the integration between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust dated 22 August 2012 from the Trusts' Chief Executives.

(2) RESOLVED that the update be noted and the suggested new name "North Kent NHS Foundation Trust" be supported.

(Mr Adrian Crowther declared a personal interest in the Agenda as a Governor of Medway NHS Foundation Trust).

10. Date of next programmed meeting – Friday 12 October 2012 @ 10:00am
(Item 10)