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, 29 January 2016.

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 and Cllr M Lyons

ALSO PRESENT: Mr S Inett

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

UNRESTRICTED ITEMS

1. 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 Other Significant Interest as a Governor of East Kent Hospitals University NHS Foundation Trust.

2. Minutes
(Item 3)

(1) The Scrutiny Research Officer updated the Committee about the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC). She reported that the first meeting of the JHOSC was held on 8 January 2016 and the Minutes of the meeting would be shared with the Committee on 4 March 2016. She noted that the next JHOSC would take place on Friday 26 February 2016.

(2) RESOLVED that the Minutes of the meeting held on 27 November are correctly recorded and that they be signed by the Chairman.

3. CQC Inspection Report: East Kent Hospitals University NHS Foundation Trust
(Item 4)

Matthew Kershaw (Chief Executive, East Kent Hospitals University NHS Foundation Trust) and Rachel Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee and introduced Mr Kershaw who had recently been appointed as the Chief Executive of the East Kent Hospitals University NHS Foundation Trust. Mr Kershaw began by outlining the background to the inspection. He explained that inspection took

place in July 2015 as a re-inspection following the initial inspection in March 2014 which had led to the Trust being placed into special measures. He reported that there had been significant improvements across the Trust since the original inspection; the Trust was now rated as Requires Improvement but would remain in special measures for a further six months. He stated that the Trust's objective was to get out of special measures as soon as possible; the Trust would be inspected again in 2016 but this would not take place before May 2016. There were a number of areas for improvement including the emergency care pathway and cultural change across the Trust. He noted that an Improvement Plan had been developed to support and ensure the delivery of improvements which was being led by Dr David Hargroves, a stroke consultant, as the clinical lead in conjunction with the Chief Nurse Dr Sally Smith.

(2) Members of the Committee then proceeded to make a number of comments about recruitment and well maintained equipment. Mr Kershaw explained that the provision of high quality staffing was key for safe and effective patient care. He noted that the inspection report acknowledged staffing levels had improved despite recruitment challenges. He reported that there were a number of gaps in staffing including emergency consultants, middle grade posts and on some wards. He noted that a report was going to the Trust's Board on 8 February which showed that 90 – 95% of shifts were covered with the use of agency staffing; the Trust was looking to move away from temporary to substantive posts as agency staffing was expensive and the temporary staff were not part of the organisation. Ms Jones explained that following the inspection a centrally managed equipment library had been developed so that all equipment could be recorded and have its condition checked before being released for use. She noted that the Trust had a specific budget for replacing equipment.

(3) The Chairman invited Mr Inett to speak. Mr Inett stated that Healthwatch Kent had been working with the Trust since the initial CQC inspection in March 2014 including quarterly meetings with the Chief Nurse. He reported that Healthwatch Kent had recently carried out follow-up visits to the Accident & Emergency departments and Outpatient services. The reports had been submitted to the Trust for comments and would be shared with the Committee once published.

(4) RESOLVED that the report be noted and the Trust be requested to provide an update to the Committee in six months.

Cllr Lyons, in accordance with his Other Significant Interest as a Governor of East Kent Hospitals University NHS Foundation Trust, withdrew from the meeting following Matthew Kershaw's presentation and took no part in the discussion or decision.

4. Kent & Canterbury Hospital: Emergency Care Centre
(Item 5)

Matthew Kershaw (Chief Executive, East Kent Hospitals University NHS Foundation Trust), Rachel Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) and Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Kershaw began by outlining the background to the Emergency Care Centre. He explained that when the Emergency Care Centre model was developed 10 years ago, it was considered innovative with its specific criteria for accepting patients including cardiac and minor injuries. He reported that there had been a growth in the breadth of the criteria and doctors now were assessing and treating a very wide range of condition over and above those included in the original criteria. He noted that Health Education England Kent, Surrey and Sussex undertook visits to assess the quality of education and training by Local Education Providers; during a review of the Trust's core medical training at the Kent and Canterbury Hospital junior doctors raised concerns about the creep of criteria. Health Education England Kent, Surrey and Sussex concluded that it was no longer acceptable for medical trainees to be confronted with acute medical problems they were not equipped to manage and a change was required. He reported that if changes were not made to the Emergency Care Centre it could result in the removal of medical trainees from the Kent and Canterbury site by Health Education Kent, Surrey and Sussex and the General Medical Council which would destabilise acute hospital services with East Kent and result in the closure of the Emergency Care Centre and removal of other services on the site.

(2) Mr Kershaw stated that the Trust was proposing to reiterate the criteria for accepting patients and was working with South East Coast Ambulance NHS Foundation Trust to cease the referral of all patients with acute abdominal pain, alcohol intoxication and patients with primary mental health problems to the Emergency Care Centre. He reported that this equated to approximately nine patients a week and those patients would be taken to the William Harvey Hospital, Ashford or the Queen Elizabeth Queen Mother Hospital, Margate. Patients that self-presented to ECC would still be assessed and if they required ongoing care, they would be stabilised and transferred. He noted that if patients were seriously comatosed due to alcohol, as opposed to being drunk, they would be transferred to a site with an Accident & Emergency site.

(3) Mr Kershaw noted that the proposal had the full support of the Trust's Commissioners. The Trust would be presenting the proposal to Health Education Kent, Surrey and Sussex in March as part of a re-inspection and the reclarified model of care implemented by the end of June 2016. Mr Kershaw stated that he was looking for the Committee's support to the reclarified model of care - ceasing the referral of all patients with acute abdominal pain, alcohol intoxication and patients with primary mental health problems to the Emergency Care Centre. He noted that the new model of care needed to be implemented before there was a wider discussion ahead of the permanent clinical strategy for East Kent.

(4) 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 communicating the reclarified model of care to the public particularly to students, Ms Jones explained that two-thirds of patients self-presented to the Emergency Care Centre and the Trust would be working with Healthwatch Kent, Public Health and Commissioners to develop an information and awareness campaign. Steve Inett confirmed that Healthwatch Kent would be raising awareness of this issue and was looking to increase its number of volunteers as part of the communication and engagement for the wider

strategy for East Kent. Andrew Scott-Clarke stated Public Health would be leading on discussions with the universities about the impact of alcohol on public services and with Canterbury City Council as the licensing authority.

(5) A Member enquired about the number of patients who currently self-presented with acute abdominal pain, alcohol intoxication and primary mental health problems and if the reclarified model of care would have a significant impact on junior doctors. Mr Kershaw explained that there were a similar number of patients who self-presented and arrived by ambulance with acute abdominal pain, alcohol intoxication and primary mental health problems – approximately 20 per week in total. Mr Kershaw stated that the revised model of care would reduce the number of patients to a level similar to other hospitals; it would not take away the element of surprise associated with emergency care which was encountered by all medical trainees nationally.

(6) A number of comments were made about sustainability. Mr Kershaw noted that the reclarified model of care had the full support of the Commissioners. He stated that there was a significant risk of destabilisation across the Trust if medical trainees from the Kent and Canterbury Hospital site were removed. He recognised that there would be an ongoing issue of stability until a sustainable long term strategy for East Kent was developed through the East Kent Strategy Board.

(7) RESOLVED that:

(a) the Committee is supportive of the decision to take urgent action by the East Kent Hospitals University NHS Foundation Trust as set out in the Trust's paper;

(b) East Kent Hospitals University NHS Foundation Trust and East Kent CCGs be requested to keep the Committee updated as the reclarified model of care is developed.

Cllr Lyons, in accordance with his Other Significant Interest as a Governor of East Kent Hospitals University NHS Foundation Trust, withdrew from the meeting following Matthew Kershaw's presentation and took no part in the discussion or decision.

5. East Kent Strategy Board

(Item 10)

Matthew Kershaw (Chief Executive, East Kent Hospitals University NHS Foundation Trust), Rachel Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) and Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Ms Carpenter began by explaining that the written briefing included in the Agenda pack was requested by the HOSC group representatives following a meeting with the East Kent CCGs' Accountable Officers Hazel Carpenter and Simon Perks on 25 November 2015. She stated that the East Kent Strategy Board was established to look at how to provide health and social care services to the East Kent population in the future. She explained that the Board was CCG led but was working collaboratively with providers to oversee the work

programme. She noted that NHS South Kent Coast CCG and NHS Thanet CCG had already presented their initial plans for Integrated Care Organisations to the Committee. She reported that the East Kent Strategy Board was looking forward to working with the HOSC and a further update would be presented to the Committee on 4 March.

(2) Members of the Committee then proceeded to make a number of comments about population growth, the commitment of the Board and public consultation. Ms Carpenter explained that the CCGs were very aware of new housing developments and associated population growth. Mr Kershaw noted that modelling work was being undertaken to look at the impact of housing developments and aging population and how health services could be provided innovatively in the future. Ms Carpenter stated that all four CCGs were completely committed to and determined for the work of the Board to be a success. Mr Kershaw stated that he endorsed Ms Carpenter's comments; he noted that one of the reasons he had returned to East Kent was to get involved with the work of the Board. He reported the consultants in the Trust were keen for decisions to be taken as soon as possible as the current model of services was unsustainable. Ms Carpenter noted that health and care systems were required to work together to draft Sustainability and Transformation Plans by June 2016. She reported that once the plans had been developed, the Board would go out to public consultation. She explained that it was not possible at this stage to say if a single or multiple consultations would be required; she stated that there would be an ongoing dialogue with the HOSC as plans were developed.

(3) RESOLVED that the report be noted and the East Kent Accountable Officers be requested to provide a verbal presentation on the work and programme of the East Kent Strategy Board on 4 March 2016.

(4) The meeting was adjourned at 11.10 and reconvened at 11.15.

6. SECAmb: Update

(Item 6)

Geraint Davies (Director of Commissioning, SECAmb) and Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swale CCG and NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Davies began by outlining the background to the retriage pilot which was introduced during Winter 2014/15. The pilot saw clinicians taking up to an extra ten minutes to retriage calls that had come across from 111 to 999 as requiring an emergency response. An initial review into the pilot by NHS England found that there was no detrimental impact to patients but there had been a failure in the Trust's internal governance processes. He noted that three further reviews, Forensic Review, Patient Impact Review and Governance Review, were being undertaken by Monitor and he would be happy to come back and share the findings of the review with the Committee.

(2) Mr Davies also outlined the background to the use of defibrillators in performance reporting. He explained that SECAmb followed national guidance on performance reporting; under the current guidance for Red 2 patients, a

clock stop could take place if there was someone able to collect a defibrillator and bring it to the patient and a defibrillator was accessible at the time of the call. He stated that SECAmb was lobbying for this guidance to change so that defibrillators had to be by the patient's side before a clock stop was applied. He noted that an independent review was underway to ensure the Trust had been compliant with the guidance and he would be happy to come back and share the findings of the review with the Committee

(3) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about pinch points and surge options. Mr Davies explained that a key pinch point was delays in the transfer of care within 15 minutes of arriving in hospital; for every 1000 hours lost in delayed transfers of care resulted in 0.4% impact on the Trust's performance. The Trust was working with commissioners in Kent to make improvements to ambulance handover performance particularly with Darent Valley Hospital which was the worst performing hospital for transfer in Kent. The key challenge for 111 performance was the difficulty in referring patients to out-of-hour services particularly at the weekend which had resulted in some patients being inappropriately referred to an ambulance or an emergency department. He explained that surge options included playing a message during peak periods explaining that there may be a delay in answering the 111 call.

(4) A number of questions were asked about vandalism of Public Access Defibrillators, the outcomes of Public Access Defibrillators and the consultation on proposed blue light collaboration including joint control rooms between emergency services. Mr Davies noted that there were low levels of violence against the staff and fleet. He stated that the Trust supported the widespread availability of Public Access Defibrillators; the Trust was looking to develop outcomes for their use. He explained that the Trust and their staff saw themselves as part of the NHS, as a mobile health care system. The Trust wanted to be integrated into the NHS and had made representations to the Minister and Secretary of State. He noted that the Trust was involved in a project in Whitstable which had integrated a community paramedic into primary care; the project had enabled the Trust to understand patient demand and improve flow to the acute patient pathway.

(5) The Chairman invited Mr Inett to speak. Mr Inett stated that Healthwatch Kent had been aware of the concerns relating to the retriage process and the use of defibrillators in ambulance performance before they were reported in the press as it was a member of the Kent and Medway Quality Surveillance Group. Mr Davies stated that the Trust had collectively met with the six Healthwatchs in the areas where SECAmb provide services and was looking forward to engaging further with Healthwatch volunteers and officers in the future. The Trust was looking at how to incorporate Healthwatch representatives onto its boards and committees.

(6) RESOLVED that the report be noted and SECAmb be requested to share the findings of the Forensic, Patient Impact and Governance Reviews of the Retriage Pilot and the independent review into the use of defibrillators in performance reporting at the April meeting of the Committee.

7. North Kent: Adult Community Services

(Item 7)

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG), Julie Hunt (Director of Performance Delivery and Programme Director for Adult Community Services, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) and Michael Ridgwell (Programme Lead, Swale Blue Light Transfer, NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Members enquired about the period of formal standstill after the bidders had been advised of the outcome and the expected growth in the local area. Ms Davies thanked the Committee for the opportunity to provide feedback on the outcome of the procurement. She explained that there was a period of formal standstill which was extended whilst the CCGs answered a query from one of the bidders; once that query had been answered the bidder was satisfied with the outcome and the standstill was ended and the outcome of the procurement was announced.

(2) Ms Davies noted that there was an expected 26% population growth in Dartford, Gravesham and Swanley. She stated that the contract was let on an as-is basis but a key part of the tender was for bidders to explain how they could deliver innovation and transformation, be flexible to meet demand and integrate with primary and social care in the future. She explained that the CCG had submitted a bid with the Ebbsfleet Development Corporation and local councils for Healthy New Towns status for the Ebbsfleet development; they were one of sixteen bids which had been shortlisted from 150 submissions across the country. She explained that the Healthy New Towns status would not come with funding but would bring expertise and raise the national profile of the development at a government level. She explained that £310 million had been allocated to the Ebbsfleet development in the Autumn Spending Review which would be aligned for infrastructure as opposed to health services; upfront investment was required as CCGs were only paid on the number of patients registered with GP practices. She noted that the CCG was engaging with NHS England, local MPs and Healthwatch Kent to lobby for additional funding.

(3) The Chairman invited Mr Inett to speak. Mr Inett enquired if Virgin Healthcare Services would be required to reinvest any surplus into the service. Ms Davies stated that there had been an open and transparent procurement process. The tender was for an NHS contract which was awarded to a private company; the provider had to comply with NHS Terms & Conditions including the legal duty to breakeven reinvest a surplus into community services. Mr Inett noted that Healthwatch Kent was part of a panel which was looking at the mobilisation of services from the existing to the new provider.

(4) RESOLVED that the report be noted and NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG be requested to provide the Committee with an update about:

(a) the mobilisation of the contract and performance of the new provider in November;

(b) the development of any new service model at the appropriate time.

8. North Kent: Emergency and Urgent Care Review and Redesign
(Item 8)

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG), Julie Hunt (Director of Performance Delivery and Programme Director for Adult Community Services, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) and Michael Ridgwell (Programme Lead, Swale Blue Light Transfer, NHS Swale CCG) were in attendance for this item.

(1) The Committee received a report from NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG which provided an update on the Emergency and Urgent Care Review and Redesign in North Kent.

(2) RESOLVED that the report be noted and NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG be requested to keep the Committee updated as the urgent care programme is developed.

9. NHS Swale CCG: Review of Emergency Ambulance Conveyances
(Item 9)

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG), Julie Hunt (Director of Performance Delivery and Programme Director for Adult Community Services, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG) and Michael Ridgwell (Programme Lead, Swale Blue Light Transfer, NHS Swale CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Ms Davies began by outlining the background to the review of emergency ambulance conveyances for the NHS Swale CCG population. She explained in October 2014 NHS Swale CCG explored options of moving some elective services for Swale residents from Medway Hospital to Maidstone Hospital to reduce pressure on Medway NHS Foundation Trust. She reported the CCG had committed to a review, following concerns raised by the Care Quality Commission, local GPs and the public, into a potential change for some blue light conveyances to Maidstone Hospital. There would be a number of exclusions to transfers, if the changes were made, as Maidstone Hospital did not offer all of the same services as Medway Hospital. She stressed that it was a feasibility study to explore bed capacity at Maidstone Hospital; the types of patients who could be transferred; and the impact on patients and the wider community.

(2) Members enquired about repatriation of patients and bed capacity. She stated that it could be difficult to repatriate Swale residents discharged from Medway Hospital, who required social care services, as the hospital was located in a different local authority's area from where they lived. If Swale patients were in the care of a Kent acute provider it would enable a smoother transition from health to social care services. Mr Ridgwell explained that the feasibility study was being carried out to assess all possible impacts including bed capacity; services which were not available at Maidstone Hospital such as emergency surgery; and services which were well regarded at Medway Hospital such as obstetrics and gynaecology. He noted that NHS Swale CCG was working will all relevant partners to assess the practicality of the proposal. He stated that

the CCG was not looking to increase risk at other Trusts; the CCG's priority was to support Medway NHS Foundation Trust in being a viable high quality organisation.

(3) In response to specific questions about timelines and the closure of the A249, Mr Ridgwell explained that the CCG wanted to understand activity flow and test provider demand, before going out to public consultation, if the proposals to change conveyances were deemed feasible. He stated that the review would need to be part of a long term strategy which would take place over a longer timescale. Ms Davies reported that she had not been made aware of any adverse impact on SECAmb with the closure of the A249; she stated that she would check with Geraint Davies and provide this information to the Committee.

(4) RESOLVED that the report be noted and NHS Swale CCG be requested to keep the Committee updated as a long term proposal for emergency ambulance conveyances for the NHS Swale population is developed.

(5) The meeting was adjourned at 12.30 and reconvened at 14.00.

10. Patient Transport Services
(Item 12)

Ian Ayres (Accountable Officer, NHS West Kent CCG) was in attendance for this item.

(1) The Chairman welcomed Mr Ayres to the Committee. Mr Ayres began by explaining as part of the tender evaluation, bidders were scored on a weighting of 65% for quality and 35% for value for money. He reported that the service was split into three separate contracts: renal patient transport; transport to and from Dartford and Gravesham Hospital Trust and Kent and Medway patient transport. Bidders were evaluated on their full written submissions, site visits, presentations and interviews with the providers and their existing commissioners. The site visits included observing call handling, the processes and systems used by bidders to manage operations and ride on journeys to observe patient care. A member of the Project Board included an experienced manager of Patient Transport Services who provided advice on staffing rotas and fleet plans. He stated that G4S was awarded all three contracts; he noted that the three separate contracts may be brought together in the future. He explained that key performance indicators and automatic penalties had been strengthened in the new contract and the contract would be reviewed and rebalanced if required within the first six months. He noted that preparatory work for the mobilisation phase was being undertaken.

(2) 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 capacity, discharge and contract signing. Mr Ayres explained that a triangulation activity had been tested and data had been more accurately recorded and captured for capacity. Mr Ayres stressed the importance of G4S in engaging and building the trust of the acute providers to improve discharge. As part of the service specification, G4S were required to have more senior management on each site, working closely with nursing and care homes and using a much better IT system to record data. He noted that there were stricter

key performance indicators about collection within a specific time period. Mr Ayres stated that the contracts would be signed in February; all contentious issues had been resolved but the CCG and G4S were working through the smaller details of the contract such as using NSL bases and vehicles. G4S were developing a flexible fleet with vehicles that could be adapted to carry wheelchairs and trollies. He noted that the previous provider's frontline staff were found to be very caring and compassionate and would be TUPEd to the new provider.

(3) In response to a specific question about contract management, Mr Ayres explained that the North Kent CCGs would manage the Dartford and Gravesham Hospital Trust contract and West Kent CCG would managed the renal and the rest of Kent and Medway contract. He noted that the two contract management teams had and would continue to work together as they were transformed into mobilisation teams.

(4) RESOLVED that the report be noted and NHS West Kent CCG be requested to provide an update to the Committee about the mobilisation phase in September 2016 including details about patient experience.

11. NHS West Kent CCG: Diabetes Services

(Item 13)

Ian Ayres (Accountable Officer, NHS West Kent CCG), Dr Sanjay Singh (Chief GP Commissioner, NHS West Kent CCG) and Naz Chauhan (Commissioning Manager – Long Term Conditions, NHS West Kent CCG) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Ayres began by explaining that the current pathway was fragmented and delivered by separate providers. The new model of care would provide a whole system approach by decommissioning the current secondary care level three diabetes service and recommissioning the same in the community under an integrated level two and three service between the hospital, GP practices, community and mental health support. Dr Singh noted that the service specification included access and clinical quality outcomes and performance including individual care plans. He stated the importance of patient education, access to psychological services and meeting the rising demand.

(2) A number of comments were made about patient education, patient experience and the involvement of Diabetes UK. Dr Singh explained that patient experience would be improved through the new service model. Ms Chauhan noted that Diabetes UK was part of the Diabetes Clinical Reference Group which met quarterly. Dr Singh stated Diabetes UK was keen to promote patient empowerment and self-care.

(3) RESOLVED that:

(a) the Committee does not deem the service specification for Diabetes Services in West Kent to be a substantial variation of service.

(b) West Kent CCG be invited to submit a report to the Committee in January 2017.

12. Emotional Wellbeing Strategy for Children, Young People and Young Adults *(Item 14)*

Ian Ayres (Accountable Officer, NHS West Kent CCG) was in attendance for this item.

(1) The Committee discussed participating in a small working group, chaired by Graham Gibbens, Cabinet Member for Adult Social Care & Public Health. This working group would look at the Universal & Targeted Emotional Health & Wellbeing Specification and the Children & Young People's Mental Health Specification in more detail before the Committee made a determination at the 4 March 2016 meeting on whether the service specification was a substantial variation of service and if it was happy to support the procurement.

(2) Mr Ayres stated that he would welcome detailed oversight of both specifications by a working group. He acknowledged that although this Committee could only make a determination on the NHS service specification, there was a single overarching vision and the two service specifications were interrelated. He noted that the procurement would need to commence in March but could be halted if required following the Committee's discussions on 4 March.

(3) The following Members expressed an interest in being part of the working group: Mrs Allen, Mr Birkby, Mr Chard, Mr Crowther, Mr Daley, Ms Harrison and Cllr Lyons.

(4) RESOLVED that:

(a) members of the HOSC participate in a working group chaired by Graham Gibbens, Cabinet Member for Adult Social Care & Public Health to look at the Universal & Targeted Emotional Health & Wellbeing Specification and the Children & Young People's Mental Health Specification in more detail.

(b) the Committee defer making a determination on whether the NHS service specification is a substantial variation of service and whether it is happy to support the procurement on 4 March 2016.