

## KENT COUNTY COUNCIL

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### 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, 5 June 2015.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mr A D Crowther, Dr M R Eddy, Ms A Harrison, Mr G Lymer, Mr C R Pearman, Cllr Mrs M Peters, Cllr Mrs M Ring, Mr P J Homewood (Substitute) (Substitute for Mr N J D Chard), Mr D L Brazier (Substitute) (Substitute for Mr A J King, MBE), Mr S J G Koowaree (Substitute) (Substitute for Mr D S Daley), Mr B Neaves (Substitute) (Substitute for Mr H Birkby) and Cllr M Lyons

ALSO PRESENT: Mr S Inett and Ms C J Cribbon

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer)

#### UNRESTRICTED ITEMS

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

Mr Adrian Crowther declared an interest as a Governor of Medway NHS Foundation Trust.

Cllr Michael Lyons declared an interest as a Governor of East Kent Hospitals University NHS Foundation Trust.

**18. Minutes**  
*(Item 3)*

(1) The Scrutiny Research Officer updated the Committee on the following actions which had been taken:

- (a) Minute 4 - CQC Inspection Report: Maidstone and Tunbridge Wells NHS Trust. NHS West Kent CCG was asked to provide the cost of translation services. The costs were circulated to the Committee on 3 June 2015.
- (b) Minute 6 – Patient Transport Services. NHS West Kent CCG was asked to provide the latest performance data on NSL Kent. The data was circulated to the Committee on 1 June.

(2) RESOLVED that the Minutes of the meeting held on 6 March 2015 are correctly recorded and that they be signed by the Chairman.

**19. Membership**  
*(Item 4)*

- (1) The Scrutiny Research Officer informed the Committee that following the Council's approval of the revised proportionality statement on 21 May 2015, it was agreed that the Labour group would gain a seat on the Health Overview and Scrutiny Committee at the expense of the UKIP group.
- (2) Members of the Health Overview and Scrutiny Committee noted that:
  - (a) Mrs Brivio (Labour) had replaced Mr Hoare (UKIP) as a member of the Committee.
  - (b) Mr Birkby (UKIP) had replaced Mr Elenor (UKIP) as a member of the Committee and UKIP group spokesperson.
  - (c) Cllr Peters (Dartford Borough Council) had replaced Cllr Davison (Sevenoaks District Council) as a West Kent borough representative on the Committee in 2015/16.
  - (d) Cllr Ring (Maidstone Borough Council) had replaced Cllr Burden (Gravesham Borough Council) as a West Kent borough representative on the Committee in 2015/16.
- (3) The Scrutiny Research Officer explained that confirmation was awaited of the two borough representatives from East Kent for 2015/16. The Committee noted that Cllr Lyons attended the meeting as an interim East Kent borough representative.

**20. North Kent: Adult Community Services**  
*(Item 5)*

*Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) and Julie Hunt (Clinical Programme Lead for Community Services, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Ms Hunt began by outlining the review and procurement. She explained that the review was originally considered by the Committee in April 2014 when the CCGs' were looking to remodel Adult Community Services. The scale of the plans had reduced in order for a new contract to be awarded in advance of the Kent Community Health NHS Foundation Trust and Medway Community Health contracts expiring on 31 March 2016. The new contract would provide the same model of care and services as the existing contract. The new contract would be awarded in December 2015 with a three month run-in period prior to the commencement of the new contract on 1 April 2016. The new contract term would be for seven – ten years to encourage a long term developmental partnership. The evaluation criteria for the new provider would be heavily weighted around innovation, flexibility and creativity in service design and development.
- (2) A Member enquired about workforce. Ms Hunt explained that the existing workforce would be TUPEd across to the new provider. She noted that the CCGs were not making any assumptions about the incumbent providers being awarded the new contract. She acknowledged that there were some issues

around the recruitment of community staff and that the local health economy was working together to attract staff into the area. Ms Davies noted that the CCGs were working with Health Education Kent, Surrey and Sussex to develop a North Kent Innovation Hub to attract staff into the area. The CCGs would be encouraging bidders to develop their services with the health and social care community. She noted that NHS Dartford, Gravesham and Swanley CCG had success in developing new roles and recruiting staff to its Integrated Discharge Team at the Dartford and Gravesham NHS Trust. She also noted the development of multidisciplinary Integrated Primary Care Teams to support General Practice. Ms Davies acknowledged that the number of nurses entering the health care system had reduced and that the CCGs were linking with Further and Higher Education providers to commission health and social care foundation courses.

- (3) A number of comments were made about dentistry services and contract management. Ms Davies explained that dentistry was not included in the Adult Community Services contract. Ms Hunt stated that the CCGs were only letting the contract to a single provider, if the provider sublet the contract to individual providers, the sublet contract management would not be the responsibility of the CCGs.
- (4) RESOLVED that:
  - (a) the Committee does not deem the changes to Adult Community Services to be a substantial variation of service.
  - (b) North Kent CCGs be invited to submit a report to the Committee in six months.

**21. Medway NHS Foundation Trust: Update**  
(Item 6)

*Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG), Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust), Shena Winning (Chair, Medway NHS Foundation Trust) and Morag Jackson (Chief Operating Officer, Medway NHS Foundation Trust) were in attendance for this item.*

- (1) The Chairman stated that the Trust's report for this item was not published with the papers as the report was not available. He stated that he had decided to take the report as urgent due to the number of substantive items on the agenda for the next meeting in July which would prevent it from being rescheduled.
- (2) Ms Winning began by explaining that the Trust had commenced an 18 month recovery plan in November 2014 which aimed to have the Trust in a stable position by April 2016. The Trust was now eight months into the plan and there had been substantial changes including the appointment of a new substantive executive team.
- (3) Ms Dwyer stated that it was her third week at the Trust; she had been involved in the decision making at the Trust since her appointment in February 2015. She noted that she had arrived at the Trust at an interesting time and was

pleased to be taking on the challenge. She reported that the recovery plan was solid and would improve the Trust and the quality of care delivered to its community. She stated that the Trust would be reinspected by the CQC in August 2015; the Trust was looking forward to validate progress and improve on the recovery plan.

- (4) Ms Jackson reported significant improvement to the Emergency Department. The Trust had moved from being one of the worst performing Emergency Departments to being within the top 50% on the four hour target. The Trust had introduced a new frailty pathway to ensure frail and elderly patients were on the most appropriate pathway. The length of stay for a frail patient had reduced from 17 days to 5-6 days. The Trust had also opened up two wards for patients awaiting discharge which had released inpatient beds and improved patient flow. The Trust had recently appointed Dr Patricia Bain, Chief Quality Officer, who had led safety and quality initiatives for the Department of Health and other NHS Trusts. Dr Bain worked closely with the Chief Nurse and Medical Director to monitor performance daily. The Trust had a large number of Band 5 nursing vacancies who made up a large proportion of the nursing workforce. A Director of Workforce had been appointed and was looking to stabilise retention in order to increase recruitment. The Trust was looking at new models of care including paramedics in the Emergency Department and Anaesthetic Practitioners. She noted that the Trust had made improvements but acknowledged that there was still a significant way to go.
- (5) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the diverting of patients to Maidstone Hospital's Emergency Department and data quality. Ms Davies explained that the CQC issued a Section 31 Warning Notice on Medway's Emergency Department in September 2014. In response to the Notice, commissioners and providers of NHS services in Kent and Medway looked at options to reduce pressure on the Trust including diverting patients to Maidstone Hospital and Darent Valley Hospital. This option was not enacted instead NHS Swale CCG, as the second associate commissioner of the Trust's services, encouraged Swale patients to be seen at Maidstone and Tunbridge Wells NHS Trust for their elective outpatient appointments for cardiology and care of the elderly from November 2014. She noted that referrals to Maidstone and Tunbridge Wells NHS Trust had increased but there had not been much take up of care of the elderly appointments due to transportation issues. NHS Swale CCG was looking into local outpatient clinics provided by the Trust in community hospitals. Ms Davies reported that whilst NHS Swale CCG welcomed the improvements to Accident & Emergency performance, the CCG was concerned with the deterioration of waiting time performance for cancer, upper & lower gastrointestinal and dermatology.
- (6) Ms Jackson stated that the Trust had not seen a significant shift of patients move away from the Trust. She explained that a new Patient Administration System was introduced in February 2015. The Trust had employed 20 additional full time staff to transfer patient records onto the new electronic system. In preparation for the transfer to the electronic system, a number of data quality issues were highlighted including the incorrect coding of patients. The Trust had introduced a training programme on data quality to ensure data was correctly entered onto the system. The Trust was in the process of data quality validation and had identified significant pressures on cancer waiting

times in April – May. The Trust was meeting the two week urgent GP referral target; all patients who were waiting for their first cancer appointment had been booked in. The Trust had introduced 30 - 40 additional clinics to achieve this. Ms Jackson acknowledged that improvements were required for 31 and 62 day cancer treatment pathways. She noted that patients arriving into the Emergency Department were routinely seen within 15 minutes of arriving at the hospital by a nurse practitioner; 27% of patients were then referred to the 24/7 Primary Care unscheduled care service through MedOCC at Medway Hospital.

- (7) A number of comments were made about workforce including Band 5 Nurses, apprenticeships, morale and language barriers. Ms Jackson explained that Band 5 Nurses were newly qualified with one or two years of experience. The Trust had 15 Band 5 Nurses on each ward. Ms Jackson noted that at her previous Trust in Birmingham, apprentices were used in every area of the hospital. Medway NHS Foundation Trust was looking at every vacant post which did not require a specific qualification to see if it was an appropriate role for an apprentice. She stated that apprenticeships at the Trust would provide opportunities for young people who had previously not thought about a career in health and social care to come into the Trust. The Trust was looking at a number of workforce initiatives including overseas recruitment and improving staffing accommodation.
- (8) Ms Dwyer explained that she had spent a significant amount of time speaking with the staff since starting. She noted that despite the negative press coverage, the staff wanted to improve the hospital for their local community. She reported that the Trust had lacked stability and leadership, the recovery plan was binding staff with a common purpose. She stated that negative press coverage and London pay weighting were a challenge for recruitment and retention at the Trust. She explained that she had met with the press to provide a balanced view of the Trust. The Trust needed to understand why people left the organisation and provide flexible opportunities to enable them to return. Ms Jackson stated that the Trust had learnt from previous mistakes and staff recruited must be able to communicate with patients.
- (9) A Member thanked Dr Phil Barnes for his contribution as acting Chief Executive. Ms Winning also thanked Dr Barnes for stepping up to a difficult task and providing value and continuity to the Trust. Ms Winning acknowledged that the Committee had heard presentations from the Trust over many years about delivering change but stated that the current executive team would deliver a stable organisation through its recovery plan.
- (10) RESOLVED that the reports be noted and Medway NHS Foundation Trust and NHS Swale CCG be invited to submit an update to the Committee once the CQC inspection report is published.

## **22. East Kent Hospitals University Foundation Trust: Update**

*(Item 7)*

### **(a) EKHUFT Clinical Strategy**

*(Item 7a)*

*Liz Shutler (Director of Strategic Development and Capital Planning, EKHUFT), Rachel Jones (Director of Strategy and Business Development), Mary Tunbridge (Divisional Director, Clinical Support Services, EKHUFT), Dr David Hargroves (Chair, Improvement Plan Delivery Board, EKHUFT), Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury and Coastal CCG) and Hazel Carpenter (NHS South Kent Coast CCG and NHS Thanet 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 (included within the Agenda pack) which covered the following key points:
  - Case for Change
  - Integrated Care Strategy
  - Staff, Patient and Public Engagement
  - Overview of design and development of options for the clinical strategy
- (2) Ms Jones reported that the Trust had learnt from the Outpatients Clinical Strategy and was keen to engage with patients and the public on the two – ten year Clinical Strategy. The Trust had been supported by Healthwatch Kent with nine engagement events with community groups, 800 face to face contacts and 180 speak out forms being completed. The Trust would shortly be developing a joint engagement strategy with the East Kent CCGs to agree an East Kent Health Economy wide approach. Ms Shutler noted that the Trust would be holding a formal public consultation in January to March and would be reaching a conclusion at the beginning of the next financial year.
- (3) Mr Inett reported that Healthwatch Kent had now spoken to over 1000 people as part of their engagement events. He noted that there had been significant press coverage with regards to service centralisation. He stated that he was satisfied that the Trust was genuinely engaging with the public. He advised that service and site centralisation was different and need to be communicated with the public.
- (4) A Member raised concerns about the potential closure of the Emergency Department at the William Harvey Hospital and its impact on the Chilmington Green development in Ashford. Ms Shutler stated that the Trust had begun engaging early with staff, patients and the public in the development of the strategy and options which had led to a lot of speculation in the press. She stated that there would be ongoing engagement and that no decisions about service centralisation had been taken. She acknowledged that there would be major change on all three hospital sites. The Trust was working with the CCGs to develop a coordinated approach. She noted that £1 million had been allocated to address the issues raised in the CQC inspection about the Accident & Emergency department at William Harvey including a paediatric unit. Mr Perks stated that the CCG and NHS England were now involved in the Chilmington Green development; Dr Jim Kelly was leading on the work for NHS Ashford CCG. The CCG had only recently become involved due to a split in the commissioning of primary and secondary care. The CCG was developing ideas for primary and secondary care provision in the development. He noted local innovation with the Whitstable Medical Practice being selected as one of 29 national vanguards.

- (5) A Member enquired if the proposed changes would be large scale or a series of smaller proposals for specific services. Ms Shutler explained that there would probably be a combination of large and small scale proposals. Once the model of care was established; implementation would take place in a number of stages. She stated as stages were developed, the Trust would engage with staff, patients and the public. She noted that she would return to the Committee in October prior to formal public consultation to share the proposed options. Ms Carpenter highlighted her presentation to the Committee in January 2015 on the development of an integrated care organisation in NHS South Kent Coast CCG area. She requested that she return to the Committee in October with the Trust to enable the Committee to consider both proposals together.
- (6) A number of comments were made about IT integration and the Hospital at Home service. Ms Shutler explained that the Trust was able to view the primary care records of its patients. All four CCGs in East Kent had signed up to the integrated clinical knowledge system with 80 – 90% of GP practices allowing the Trust to view their patients' records. Mr Perks noted that all GP practices in Ashford and Canterbury & Coastal had signed up to read only primary care records being available to the Trust due to the better outcomes it delivered for patients. Ms Shutler explained that some acute services could be shifted closer to patients' homes. The Hospital at Home service was an example of this and had enabled the Trust to reduce its reliance on hospital beds and had extremely good outcomes for patients. Ms Jones noted that the Trust offered the service to all patients in East Kent and had been received very positively.
- (7) In response to a specific question about workforce constraints, Ms Shutler explained that the Trust was having difficulty recruiting consultants, junior doctors and nurses. She reported that as consultants were becoming more specialised, they were unwilling to remain on the general medical rota and the Trust was facing difficulty covering rotas with adequate consultants across three sites. She noted that the Trust was using expensive senior doctors to cover junior doctor vacancies and there was a worldwide shortage of nurses.
- (8) A Member stated it would be challenging selling service change to the public. Ms Jones acknowledged that as options were developed, it would become more challenging for the Trust to allay concerns. She accepted that there would have to be compromises and the Trust would have to consider the most acceptable compromises to the staff, patients and public. She reported that the Trust had been engaging with Trusts in Leicestershire and Northumbria to learn from their reconfigurations.
- (9) A Member requested that the Committee was provided with a draft copy of the public consultation to enable the Committee to make comments to the Trust in advance of its launch. Ms Shutler agreed to this request.
- (10) RESOLVED that there be ongoing engagement with HOSC as the EKHUFT's clinical strategy is developed including a draft copy of the public consultation and a return visit to the Committee prior to public consultation to enable the Committee to determine if the options for proposal are a substantial variation of service.

(b) **EKHUFT Outpatient Services**

*(Item 7b)*

- (1) The Committee received a report from East Kent Hospitals University NHS Foundation Trust (EKHUFT) which provided an update on the implementation of the Outpatients Clinical Strategy.
- (2) RESOLVED that the report on Outpatient Services be noted and EKHUFT be invited to submit an update to the Committee at an appropriate time.

(c) **EKHUFT CQC Inspection**

*(Item 7c)*

- (1) The Committee received a report from East Kent Hospitals University NHS Foundation Trust (EKHUFT) which provided an update on the CQC inspection report and improvement plan.
- (2) RESOLVED that the report on the CQC Inspection be noted and EKHUFT be invited to submit an update to the Committee at an appropriate time.

**23. Emotional Wellbeing Strategy for Children, Young People and Young Adults**

*(Item 8)*

*Dave Holman (Head of Mental Health Programme Area, NHS West Kent CCG) and Karen Sharp (Head of Public Health Commissioning, Kent County Council) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Mr Holman introduced the item and showed a ten minute video which featured service users discussing improvements to emotional wellbeing services.
- (2) Mr Holman explained that mental health services for children and young people were of local and national concern. Half of all adults with mental health problems were diagnosed in childhood; if not treated appropriately there were poor outcomes for later life. He noted that only 6% of the national mental health budget was spent on services for children and young people. Following concerns raised by HOSC in January 2014 about the performance of Sussex Partnership NHS Foundation Trust contract, a review was carried out and a whole system approach to children and young people's mental health was agreed. Mr Holman reported that the Trust had been rated outstanding in caring for children and young people's mental health services and good in well-led in the recently published CQC inspection report. Mr Holman noted that in April 2014 a transformation programme was established to ensure whole system commitment and agreement through a range of partners. The Transformation Programme regularly reported to the Children's Health and Wellbeing Board and the Kent Health and Wellbeing Board and strategic summit events.
- (3) Ms Sharp explained that the development of the strategy and delivery plan had been driven by a desire to engage with and listen to the views of children, young people, families and professionals via a range of online surveys,



workshops and engagement events. In addition to the engagement activity, the content of both the strategy and delivery plan was also directed by the findings of the refreshed Emotional Wellbeing Needs Assessment.

- (4) Mr Holman stated that Part One, the Strategic Framework, had been signed off by the Kent Health and Wellbeing Board. The Strategy had four overarching outcomes: early help, access, whole-family approach & recovery and transition. He reported that there was a golden thread running through each outcome was developing community resilience. He explained that Part Two, the Delivery Plan, was a working conceptual document. He noted that the Young Healthy Minds and Sussex Partnership NHS Foundation Trust contracts had been extended by one year to enable a new model service specification to be developed prior to the formal procurement process which would begin in autumn 2015. A technical group would also be established to look at capacity management and resource allocation.
- (5) Ms Sharp noted that the emerging model included the promotion of emotional wellbeing; a single point of access; increased availability of consultations; developing a whole family protocol; multi agency tools and protocol to identify children and young people who have been affected by Child Sexual Exploitation. She highlighted that the development of the Strategy and Delivery Plan had not been at the expense of the current contract. Mr Holman offered to return to the Committee in September with the final version of the strategy.
- (6) Members proceeded to make a number of comments and questions. A Member asked about the involvement of the Kent Youth County Council in the development of the Strategy and the delivery of services to children and young people in rural areas. Ms Sharp stated that KCC Youth Health Champions had been engaging with the Kent Youth County Council. She noted that it would be timely to go back to them with an update on the strategy. Mr Holman explained that the commissioners were working with primary care to deliver the same services in rural and urban areas.
- (7) In response to a specific question about the cost of the new service model, Mr Holman explained that a financial breakdown would be included in the papers to the Committee in September. He noted that current funding remained static; there could be additional money from NHS England to fund eating disorder and psychosis services and government funding as part of its national review. He reported that there was a growing parity of esteem between adult and children mental health funding within CCGs; NHS West Kent CCG was lobbying hard to improve the provision for children and young people. Ms Sharp stated the importance of building an efficient sustainable service.
- (8) A number of questions were asked regarding the involvement of the youth service in early intervention; mental health services for younger children particularly in deprived areas; mental health services for children and young people from minority and hard to reach groups and the provision of counsellors within schools. Clarification was sought in relation to swift access to appropriate Early Help services. Ms Sharp committed to returning to the Committee in September to provide answers to the Members' questions. She noted that the health visiting contract would be transferring from NHS England

to Kent County Council in October 2015 which would include maternal mental health services to support women and their children.

- (9) A Member requested the latest Sussex Partnership NHS Foundation Trust performance data by district. Mr Holman agreed to provide this to the Committee. Mrs Allen, Chair of the Corporate Parenting Panel and the Children's Social Care and Health Cabinet Committee, requested that the video be shown to both Committees at their next meeting.
- (10) RESOLVED that the report be noted and NHS West Kent CCG and Kent County Council be invited to submit the final version of the strategy and provide answers to questions raised at today's meeting to the Committee in September.

**24. Date of next programmed meeting – Friday 17 July 2015 at 10.00**  
*(Item 9)*

The Scrutiny Research Office informed the Committee that she had been notified of two items which were to be deferred until October:

- South Kent Coast CCG and Thanet CCG: Integrated Care
- West Kent: Out of Hours Services Re-procurement.