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, 27 November 2015.

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

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer) and Mr A Scott-Clark (Director of Public Health)

UNRESTRICTED ITEMS

55. 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.

56. Minutes
(Item 3)

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

(a) Minute Number 54 - Emotional Wellbeing Strategy. At HOSC on 10 October during the discussion about Emotional Wellbeing Strategy, West Kent CCG was asked to provide the Committee at its November meeting with details about the key performance indicators within the contract and how these would be measured. Since the meeting, the CCG requested to postpone the item until 29 January 2016 as further work was required on key performance indicators in the service specification which would not be ready by 27 November meeting. The Chairman agreed to the request and the Emotional Wellbeing Strategy item was now scheduled for Friday 29 January 2016.

(b) Briefings provided by the South East Coast Ambulance Trust (SECAmb) about the Red Three project and the use of defibrillators in reporting ambulance response time performance were circulated to Members on 6 and 13 November respectively. The Chairman with Health Scrutiny Chairs from Medway, Surrey, Sussex, will be meeting with representatives from SECAmb on 18 January at the South East HOSC Network for an informal discussion. It was proposed that the SECAmb be invited to attend the January meeting to give an update on

winter resilience, the Red Three project and the use of defibrillators in reporting ambulance response time performance.

(c) A Joint HOSC with Medway Council was established for the Stroke and Vascular Reviews. KCC had 8 Members on the Kent and Medway NHS Joint Overview and Scrutiny Committee: 4 Conservative, 2 UKIP, 1 Labour and 1 Liberal Democrat. The following Members were confirmed: Mr Brookbank, Mr Angell, Mr Lymer, Mr Birkby, Mr Crowther, Ms Harrison and Mr Daley. The proposed date for the first JHOSC was Friday 8 January.

(2) RESOLVED that the Minutes of the meeting held on 9 October are correctly recorded and that they be signed by the Chairman.

57. Kent Health & Wellbeing Board Annual Report 2014/15
(Item 4)

Roger Gough (Cabinet Member for Education and Health Reform, Kent County Council) and Tristan Godfrey (Policy and Relationships Adviser (Health), Kent County Council) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Gough began by outlining the report which covered the work of the Kent Health and Wellbeing Board in 2014/15. He explained that the Board's core mandate included the production of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS); ensuring the commissioning plans of the CCGs and Kent County Council (social care and public health) reflected the needs and priorities of the JSNA and JHWS; and to promote the integration of health and social care. He noted that when the Board came into being in 2013, an initial short-term strategy was created; a long-term strategy for 2014 – 2017 was produced in 2014 with five main outcomes: children, prevention, long term conditions, mental health and dementia. He reported that the current strategy was reviewed with stakeholders at an event in the summer in preparation for the new strategy in 2017. A further event was held in September to evaluate how the JSNA could be of more value to commissioners. The Board was looking to ask commissioners to bring their commissioning plans earlier to the Board to provide assurance that the plans reflecting the needs of the JSNA and priorities of JHSW before sign-off.

(2) Mr Gough explained that the Board had overseen the introduction and implementation of the Better Care Fund (BCF) as part of its role to promote integration. He stated that the BCF was a mixed blessing; whilst it forced detailed thinking and collaboration by all health and social care organisations, it was a clunky process and there was lots of pressure for it to succeed. He noted that the Government had committed to the continuation of the BCF through extra funding announced in the recent Comprehensive Spending Review. The Board was also involved in the development of the New Models of Care as part of NHS England's Five Year Forward View and how they were being implemented in Kent. He reported that the Whitstable Medical Practice (Estuary View) had been one of 29 sites to be awarded Vanguard status. He stated that Vanguard status would have significant impact on how the CCG would operate in that area and the role of the Board going forward. He also noted that the Ebbsfleet development had been awarded Healthy New Towns

status which would benefit from a programme of support. He also reported that the Board was tackling structural problems, such as workforce and housing developments, with partners including KCC, CCGs, district councils and Healthwatch.

(3) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A number of comments were made about the number of substantive items on the Board's agendas relating to mental health and dementia, Mr Gough explained that the five JHWS' outcomes were regularly reviewed. He noted that the Board also received the assurance framework which was not listed as an Agenda item; the framework showed the stress points within the health and social care system. He acknowledged that the Board had last considered dementia in July 2014 and it was something it should look at again. He highlighted significant progress in diagnosis rate – a 13% increase in Kent from 2013/14 to 2014/15 and the recruitment of the KCC Cabinet as Dementia Friends. He stated that he was keen to bring back a major review of Outcome 4 of the JHWS – Mental Health following the implementation of the Crisis Care Concordat. He noted that the Children's Health and Wellbeing Board had been involved with the development of the Emotional Wellbeing Strategy and had reported back to the main Board.

(4) Members enquired about the recruitment and retention of workforce in Kent. Mr Gough reported that a Workforce Task & Finish Group had been established by the Board to look at what could be influenced and controlled in Kent. The Task & Finish Group had a particular focus on multi-skilled workforce; building capacity at Canterbury Christ Church University; and promoting Kent as a place to live and work. Mr Godfrey stated that there was a desire for a whole system approach to workforce through the Task & Finish Group; the organisations involved had committed to working together in a more coordinated fashion, they had previously been chasing the same staff groups. In response to a specific question about student nurse bursaries being replaced by loans, Mr Godfrey explained that even if retention and recruitment of nurses was improved and all of the nursing training places were filled, there would still be a gap between supply and demand. The Task & Finish Group was looking at different ways for the gaps to be closed such as the use of Health Care Assistants and Physician Associates. A Member enquired about a proposal for collaboration between EKHUFT and London trusts to provide a two way flow of nurse placements which had been discussed on Radio Kent. Mr Godfrey stated that he would ask EKHUFT; he noted that Darent Valley Hospital was part of a collaborative of hospitals in London which made it easier to transfer from one organisation to another. He noted that Kent was attractive to staff when they wanted to buy a house or start a family. The Task & Finish Group was looking how to make Kent attractive for the whole of a medical professional's career.

(5) A number of questions were asked about the delegation of the Board's functions and the impact of growth. Mr Gough explained that page 34 of the Agenda detailed the Board's structure. He noted that the main Board had set up a network of local Health and Wellbeing Boards; the main Board focused on national initiatives whilst the local Boards looked at the implications in their areas and taking the detailed work forward. He stated that the local boards had varying levels of development. He reported that informal bodies had also

been developed such as the North Kent Executive Programme Board, bringing together the commissioners and providers, which looked at the outcomes of the BCF. Mr Gough highlighted that two rounds of the Growth Infrastructure Framework had been bought to the main Board in the last six months. He reported that local boards were being encouraged to look at these; the Dartford, Gravesham and Swanley local board was looking at the implications of the Ebbsfleet development particularly funding and the development of new models of care. He noted that whilst there was a more established pattern of growth in Ashford than in North West Kent, there were still opportunities for innovative health services. He stated that the aim was for the core data to be presented to the main Board through the Growth and Infrastructure Framework and the local Boards to look at the implications in their areas. He noted that with new developments, there was a threat that existing health services would not be able to expand to meet the demand but there was also an opportunity to do something different with health services.

(6) A Member enquired about the added value of the Board and its relationship with HOSC. Mr Gough reported that the establishment of Health and Wellbeing Boards was the least controversial and most welcome element of the Health & Social Care Act 2012. He reported that the main Board was a hub for collaboration and integration and provided a framework for commissioning through the JHWS. He stated that the scrutiny of service reconfiguration was for the HOSC; the Health & Wellbeing Board was instead working with the CCGs on wider issues such as the pattern of sustainable acute services.

(7) RESOLVED that:

(a) the Committee notes the report;

(b) the Chairman of the Health and Wellbeing Board be requested to attend in future years with the Health and Wellbeing Board annual report;

(c) the Committee be presented with a paper on the Workforce Task and Finish group at the appropriate time.

58. NHS preparations for winter in Kent 2015/16
(Item 5)

Matthew Drinkwater (Head of Emergency Preparedness Resilience and Response, NHS England – South (South East)), Mark Atkinson (Head of Urgent Care, NHS West Kent CCG), Bill Millar (Chief Operating Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) and Julie Hunt (Director for Performance Delivery, NHS Dartford, Gravesham & Swanley CCG and Clinical Programme Lead for Community Services, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Drinkwater outlined the actions that were being taken across the health and social care system in Kent to prepare for winter. He stated that there were four Systems Resilience Groups in Kent & Medway: East, North, West and Medway & Swale. Kent County Council was a core member of each of these groups. NHS England

had developed a South Surge Management Framework to ensure a consistent standard of plans; NHS England required all Systems Resilience Groups to prepare Surge Management Plans that were aligned to the Framework. NHS England had conducted a table top exercise with each Systems Resilience Group and presented them with feedback to ensure that lessons identified were learned ahead of winter. There was a national 'Stay Well This Winter' campaign to ask the public to protect themselves as the cold weather sets in, by staying warm, stocking up on prescription medicines or checking in on friends and neighbours and taking up the offer of a seasonal flu vaccination, which was supported by Kent County Council. He noted that there were high rates of Delayed Transfers of Care at some NHS hospital sites in Kent and further work was required.

(2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. Members enquired about Delayed Transfers of Care. Mr Drinkwater explained that Delayed Transfers of Care were a particular challenge at Maidstone and Tunbridge Wells NHS Trust where 7% of patients who were medically fit for discharge were still occupying an acute bed; in comparison to 3 – 4% in other areas. Mr Atkinson stated that the main reason for delay was patient choice with family members coordinating and finding a suitable place for their relatives. Discharges at the Trust had improved with the introduction of an Integrated Discharge Team which included KCC Social Workers to assist with transfers and the purchase of commercial beds. The Trust was also working with Age UK who provided a Home and Settle service to prevent readmission which had been commissioned using winter resilience money. He noted a further area for promoting the efficiency of discharge and throughput through the hospital was a reduction in the length of stay. He highlighted that the difficult winter period was to come and that as social care started to reduce, services would need to be realigned to promote discharge.

(3) In response to a question about pandemic flu, Mr Drinkwater explained that NHS England had carried out a deep dive review of pandemic flu plans which had been tested by a table top exercise. NHS England was participating in a national pandemic exercise in February 2016. He noted that a pandemic was a 'rising tide' event such as swine flu and there would be several weeks' notice before its arrival to the UK. He reported that the flu vaccine had been expanded to children via a nasal spray; he explained that children were the main transmitter of flu to the elderly. Mr Scott-Clark added that the vaccine was the best way to prevent flu and reduce pressure on the NHS. He stated that community pharmacists were offering the vaccine for free to those who met the NHS criteria.

(4) Members enquired about winter staffing and ward closures. Ms Hunt reported that no wards would be shut over Christmas at Darent Valley Hospital; the Trust had already opened 40 escalation beds to increase capacity. She reported that elective surgery would continue as normal except over the Bank Holidays and no leave could be taken over and above entitlement. She highlighted that the most dangerous period was after Christmas and New Year, additional resources and step-up plans were in place for 2 January onwards. She stated that there was good medical cover with doctors in A&E but there were shortages of nurses in community hospitals; Kent Community NHS Foundation Trust had appointed nurses from Spain who were trained to a

higher acuity than UK nurses and moved onto new organisations quickly. She also reported staffing shortages in domiciliary care; staff recruited on 0 hours contracts were under no obligation to work over Christmas and the New Year.

(5) The Chairman invited Mr Inett to speak. Mr Inett stated that Healthwatch Kent had reviewed each Trust's winter care plans and would be carrying out Enter & View visits to A&E departments in the New Year. Mr Inett enquired about assessment of elderly patients. Mr Millar reported that CCGs in East Kent had been working with GPs and community groups, using winter monies, to identify patients aged over 75, who were at risk at being admitted, to keep them at home or if admitted get them home quickly with additional support due to the improved outcomes at home. Schemes using winter monies included an Integrated Discharge Team and incentives for GPs who monitored at risk patients more closely.

(6) There were a number of questions about winter monies and the planned junior doctors' strike. Mr Drinkwater confirmed that operational resilience funding had been shared with CCGs as part of their baseline allocations. Mr Drinkwater stated that there were national and local plans in place to cover the three days of planned strikes. He reported that a full review would be carried out after the first day of strikes to prepare for the second and third strikes.

(7) RESOLVED that the report be noted and NHS England be requested to provide an update about the performance of the winter plans to the Committee at its April meeting.

59. North and West Kent Neurorehabilitation Service
(Item 6)

Dave Holman (Head of Mental Health Programme Area and Sevenoaks Locality Commissioning, NHS West Kent CCG) and Wendy Irons (Assistant Head of Specialist Assessments and Placements, NHS Dartford, Gravesham & Swanley CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Holman outlined the background to the planned service change. Mr Holman explained that Kent and Medway NHS and Social Care Partnership Trust (KMPT) gave notice on the current contract for the West Kent Neuro Rehab Unit (WKNRU) in April 2015 due to issues involving service quality, safety and cost. The unit was accessed by 29 patients in 2014/15 and was used as an intensive rehabilitation service for patients who had had a stroke or been involved in road traffic accidents; interventions were for approximately three months. On receiving notice, the CCGs explored a range of alternative providers such as the Raphael Medical Centre in Hildenborough, Strode Park Foundation in Herne and the Hothfield Brain Injury Rehabilitation and Neurological Care Centre in Ashford. He stated that as there was sufficient capacity with these alternative providers, the CCGs did not feel the need to reprocure. KMPT then informed the CCGs that there would not be safe staffing levels over the Christmas period and it was agreed the unit would shut on 24 December; emergency action was taken to bring forward the new service from April 2016 to December 2015. He stated that the decision was made without allowing time for full consultation with the HOSC because of a risk to safety and that

the CCGs would continue to consult and provide regular updates to the Committee.

(2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. In response to a specific question about the number of patients currently accessing the service and plans for their discharge, Ms Irons explained that there were 4 - 5 West Kent patients, 2 Medway patients and no Dartford, Gravesham and Swanley patients. Each patient had an individual discharge plan which identified length of stay, treatment completion date and referrals. Mr Holman noted that all the patients would be discharged by 24 December. He stated that it was a change of organisation providing the service rather than a service change and would have a positive impact on the patient due to a range of support and choice of service providers in the bespoke model.

(3) Members enquired about the cost of the bespoke model and the locations of the alternative providers. Mr Holman explained that there was a financial envelope and the new service would not be more expensive than the previous service. Mr Holman noted the large geographical area covered by West Kent CCG and Dartford, Gravesham and Swanley CCG. The alternative providers were located in Ashford, Herne and Hildenborough.

(4) A comment was made about the care pathway for patients. Ms Irons stated a flowchart detailing the care pathway could be provided. She explained that a proportion of patients would never go to the unit in Sevenoaks: some patients would be sent for specialist services at Kings College in London or assessed and referred to the private and voluntary sector if their care was expected to last longer than 12 weeks. She noted that as part of her role she assessed individuals who required very specialist services and found a suitable bed in very specialist units across the country; Dartford, Gravesham and Swanley CCG currently commissioned four independent sector specialist beds. She reported that the alternative providers had capacity and provided additional services such as hydrotherapy which were not available at the current unit. Patients would also have the choice of which provider they used.

(5) The Chairman invited Mr Inett to speak. Mr Inett enquired about accessing services at home, patient involvement and travel distances. Ms Irons explained that the provision of services in patients' homes was a long term aim; this was not able to be implemented before Christmas. Ms Irons stated that the CCGs had been engaging with Headway and each patient would have an individual assessment before being placed with a provider. The CCGs had been unable to consult due to the need to take urgent action. She reported that patients and their families travelling from Dartford, Gravesham and Swanley already had to travel over 20 miles to the Sevenoaks unit. Patients and families were prepared to travel to access specialist services.

(6) RESOLVED that:

(a) the Committee does not deem the new service model for specialised neuro rehabilitation in North Kent, West Kent CCG and Medway CCG to be a substantial variation of service.

(b) NHS Dartford, Gravesham and Swanley CCG and NHS West Kent CCG be invited to submit a progress report on implementation and a flowchart detailing the patient pathway to the Committee at its March meeting.

(c) NHS Dartford, Gravesham and Swanley CCG and NHS West Kent CCG be requested to consult the Committee about their longer term plans for the neurorehabilitation provision and work with Healthwatch Kent as part of their engagement plan.