

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 on Friday, 21 September 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr N J Collor, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Cllr J Howes, Cllr D Mortimer, Mrs R Binks (Substitute) (Substitute for Mr P W A Lake), Mr P C Cooper (Substitute) (Substitute for Mr A H T Bowles), Ida Linfield (Substitute) (Substitute for Mr D S Daley) and Mr C Simkins (Substitute) (Substitute for Mr N J D Chard)

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: J Kennedy-Smith (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

77. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 2)

Mr Thomas declared an interest, in relation to agenda item 9 and any discussion regarding a new hospital in Canterbury, as a member of Canterbury City Council's Planning Committee.

78. Minutes

(Item 3)

The Chair explained that the Minutes were not available for this meeting and would be considered at a subsequent one.

79. Medway NHS Foundation Trust (Financial Recovery Plan, CQC Inspection Report & Creation of a Pathology Network)

(Item 4)

James Devine (Deputy Chief Executive, Medway NHS Foundation Trust), Glynis Alexander (Director of Communications and Engagement, Medway NHS Foundation Trust) and James Lowell, Director of Planning and Partnerships, Medway NHS Foundation Trust) were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Devine began by stating that following a planned inspection in April and May and the resulting CQC Report published in July, the Trust was rated once again as 'requires improvement' with no significant change being recorded overall. Areas of outstanding practice had been recorded in the 'caring' domain within surgery. The new CQC inspection regime, rated the Trust as 'requires improvement' in the 'well led' domain and 'use of resources' rated as 'inadequate', primarily due

to the financial deficit. The supplementary paper identified 'must dos' and 'should dos' with a number of those actions now closed and tackled quickly with continuous improvements being made on core topics. He drew attention to consultant cover in the Emergency Department which requires 16.5-hour cover per day, explaining that was a significant challenge nationally but that the Trust had recruited two emergency consultants, taking the average cover to 14.5 hours

- (2) Mr Devine explained that wider progress had been made on NHS constitutional targets and that a number were ahead of trajectory; caution was expressed given the impending winter period. In relation to the broader transformation agenda, the Trust was addressing the financial deficit and were reviewing unwarranted variation and redesigning referral pathways across the system. He also explained that transition arrangements were in place for forthcoming Executive changes within the Trust, including the Chief Executive and Finance Director.
- (3) A Member asked about length of stay and risk of harm. Mr Devine stated that patients were not at risk and the review was on areas within the hospital that showed that some patients were staying longer within the Trust – 2 days longer – compared to the national average. Clinically led transformation teams were actively working on this through the Transformation Programme – Better, Best, Brilliant - but emphasised that the Trust requires partner organisations to help support the process for cohorts of patients. He confirmed he was happy to provide further information to the Committee on the action being taken by the Trust on length of stay and flow.
- (4) Members asked about finances and payments by results. Mr Devine reported that the Trust was reporting favourable to plan but challenges would come in the second part of the year. Differences in opinion on payment by results nationally had been reported. The Trust had a longstanding financial deficit and that work was being completed on the drivers of the deficit; one being coding and accounting and that this year the Trust has entered in to a Concordat arrangement to ensure a fixed income with Commissioners to plan for 2019/20.
- (5) In response to a specific question about the Kent and Medway Stroke Review, Mr Devine expressed that the Trust was disappointed not to be selected as the preferred option but that 3 hyper acute stroke units across the area was the correct number for patients.
- (6) Members enquired about capital spend and staffing expenditure. Mr Devine said that work was being undertaken on system wide solutions through the transforming strategy meaning that services were being accessed in the community as well as co-located. Staff expenditure was higher than some other trusts as benchmarked against 'the model hospital' tool. The CQC had reported on a reduction on agency spend - 23/24% historically, now 9% - the redesign of the workforce was continuing to aid that reduction and on insufficient skill mix.
- (7) The Chair elaborated on this point by enquiring if the workforce deficit was causing difficulties in achieving what the Trust wanted to achieve and financially recover. Mr Devine confirmed that recruitment was a challenge and that pay spend was a driver of the deficit; impacting constitutional standards but that

multi-faceted system redesign would lead to efficiencies. The Chair confirmed that workforce was an issue that the Committee would be considering in due course.

(8) RESOLVED that:

- (a) the report be noted and Medway NHS Foundation Trust provide a written update on the workplan including additional information on length of stay and patient flow;
- (b) Medway NHS Foundation Trust be requested to provide an update at the appropriate time;
- (c) Medway NHS Foundation Trust, with relevant partners, provide an update on the Single Pathology Service for Kent and Medway in January 2019 following completion of the full business case.

80. Children & Young People's Emotional Wellbeing & Mental Health Service
(Item 5)

Dave Holman (Head of Mental Health, Children and Maternity Services, NHS West Kent CCG) and Brid Johnson (Director of Operations for Kent & Medway, North East London NHS Foundation Trust) were in attendance for this item.

- (1) The Chair welcomed the guests and noted that a letter had been received from Greg Clark MP which had been circulated to Members and Guests. Mr Holman provided a strategic context to the contract, highlighting that previous services had been disjointed and that they were working within the context of the national NHS report 'Future in Mind'. This gave the mandate to develop a whole system approach to meeting children's needs and confirmed that £3/4m resource annually was coming in to the Kent system, rising to £6m in 2021. Kent has been complimented nationally on its innovative programme of action. The key rationale is access with a benchmark currently of 32% with a diagnosable mental health condition having access to two interventions; Kent on average achieves 38%, equivalent to 11,500 patients. North East London NHS Foundation Trust (NELFT) had been awarded the contract a year ago and were given space to transform. Key achievements have been - a Single Point of Access (SPA), based in Foster Street, Maidstone, electronic patient records, pathways in place and visibility on activity. Crisis services are also being provided at A&E in relation to triage and pathways. Funding has also been secured from the Department of Health to procure a bespoke child place of safety facility in Staplehurst.
- (2) Mr Holman confirmed a monthly regime was in place to scrutinise performance with levers in place to exercise contract variation, with data visible.
- (3) Mr Holman said that feedback was becoming more positive and that work with schools was starting to show that the system was working. The Future in Mind Transformation Board were providing more scrutiny around NELFT. He confirmed that demand continued to be high and was so across the whole system. The NHS Ten Year Plan was currently being developed but expectations that the Future in Mind strategy would continue beyond 2020/21.

- (4) Ms Johnson confirmed that 28,000 were needing care and that need was not being met due to current capacity – with work being undertaken in schools and the County Council on early intervention and prevention needs to help address this. She stated that the SPA was valuable however challenging for staff as it was important to have highly skilled people at the triage stage. She continued that there was a difference between triage and assessment but confirmed that those needing treatment receive a full assessment.
- (5) Ms Johnson informed the committee about Neurodevelopment and that this area in Kent had been poorly serviced over the years with children receiving care through different providers due to lack of visibility. However, complaints particularly in relation to repeat prescriptions, were still being received. She stated that staffing continued to be an issue and that waiting times were a challenge as a result. Limitations on staffing within the County were a concern and the Commissioners were monitoring this.
- (6) Ms Johnson said that out of 1062 patients in June 585 had been discharged with East Kent experiencing a high number of referrals as well as retention from previous months at the same time. This was monitored weekly.
- (7) Members asked questions on Neurodevelopment and staffing. Ms Johnson reiterated that staffing was a concern, especially medical staff such as nurse prescribers, and that the most successful recruitment drives had been in shopping centres – attracting potentially ten staff in two days as an example. Currently there were 80 vacancies across the County and that financial incentives were being explored. She said that patients valued continuity of staffing and the potential for sub-contracting was being explored. Mr Holman said that engagement had taken place with private providers who provide NICE guidance in terms of assessment and diagnostics but that was short term.
- (8) Members asked about waiting times, assessment and prescribing. Ms Johnson said that children do have a face to face assessment but that initially a discussion takes place with the person, referrer or family member and additional staff help to do this. She said that ideally it would be clinicians but to aid low staffing levels administrative staff had received training in mental health first aid for triaging but long-term clinicians should be answering. The full assessment then takes place after. She confirmed that waits of over 6 months but less than a year were 1794 and over 52 weeks was 700. Waits from inherited providers were clear and families have been written to, however a date could not be provided for assessment.
- (9) Mr Holman said that another element was waiting times in other parts of the service and that a bespoke piece of work was being conducted on Neurodevelopment with Kent County Council on this which could be shared with the Committee once available.
- (10) Ms Johnson said in relation to prescribing that getting prescriptions in advance to families within the system can be difficult due to staff placement and that families were ringing when they should not need to. A new piece of work was being established with the CCG and primary care and finding new ways of

working to resolve this. Mr Holman confirmed that pathways were being made easier through enhancing the primary care offer. This was known as Shared Care.

- (11) A Member asked about discrepancies between east and west Kent and future growth. Mr Holman informed the committee that work was being completed with public health and that this could be reported to the Committee at a future date.
- (12) The Chair expressed concern at 2500 waiting over 24 weeks and did not feel that this was acceptable and hoped that after a year it would not be at this level but understood that workforce was an issue.
- (13) RESOLVED that the Committee:
 - (a) noted the report and expressed continued concern at the level of wait for young people despite efforts;
 - (b) receives additional written information on waiting times, discharge data and interventions within the month;
 - (c) invite the CCG to provide an update in six months including the All Age Eating Disorder Service.

81. NHS Preparations for 2018/19 Winter

(Item 6)

Ivor Duffy (Director of Assurance and Delivery, NHS England – South East) and Jon Amos (Head of Urgent and Emergency Care Delivery, Kent and Medway STP) were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Amos introduced the item and informed the committee that the report highlighted that there was an STP wide footprint approach focussing on effective resourcing of planning, reporting, escalation and communications. Mr Duffy said that there was a significant joint communications strategy on flu vaccinations with the expectation that this would see extended access across GPs and Pharmacies co-ordinated across Kent and Medway. Mr Amos informed the committee that within the next 30 days the real focus was on bringing together good practice across Kent and Medway to make the best use of resources and that ongoing work was taking place with health and social care colleagues on health funded long-term hospital placement efficiency.
- (2) A Member asked about the recently announced NHS England funding for East Kent Hospitals University NHS Foundation Trust, the delivery of this and if any funding had been secured for West Kent. Mr Duffy said that this was for resuscitation capacity and observation bays on both sites, with the expectation for these to be open in January 2019. In relation to West Kent, Mr Duffy confirmed that they do not have the same issues as East Kent and the investment was most important for the east of the County.

- (3) Members enquired about access to GPs and communications. Mr Duffy said that practice staff and other healthcare workers involved in primary care would be collaborating to meet longer hours, including weekends. Advertising and linking in with the NHS 111 and other services would assist in meeting this capacity all through the winter period.
- (4) The Chair pursued this point further, stating that she welcomed the communications plan but emphasised a need for increased activity to meet the desired impact on A&E attendance, highlighting bookable appointment utilisation. Mr Inett concurred that Trust and Community Health magazines were not always the best source for communicating key messages and a letter or an email would be effective in identifying service access. He commented further that few practices offered this.
- (5) The Chair asked about uptake of flu vaccinations by health staff and the availability of vaccines for the general population. Mr Duffy said that there was no mandate to make staff have a flu vaccination but innovative ways of encouraging staff to increase uptake had been used in the past and could be used again. He continued that notices have been sent to GPs and pharmacies on vaccines and work was taking place on following this up.
- (6) RESOLVED that:
 - (a) the report be noted;
 - (b) notification be circulated to the committee that testing has proved satisfactory towards end of October/beginning of November;
 - (c) NHS England and the Kent and Medway STP be requested to provide an update about the performance of the winter plans to the Committee in June.

82. NHS West Kent CCG: Edenbridge Primary and Community Care (Written Update)

(Item 7)

- (1) The Committee considered an update report by NHS West Kent CCG on Edenbridge Primary and Community Care which contained details on the clinical model workstream, communications and engagement, site identification, finance workstream and next steps.
- (2) RESOLVED that the report be noted.

83. East Kent CCGs - Special Measures

(Item 8)

Caroline Selkirk (Managing Director, East Kent CCGs) was in attendance for this item.

- (1) The Chair welcomed Ms Selkirk to the Committee. Ms Selkirk introduced the item by informing the committee that the four east Kent CCGs had been placed in special measures – four CCGS were rated inadequate and 1

requires improvement. As part of the process an improvement plan is being implemented and NHS England monitor progress regularly. She emphasised that this was not the same as being in legal direction so NHS England could not directly instruct them.

- (2) Ms Selkirk said that this had been anticipated and changes were beginning to be implemented through a detailed improvement plan. In September many NHS committee meetings across east Kent were taking place. It was recognised that working with an acute and community provider across the whole of east Kent, separate messages from four CCGs was not helpful and not the best way to buy the right services for the population and there was a need to see what was going on in terms of a place based approach. She emphasised that working with partners was key to this.
- (3) Members commented on collaborative working, finance and patient safety, including overnight care. Ms Selkirk said that there was greater recognition that problems could be solved by closer working, allowing local conversations to be a lot more local. In relation to finance, she said the main concern was addressing waste variation and harm which were driving efficiencies, with the main aim being to provide the very best service. Effective hospital bed management was an example of this. Integrated care was changing the balance of how services were provided, with more care at home to make patients feel safe and comfortable. All providers were working together on different models.
- (4) Ms Selkirk said in her view provision of overnight care staff was available but that it was not enough and that in terms of hospital provision they didn't have enough people in the right beds to help people more. Staffing was an issue across the whole system, with the medical school being incredibly important but that would take time to deliver. International recruitment of GPs had resulted in recruitment of three GPs across Kent. Work was being completed to collectively grow the market for support at home and social isolation and loneliness was demonstrating a need to grow the volunteer base around the vulnerable.
- (5) A Member referred to the Kent County Council Select Committee on Loneliness and Social Isolation and requested any statistics collected would be beneficial. Ms Selkirk committed to do that.
- (6) Mr Inett and Members asked about social prescribing and connections with communities. Ms Selkirk said that the east Kent Committee avoided duplication were giving benefits of learning and make time available for staff to spend time in practices and the local agenda. Social Prescribing was of great benefit and the work that Kent County Council was conducting on the Community Navigation Service was incredibly important. Ms Selkirk informed the Committee that communications with the public were circulated on a regular basis with engagement events leading to changes being made.
- (7) The Chair emphasised that she believed that publicity needed to be wider.
- (8) A Member asked about an indication of when the CCGs would come out of special measures. Ms Selkirk said that NHS England carry out an annual

assessment following moderation usually in July with ratings publicised between July and September.

(9) RESOLVED that:

(a) the report on the East Kent CCGs be noted;

(b) a written summary report on the financial recovery plan be provided to the committee as soon as possible;

(c) an update be presented to the committee in six months.

84. Transforming Health & Care in East Kent

(Item 9)

Michael Ridgwell (Programme Director, Kent and Medway STP), Caroline Selkirk (Managing Director, East Kent CCGs) and Liz Shutler (Deputy Chief Executive & Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust) were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Ridgwell provided context on the Case for Change previously reported to Committee, highlighting changes in population, workforce and clinical outcomes. He explained about the options, consultation and decision process and stated that significant estates development was required under both options.
- (2) A Member asked about capital and finances. Mr Ridgwell confirmed that public sector finance was a difficult area but that they were duty bound to explore all potential sources of finance. Ms Shutler said that all options considered passed an affordability test to progress to the next phase.
- (3) The Chair enquired about the impact on the ability to deliver this due to the CCGs being placed in special measures. Mr Ridgwell said that this highlighted a need to do this work. Ms Shutler emphasised that being in special measure did restrict elements such as sign off of capital sources and would impact in terms of process and timelines.
- (4) Members asked questions on population growth modelling and patient flows. Mr Ridgwell confirmed that demographic and non-demographic growth had been applied and that work undertaken is being aligned to the Kent County Council Growth Infrastructure Framework. He said that the patient flow appendices related to patients from outside of east Kent accessing services and included people visiting the County and those accessing specialist services. He confirmed that the paper will also go to Medway Health and Adult Social Care Overview and Scrutiny Committee for consideration.
- (5) Members asked about planned engagement and decision making. Mr Ridgwell confirmed that announcement of public engagement events and not formal consultation would be made imminently and committed to inform the Committee when available. He emphasised that engagement on the development of options was not expected to take place until next year and following a comment regarding inadequate lead in times confirmed that at

least four weeks' notice of planned engagement was given and included using networks to engage hard to reach groups. He hoped that the Members could assist in disseminating information to the right places.

- (6) A Member asked about the Kent and Medway Stroke Review and the changes in east Kent. Mr Ridgwell said the scale of changes meant it was inappropriate to wait. Ms Shutler said that everybody supported getting the stroke services in place as soon as possible to give improvement to patient outcomes. The Chair said that consistent messaging on reconsideration had been given throughout the process and had been discussed within the Joint HOSC that was considering the Stroke Review formally.
- (7) RESOLVED that:
 - (a) the Committee deems that proposed changes in Transforming Health and Care in East Kent to be a substantial variation of service;
 - (b) NHS representatives be invited to attend this Committee and present an update at an appropriate meeting once the timescale has been confirmed.

85. Review of the Frank Lloyd Unit in Sittingbourne (Written Update)

(Item 10)

- (1) The Committee considered an update report by Kent and Medway CCGs on the review of the Frank Lloyd Unit in Sittingbourne which contained details on a service that provides a bed based service for individuals with complex dementia with behaviours that challenge and who are eligible to receive NHS Continuing Healthcare. The unit has seen an ongoing decline in patient numbers due to the strategic shift in the direction of travel which directs support towards individuals in the community where possible. The review is due to be completed by the end of October 2018.
- (2) A more detailed report is to be submitted once engagement and the review has taken place.
- (3) Mr Inett informed the committee that he raised the report with the Chair of the Swale Mental Health Action Group who was not aware of this and that he would feedback directly to the Kent and Medway NHS and Social Care Partnership Trust (KMPT).
- (4) RESOLVED that the report be noted and a more detailed paper be presented to the Committee following the conclusion of the review.

86. Date of next programmed meeting – Friday 23 November 2018

(Item 11)