

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, 30 January 2015.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE, Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Mr J Elenor, Ms A Harrison, Mr C P D Hoare, Mr G Lymer, Mr C R Pearman, Cllr P Beresford, Cllr R Davison, Cllr M Lyons and Mrs M E Crabtree (Substitute for Mr A J King, MBE)

ALSO PRESENT: Mr A H T Bowles and Mr S Inett

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer), Ms D Fitch (Democratic Services Manager (Council)) and Mr A Scott-Clark (Interim Director Public Health)

UNRESTRICTED ITEMS

1. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

- (1) Cllr Michael Lyons declared an interest as a Governor of East Kent Hospitals University NHS Foundation Trust.
- (2) Mr Nick Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

2. Minutes
(Item 3)

- (1) There were no actions to update the Committee on since the Meeting held on 28 November.
- (2) RESOLVED that the Minutes of the Meeting held on 28 November 2014 are correctly recorded and that they be signed by the Chairman.

3. Medway NHS Foundation Trust and NHS Swale CCG: Medway's Emergency Department
(Item 4)

Dr Phil Barnes (Acting Chief Executive, Medway NHS Foundation Trust), Morag Jackson (Chief Operating Officer, Medway NHS Foundation Trust), Patricia Davies (Accountable Officer, NHS Swale CCG), Dr Fiona Armstrong (Chair, NHS Swale CCG) and Elliot Howard-Jones (Interim Area Director, NHS England (Kent and Medway)) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Dr Barnes began by giving an update on three key developments at the Trust: leadership, CQC

inspection and recovery plan. He stated that there had been a high turnover of the executive team. He reported there was now a strong executive team following the appointment of a Chief Operating Officer, Interim Chief Nurse, Director of Health Informatics and Director of Workforce. He noted that, following a second wave of recruitment, there would be interviews in mid-February for a substantive Chief Executive.

- (2) Dr Barnes reported a further unannounced CQC inspection on 9 December 2014 which looked at the emergency department and surgical theatre services. The final inspection report was due to be published shortly. Initial feedback given to the Trust indicated that there was some progress within the emergency department: improved clinical leadership and better partnership working between the nursing and medical staff. He stated that there was a need to improve internal and external patient flow particularly in trauma.
- (3) Dr Barnes explained that on 29 January 2015 the Trust's Board had agreed a comprehensive recovery plan with 30,000 separate actions. He stated that previous plans were reactive and poorly co-ordinated; the new plan had been developed over four months and incorporated previous plans into a single logical plan. He stated the aim of the recovery plan was to stabilise the Trust by April 2016 in order to deliver targets and be removed from special measures.
- (4) Further to the three key developments, Dr Barnes noted that there had been no improvement to the 4 hour wait. He stated that South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was concerned about their ability to admit patients by ambulance due to stacking at the hospital. Dr Barnes reported that a number of process and safety measures had been implemented to improve ambulance handover times.
- (5) Morag Jackson reported that previous plans had been poorly managed and tracked. She stated that the new recovery plan would be different as it would be appropriately managed, controlled and reported by an experienced team of staff. She noted that the plan needed complete buy-in by the new executive team including the new Chief Executive in order to be successfully implemented.
- (6) Patricia Davies updated the Committee on NHS Swale CCG's plans to support the Trust. She reported that patients in Swale were now able to choose and encouraged to use Maidstone and Tunbridge Wells NHS Trust for their cardiology and care of the elderly outpatient appointments. A small number of Swale patients were using this new patient pathway; there was an increasing amount of activity. The CCG was looking to develop plans with Maidstone and Tunbridge Wells NHS Trust to provide further services in the future. She stated the CCG was disappointed that the four hour access target was not being adhered too. She acknowledged that there had been some recent improvement in A&E and handover performance but it was still far short of the target. She stated that the CCG would continue to support the Trust.
- (7) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about signposting to primary care services. Dr Armstrong explained that signposting would be a key part of the North Kent Urgent and Emergency Care Review. The CCG was

looking to create integrated primary care teams – a network of health professionals, aligned to GP practices, delivering care in the community. She stated that local practices in Sittingbourne and Sheppey were bidding to become access pilots in the second wave of the Prime Minister’s Challenge Fund. Ms Davies explained that improving GP access was part of the CCG’s commissioning plans and would be funded by the CCG if the bid to the Challenge Fund was not successful. Ms Jackson stated that currently 25% of the Trust’s A&E attendances were diverted to the onsite primary care facility.

- (8) A number of comments were made about hospital discharge. Ms Davies explained that an Integrated Discharge Team (IDT) had been set up at the Trust. It was based on the IDT at Dartford and Gravesham NHS Trust which had been in operation for twelve months. The IDT at Dartford and Gravesham NHS Trust was led by the acute trust and fully integrated with Kent County Council, Kent and Medway NHS and Social Care Partnership Trust (KMPT), Kent Community Health NHS Trust and the voluntary sector. She stated that IDT at Medway NHS Foundation Trust was not fully integrated and led by NHS Swale CCG. Dr Barnes explained that the IDT at the Trust had not been as successful as Dartford and Gravesham NHS Trust because the Trust had no control or ownership of the IDT. He stated this needed to be reviewed urgently to improve discharges. Mr Howard-Jones explained that IDTs’ were critical to improving discharge but stressed the importance of alternative provision such as out of hospital care which may be more appropriate for some patients.
- (9) A Member enquired about staff morale. Mr Howard-Jones explained that the NHS England (Kent and Medway) area was the first area where all acute trusts had been fully inspected by the CQC. He stated that a CQC inspection provided an opportunity to develop an action plan on areas for improvements which caused an immediate dip in morale. He believed that in the long term, the acute trusts would be able to build on their successes and increase morale. Ms Jackson explained that a lack of executive leadership and framework had caused low staff morale; overall sickness in the Trust was only 3.4% despite the low morale. She stated that the new stable executive leadership team would be able to turn around the Trust including morale within 18 months.
- (10) A number of Members commended Ms Jackson for her honesty and determination to turn the Trust around. A Member enquired about how long the Trust would remain in special measures. Mr Howard-Jones explained that the Trust needed to move out of special measures as soon as possible. NHS England, Monitor and CQC were committed to improving the Trust through the recovery plan.
- (11) In response to a specific question about system capacity, Mr Howard-Jones noted that the Five Year Forward View looked at the capacity required in the system over the next five years. The View promoted increased investment in health; identified efficiencies and ensured people were treated in the correct setting.
- (12) A number of comments were made about the expansion of hospital, the four hour access target, the working patterns of interim executives and alternative providers. Dr Barnes explained that work was planned to improve the hospital’s environment as there was no possibility of the relocating the

hospital. Dr Barnes stated that he had no control over the four hour access target. He believed it to be a reasonable target for emergency departments. Ms Jackson noted that the Trust had received funding to expand the A&E which would include medical and surgical assessment units to enable patients to move through the emergency department as quickly as possible and improve the four hour access target. Dr Barnes noted that many interim executives chose to work a four day week as part of their work life balance. Ms Davies explained that the NHS Swale CCG had considered other providers; the CCG had discussions with a variety of providers to ensure the best service for its local population.

- (13) The Chairman invited a local Member, Mr Bowles, to speak. Mr Bowles expressed concern that there had been no sign of progress over the last 18 months.
- (14) RESOLVED that the reports be noted and that Medway NHS Foundation Trust and NHS Swale CCG be invited to attend the June meeting of the Committee.

4. NHS South Kent Coast CCG and NHS Thanet CCG: Integrated Care *(Item 5)*

Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG), Dr Darren Cocker (Chair, NHS South Kent Coast CCG) and Alison Davis (Integration Programme Health and Social Care on behalf of NHS South Kent Coast, NHS Thanet CCG and Kent County Council) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Carpenter and Dr Cocker introduced the item and proceeded to give a presentation which covered the following key points:
 - Case for Change
 - Vision for out of hospital care
 - Vision for integrated care
 - Approach taken in NHS South Kent Coast CCG and NHS Thanet CCG
 - Progress
 - Next steps
- (2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member commended the CCGs for their professional approach and illustration of the way forward.
- (3) A question was asked about the retention of clinics at Deal Hospital. Dr Cocker explained that the CCG was looking to retain and run additional clinics which met the needs of the local population. He stated that the CCG was in discussions with the charity Turning Point about running a drug clinic at Deal Hospital. He stated he would be happy to provide more detailed information to Dr Eddy.
- (4) In response to a specific question about the Prime Minister's Challenge Fund, Dr Cocker explained that the CCG had originally bid for funding for the entire NHS South Kent Coast CCG area. The pilot was scaled down by the Department of Health to 90,000 patients in Dover and Folkestone. The CCG

was looking to extend additional GP access in Deal and Romney Marsh; local practices were bidding to become second wave access pilots

- (5) A Member enquired about the role of the GP in collating information. Ms Carpenter explained that the CCGs had introduced the Medical Interoperability Gateway (MIG) – a system which allowed patient records, held by the GP, to be viewed by other clinicians. She stated that the MIG was a practical step forward; it had agreement from the majority of GP practices. The MIG initially enabled consultants from East Kent Hospitals University NHS Foundation Trust (EKHUFT) and local pharmacists to view a summary of care for each patient. She noted that pharmacists' use of the MIG was increasing. The MIG was being introduced to Kent and Medway NHS and Social Care Partnership Trust (KMPT) followed by Kent Community Health NHS Trust (KCHT) and South East Coast Ambulance Service NHS Foundation Trust (SECAmb).
- (6) RESOLVED that:
 - (a) there be on-going engagement between NHS South Kent Coast CCG, NHS Thanet CCG and HOSC as plans are developed
 - (b) NHS South Kent Coast CCG and NHS Thanet CCG present a report to the Committee in six months.

5. East Kent Hospitals University NHS Foundation Trust: Clinical Strategy *(Item 6)*

Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Rachel Jones (Director of Strategy & Business Development, East Kent Hospitals University NHS Foundation Trust), Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) and Bill Millar (Chief Operating Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Shutler introduced the item and proceeded to give a presentation which covered the following key points:
 - Challenges and pressures faced by the Trust
 - Future care models
 - Consultation and engagement
 - Proposed next steps
- (2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about engagement with hard to reach groups such as people who are housebound, homeless, part of the gypsy and traveller community and have speech and language difficulties. Ms Jones explained that the Trust was working with Healthwatch Kent to engage with hard to reach groups. She acknowledged that there was not one model for engagement and the Trust was using a variety of methods. Mr Inett stated that he welcomed the opportunity to work with the Trust following Healthwatch Kent's concerns with the outpatients' consultation. Healthwatch Kent had been involved early on with the strategy. The Trust was working with local people to help them understand the challenges and develop options for

the local population. He noted that hard to reach groups would be identified in the Equality Impact Assessment and Healthwatch Kent would utilise existing support groups to target them.

- (3) The Chairman invited a local Member, Mr Bowles, to speak. Mr Bowles stated that the Faversham Local Engagement Forum would be keen to engage with the Trust regarding their clinical strategy.
- (4) A number of comments were made about the recruitment of GPs and medical staff. Ms Shutler explained that three GP practices would be based at the new Buckland Hospital. The co-location of acute and primary care services would make it more attractive for training and new GPs as they would be able to work alongside acute physicians. She noted that there was a shortage of junior doctors and nurses; the Trust had had to use specialist doctors to fill vacant junior doctor and nurse positions. The Trust was continuing to recruit and was moving towards a more sustainable position. She stressed the importance of utilising the current workforce as there were pressures in the system. Ms Carpenter stated that the development of Integrated Care Organisations in Thanet and the South Kent Coast would be attractive to future GPs.
- (5) A Member enquired about a press release regarding proposals for 60 recovery beds to be located on the new Buckland Hospital site. Ms Shutler explained that the Trust had not made a decision about building recovery beds on the site; they were exploring options with CCGs, social services and stakeholders. Ms Carpenter stated that the CCG was not looking at a specific number of beds rather they were focusing on accommodation.
- (6) In response to a specific question about demographic growth in the new Chilmington Green development in Ashford, Mr Millar explained that the CCG had been working together with local practices, the community network and the planning authorities. He noted that there was an opportunity for practices to bid for a tranche of the Primary Care Infrastructure Fund which was being used to accelerate improvements in GP premises and infrastructure. Ms Shutler stated that the Trust worked closely with the planning authority with regards to new housing developments and population growth. She acknowledged that the Trust needed to ensure they were providing for the correct capacity.
- (7) A number of comments were made about Monitor and the Trust's marketing. Ms Shutler stated that the Trust had agreed an action plan with Monitor which was updated and published on the website. The Trust had a monthly meeting with Monitor, CQC and CCGs; she stated that the Trust had appointed an Improvement Director and progress was being made against the plan. She explained that the local press were not always keen to publish good news stories.
- (8) RESOLVED that:
 - (a) there be on-going engagement between East Kent Hospitals University NHS Foundation Trust and HOSC as plans are developed.

- (b) East Kent Hospitals University NHS Foundation Trust presents a report to a meeting of the Committee in April.

6. SECAMB: Future of Emergency Operation Centres (Written Update)

(Item 7)

- (1) The Committee received a report from South East Coast Ambulance Service NHS Foundation Trust (SECAMB) which provided an update on the Trust's plans to develop two new Emergency Operations Centres in Kent and West Sussex.
- (2) RESOLVED that the report be noted and SECAMB be requested to provide a written update to the Committee in six months.

7. Kent Community Health NHS Trust: Community Dental Clinics (Written Update)

(Item 8)

- (1) The Committee received a report from Kent Community Health NHS Trust which provided an update on the Trust's implementation of changes to its community dental service.
- (2) RESOLVED that the report be noted.

8. Faversham MIU (Written Update)

(Item 9)

- (1) The Committee received a report from NHS Canterbury and Coastal CCG which provided an update on Faversham MIU.
- (2) The Chairman invited the local Member, Mr Bowles, to speak. Mr Bowles stated that he welcomed the report and the final outcome. He thanked the Committee for their support.
- (3) RESOLVED that the report be noted and NHS Canterbury and Coastal CCG be requested to keep the Committee informed with progress.