

## 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, 14 July 2017.

PRESENT: Mrs S Chandler (Chair), Mr M J Angell, Mr P Bartlett, Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Mr M Whiting, Cllr L Hills, Cllr J Howes and Cllr T Searles

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

### UNRESTRICTED ITEMS

#### **2. Membership**

*(Item 1)*

- (1) Members of the Health Overview and Scrutiny Committee noted the membership.

#### **3. Election of Vice-Chairman**

*(Item 2)*

- (1) The Chair proposed and Mr Pugh seconded that Mr Angell be elected Vice-Chair of the Committee.
- (2) RESOLVED that Mr Angell be elected as Vice-Chairman.

#### **4. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 4)*

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Mr Bartlett stated that he used to be a Governor at East Kent Hospitals University NHS Foundation Trust; he confirmed that he had recently resigned from this role.
- (3) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.
- (4) Mr Pugh declared an interest as a non-voting member of NHS Swale CCG's Primary Care Committee.
- (5) Mr Whiting declared an interest that his wife was an employee of the Kent Community Health NHS Foundation Trust.

## **5. Minutes**

*(Item 5)*

- (1) RESOLVED that the Minutes of the meeting held on 3 March and 25 May 2017 are correctly recorded and that they be signed by the Chairman.

## **6. EKHUFT Operational Issues**

*(Item 6)*

*Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Natalie Yost (Director of Communications, East Kent Hospitals University NHS Foundation Trust), Lesley White (Divisional Director, East Kent Hospitals University NHS Foundation Trust) and Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) were in attendance for this item.*

- (1) The Chair welcomed the guests to the Committee. She began by reminding Members that the Committee did not consider individual complaints relating to health services and acknowledged receipts of letters from Concern for Health in East Kent (CHEK), Faversham Health Matters, Helen Whately MP and Rosie Duffield MP.
- (2) The Chair invited Ida Linfield, Elected Member for Canterbury City South, to address the Committee. Ms Linfield stated that the Kent & Canterbury Hospital was located in her division and she had been contacted by staff, residents and politicians with their concerns regarding the emergency transfer of services. She raised concerns about recruitment of consultants, disciplinary action against staff who made public statements and the introduction of an additional 20 ambulances. She requested that the Committee establish a Task and Finish group to look at the operational issues in more detail.
- (3) The Chair reminded the Committee that the focus of the item was the operational issues being faced by the Trust and its response to it. The longer term strategy would be contained with the STP item and the Chair asked that Members consider this when asking their questions.
- (4) Ms Shutler began by highlighting the key issues with regards to the Trust's operational issues. She stated that the decision to remove 38 junior doctors from the Kent & Canterbury Hospital site was taken by Health Education England (HEE) and the General Medical Council (GMC) in March 2017. In June 2017 the Trust decided to temporarily move emergency medicine services from the Kent & Canterbury Hospital site as it was not able to safely provide those services without the junior doctors. The emergency transfer of services was scrutinised and overseen by the Trust's commissioners and regulators. In order for services to return to the Kent & Canterbury Hospital site, the Trust must be assured the services can be provided safely which would require the return of the junior doctors. A decision to return the junior doctors by HEE and GMC could only be taken once they were satisfied that the Trust could adequately train and supervise of the junior doctors. She noted that the Trust was continuing to recruit consultants across the Trust to fill vacancies and provide the required support to junior doctors. She reported that the Trust was encouraging staff to talk to the senior management team

directly about their concerns and denied that staff had be warned about disciplinary action if they made public statements. She concluded by explaining that an investigation into a transfer of a patient, following the implementation of the emergency transfer of services, did not delay their treatment.

- (5) Mr Perks provided clarification regarding the transportation of patients; he reported that CCGs were commissioning an additional 30 conveyances of patients who would have previously transported to the Kent & Canterbury Hospital site at a cost of £450,000 a month. The number of additional ambulance and crew would vary from day-to-day.
- (6) Members then proceeded to ask a series of questions and make a number of comments. Members enquired about the impact of the emergency transfer on the Trust's capacity and other sites. Ms Shutler confirmed that an oversight group had looked at all of the options before a decision was made to move services from the Kent & Canterbury Hospital site. She stated that all the sites were very busy particularly with the heat and number of elderly and frail patients but stated that this was not related to the transfer of services. The Trust was looking at ways to improve patient flow and bed capacity and was listening to staff suggestions for improvements.
- (7) Ms White reported that consultants from the Kent & Canterbury Hospital were being used to provide additional emergency cover at other sites but were continuing with their elective work at the Kent & Canterbury site when not providing cover. She reported that the Trust had worked closely with partners to create additional capacity into the system. A new medical model had been implemented which meant that there was seven-day consultant input onto the wards for the big five specialities and eight hour gastroenterology consultant cover on a Saturday & Sunday which had helped to improve discharge and capacity. She stated that she was recently on call at the William Harvey Hospital and 45 patients were discharged on a Sunday; the Trust had previously discharged approximately 15 patients from the site on a Sunday . She noted that the introduction ambulatory care unit, led by acute physicians, were managing low risk medical patients as day cases which was also leading to improvements to patient flow.
- (8) Mr Perks stated that the Trust was making significant operational improvements to manage its capacity; measures to enable early discharge such as additional support for patients in their own homes and care homes and partnership working with SECamb to reduce handover delays had been implemented. He confirmed that the roadworks between Ashford and Canterbury had not interfered with SECamb conveyances.
- (9) In response to a specific question about the impact on junior doctors, Ms Shutler confirmed that the junior doctors, moved from the Kent & Canterbury Hospital site, were helping to cope with the additional workload at the two other acute sites following the emergency transfer of services. Ms White stated that the Trust had ensured that the junior doctors had been able to continue in the medical speciality of their rotation if they wished too; four junior doctors had opted to move to the Accident & Emergency departments, two had moved to the Intensive Care Unit (ITU) and two had moved to Paediatrics. Ms White reported that there had been no junior doctor resignations following

their transfer to the other sites and the preferences of nurses who wanted to remain or move sites had also been accommodated. Five Senior House Officers (SHO) and Specialist Registrars (SPR) remained on the site for patient safety in addition to the consultants; none of these doctors had resigned but a number were leaving to go onto training posts. She noted that a new cohort of junior doctors would join the Trust in August which would include rotations at the Kent & Canterbury Hospital.

- (10) Members asked about engagement with the public and recruitment. Ms Shutler stated that the Trust had been engaging with the public over the last two years and held a series of public events prior to the removal of the junior doctors and emergency transfer of services. The decision to remove the junior doctors by HEE and GMC was not expected and the Trust had to respond immediately to enact the changes by 19 June deadline. Mr Perks stated that the Trust had to take emergency action to respond to the regulatory demands; before the decision was made by the HEE and GMC, the Trust did give advanced warning of this possibility including at a CHEK event in April. He stated that consultation would take place on the longer term proposals which would be led by the CCGs. Ms Shutler stated that the Trust was finding it difficult to recruit staffing due to its current configuration as staff were required to be on call more frequently due to its three sites. Ms White explained that the Trust was actively recruiting staff from the UK and abroad to fill vacancies. Ms Shutler highlighted national recruitment campaigns in the BMJ and a website to promote East Kent as a place to live and work as measures which had been implemented as part of its recruitment strategy.
- (11) Ms Shutler confirmed that the Trust was still actively seeking a solution to reinstate services and return the junior doctors to the Kent and Canterbury Hospital site.
- (12) RESOLVED that the reports be noted and East Kent Hospitals NHS University Foundation Trust be requested to:
- (a) provide an update to the Committee on its response to regulatory action and emergency transfer of services;
  - (b) present an update to the Committee about its long term strategy for acute sustainability in East Kent.

## **7. Kent and Medway Sustainability and Transformation Plan**

*(Item 7)*

*Michael Ridgwell (STP Programme Director), Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust) and Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG were in attendance for this item.*

- (1) The Chair welcomed the guests to the Committee. Mr Ridgwell began by explaining that service models and hurdle criteria had been developed; the long list of options would be identified using the service models. The long list options will be evaluated using the hurdle criteria to get the preferred options which would be submitted to NHS England for review and assurance before going out to public consultation.

- (2) Mr Perks stated that feedback from the public had been reflected in the development of the service model for local care which included more joined up services and better access to primary care. He noted that there were 300 patients in East Kent hospital beds who did not require acute care and would be more appropriately cared for by the proposed local care model. He reported that this was particularly important for the frail and elderly as hospital stays could lead to loss of muscle tone and make it more difficult for them to return home.
- (3) Ms Shutler reported that the proposed model for hospital care included the creation of centres of excellence with access to specialist teams; evidence showed that access to specialist services, rather than the time taken to access the services, led to improved outcomes for patients. She noted that stroke services were currently provided in seven sites across Kent and Medway and did not have as good outcomes as centralised stroke centres. Similarly the centralisation of orthopaedic services reduced infection rates and patient stay and improved efficiency and patient outcomes. Emerging thinking as part of the STP in East Kent included a proposal to have an emergency care hospital with an A&E and specialist services; an emergency care hospital with an A&E and a planned care hospital. She stated that all the options were being considered and a second round of engagement events was scheduled.
- (4) Members then proceeded to ask a number of questions and make a number of comments. A Member enquired about the impact of growth, capital investment, the lessons learnt from the potential closure of Faversham minor injuries unit in 2013 and the management of chronic conditions. Mr Ridgwell explained that growth was challenging but had been factored into the planning and the NHS was working with KCC to ensure the models were kept up-to-date. Mr Perks stated that primary care in Ashford, as one of the major growth areas, had some of the best facilities in the county including an extension to the New Hayesbank Centre. Mr Ridgwell stated that there was an ongoing dialogue with NHS England regarding capital investment required to make changes. Mr Perks noted that the key lesson learnt from Faversham minor injuries unit was the importance of working with the local community and GPs in developing future models of care. Mr Perks reported that the integration of primary and community care, as set out in points A - E in the table on page 25 of the Agenda, would enable the proactive local management of chronic conditions by working with the patient to develop their care plans. He stressed the importance of providing a consistent service across Kent and Medway. He acknowledged that there were similar workforce challenges with GPs as there were with hospital consultants.
- (5) In response to a specific question about the centralisation of services, Ms Shutler explained in terms of stroke services that there was a significant challenge in providing these across seven sites and performance was variable and inconsistent. There was a proposal to centralise stroke services to a fewer number of sites with a maximum travel time of 60 minutes to improve patient outcomes. She confirmed that travel times to all seven sites were being reviewed. Mr Ridgwell clarified that a 120 minute call to needle standard was recommended for thrombolysis. In terms of elective surgery, Ms Shutler explained that planned surgery was currently carried out on the same sites as emergency surgery in East Kent which resulted in cancellations of elective surgery due to emergency cases; this would be prevented if elective services

were centralised and located on a different site from emergency and specialist services.

- (6) A number of comments were made about the Estuary View Medical Centre. Mr Perks stated that the Estuary View Medical Centre was a national vanguard pilot and provided integrated community healthcare. There was small scale evidence to demonstrate that through the delivery of local care at the Estuary View Medical Centre, it had reduced the number of patients attending hospital. The CCGs in Ashford and Canterbury were planning to scale up their local care models from autumn which was expected to significantly reduce hospital attendance. He stressed that the local care model did not require an Estuary View Medical Centre in every locality. The local care model was looking to deliver as much care as possible to people's home and provide support to enable the population to stay well and manage their own care.
- (7) A Member asked about the development of a medical school and a new hospital in Canterbury. Ms Shutler commented that the Trust was supportive of a medical school and would help to recruit and retain staff. She confirmed that the Trust had been approached by a developer and local landowner with the offer to build a shell of a hospital in Canterbury. She reported that the cost of a new hospital would be £600 million if supported by a successful local care model or £750-800 million without; it could take 4-5 years to fund and 4-5 years to build but may be able to take less time depending on the offer from the developer and planner. She stated that the Trust was undertaking a due diligence process to determine if it is a viable option. Mr Thomas declared an interest as a Member of Canterbury City Council's Planning Committee and took no part in the discussion.
- (8) Members enquired about the implementation of care navigators, GPs support of the care model and public consultation. Mr Perks explained that the care navigators would most likely be clinicians and in Canterbury & Coastal CCG would be part of a community hub so that they had an overview of all services provided locally. Mr Perks stated that GPs were supportive of the care models but had concerns about the resources required to implement the new model. Mr Perks reported that public consultation was due to take place in spring 2018 but there was a possibility that this could be brought forward following the emergency transfer of services in East Kent and requests by NHS England and NHS Improvement.
- (9) RECOMMENDED that the report on the service models and hurdle criteria for the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee at the appropriate time.

## **8. North Kent CCGs: Urgent & Emergency Care Programme**

*(Item 8)*

*Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) and Gerrie Adler (Portfolio Programme Director (Consultant), NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) were in attendance for this item.*

- (1) The Chair welcomed the guests to the Committee. Ms Adler began by explaining that the papers covered two different clinical models for NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG. The models included nationally mandated changes to include the provision of a 111 service supported by an Integrated Clinical Advice Service (ICAS) and the requirements of the Five Year Forward View to extend primary care access. She highlighted the range of engagement events which had taken place including Patient and Clinician Reference Groups in 2015, GP engagement event in November 2016; urgent and emergency care whole systems event in November 2016 which brought together over 80 patient representatives, voluntary sector organisations, hospital clinicians, GPs and commissioners. Three further listening events were held in February 2017 in Shorne for NHS Dartford, Gravesham & Swanley CCG residents and Sittingbourne & Sheppey for NHS Swale CCG residents. She stated that feedback from the events had helped to shape the case for change and emergent model of care.
- (2) Ms Davies explained that feedback from Swale residents was that they liked the existing services but would like them to be more responsive and coordinated and this was reflected in the CCG's proposals. She stated that Dartford, Gravesham & Swanley was a growth area with an expected 26% growth over the next 7 years. She reported that the CCG was looking to form an urgent care centre at the Gravesham Community Hospital site which would include the existing minor injuries unit and relocation of the walk-in centre from the Fleet Healthcare Campus located 1.3 miles away. She noted that the Gravesham Community Hospital was located near to the train station and had good bus services. She stated that the four GP practices at the Fleet Healthcare Campus were looking to merge, consolidate nursing and back office staff and extend primary care access.
- (3) Mr Pugh encouraged the CCGs to work with the planners in growth areas to develop and implement services prior to residents moving in. Cllr Pugh, in accordance with his Interest as a non-voting member of NHS Swale CCG's Primary Care Committee, then withdrew from the meeting for this item and took no part in the discussion or decision.
- (4) In response to a specific question regarding the recommissioning of the 111 service, Ms Adler explained that the reprocurement would include an enhanced ICAS which would assess and advise on the most of appropriate course of action including self-care and onward referral to a clinician; call handlers would be able to refer up to 60% of calls to clinicians from the current 25%. Ms Davies noted that the current service was provided by the South East Coast Ambulance NHS Foundation Trust (SECAmb) and there were some issues with call handling and onward referral and the new model would look to address this.
- (5) A Member enquired about the relocation of the walk-in centre from the Fleet Healthcare Campus to Gravesham Community Hospital. Ms Adler explained that the CCG had taken advice from the Consultation Institute who had recommended that a community impact assessment be carried out; telephone interviews and face-to-face engagement with 85 people was undertaken in June 2016 and the feedback was detailed in Appendix 4. She noted that 71% of the respondents thought the move to Gravesham Community Hospital was positive particularly due to its co-location with the minor injuries unit. She

noted that there were some concerns about parking but she reported that the site was in a town centre location and located two minutes from the train station with good public transport links.

- (6) Members asked about services in Swanley, the CCGs' confidence levels in the proposals and the opportunity for Swale residents to comment on proposed changes at Medway Hospital. Ms Davies noted that there was a significant patient flow from Swanley using the walk-in centre at Queen Mary's Hospital in Sidcup. She reported that the Oak and Cedar GP practices in Swanley were looking to develop a virtual hub which would include extended opening hours. Ms Adler reported that the CCGs were confident about the proposals as they were supported by the engagement feedback and were within the financial envelope. Ms Davies states that the changes were required to make primary care sustainable and was confident that the proposals would address growth and workforce challenges.
- (7) Ms Davies reported that NHS Medway and Swale CCGs were working together to ensure that Swale residents had the opportunity to comment on the proposed changes at Medway Hospital. She noted that 99.5% of Swale residents accessed services in Sittingbourne and Shepway areas and 0.5% accessed services in the Medway area.
- (8) RESOLVED that:
  - (a) the Committee does not deem the proposed changes to urgent and emergency care by the North Kent CCGs to be a substantial variation of service.
  - (b) the North Kent CCGs be invited to submit a report to the Committee in six months.

## **9. West Kent CCG: Edenbridge Primary and Community Care**

*(Item 9)*

*Adam Wickings (Joint Chief Operating Officer, NHS West Kent CCG) was in attendance for this item.*

- (1) The Chairman welcomed Mr Wickings to the Committee. Mr Wickings began by explaining that the Committee had previously determined that the proposals were not a substantial change but had asked for an update to be brought to the Committee following public consultation. Three public engagement events were held as part of the public consultation and there was strong support for bringing the GP practice and community hospital together on a new site. He stated that the GP practice and Kent Community NHS Foundation Trust were reviewing the consultation feedback and the CCG's Governing Body would be taking a decision on 25 July. He reported that the CCG was committed to maintaining the same level of funding in the Edenbridge area and was looking to appoint a Project Manager who would produce a business case, on the basis of the final CCG decision, to explore funding opportunities. He noted that the community hospital site was owned by NHS Property and the CCG had requested that the site be released to the CCG as an asset.

- (2) In a response to a specific question about partnership working, Mr Wickings explained that the CCG had created a West Kent Partnership Board which was enhancing partnership working between providers and commissioners. He noted that if a new build was developed, it would be designed with maximum flexibility so that rooms could be used by both primary and community care services. He stated the CCG was committed to keeping an minor injuries unit which would become GP led and be supported by day beds, outpatient services and a range of diagnostic services.
- (3) Members enquired about the withdrawal of inpatient beds in Edenbridge. Mr Wickings explained that the preferred option was to build on a new site without inpatient beds; at present the community hospital had 14 inpatient beds, with two or three beds being used by Edenbridge residents if available, which was not sustainable. The preferred option would include day care beds; the CCG was considering a range of options to support day care beds including improvements to enablement services; increasing the number of community beds in larger facilities and working with the independent sector to provide additional capacity in nursing homes.
- (4) RESOLVED that:
  - (a) the Committee does not deem the proposed changes to primary and community care in Edenbridge by NHS West Kent CCG to be a substantial variation of service.
  - (b) West Kent CCG be invited to submit a written report to the September meeting of the Committee to notify them of the decision taken by the CCG Governing Body on 25 July.

**10. Mental Health Rehabilitation Services in East Kent (Written Briefing)**  
*(Item 10)*

- (1) The Committee considered an update report by Kent & Medway NHS and Social Care Partnership Trust (KMPT) and East Kent CCGs about the transformation of mental health rehabilitation services in East Kent including the closure the Davidson ward at St Martins Hospital, Canterbury.
- (2) RESOLVED that:
  - (a) the report on mental health rehabilitation services in East Kent be noted;
  - (b) the Chair write to the Trust to request information on outcomes of patients moved from the Davison Ward to other inpatient rehabilitation units in East Kent and the anticipated outcomes for patients who will be supported by the developing rehabilitation community team.