

## 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, 25 November 2016.

PRESENT: Mr M J Angell (Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mr D L Brazier, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr G Lymer, Mr C R Pearman, Cllr J Howes, Cllr M Lyons and Mr B J Sweetland (Substitute) (Substitute for Ms D Marsh)

ALSO PRESENT: Mr S Inett

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

### UNRESTRICTED ITEMS

#### **59. Minutes**

*(Item 3)*

- (1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 7 October:
  - (a) Minute Number 46 - East Kent Strategy Board. On 2 September, the Committee considered an update about the work of the East Kent Strategy Board and requested that an update be presented to the Committee in November. On 24 November 2016 the Committee was notified that the East Kent strategy work had become the STP content for east Kent and that the Board would now operate as an East Kent Delivery Board to refine recommendations for how services could best be organised in east Kent in the future.
  - (b) Minute Number 52 - Healthwatch Kent: Annual Report and Strategic Priorities. As part of the update regarding follow-up actions taken since the previous meeting on 7 October, Members were asked to submit any questions for Healthwatch which had not been covered during the Healthwatch item on 2 September. The responses to those questions were circulated to the Committee on 22 November.
  - (c) Minute Number 57 - Medway NHS Foundation Trust: Update. On 7 October the Committee requested that Medway NHS Foundation Trust be requested to provide the Committee with a series of graphs to demonstrate progress since the original CQC inspection in 2014. A series of slides showing the Trust's improvements was circulated to the Committee on 22 November. Medway NHS Foundation Trust had also invited the Committee to come for a tour of the hospital to see first-hand some of the recent improvements including work to improve emergency department.

- (2) RESOLVED that the Minutes of the meeting held on 7 October are correctly recorded and that they be signed by the Chairman.

## **60. Membership**

*(Item 4)*

- (1) Following the Council's approval of the revised proportionality statement on 20 October 2016, it was agreed that the Conservative group would gain a seat on the Health Overview and Scrutiny Committee at the expense of the Labour group.
- (2) Members of the Health Overview and Scrutiny Committee note that:
  - (a) Mr Brazier (Conservative) had replaced Mrs Brivio (Labour) as a member of the Committee.

## **61. Dates of 2017 Meetings**

*(Item 5)*

- (1) The Committee is asked to note the following dates for meetings in 2017:

Friday 27 January  
Friday 3 March  
Friday 2 June  
Friday 14 July  
Friday 1 September  
Friday 6 October  
Friday 24 November

## **62. NHS preparations for winter in Kent 2016/17**

*(Item 6)*

*Pennie Ford (Director of Assurance and Delivery, NHS England South (South East)), Hazel Gleed (Head of Emergency Preparedness, Resilience and Response, NHS England South (South East)), Matthew Capper (Director of Performance and Delivery, NHS Ashford and Canterbury & Coastal CCGs), Corrine Stewart (Assistant Director of Commissioning, NHS Dartford, Gravesham and Swanley CCG), Jacqui West (Health Interface Manager, Kent County Council) and Adam Wickings (Joint Chief Operating Officer, NHS West Kent CCG) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Ms Ford began by explaining that the previously established Systems Resilience Groups had been replaced with Local Accident and Emergency Delivery Boards (LAEDB) which had a more focused remit on the delivery of urgent and emergency care. She stated that the winter pressures facing Accident and Emergency departments were really challenging and there had not been a reduction in pressure throughout the course of the year. She noted that there was a national A&E Improvement Plan which had made recommendations to be implemented locally including improving flow and discharge processes. She reported that improved discharge was particularly important for older people who began to lose function if they stayed in hospital longer than required. Mr Scott-Clark commented that, in addition to muscle wastage, the longer

patients stayed in hospital, it was more likely that they would get a hospital acquired infection.

- (2) Ms Ford explained that in preparation for winter, each system had been refreshing their escalation plans and changing terminology following a national review of definitions. She reported that all systems had tested their plans including their response to snow and flooding; an increase in pressure was expected over the bank holiday period and into early January. She highlighted the national flu immunisation programme and the importance of Councils in encouraging people to take up the flu vaccination. The peak of the current winter's flu season was not known; it had been late last winter and at Christmas during the previous winter. Ms Ford invited each health economy to give an overview of their preparations for winter.
- (3) Mr Capper stated that in East Kent, a whole system meeting was held at the beginning of October to review and refresh response plans, escalation triggers and terminology to ensure they dovetailed together. He noted that the cold weather and flu plan was due to be refreshed within the next two weeks. In the run-up to the Christmas holidays, a super discharge week was planned where all agencies would be working together in an enhanced way to create additional capacity in the system; a follow up activity was planned for January. He reported that the implementation of GP triage model at the Kent & Canterbury Hospital, Canterbury last year had reduced the number of admissions; the CCGs with the providers were looking to replicate model as quickly and safely as possible at the William Harvey Hospital, Ashford and the Queen Elizabeth The Queen Mother Hospital, Margate. He explained that the daily escalation levels were circulated including the information about beds, workforce and A&E performance from the Single Health Resilience Early Warning Database (SHREWD).
- (4) Mr Capper noted that the Out of Hours and 111 services had changed to a new provider which would provide greater efficiencies; the 111 service had recently gone live and would be responsible for providing 80% of the call cover by Christmas as part of the handover with South East Coast Ambulance NHS Foundation Trust (SECAMB). He stated that a community geriatrician resource had been developed to increase flow through acute and community hospitals as part of the Integrated Discharge Team provided by the Kent Community NHS Foundation Trust. He reported that the Discharge to Assess pilot, which carried out health and social care assessments, had been expanded alongside the Home First programme.
- (5) Ms Stewart reported that North Kent had been preparing since spring to align their plans, learn from previous years and implement improvements. She stated that the North Kent CCGs had implemented SHREWD and had developed a monthly operational resilience group as part of LAEDB. She explained that in Dartford, Gravesham & Swanley, the key priority was to stream patients at the front door of Darent Valley Hospital, Dartford and assess within 15 minutes to understand their needs and direct them to alternative setting if appropriate such as the Minor Injuries Unit or the Ambulatory Ward for patients with COPD and Asthma. She reported that in Swale, the CCG was working with Medway Maritime Hospital to redirect patient from A&E to the primary care unit which had led to a 22 – 33% reduction in A&E attendance and improve discharge, with the implementation

of the Safer Care pilot which included an estimated discharge date, to reduce ambulance handover delays.

- (6) Ms Stewart stated that a discharge lounge at Darent Valley Hospital had been created to enable patients fit for discharge to be moved out of beds and create capacity for new patients. The CCGs were also implementing Discharge to Assess initiatives to support frail patients return home such as the Hilton Nursing Project which provided assessments and recovery support in the patient's home; the project was currently helping to support 10 discharges a week. In Dartford, Gravesham & Swanley, a Care Navigators Pilot had been implemented with health, social care and voluntary services' support. Projects for frequent A&E attendees and palliative & end of life patients were also planned.
- (7) Mr Wickings noted that West Kent had implemented SHREWD and were in daily discussions with Maidstone and Tunbridge Wells NHS Trust; he reported that there was good working relationship between the CCG and the Trust. He stated that using winter resilience money from the beginning of the year, a number of measures had been implemented including integrated COPD services, Home First service and additional support in nursing homes. He noted that GPs were working in both A&E departments with the service working better in one than the other. He stated that the CCG had assurance that preparations were going well but acknowledged that there may be difficulties in the winter period.
- (8) Ms West explained that Kent County Council were partners of the LAEDBs and used SHREWD as part of its system resilience planning which included non-validated data as it was only validated once a week. She noted that the Hilton Nursing Project had also been implemented at Tunbridge Wells Hospital using CCG funding. She reported that KCC occupational therapists were providing assessments which provided additional equipment to patients post-discharge and helped to reduce their overall care package and improve patient flow. She stated that the central purchasing team were working with families able to identify homes with vacancies. She noted that Integrated Discharge Teams had been implemented on all hospital sites whose teams included KCC staff and the voluntary sector. She also stated that KCC supported Home First service and provided Enablement at Home services.
- (9) The Chairman enquired about the communications plan. Ms Ford explained that there were a number of national campaigns such as the Stay Well This Winter campaign by NHS England and Public Health which encouraged members of the public to look after themselves during the winter. She reported that there were local communication campaigns which included details about alternative care provision including the use of pharmacists and using 111 as an alternative to A&E. Mr Capper noted that the communications team in East Kent were providing face-to-face information in shopping centres about alternative care provisions. He highlighted the Health Help Now app which provided users with information about their nearest health services in Kent and campaign information. He noted that as part of the national vanguard in Canterbury & Coastal CCG, a waiting list app was being developed. Ms Ford acknowledged that there were different ways to communicate with older and younger people; apps and social media were aimed at younger and working

age groups. Members gave suggestions of engaging with older people through established groups such as the Elders' Forum in Dartford; the Women's Institute and National Women's Register in Sevenoaks; and town & parish councils across Kent. Ms Ford resolved to take Members' comments about improving communication back to the LAEDBs.

- (10) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about winter pressure levels remaining in the summer, engagement with the care home sector and assessments at home. Ms Ford explained that the late winter pressures last year remained into the summer which had resulted in services already being stretched going into this winter; the cause of this was unknown. She stated that the recommendations in the national A&E Improvement Plan could make a difference once implemented. Ms West stated that engagement with the care home sector; the Central Purchasing Team was speaking daily with the private sector and a Care Home Forum run by KCC and the CCGs had developed strong links with the care home sector. Ms West explained that as part of Discharge to Assess model in East Kent, patients whose needs could be safely met at home, were considered as part of Pathway 1 and were assessed within two hours of arrival at home. She noted that the Discharge to Assess team functioned within set working hours and patients were not discharged outside of these times; a similar system was due to be implemented in North and West Kent.
- (11) In response to a specific question about patient and GP involvement in discharge, Ms Stewart explained that Dartford, Gravesham and Swanley CCG had recently held a four day event to look at improving discharge with health, social care and voluntary sector partners. One of the key outcomes of the event was to improve communication in and outside of hospital; a 30 day review event was planned for December. She noted that Dartford & Gravesham NHS Trust provided each patient with a booklet about the type of care they would be receiving and the estimated date of discharge. She acknowledged the importance of GPs as part of a patient's care particularly in A&E where doctors were able to see GP records and prescriptions for the patients and the provision of a telephone service which enabled GPs to speak to a senior nurse to explain the specific circumstances of a patient and receive advice about whether to refer them to the ambulatory care unit.
- (12) Mr Inett stated that Healthwatch Kent had carried out Enter & View visits to all A&Es in February 2016. Patients were generally very satisfied with the service; lots of the attendees had turned up A&E as they had been unable to get a GP appointment and did not like using 111 service. He noted that Healthwatch had recently carried out a piece of work about discharge; staff were working very hard to improve discharge processes but there was a tension as there was a lack of placements in East & West Kent and difficulty in recruiting carers in North Kent to support discharge. A Member requested a wider discussion about delayed discharge of care to establish what KCC and partners could do to improve to reduce delays.
- (13) A number of questions were asked about muscle wastage, pressure on services from border areas such as Bexley and the involvement of KMPT. Ms Stewart stated that Dartford & Gravesham NHS Trust had implemented the

use physiotherapists on wards to help mobilise people and ensure that they remained physically fit; a finding of the recent discharge event organised by Dartford, Gravesham and Swanley CCG was that muscle deterioration began when patients entered assessment wards. Ms Stewart reported that pressure from border areas was a significant issues; a third of the activity from Dartford & Gravesham NHS Trust came from Bexley and the surrounding areas. The CCG was working with colleagues and representatives from Bexley to align the work being carried out. She noted that the London Ambulance Service (LAS) would convey patients to Darent Valley Hospital when services in London are under pressure; the CCG had ambulance liaison meetings with SECamb and LAS to improve communication and talk through issues. Ms Ford reported that KMPT was a crucial member of each LAEDB. A Member requested further details about SHREWD and Ms Ford undertook to provide this.

- (14) 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 June meeting.

### **63. Local Care in West Kent**

*(Item 7)*

*Gail Arnold (Chief Operating Officer, NHS West Kent CCG) was in attendance for this item.*

- (1) The Chairman welcomed Ms Arnold to the Committee. Ms Arnold began by explaining that the paper provided an initial overview of West Kent CCG's plans to design and implement local care, in line with the CCG's strategic vision, Mapping the Future, and the Sustainability and Transformation Plan. She stated that the CCG had begun to work with key partners and stakeholders on the proposals. She reported that the delivery of care would be undertaken in two phases. The first phase was the development of a service specification for core cluster level team which would support GP federations to provide services. She reported the likely establishment of eight clusters: Sevenoaks, Tunbridge Wells, Tonbridge, Weald and four clusters covering the Maidstone district which would act as building blocks in developing the local care and training. She noted the importance of having a critical mass of services for an effective hub of care. She reported that the specification would comprise of four work streams including the provision of mental health and social care. She explained that the service would begin to take effect in 2017/18 in an informal way; in 2018/19 it was expected that the CCG would move towards the multi-speciality community provider model (MCP). The new model of care was expected to be fully established and embedded by March 2019; the CCG was in discussions with providers about how the new model would be delivered and governed.
- (2) Ms Arnold highlighted that the emergence of two GP federations in preparation for local care; the two federations had jointly set up a provider arm and were joint shareholders. It was anticipated that services would be provided by hubs of care with services collocated on the same site. The location of hubs was still to be determined, as part of discussions with local providers, but would need to serve a population of 100,000 to be cost effective and sustainable. It was

expected that hubs would provide access to diagnostics and extended opening hours with the potential to include a GP surgery to enhance medical cover on site. Ms Arnold stated that she was engaging with 61 GP practices over the next 8 – 10 weeks; she noted that national pressures on general practice had begun to impact on the delivery of services in West Kent with a high percentage of surgeries being unable to fill GP vacancies. She acknowledged that GP surgeries were all independent businesses and all had their own plans and aspirations for the next five – 10 years.

- (3) Ms Arnold noted that there had been advance discussions in Edenbridge and Sevenoaks. In Edenbridge, the CCG was looking to combine the current GP surgery, whose building has reached the end of its life, with services at Edenbridge Hospital. The strategic outline case was in the final stages of development and needed to be signed off by NHS England before formal consultation with local people and the Committee. In Sevenoaks discussions were taking place to explore the possibility of collate a GP surgery at the hospital. A stakeholder event was held to look at the wider opportunities and to identify the key work streams which will be needed to take this work forward.
- (4) The Chairman enquired about the involvement of borough & district councils and the local Health & Wellbeing Boards with the proposal. Ms Arnold stated that districts had been involved in all discussions so far; the Chairs of the Patient Participant Groups and League of Friends had also been involved. Local members had been notified in Edenbridge and would be informed in due course in Sevenoaks.
- (5) A number of comments were made about the availability of workforce, demographic growth in West Kent and the provision of services in Edenbridge & Sevenoaks. Ms Arnold explained that it was hoped that the reorganisation of local care would help to fill staff vacancies. She acknowledged that population growth was a problem but noted the CCG was working collaboratively with Maidstone Borough Council's planning department who provided advanced warnings on planning developments and sought the CCG's input. She confirmed that the plans for Edenbridge and Sevenoaks were distinct from each other; the development of a hub would be for a wider population for 100,000 and part of a wider local care proposals for West Kent.
- (6) Mr Inett highlighted that Healthwatch Kent was keen to be involved with the public engagement work and stated that Ian Ayres and Bob Bowes had given their agreement for Healthwatch Kent to be involved.
- (7) RESOLVED that the report on Local Care in West Kent be noted and NHS West Kent CCG be requested to update the Committee at the appropriate time.

#### **64. Gluten Free Services in West Kent**

*(Item 8)*

*Gail Arnold (Chief Operating Officer, NHS West Kent CCG) and Priscilla Kankam (Lead Pharmacist, NHS West Kent CCG) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Ms Kankam began by explaining that NHS West Kent CCG was looking to stop the routine

prescribing of gluten free items as part of its review into cost effective prescribing. She noted that the CCG spent £130,000 on gluten free products for 300 patients a year in West Kent with coeliac disease. Patients with other conditions which required specialist diets such as diabetes and renal failure were not prescribed food items. She reported that when gluten free items on prescription were introduced, the availability of these items was low; now there were readily available in supermarkets and a loaf of gluten free bread cost £1.60 in Asda, Tesco & Waitrose. The cost to the NHS for a loaf of gluten free bread would be £4 - £10 which included the cost of the product, dispensing fee and delivery charge. She noted that there was a small group of patients who could only have a low protein food and those patients would be allowed to be prescribed low protein products as part of the proposals. She stated that the CCG had consulted its GPs and Governing Body and a public consultation would begin on 29 November to inform the public about the issue.

- (2) Members enquired about the availability of gluten free prescriptions nationally and if there was an advisory committee which provided guidance about the prescription of gluten free items. Ms Arnold stated that it was technically down to each individual GP to prescribe. Ms Kankam advised that there were lots of other gluten free products available which did not require a prescription such as potato and rice. Ms Arnold reported that there was an advisory committee which looked at the clinical conditions for gluten intolerance but did not have a role in providing guidance or criteria about prescriptions. Mr Inett commented that this change would most impact those who received free prescriptions, due to being on benefits or a low income; a loaf of gluten free bread which cost £1.40, in comparison to a normal loaf which cost 40p, would be unaffordable.
- (3) There was a discussion by Members about whether this constituted a substantial variation of service. The Scrutiny Research Officer advised the Committee that there was not a definition or criteria for substantial variation of service set out in the regulations and if the Committee did determine the proposal to be substantial, a period of formal consultation between the Committee and the CCG would start. If the CCG went ahead with the proposals but the Committee did not think that the proposals were in the best interests of the local people, the Committee could make a referral to the Secretary of State for Health. The Scrutiny Research Officer noted that there were separate duties on the NHS to consult with the Committee and the public and if the Committee did determine the proposals to be substantial, the decision to consult with the public was with the CCG and not for the HOSC to determine.
- (4) RESOLVED that:
  - (a) the Committee deems the withdrawal of gluten free prescriptions by NHS West Kent CCG to be a substantial variation of service.
  - (b) West Kent CCG be invited to attend a meeting of the Committee in two months.

**65. Kent and Medway Sustainability and Transformation Plan (Verbal Update)**  
(Item 9)



*Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) and Michael Ridgwell (Programme Director, Kent & Medway Sustainability and Transformation Plan) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Mr Ridgwell began by acknowledging that the draft Kent and Medway Sustainability & Transformation Plan (STP) was published on 23 November which had not given Members long to consider the documents and it was proposed that the item return to the Committee for full consideration in January.
- (2) A Member requested that Mr Ridgwell provide an overview of the key service changes set out in the document. Mr Ridgwell explained that the STP was a work in progress and there were no definitive proposals; the STP required a cross organisation approach to resolve the quality, inequality and financial challenges facing the NHS. The emerging four themes from the STP was care transformation by improving prevention, local care, hospital transformation and mental health; productivity through efficiencies in shared services, procurement and prescription; creating enablers for transformation by investing in workforce, digital infrastructure and estates; and system leadership. He reported that the extended Case for Change was due to be published in the New Year along with public and stakeholder engagement.
- (3) Ms Carpenter explained that the work carried out previously by the East Kent Strategy Board was part of the STP. There would be a process to set out which areas of work would be achieved on a Kent & Medway wide level and which would be specific to geographic area. She noted that workforce was an area which needed to be considered on a Kent & Medway wide level; as part of the STP it was hoped that that in partnership with the local universities that a medical school could be developed. She stated that in East Kent high level modelling for local care was being developed and she anticipated that there would be a specific consultation in 2017 for East Kent with updates brought back to the Committee.
- (4) The Committee then proceeded to ask a number of questions and make a number of comments. A Member enquired about the differences between the published draft STP submission and a summary presentation which had been circulated to the Committee. The Scrutiny Research Officer clarified that the summary presentation had been presented to the South East Regional HOSC Network on 18 November. Mr Ridgwell explained that the STP was a live document and the published draft STP submission was the document submitted to NHS England on 21 October; the summary document was a shortened version of the published draft STP submission which had been condensed for the purpose of the presentation resulting in minor differences between the two papers. Ms Carpenter reported that the STP Programme Board had made the decision to publish the draft STP submission as there was nothing in the document which could prevent it from being published.
- (5) In relation to a specific question about the reduction of 300 beds in East Kent, Ms Carpenter explained that as part of developing models of local care, a review of acute services with the hospital trust had identified the potential reduction of 300 beds as part of the model which needed to be discussed and debated with stakeholders including the public and the Committee. Mr

Ridgwell stated that the figure of 300 beds had been included in order to be transparent; a range of different methodologies were used which had all identified that approximately 300 beds were being used by patients who no longer required acute care. A bed audit was being carried out to identify bed capacity across the whole of Kent and Medway.

- (6) A number of comments were made about the inclusion of the 'as is' model in the published draft STP submission and the STP being a work in progress. Ms Carpenter explained that the STP would look and evaluate a range of options including some that are more viable than the others. She stated that the 'as if' model was not likely to come as viable option due to the challenges which will be set out in the Case for Change. Mr Ridgwell explained that there would be ongoing dialogue with the Committee as the STP progressed. He noted that the STP acknowledged those there were significant challenges including demographic growth and these would be detailed further as part of the published Case for Change.
- (7) Members requested a briefing for all KCC Members, Borough and District Councils.
- (8) RESOLVED that the Committee note the publication of the draft Kent and Medway Sustainability and Transformation Plan and request that an update to the Committee be presented in January to enable full consideration of the draft Plan.

## **66. Mental Health Rehabilitation Services in East Kent**

*(Item 11)*

*Ivan McConnell (Executive Director of Commercial Development and Transformation, KMPT) 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. Ms Carpenter began by explaining that the proposed closure of Davidson Ward was a positive change which she felt had not been conveyed in the submitted paper. She stated that the Davidson ward was one of two wards located in the St Martin's building which was an old asylum building and the suitability of the building in providing appropriate care had been questioned by the CQC; it was not best practice for patients to be treated in its current setting. The ward was a ten bedded rehabilitation ward but only had five occupants and did not provide acute care. She noted that KMPT had increased the number of community rehabilitation beds through the provision of nine beds in supported housing. She reported that there was an opportunity to invest the £10 million in community rehabilitation services, which was currently spent in out of area placements for patients in East Kent, by repatriating them to the county; eight patients from Thanet have already been identified to return locally.
- (2) Mr McConnell explained that Davidson Ward was not fit for purpose and had been heavily criticised by the CQC. It was not a suitable facility for patients to undertake rehabilitation as it did not have access facilities and the Trust was unable to recruit staff to the ward. He highlighted that the guidelines stated that community rehabilitation should take place in the local community with

intensive support. He noted that there were two types of rehabilitation: services provided in the community and intensive services for post-acute discharge which were provided in three units in East Kent which were highly acclaimed.

- (3) A Member enquired about engagement with partners about supported housing and out of area placements. Mr McConnell stated that nine beds in supported housing had been created which would help to mitigate the closure of the 10 bedded Davidson Ward. He noted the importance of working with partners including borough and district councils with regards to social housing and undertook to work more collaboratively with them. Mr McConnell explained that seven patients from Thanet who received intensive rehabilitation out-of-area cost £951,208 a year in locations as far away as Manchester and Newcastle; if all out-of-area patients in East Kent were repatriated and they could be treated nearer to home and £10 million would be saved which would be used to invest in local rehabilitation services.
- (4) A number of comments were made about staffing. Mr McConnell explained that rehabilitation services did not always need to be undertaken by social workers and mental health professionals; a whole range of alternative staffing could be used such as peer support workers to provide support in the community. He reported the need to look at alternative models of staffing and highlighted the work of some housing providers in London who were training apprentices to become support workers. Mr McConnell stated that traditional models of care over medicalised staffing; the Trust had introduced a therapeutic staffing model which had nursing cover supported by occupational therapists; art, drama and music therapists; and psychologists to assist with the patient's recovery. He noted that the Trust had successfully been able to recruit assistant psychologists, as there were a large number of people with psychology degrees in Kent & Medway, to support rehabilitation services.
- (5) A Member requested if it would be possible for the Committee to visit some of the units. Mr McConnell stated that he would be happy to facilitate a visit, but requested that there was a maximum of three people for a visit to an inpatient ward as it was disruptive to the ward; he noted that he would welcome the Members' feedback. Mr Inett noted that Healthwatch Kent had undertaken a Enter & View visit and they found that it had been a positive experience for patients; the reports were available on Healthwatch Kent's website.
- (6) Mr Inett enquired about engagement with service users and careers. Mr McConnell reported that all existing service users and those who provided rehabilitation support had been engaged in dialogue with the CCG and Trust.
- (7) RESOLVED that:
  - (a) the Committee does not deem the redesign of mental health rehabilitation services in East Kent to be a substantial variation of service.
  - (b) East Kent CCGs and KMPT be invited to submit a report to the Committee in six months.

## **67. KMPT - Transformation of Mental Health Services**

*(Item 10)*

*Ivan McConnell (Executive Director of Commercial Development and Transformation, KMPT) was in attendance for this item.*

- (1) Mr McConnell began by explaining that the paper was an update and appraisal to the paper presented in October and it was proposed that the Trust would return to the Committee in January with more detailed feedback. He noted that the new Chief Executive, Helen Greatorex, had set the Trust a target of reducing out-of-area beds to fifteen by October and zero by December; he reported that, as of 25 November, there were only five people in psychiatric intensive care out-of-area beds. He stated that there were no young or older people in out of area beds and this was a position that the Trust needed to sustain. He noted that the Trust currently had a bed occupancy rate of 97% which higher than the recommended rate of 85% set by the CQC and Royal College. He noted that bed occupancy was an issue that the Trust needed to work with its commissioners; the repatriation of patients from out-of-area beds had created significant quality improvements and financial savings.
- (2) Mr McConnell reported that that the Trust had been working with the Police & Crime Commissioner on Section 136 detention and there were now two funded street triage pilots in Medway and Thanet. He noted that the Trust was involved with an internationally acclaimed research project to support early intervention in psychosis and had received £2 million of funding to support this; the Trust was the only Trust in the country to be involved in this project. He explained that the Trust's Board had received feedback that the therapeutic staffing model was helping patients to get out of hospital and support recover quickly. He noted that he was leading a review of community mental health teams to reduce their high caseload to 35 cases; the Trust needed to work with partners to prevent the Trust being responsible for all aspects of mental health as it was only a designated secondary care provider.
- (3) Mr McConnell noted that improvement of perinatal mental health was a priority; there was currently only one consultant and three specialist nurses covering the county. The Trust had recently been successfully in being awarded £2 million of NHS England funding to support perinatal mental health including post-partum and post-natal depression. He reported that perinatal services were an attractive area of work for staff and the Trust was able to recruit staff to these posts.
- (4) Members made comments about services for young people and Section 136 detention. Mr McConnell stated that whilst services for children and young people were provided for Sussex Partnership NHS Foundation Trust, the Trust provide intervention psychosis services for young people aged 14 and over and it was important that those young people were captured early to avoid deterioration later.
- (5) In response to a specific question about Section 136 detention, he noted that Section 136 detentions were challenging for both the Police and Trust. He reported that Kent & Medway had the highest levels of detention in the country but one of the lowest conversation rates of detention to admission. He stated that the Trust needed to support and train the police officers to recognise

mental distress; an example of this support was allowing police officers to shadow staff on an inpatient ward and a crisis team and take the learning back to their police teams. He noted that there was a single point of access where police officers were able to call a dedicated telephone number to speak to a nurse for advice and guidance which would be supported by the implementation of the street triage pilots. He highlighted that Kent Police had one of the only mental health custody liaison services which had been rated as outstanding. He noted that if the Police & Crime Bill became an Act, A&E would no longer be a designated place of safety which would put additional pressure on the Trust. He reported that Kent had a good relationship with the Police & Crime Commissioner who was committed to making a difference.

- (6) RESOLVED that the report on the Transformation of Mental Health Services be noted and KMPT be requested to update the Committee at the appropriate time.

#### **68. East Kent Integrated Urgent Care Service (Written Briefing)**

*(Item 12)*

- (1) The Committee considered an update about the implementation of the new East Kent integrated urgent care service contract provided by Nestor Primecare Limited.
- (2) A Member raised concerns about the mobilisation of the 111 service and requested that the CCGs be invited to present an update in March. Mr Inett stated that service users had reported significant problems accessing out of hours GP appointments.
- (3) RESOLVED that the report be noted and the East Kent CCGs be requested to provide an update, including performance data about the GP out-of-hours service and the mobilisation of 111 service, to the Committee in March.