KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 6 September 2013.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, Mr L Burgess, Mr N J D Chard, Mr D S Daley, Dr M R Eddy, Mr J Elenor, Ms A Harrison, Mr A J King, MBE, Mr R A Latchford, OBE, Mr G Lymer, Cllr M Lyons and Cllr Chris Woodward

ALSO PRESENT: Cllr Mrs A Blackmore and Cllr R Davison

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

UNRESTRICTED ITEMS

1. Introduction/Webcasting

(Item 1)

2. Declarations of Interest

(a) Mr Nick Chard declared a personal interest in the Agenda as a Non-Executive Director of Health Watch Kent.

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

3. Minutes

(Item 4)

(a) It was highlighted that page 1 of the Minutes Section 3(a) should read 'one of the issues.'

(b) RESOLVED that, subject to this amendment, the Minutes of the meeting of 19 July 2013 are correctly recorded and that they be signed by the Chairman.

4. Forward Work Programme

(Item 5)

Felicity Cox (Kent and Medway Area Director, NHS England) was in attendance for this item.

(a) Approval was expressed of the idea of visiting the Deal Hospital site as it had been the subject of a recent public meeting. It was suggested that a visit to the Buckland Hospital site could also be included. The Chairman undertook to look into what could be arranged.

(b) The subject of winter planning by acute hospitals was raised. Felicity Cox explained that through the Urgent Care Board, she would be able to make available to the Committee the winter plans once they had been signed off.

(c) Clarification was sought about the Adult Mental Health Inpatient Services Action Plan suggested for January 2014. It was explained that this was a specific report arising from the work of the Kent and Medway NHS Joint Overview and Scrutiny Committee and did not preclude the Committee considering other mental health issues. The topic of Child and Adolescent Mental Health Services (CAMHS) was mentioned. It was explained that the Corporate Parenting Panel received quarterly updates on this topic. The Vice-Chairman explained that CAMHS was a complex subject and it would be a question of the most appropriate time to consider the subject given that there was a relatively new provider. The Chairman and he were to meet with Mrs Whittle soon and a suggested date would be brought to the next meeting of the Committee.

(d) The request was made for the Committee to have the opportunity to hear from the CCGs across Kent, perhaps in geographical clusters, as soon as possible and the Chairman explained that this was being actively pursued.

(e) AGREED that the Health Overview and Scrutiny Committee note the report.

5. Medway NHS Foundation Trust: The Keogh Review
(Item 6)

Mark Devlin (Chief Executive, Medway NHS Foundation Trust) and Felicity Cox (Kent and Medway Area Director, NHS England) were in attendance for this item.

(a) The Chairman of the Committee welcomed the Chief Executive of Medway NHS Foundation Trust (MFT) who then proceeded to introduce the item. Mr Devlin explained that following the publication of the Francis Report, 14 Hospital Trusts across England were selected on the basis of having been outliers for 2 years in one of 2 mortality statistical measures – Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). Sir Bruce Keogh was asked to investigate why the statistics were as they were and to ensure that the hospitals were improving. The Trust was visited by a 25 strong group involving active clinicians, regulators and local Clinical Commissioning Group (CCG) representatives. There was an announced visit followed by a second unannounced visit. Public meetings were held in Chatham and Sheppey. MFT was one of only 2 Trusts out of the 14 which had no issues escalated to regulatory bodies. The review concluded that there was good practice at the Trust, but that it was inconsistent; Mr Devlin agreed this was fair comment. Some of the improvements to be made could be undertaken solely by the Trust but some would involve the assistance of other bodies.

(b) It was further explained that most of the recommendations made by the review were in progress anyway. An example was given of the mortality working party set up by the end of 2012. This was chaired by the Medway Director of Public Health and involved Trusts with a good record around mortality. There were 50 points in the action plan and there were 6 areas where improvements were to

be focused and these were set out in the Agenda on pages 38-40. HSMR and SHMI were useful as a 'smoke alarm' but did not tell the whole story of what as happening in a hospital. The SHMI at MFT was now at the lowest it had ever been and while the HSMR was still at 12, this was an improvement on the previous year.

(c) MFT was the busiest hospital in Kent and getting the right skill mix was central to being able to deliver 24/7 care. A review of the nursing and midwifery establishment was underway. More acute physicians were being recruited and there was a clear correlation between their numbers and safety. 25 consultants were being sought and 16 had already been recruited, all high calibre candidates. In response to a question, it was acknowledged that staffing levels were lower at weekends and at holidays and that this was being looked at. On the other hand, in response to being asked whether MFT would have responded as well as it had to the previous day's major traffic accident on the Sheppey Crossing if the accident had occurred on a Sunday, Mr Devlin explained that it would. He was proud of the way the hospital had dealt with the Sheppey Crossing accident and the MFT accident and emergency department was resilient. Consultants were always available on call and the hospital was set up as a trauma unit.

(d) There was however a need to redesign the accident and emergency department, which saw 90,000 patients a year and had limited floor space. There was also a need to ensure staff were properly supported and to improve patient flows to the community. The local Urgent Care Board would be essential in steering this. Further information was given by Felicity Cox, representing NHS England. There were good reasons for thinking that MFT would be able to access significant funds from the money announced by the Department of Health to assist emergency care. In addition, there had been discussions about Swale CCG's 2% transition funding being available for the accident and emergency department at MFT. More generally, the Trust faced the challenge of an old estate.

(e) In response to a specific question about the action plan, it was explained that there was a mechanism to regularly review the governance mechanisms at the hospital and so this would have been done anyway. The action plan was a live document, one which had originally been endorsed by the Board in June. The HOSC Agenda pack contained version 9 and the Trust were now on version 11. 90% of the actions would be completed within 6 months, with the date of the latest set for June 2014. MFT had a legal undertaking with Monitor to achieve the action plan and there was a recovery plan with the Kent and Medway Quality Surveillance Group as well. There was 3,700 staff at MFT and the improvement methodology would first be spread to the top 50-60 clinical leaders before being spread to the rest of the workforce. This shared improvement methodology would ensure consistency.

(f) In response to another question about the action plan, it was explained that a refresh of the executive team was underway and had been for the last 6-9 months. There were the same number of directors, but the job titles had changed in some instances. This was done to emphasise the need to change some deeper rooted cultural challenges at the Trust. In response to a specific

request, the offer was made to supply the Committee with an organogram of the hospital.

(g) On the need to improve the public reputation of the Trust, it was acknowledged that this was a challenge and that this had got harder because of the Keogh Review. The Committee were asked for any thoughts and comments. It was explained that the most recent Annual General Meeting had been held in the form of a listening exercise. The Chief Executive explained that he did often spend time talking to patients, sitting with them in outpatients or helping on a meal round and he wanted more senior staff to do the same.

(h) In response to a specific question, it was explained that in the action plan short term meant up to 3 months, medium term meant 3-6 months and longer terms meant longer than that. It was also confirmed that the action plan had also been to the equivalent Committee at Medway Council.

(i) Further questions were asked about the mortality statistics. The impact of the relatively higher level of deprivation in Medway was asked about and it was explained that both mortality indicators should take this into account. The Trust was able to drill down into the data, which was very useful. One area highlighted was the number of patients at the end of their lives who were admitted to MFT. This was partly because there was not a hospice for adults in the area. It was not always appropriate to send an elderly patient by emergency ambulance to hospital when they required end of life care. More needed to be done to ensure people's wishes about end of life were taken into account and acted on. Several Members agreed this should be a priority area to develop.

(j) The Committee proceeded to discuss possible recommendations. In addition to the recommendation, it was suggested that the Chairman write a letter to Mr Devlin expressing the Committee's gratitude to him and the staff of MFT for the way they responded to the previous day's accident on the Sheppey Crossing. The Chairman thought this was a good idea and undertook to do this.

(k) The Chairman proposed the following recommendation:

- That the Committee thanks its guests for their attendance and contributions today, asks that they take on board the comments made by Members during the meeting particularly with regards end of life care and looks forward to receiving further updates in the future at the appropriate time within the next twelve months.

(l) AGREED that the Committee thanks its guests for their attendance and contributions today, asks that they take on board the comments made by Members during the meeting particularly with regards end of life care and looks forward to receiving further updates in the future at the appropriate time within the next twelve months.

6. West Kent CCG: Mapping the Future
(Item 7)

Ian Ayres (Chief Officer, NHS West Kent CCG), Dr Bob Bowes (Chair, NHS West Kent CCG), Felicity Cox (Kent and Medway Area Director, NHS England) and Dr John Allingham (Medical Secretary, Kent Local Medical Committee) were in attendance for this item.

(a) The Chairman introduced the item and welcomed representatives of NHS West Kent CCG as the first CCG to bring their strategic plans to the Committee.

(b) Dr Bowes presented an overview and began by explaining that the Mapping the Future programme was a long term project aimed at dealing with the funding shortfalls of £20 million each year. With an ageing population and long terms conditions on the rise, if no changes were made there would be a £62 million shortfall in the next five years. In the past, old style management consultant exercises had been carried out to identify efficiencies. These had gone nowhere as providers had not been involved. The Mapping the Future programme involved them, commissioners, and the public in the redesign, with 4 different clinical scenarios used to develop ideas. Seeking the views of HOSC was a core part of this engagement exercise. There was a diagram on page 73 of the Agenda which set out how the relationship between the sectors of the health economy could be redone.

(c) All of this was underpinned by a tremendous data challenge and the Department of Health was working with GPs to work out the best way to use data effectively and be able to share it across organisations.

(d) A question was posed about how Mapping the Future was being publicised and communicated. The offer was made to send the Committee a written report setting this out in more detail.

(e) A question was posed about the structure of the health service and whether this meant organisations were more in silos than in the past. It was conceded that there were more autonomous organisations but now that 5-6 years of expanding budgets had ended, there was more of an emphasis on collaboration. CCG representatives explained that 3 key ideas had come out of Mapping the Future workshops. First, it was recognised that continuing to do the same things, but working harder and faster, would buy a little bit of time but there was rather a need to do something fundamentally different. Second, there was a recognition that all sectors were impacted and needed to respond and act. Third, there was increasing acceptance of the idea of 'the Kent Pound.' This phrase was used as shorthand for the recognition that there was only one finite sum of money for health and care across Kent and health and social services needed to work together, if debt was not to be just moved around the system.

(f) A number of specific questions were asked about the financial structure of the new NHS, some of which were more generic than specifically about West Kent. On behalf of NHS England, Felicity Cox undertook to provide the Committee with a breakdown of how the funding flowed down the NHS structure. CCG representatives explained that CCG's provided no services but were the commissioners of the majority of health services in Kent and so held contracts with the various providers. West Kent CCG received approximately

£1,000 per head of population, with a fixed £25 per head for administration. This funding was lower than for other areas of Kent and it was explained that it was not a straightforward capitation funding system. There was a complex funding formula which had been in use for a number of years and this gave a heavy weighting to deprivation but less to age. As a consequence, West Kent also received a smaller amount per head of population than other areas in the days of Primary Care Trusts. The Department of Health and NHS England were looking at future models of funding. On a capitation model, West Kent CCG would receive an additional £40 million annually.

(g) It was also explained that CCGs commissioned healthcare for all people in their geographical area and this included the responsibility for funding the healthcare of people resident in the area who fell ill and/or received treatment in different CCG areas. There was a discussion with Members about the size of CCGs with the view being expressed that West Kent CCG was too big to respond to local concerns. In response it was explained that West Kent CCG mapped the area broadly covered by Maidstone and Tunbridge Wells NHS Trust and that CCGs needed to be a certain size to be effective and that this did not mean the local dimension was lost.

(h) There was also a discussion on the possible tension between putting patients first and balancing budgets. CCG representatives explained that fiscal responsibility was the best means to ensuring patients needs were met. If a service was not sustainable and ceased to function, this would not be in anyone's interest. The view was expressed that the balance was too much in favour of the hospital sector historically. It was not that hospitals hung onto patients in order to make money but rather there was a need to share skills and responsibilities in order to enable patients to be transferred. Another challenge was that the tariff for services did not always match the real costs.

(i) In response to a specific question, it was accepted that Borough/District Councils should be listed in the Mapping the Future document as stakeholders.

(j) The value of pharmacies was raised and acknowledged. However, there was discussion of some oddities in the pharmacy system. There were a number of drugs where the cost of them was much less than the prescription charges but they were not available without a prescription and a charge being made. In response to a specific example being described, it was explained that there were occasions when paracetamol was prescribed. There was a limit to 32 of the number of paracetamol which could be purchased over the counter. Some people required a larger amount and a prescription was issued, though this would normally only be to patients who received free prescriptions anyway. If paracetamol was prescribed to someone who needed to pay, this was most likely an oversight.

(k) In response to another specific example, it was explained that the GP contract meant the practice should be available in some form between 8.00 am and 6.30 pm, Monday to Friday, even if the surgery was physically closed. The surgery should not close at lunchtime and just provide a telephone message asking people to call 111. If this was the case, Felicity Cox as the

representative of NHS England, which held GP contracts, requested the name of the practice.

(l) On the topic of GP opening hours, the question of their being inconsistent across Kent was raised by Members. It was explained that practices had a choice between cutting costs and expanding services and this tension was not new. The view was expressed by Members that GPs could work longer hours to assist with access and reducing attendances at accident and emergency departments. Both GPs in attendance countered that they were both working longer hours than in the past and this was not practical.

(m) The Mapping the Future programme would continue to develop and more detail as to how the ideas in it would be progressed would be forthcoming in the future. It was also explained that the Mapping the future programme involved a wide range of clinicians and these had experience of good practice both nationally and internationally.

(n) The Chairman proposed the following recommendation:

- That the Committee thanks its guests for their attendance and contributions today, asks that they take on board the comments made by Members during the meeting and looks forward to receiving further updates in the future.

(o) AGREED that the Committee thanks its guests for their attendance and contributions today, asks that they take on board the comments made by Members during the meeting and looks forward to receiving further updates in the future.

7. Date of next programmed meeting – Friday 11 October 2013 @ 10:00 am
(Item 8)