KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 30 July 2013.

PRESENT: Mr M J Angell (Chairman), Mr D S Daley, Dr M R Eddy, Mr R A Latchford, OBE, Mr G Lymer, Mr C R Pearman, Councillor Sylvia Griffin, Councillor Teresa Murray, Councillor Wendy Purdy (Vice-Chairman) and Councillor David Wildey (Substitute for Councillor David Royle)

IN ATTENDANCE: Ms J Keith (Head of Democratic Services, Medway Council) and Mrs A Taylor (Scrutiny Officer, Kent County Council)

UNRESTRICTED ITEMS

1. Election of Chairman
(Item 3)

1. The Scrutiny Officer (KCC) asked for nominations for Chairman of the Kent and Medway NHS Joint Overview and Scrutiny Committee.

2. Councillor Wendy Purdy proposed and Mr Dan Daley seconded that Mr Mike Angell be elected Chairman. No other nominations were received.

RESOLVED that Mr Mike Angell be elected Chairman of the Kent and Medway NHS Joint Overview and Scrutiny Committee.

2. Minutes
(Item 5)

RESOLVED that the Minutes of the meeting held on 19 March 2013 are correctly recorded and that they be signed by the Chairman.

3. Adult Mental Health Inpatient Services Review
(Item 6)

Felicity Cox (Kent and Medway Area Director, NHS England), Dr Rosarii Harte (Assistant Medical Director – Acute Services, Kent and Medway NHS and Social Care Partnership Trust), Lauretta Kavanagh (Partner, Integrated Commissioning and Strategic Change, Kent and Medway Commissioning Support), Alison Burchell (Chief Operating Officer, NHS Medway CCG), Ian Ayres (Accountable Officer, NHS West Kent CCG) and Dr Karen White (Medical Director, Kent and Medway NHS and Social Care Partnership Trust) were in attendance for this item.

(a) The Chairman welcomed Members of the Committee (Joint HOSC), the Committee's guests and members of the public. The Chairman then explained to Members that to accompany the Report of the independent expert, which

formed part of the agenda, a CD would be played with the consultant, Mr James Fitton, introducing his report.

(b) When this was played, Mr Fitton provided an overview and introduction which explained that his report was supportive of the NHS proposals but that certain reassurances were required. There needed to be a clearer articulation of how the centres of excellence would be delivered and there needed to be confidence that the bed numbers would be sufficient.

(c) In introducing the topic from their perspective, NHS representatives explained that discussions about the future shape of adult mental health services were not new and had been ongoing for a number of years. There was broad support that Medway A-Block was not fit for purpose. There was also an issue around the inequality of services available in East and West Kent, with a need to ensure beds were in the most appropriate locations. The sensitivity analysis which had been carried out had lead to the determination to strengthen community services in advance of changing acute inpatient provision. The bed numbers had been re-run and now been increased from 150 to 174. There would be local bed availability 90% of the time and this was viewed as being an affordable compromise. The comment was also made that the local NHS broadly accepted the key points of the independent expert's report. It was also pointed out that there was the changing context in the local health economy to take into account, such as Medway NHS Foundation Trust having been placed into special measures.

(d) A specific question was asked about the beds in Ruby Ward in Medway Maritime Hospital. It was explained that these were not part of the consultation or proposed changes.

(e) One of the main areas of discussion was around bed numbers. The rigour of the data was questioned with regards bed usage. The Committee was informed that there had been a trend for bed use to decrease over the last four years. There had been an increase on the previous month, but it was unclear whether this was a blip, or a change in the trend. If it was the latter, NHS representatives undertook to return to Members.

(f) There was a discussion around the nature of the relationship between bed availability and usage. NHS representatives explained that it was a complex topic and there was a need to examine carefully the relationship between beds available locally and out of area. No patient would be refused treatment because there was no bed available locally. NHS representatives explained that there was an aspiration to keep services local, but that this needed to be balanced against ensuring the full range of expertise could be provided. It was expensive to maintain empty beds and bed numbers could not be determined with mathematical precision. There was a need to make a policy judgment as well. The revised proposals did increase the number of beds and did emphasise the need to develop crisis resolution services.

(g) Further questions were asked about bed capacity and it was explained that there had been a few occasions when no beds were available in England, including in private provision. In these instances, it was possible to establish temporary beds. Of the 174 beds in the proposals, the locations of all but 8

had been determined. It was possible that these would be sourced with a private provider. Members were reminded that intermediate care beds would also be available over above this number. It was explained that should take up of these beds be low, they would be made available for out of area patients.

(h) The discussion moved onto other aspects of the proposal. NHS representatives agreed that there had been a failure to articulate during the consultation how services would be delivered in the community and in people's homes. It was explained that work would be carried out on a detailed plan which would be brought back to Members. The comment was made that the Committee had been waiting for a fully detailed plan. The response was made that an outline plan had been provided, but it was difficult to produce a detailed plan until the Committee had reached a determination on the proposals because to do so could be seen as presenting the Committee with a fait accompli or being seen to pre-judge the Committee's deliberations.

(i) Further on this topic it was explained that a bid had been accepted to provide extra workers in Medway to enable people in crisis to come out of hospital early. There was a focus on crisis teams to avoid the need for the acutely ill to actually require inpatient services and because in house care lead to better outcomes. In addition, there were specialist personality disorder services. Regarding the idea of a Recovery House, it was explained that discussions were underway with Kent and Medway NHS and Social Care Partnership Trust (KMPT) and that any of these set up would be most likely supported by third sector agencies.

(j) Liaison between mental health services and the police was also discussed. It was explained that crisis teams worked closely with the police. Figures suggested that around 10% of people brought to the service under section 136 went on to be admitted. Educational work was being undertaken with the police and processes were in place to enable discussions to take place before individuals were formally referred to mental health services.

(k) Questions were asked by Members about the longer term sustainability of funding of mental health services and preventative services. The answer was given that the overall level of funding was only as certain as the last spending review. Assurances were given that local commitments were secure. It was further explained that £3/4 million of investment in staff had already been committed and the performance of providers was monitored on a monthly cycle. Looking forward, localised solutions would be developed and these would be able to be brought to the respective Kent and Medway health scrutiny committees.

(l) Councillor Purdy proposed the following recommendation:

- That the Joint HOSC should recommend the Kent and Medway Health Overview and Scrutiny Committees to refer this service change to the Secretary of State on the basis it would not be in the best interests of the health service in Kent and Medway to make changes to acute beds until confidence in the information provided by the NHS is restored, reasons for high levels of out of area placements are resolved and sustained evidence

of improved community based services is available, plus guarantees of the implementation of James Fittons' recommendations.

(m) This was seconded by Councillor David Wildey.

(n) This was discussed by the Committee. One view expressed was that referral was an extreme step and it was better to liaise with the NHS on the implementation plan. In support of the recommendation, the view was expressed that there were not enough guarantees on the number of beds, with 174 still possibly being too low. The argument was also presented that Medway patients accessing services in Kent would mean fewer beds for Kent residents.

Not Carried:- 4 votes for, 6 against, 0 abstention.

(o) Mr Angell proposed the following recommendation:

- That the Committee supports the NHS proposals and asks that the report and recommendations of the independent report commissioned by the JHOSC be presented to the Clinical Commissioning Groups (CCGs) when they are asked to consider the next steps set out in the NHS briefing paper on p.21 of the Agenda. In particular, the Committee asks for, in line with the independent report:
  - A significant increase in the retention for reinvestment, to be spent on further increases in crisis resolution/home treatment and a small number of additional acute beds;
  - A clear plan being developed for the delivery of the elements of genuine centres of excellence in the three remaining sites;
  - An action plan to be prepared within three months to be overseen by NHS England and Kent County Council and Medway Council Health Overview and Scrutiny Committees; and
  - Regular monitoring of performance to be undertaken in light of experience as changes progress.

(p) This was seconded by Mr Lymer.

Carried:- 6 votes for, 0 against, 4 abstentions.

(q) AGREED that the Committee supports the NHS proposals and asks that the report and recommendations of the independent report commissioned by the JHOSC be presented to the Clinical Commissioning Groups (CCGs) when they are asked to consider the next steps set out in the NHS briefing paper on p.21 of the Agenda. In particular, the Committee asks for, in line with the independent report:

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- Regular monitoring of performance to be undertaken in light of experience as changes progress.

4. Date of next programmed meeting

(Item 7)