

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, 9 October 2015.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr A H T Bowles (Substitute for Mr A J King, MBE), Mr A Terry (Substitute) (Substitute for Mr H Birkby), Cllr Mrs M Peters, Cllr Mrs M Ring and Cllr M Lyons

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer)

UNRESTRICTED ITEMS

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

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Cllr Lyons declared an interest as Governor at East Kent Hospitals FT. He confirmed that it was neither a Disclosable Pecuniary Interest nor an Other Significant Interest.

44. Minutes
(Item 3)

- (1) RESOLVED that the Minutes of the meeting held on 4 September are correctly recorded and that they be signed by the Chairman.

45. Dates of 2016 Committee Meetings
(Item 4)

- (1) The Committee noted the following dates for meetings in 2016:

Friday 29 January
Friday 4 March
Friday 8 April
Friday 3 June
Friday 15 July
Friday 2 September
Friday 7 October
Friday 25 November

46. East Kent Hospitals University NHS Foundation Trust: Update

(Item 5)

Rachel Jones (Director of Strategy and Business Development, EKHUFT) and Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Members of the Committee then proceeded to ask a series of questions and make a number of comments.
- (2) In response to a specific question about cancer referrals and staffing levels, Ms Jones explained that the volume of referrals was increasing with an aging and growing population and the requirement to accommodate patient choice. The Trust was working with primary care to improve the cancer pathway. The Trust was recruiting additional nursing staff and fast tracking their training to enable them to become chemotherapy nurses. She reported that the Trust would have safe staffing levels within eight to twelve months. She stated that it was the Trust's responsibility to create a positive and fit for purpose working environment to attract and retain staff. Ms Carpenter reported that the current situation was complex and the commissioners were supporting the Trust with their recovery plan. She highlighted the need for all services to be sustainable and responsive.
- (3) Members enquired about the Trust's financial position. Ms Jones explained that the majority of NHS Trusts were struggling financially; there was a reported £2 billion gap nationally. She noted that the Trust had not achieved concurrent savings and had invested significant capital in developing services prior to the deterioration of the Trust's financial position. The Trust was reducing its use of agency staff due to rising costs, quality and safety concerns; there was evidence which showed the use of agency staffing can led to poor quality and outcomes. She reported that there was new national regulation to tackle expensive off-framework agency staffing. Ms Carpenter noted that there would be no additional funding for the health service. She explained that there was an expectation by the public to be seen by a specialist in a specialist centre with specialist kit.
- (4) A number of comments were made about engagement around reconfiguration. Ms Jones explained that the Trust had undertaken a first phase of engagement which focused on the drivers for change; the public were not surprised about the need for change. She reported that the decision making would be difficult but the local health system was working together to develop a range of sustainable options and engage with the public. She noted that there was a drive locally and nationally to ensure that patients was treated in an appropriate setting. Ms Carpenter stated that the CCGs were committed to delivering the majority of care as close to home as possible. She noted that reconfiguration was not the same as making cuts to services.

EKHUFT Clinical Strategy

(Item 5a)

- (1) RESOLVED that:

- (a) there be ongoing engagement with HOSC as the Trust's clinical strategy is developed including 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) there be ongoing engagement with HOSC as the East Kent Health and Social Care Strategy Board is developed and the Board be invited to submit an update to the Committee at an appropriate time.
- (c) the Committee thank the Trust's staff for their hard work and dedication to deliver high quality care for the residents of East Kent.

EKHUFT Finance Update

(Item 5b)

- (1) RESOLVED that the report on the Trust's current financial position be noted and EKHUFT be invited to submit an update to the Committee at an appropriate time.

EKHUFT Chemotherapy Services

(Item 5c)

- (1) RESOLVED that the report on the chemotherapy services in East Kent be noted and EKHUFT be invited to submit an update to the Committee at an appropriate time.

47. NHS South Kent Coast CCG and NHS Thanet: Integrated Care

(Item 6)

Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG), Alison Davis (ICO Programme Director on behalf of KCC, NHS South Kent Coast CCG and NHS Thanet CCG) and Rachel Jones (Director of Strategy and Business Development, EKHUFT) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Carpenter began by outlining the CCGs' vision for integrated health and social care through an Integrated Care Organisation (ICO) where patients were able to access and receive high quality coordinated services as close to home as possible; at present the provision of out-of-hospital care was highly fragmented. In the South Kent Coast CCG an ICO operational model was beginning to be implemented; GPs were working with their local communities to develop new integrated services and redesign the service model for their area. A number of work streams had been established including finance, contracting and service redesign. The CCG was working closely with Kent County Council to establish integrated health and social care commissioning. The CCG was looking to develop the local Health and Wellbeing Board to commission all integrated care on behalf of the CCG. She noted that a compact agreement had been signed by all partners, commissioners and providers which would help to drive the ICO forward as quickly as possible.

- (2) In response to a specific question about GP workforce, Ms Carpenter explained that GPs were fully engaged with the new model of care; GPs were looking to leave a legacy by creating an environment where future GPs would like to work. Broader multidisciplinary teams were being developed to support General Practice including paramedics which was being piloted in Folkestone. She reported that Health Education England was working with the University of Kent to model long term workforce patterns. She noted that the East Kent CCGs' were hosting a careers fair in Dover, which all Year 9 – 13 students would be invited, to inspire young people in East Kent to work in health and social care.
- (3) RESOLVED that there be ongoing engagement with HOSC as plans are developed with a return visit to a meeting of the Committee at the appropriate time.

48. Kent and Medway Specialist Vascular Services Review
(Item 7)

Oena Windibank (Programme Director, NHS England South (South East) was in attendance for this item.

- (1) The Chairman welcomed Ms Windibank to the Committee. Ms Windibank began by outlining the background to the review; she explained that vascular services were specialised and commissioned by NHS England. She stated that a national specification was published in 2013 following concerns about the outcomes for patients in England and Wales receiving vascular services. She reported that Kent and Medway residents currently received specialised vascular care from two units within Kent: Medway NHS Foundation Trust in Gillingham and East Kent Hospitals University NHS Foundation Trust in Canterbury. She noted that a significant proportion of residents in North and West Kent were able to receive their care at St Thomas' Hospital, London. The review was commenced in response to commissioner led derogation by both Kent and Medway providers. The derogation related to non-compliance against the national specification. There were concerns about the number of specialist procedures being carried out and the shortage of surgical consultants and interventional radiologists; an inadequate number of specialist procedures led to poor outcomes.
- (2) Ms Windibank reported that a deliberative event in November would be taking place to test the options development and appraisal. She stated that a clinical reference group was supporting and advising the Vascular Review Programme Advisory Board. The group was developing the clinical models for appraisals and leading on detailed modelling to understand some of the challenges including workforce, financial planning and demographic change. She advised that there were two emerging models: a central hub with 24/7 specialist workforce for all inpatient activity with outpatient services being provided at spokes as set out in the national specification or a two centre collaborative model run by two providers on two sites. She stated that the Medway HASC had considered the review to be significant service change and a Joint Health Overview and Scrutiny Committee with Medway would need to be formed if the Kent HOSC considered it to be substantial too.

- (3) A number of comments were made about the inclusion of travel times in the public consultation. Ms Windibank reported that the Clinical Reference Group was working with SECAmb to establish travel times and review the transfer times for emergency vascular services.
- (4) RESOLVED that:
 - (a) the Committee deems the proposals to be a substantial variation of service.
 - (b) a Joint HOSC be established with Medway Council, with the Kent HOSC receiving updates on the work of the Joint Committee.

49. West Kent: Out of Hours Services Re-procurement (Written Update)

(Item 9)

- (1) The Committee received a report from NHS West Kent CCG which provided an update on the reprocurement of Out of Hours services in West Kent.
- (2) RESOLVED that the report be noted and NHS West Kent CCG be requested to provide an update to the Committee at the appropriate time.

50. Date of next programmed meeting – Friday 27 November 2015 at 10:00

(Item 10)

- (1) Members of the Committee noted the date of the next meeting and Ms Adam stated that there were two substantive items scheduled: Health and Wellbeing Board Update and North Kent Urgent and Emergency Care.
- (2) Ms Adam undertook to confirm the membership and proposed dates of the Joint Health Overview and Scrutiny Committee to the group representatives.
- (3) The meeting adjourned until 11.17 and reconvened at 11.23.

51. Public Health Transformation

(Item 8)

Karen Sharp (Head of Public Health Commissioning, Kent County Council) was in attendance for this item.

- (1) The Chairman welcomed Ms Sharp to the Committee. Ms Sharp introduced Public Health's programme of work and proceeded to give a presentation (attached as a [supplement](#) to the Agenda pack) which covered the following key points:
 - Drivers for Change
 - Timeline
 - Review of outcomes and performance for smoking; healthy eating, physical activity and obesity; alcohol and substance misuse; wellbeing; and sexual health & communicable disease
 - Market engagement
 - Key themes of transformation

- Revised local public health model
- (2) Members of the Committee then proceeded to ask a number of questions and make a number of comments. In response to a specific question about the value for money of smoking cessation services, Ms Sharp explained that people were most likely to give up smoking if accessing a smoking cessation service; she acknowledged that these may not always be value for money and providing interventions in a different way could be more successful. She highlighted a motivational insight case study of a group of young women in Sheerness who were smoking in pregnancy. They were reluctant to access a dedicated smoking cessation service and were not aware of the long term effects of smoking. She considered that it may be more appropriate for professionals to deliver smoking cessation services to these young women in trusted environments such as Children Centres.
 - (3) Members enquired about engagement with the public and Troubled Families. Ms Sharp explained that the pilot of mobile NHS Health Checks had been effective in capturing people who might not have previously accessed a health check. She stated that it was an opportunistic approach which caught people in areas of high footfall. She reported that Public Health was looking at other ways to engage with the public using Mosaic data to profile how different groups were receptive to public health messages. She explained that Public Health was working collaboratively with different organisations to engage with the public such as the inclusion of public health articles in district council funded publications. She noted that people had to be motivated to make a positive change to their health behaviour; communities did not respond well to being told that their health behaviours were poor. She reported that engaging with Troubled Families was a key area; she acknowledged that many Troubled Families had serious health challenges and needed support to access basic services such as registering with a GP and dentist.
 - (4) A number of comments were made about access to sexual health services. Ms Sharp explained that there were no plans to reduce provision of universal and specialist sexual health services. She noted the importance of early help services in preventing escalation to specialist intervention. Public Health was looking to at areas to integrate health improvement services and encourage motivation to change through the use of health trainers.
 - (5) RESOLVED that the report be noted and the Director of Public Health be requested to provide an update on the Public Health Transformation to the Committee at the appropriate time.

EXEMPT ITEM

52. Motion to exclude the Press and Public

- (1) RESOLVED that under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of part 1 of Schedule 12A of the Act.

53. Emotional Wellbeing Strategy for Children, Young People and Young Adults (Exempt Appendices to Item 11)
(Item 12)

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

- (1) The Chairman welcomed the guests to the Committee. Mr Holman began by providing an update on the draft service specifications; the service specifications were at an early stage and changing daily. The draft specifications had been presented to all Kent and Medway CCGs and would be finalised in December 2015. He reported that a joint contract procurement board had been established and would be chaired by Ian Ayres and Andrew Ireland; the board would sign off the final specifications. Ms Sharp highlighted page 135 in the Agenda pack which set out the differences between the current and new model. She reported that new model had been developed by Kent County Council and NHS West Kent CCG and outlined a whole system approach to emotional wellbeing and mental health. Mr Holman confirmed that the Mental Health specification was for the additional and specialist level of Children and Young People Mental Health Services (ChYPS) previously referred to as Tier 2 and 3 Child and Adolescent Mental Health Services (CAMHS). He noted the involvement of UCL in developing Key Performance Indicators and the support of NHS England.
- (2) Members of the Committee then proceeded to ask a number of questions and make a number of comments. A Member stated the need for an executive summary for each specification and enquired about eating disorders services as part of the specification. Mr Holman explained that an all age care pathway for eating disorders was being developed. He reported that NHS West Kent CCG, Kent County Council and Sussex Partnership NHS Foundation Trust had submitted a bid to NHS England for an allocation of the £30 million Future in Mind funding to improve eating disorder services. He noted that the current age and need criteria for eating disorder services was high; the criteria needed to ensure that young people could access services. He stated that he would highlight eating disorders services in the next revision of the service specification. He reported that an Executive Summary was being developed as a result of feedback from the CCGs. Ms Sharp explained that services would be provided in a universal setting such as schools and GP surgeries as a result of feedback from children and young people who participated in the consultation.
- (3) Members raised concerns about the lack of performance indicators particularly around capacity and details of how performance would be measured in the service specifications. Mr Holman explained that performance indicators were being developed and would be included in the final specifications. Ms Sharp stated that the capacity would be built in as part of the contract; investing in preventative and universal services would reduce the demand on intensive and specialist provision as early help services would support more children and young people and help to prevent their needs from escalating. She noted that Kent County Council and NHS West Kent CCG had been awarded National Lottery funding to train teachers to teach and build resilience in children and young people.

- (4) In response to a specific question about crisis care, Mr Holman explained that there was one Section 136 Place of Safety in Kent which was located in Dartford. He reported that the CCG was in negotiations to install a further two Places of Safety including a children's only Place of Safety following a successful pilot in Sussex. He reported that since the development of the Kent and Medway Mental Health Crisis Concordat there had been better engagement with the Police and improved access to liaison psychiatry within Accident & Emergency. He noted that Sussex Partnership NHS Foundation Trust had developed a home treatment service and was seeing all urgent referrals within 24 hours as specified in the contract.
- (5) A Member made reference to the specialist services in the specification and enquired about the demand for services. Mr Holman explained that the rise in demand for mental health and wellbeing services was a very difficult and growing issue affecting society. He stated the importance of enhancing universal services to reduce demand on specialist services. He reported that all the specialist multidisciplinary services listed in the service specification were already part of the current contract and were funded by the CCG.
- (6) The Committee resolved to go into open session to discuss their recommendation.

UNRESTRICTED ITEM

54. Emotional Wellbeing Strategy for Children, Young People and Young Adults *(Item 11)*

- (1) RESOLVED that:
 - (a) NHS West Kent CCG be requested to provide the Committee at its November meeting with an Executive Summary of the specifications, key performance indicators within the contract and details of how these would be measured.
 - (b) the Committee defer making a determination on whether the NHS service specification was a substantial variation of service until the November meeting.