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, 25 January 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J Collor, Mr D S Daley, Ms S Hamilton, Mr P W A Lake, Mr K Pugh, Mr I Thomas, Mr D Mortimer (Maidstone BC), Mr D L Brazier (Substitute) and Ms K Constantine (Substitute)

ALSO PRESENT: Mr S Inett, Dr J Allingham

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

UNRESTRICTED ITEMS

100. Membership
(Item 1)

(1) To note that Mr Farrell has replaced Ms Constantine on the Committee.

101. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

(1) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of the Canterbury City Council's Planning Committee.

102. Minutes
(Item 4)

(1) RESOLVED that the Minutes of the meeting held on 23 November 2018 are correctly recorded and that they be signed by the Chair.

103. Sustainability and Transformation Partnership (STP) Primary Care Workforce
(Item 5)

Anne Tidmarsh (Senior Responsible Officer, STP Workforce), Dr Simon Dunn, (STP Clinical Lead, Workforce & Chair of STP Primary Care Workforce Group) and Professor Chris Holland (Foundation Dean, Kent and Medway Medical School) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and said that workforce was an integral issue that was threaded through so many reports presented to Committee. She highlighted the recent media reports on GP figures in Kent as

a comparator to other parts of the Country and said that the Committee saw this as a real concern.

(2) Mrs Tidmarsh began by acknowledging that the challenges faced were very well known and therefore a Workforce Workstream within the STP to give a focus on this. She said that in Kent and Medway there were 226 General Practices with them all organising differently through developments of primary care networks. Mrs Tidmarsh continued that the networks were serving bigger populations through Multi-Disciplinary Teams and had a mix of professions available within them and therefore the paper presented to Committee focussed on the general practice workforce as a whole service as they could not be seen separately.

(3) Mrs Tidmarsh informed the Committee that the Kent and Medway STP was currently developing a Primary Care Strategy with the work undertaken by the STP Workforce Workstream, £1.5m was forthcoming front Health Education England to aid delivery. She gave an overview of the local and national General Practice Workforce data and the challenges being faced, detailing the following key points:

- Kent was 181 GPs short and was a moving number;
- Locum GPs make up a significant number of the workforce – 8%;
- An aging workforce was a concern – 26% are 55 years old or older;
- There is a lack of growth in GP workforce – 11% compared to 2% nationally;
- Retention of GPs was difficult - Community Education Provider Networks were working on resolving this along with training;
- There is a lack of practice nurses;
- Multidisciplinary ways of working were proving to be a good example of workforce development and delivering new ways of working to take the pressure of GPs and give a variation in career, as well as aid part time working.

(4) Professor Holland delivered a presentation on the Kent and Medway Medical School and said that he had a began in the role on 1 August 2018 and saw it as a once in a lifetime opportunity. He was delighted to inform the Committee that another stage had been met in the process of delivering the school – stage 3 of a 9-stage process in the approval process.

(5) Professor Holland emphasised that the school must widen participation and diversity with a view to influence future workforces, while providing excellent medical education. He said that the curriculum needs to be innovative underlining that by stating that the students will be practicing through to 2067.

(6) Professor Holland said that school was underwritten by two universities and that the school was partnered with Brighton and Sussex Medical School as they had the highest conversion rates to General Practice and therefore brought strength to the partnership. He continued that there was a global leadership team and looked forward to working with open minded partners to develop teaching hospitals and opportunities for research. Professor Holland stated that there was no central start-up funding; that the universities will only provide funding for half of the investment required and active conversations were taking place to increase funding levels. He concluded by stating that the clinical workforce can be benefited by the opportunities arising long before the first students graduate.

(7) Members expressed thanks for the presentations. Members enquired about GP access incorporating population need predictions, working patterns and new ways of working within the multi-disciplinary teams. Dr Dunn said that a lot of issues could not be resolved immediately, and this was felt not only at a local level but nationally too. He said that a lot was happening to aid the workforce by new ways of working for the future by defined role team working within a general practice. He stated that the debate is not about the number of GP's that we have but the quality of care on offer.

(8) Mrs Tidmarsh said that NHS England were recognising a need for capital development with local authorities assisting in this.

(9) Dr Dunn said that he was pleased that he was sitting before the Committee as he believed that primary care had not been given recognition regionally or nationally but within the last couple of years people were seeing that investment was needed.

(10) Dr Allingham was invited to speak by the Chair. Dr Allingham said that the average GP was in their forties and that reasons for part time working was due to a lifestyle choice, as well as pressures of the working day which could be 13/14-hour days. He said to aid mental health a new way of working was being favoured along with role variation.

(11) In reference to population health needs, Ms Duggal was invited to speak by the Chair. Ms Duggal said that there was a Joint Strategic Needs Assessment, which was currently being refreshed and that the Public Health Unit were happy to look at particular pathways.

(12) In response to a question about exit interviews and establishing reasons for leaving Kent Primary Care, Mrs Tidmarsh said she would explore ways to gather such information as part of the workstream.

(13) Members enquired about the medical school and further education programmes. Professor Holland wanted to widen participation, explore health professions within education from an early age and saw the selective education system as a challenging opportunity. Dr Dunn said that practices were responsible for providing further training.

(14) A Member asked about bursary availability and Mrs Tidmarsh endeavoured to look into this.

(15) The Chair concluded by welcoming the collaborations taking place and said that the Committee would continue to receive information on the progress of the Workstream and the Medical School. She looked forward to the implementation plans making a difference.

(16) RESOLVED that the report be noted, and the Kent and Medway STP be requested to provide an update following the publication of the Primary Care Strategy.

104. Single Pathology Service for Kent and Medway
(Item 6)

Miles Scott (Chief Executive, Maidstone & Tunbridge Wells NHS Trust and Chair of the Pathology Review Steering Group) and Glynis Alexander (Executive Director of Communications & Engagement, Medway NHS Foundation Trust) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Scott began by informing the Committee that the Pathology Service was exclusively provided in hospitals and involve main groups - blood sciences, microbiology and cellular pathology. He continued that across the country and the world saw demand rising at an enormous rate – 300% increase in the last 15 years - with no sign of a slowdown.

(2) Mr Scott said that was workforce pressures in Kent with overall vacancies being quite high. He confirmed that technological advancement, such as high automation, meant that pathology service was going through massive transformation.

(3) Mr Scott said that the review was as a result of two national reports carried out by Lord Carter and Kent's review was in its early stages of development with various options being considered and a Full Business Case to be finalised by the Programme Board.

(4) Members asked about communications with staff, increase in demand for services and private sector involvement. Mr Scott reassured the committee that services will be provided from within the NHS but there was the potential to partner with other organisations. He confirmed that there was a capital requirement and was something to be considered. Mr Scott confirmed that there was no plan to sell anything off and saw it as an opportunity for the services to come together and make investments in automation and to boost productivity in other ways.

(5) Ms Alexander acknowledged that there was undoubtedly a great interest in news about their jobs but there was staff engagement taking place. She said that there was clinical leadership at Board Level and with the project team. Ms Alexander confirmed staff were involved throughout the process and could see the benefits forthcoming.

(6) Mr Scott said in reference to increasing demand that large centralisation was the view a few years ago and it was required to be tested. He said that evidence from around the country had emphasised that the most important thing was to get the right system in place, including the correct technology.

(7) A Member wished to explore the developments in automation. Mr Scott said that technological developments meant that some tests could be provided more locally than previously and developments in new molecular level assessments, genetic analysis and 24-hour processing were providing the challenge to find the optimal balance.

(8) RESOLVED that the report be noted, and the Kent and Medway STP be requested to provide an update at the appropriate time.

Stuart Jeffrey (Deputy Managing Director for NHS Medway CCG and Senior Responsible Officer for the Urgent Care Programme in NHS North Kent CCGs and NHS Medway CCG), Gerrie Adler (Director of Strategic Transformation, NHS Swale CCG) and Shelley Whittaker (Head of Communications, NHS North Kent CCGs) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and said that parts a and b of the item would be discussed together but that the recommendations would be considered separately. The recommendation are set out below.

(2) NHS representatives were invited to introduce the topic. Mr Jeffrey began by giving an overview of the Urgent Care Programme and confirmed that the papers presented related to the face to face aspect.

(3) Mr Jeffrey said that the Swale Urgent Care Review Programme had been out to procurement once and the tenders returned an unaffordable position for the CCG and therefore the specification was going through a period of review.

(4) Mr Jeffrey said that the Dartford, Gravesham and Swanley Urgent Care Review Programme had changed a few times over the years with plans for a decision to be made within in the 12 to 24 months. He said that there had been continual public engagement to inform discussions but that the paper highlighted that there may be a need for further public consultation.

(5) Mr Inett was invited to speak by the Chair and informed the Committee that Healthwatch has been working closely to review pathway used by NHS111 and that Healthwatch were proactive in development of this proposal.

(6) Members enquired about variation in services in relation to mobile provision and operating hours. Ms Adler confirmed that the reason for Swale having a mobile unit was for historic reasons due to the area's unique geography and travelling difficulties. She said this meant that it had to be retained within this specific urgent care proposal as identified through stakeholder engagement.

(7) Ms Adler said in relation to operating hours a 24-hour service would normally be attached to a 24-hour urgent treatment centre whereas a community hospital had a 12-hour operation due to level patient flow. She continued that Dartford, Gravesham and Swanley do not have a 24/7 service with access only to 12-hour services; Swale had 24/7 access at Medway Foundation Trust. Ms Adler concluded that review planning would lead to development of suitable hours of operation.

(8) The Chair referred to the likely missed deadline of the NHS national requirement for minor injuries units and walk-in centres to be replaced by urgent treatment centres and any associated impacts. Ms Adler said that the proposal was being managed with NHS England and that any feedback received would be brought back as part of future reports to the Committee.

(9) Members said that based on the presentation, the Swale CCG review could be, at this time, deemed a substantial variation but that a recommendation would be made following receipt of the review analysis in March 2019.

105. NHS North Kent CCGs: Urgent Care Review Programme
(Item 7)

106. Urgent Primary Care Services: Integrated Care 24 (IC24)
(Item 8)

Dr Andrew Catto (Chief Medical Officer and Deputy Chief Executive, IC24) and Katherine Pitts (Chief Operating Officer, IC24) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Ms Pitts gave a brief outline of the service highlighting that IC24 provided coverage across Kent excluding Medway and Swale. She explained that the service was moving to an integrated urgent care model, responding to need, and was GP led. She continued the new roles of Advance Nurse Practitioners and Urgent Care Practitioners were bringing additional skills.

(2) Ms Pitts acknowledged that the levels of clinical coverage meant that there were difficult periods and were impacted by staffing difficulties. She hoped that the report gave assurance that the service was clinically led. She continued that the tables presented in the report provided an average patient demand.

(3) Dr Catto, referring to the previous STP Workforce item, recognised that the nature of the service meant that there was greater pressure on adapting to out of hours coverage and the model prescribed by NHS England.

(4) A Member asked about the media reports of low levels of coverage in specific areas, the comparison to the report presented and sought assurance that this was a one-off incident. He continued that presenting averages can mask the true situation and for the next report he would welcome the lowest and highest patient contacts, including graphs to see spikes in demand. Dr Catto said that he was happy to address this and gave assurance to the Committee that the Commissioners of the service saw that data regularly and committed to providing that level of detail in future. He emphasised that there was a distinction in acuity of urgent and emergency care.

(5) A Member referred to a recent useful and insightful visit and enquired as to the meaning of being a ‘not for profit’ social enterprise and the staff salary scheme. Dr Catto committed to providing further information on this and extended the invitation to visit the service to other Committee Members.

(6) The Chair confirmed that a visit could be organised in due course.

(7) RESOLVED the report be noted and a more detailed report on data be provided.

107. Wheelchair Services in Kent
(Item 9)

Caroline Selkirk (Managing Director, NHS East Kent CCGs), Ailsa Ogilvie (Chief Operating Officer, NHS Thanet CCG), Sarah Vaux (Chief Nurse for the NHS East Kent CCGs) and Matthew Inder (Business Process and Continuous Improvement Manager, Millbrook Healthcare) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and informed the Committee that Sophie Fournel, Service Manager, Centre for Independent Living in Kent (CiLK) and representative from Wheelchair Service Users was unable to attend but had submitted a statement. The Chair read the statement on Ms Fournel's behalf to the Committee. The statement was attached as a supplement to the minutes.

(2) Ms Selkirk said that there had been clear and steady progress within the service recognising that this was still an ongoing difficult situation and as raised by Sophie Fournel. She referred to ongoing engagement and additional scrutiny conferred upon the service by the CCG.

(3) Ms Ogilvie said that the level of repairs was reported at 87 at the current time. She confirmed that the waiting list for assessment and equipment provision, which had grown to a very unacceptable 3369 was at the end of December reported as 2444. She said that on average 120 new referrals were made every month which impacted on the waiting list. Ms Ogilvie acknowledged that there a long road to travel to remove the backlog and that in reality individuals will be waiting far too long. She said that everyone was committed to turning this around with ongoing support from service users.

(4) Members enquired about waiting lists, staffing and comparisons against similar geographical neighbours. Ms Ogilvie said that because of the inherited backlog and the higher complexity of cases, a process of splitting out what 'business as usual' looked like was something that needed to be achieved. She said that they were therefore setting a target of an acceptable waiting list. Ms Ogilvie informed the Committee that the Wheelchair Service was not bound by the 18-week referral to treatment target. She confirmed that the CCG had been looking at similar services across the country to assess how to achieve sustainable waiting times, some are achieving 20-22-week waiting lists and were working with Millbrook Healthcare on how to progress.

(5) Mr Inder highlighted that the staffing model was continuing its planned trajectory and that staff retention was being maintained. He confirmed that there was regular supervision and that staff were adequately supported due to the pressures being experienced by the service. Ms Selkirk said that staff recruitment, retention and turnover had been good, and that additional clinical staff above the headcount, medical secretary and occupational assistant had been employed. She added that triaging needed to be good and recruitment of an additional staff member would assist with that. Ms Selkirk concluded that the CCG through the contractual process were feeling more assured.

(6) Mr Inett was invited to speak by the Chair and said that Healthwatch had taken a step back after its initial involvement as the users were involved. He said that

Healthwatch still wished to be kept in the loop and involved in the proposed Board being established. Mr Inett acknowledged that several organisations had been involved in this and that it had been a challenging situation to find suitable venues to ensure they are able to give feedback. He offered to assist with this.

(7) Several Members enquired about complaints. Ms Vaux said from the CCG's perspective there was a robust process in place for complaints handling and that a quality team was in place to identify themes. She continued that the information learned showed that from a quality perspective it was more business as usual analysis.

(8) Ms Selkirk said that identified themes gave assurance on the contracting from independent Clinicians with a view gauged of the levels of happiness of the service and if the need arose escalation would go to the Quality Committee. She said the voice of users was coming through by way of the emerging themes.

(9) A Member said that they felt this assurance was not coming through in the report presented and would welcome more information by way of peer comparison information for a future return and more thematic complaints analysis.

(10) The Chair endorsed this and said that the reported referred to CCG seeking assurance was worrying. Ms Vaux confirmed that the process was seeking assurance through further checks being conducted.

(11) Mr Inett said that it had to be remembered that there was vulnerability and reliance on this service and were less likely to complain. He emphasised that there needed to be alternative mechanisms than complaints and involvement in Boards and events would hopefully aid that.

(12) The Chair made reference to a member of the public who had attended and requested to speak. The Chair said that the Committee although held in public was not a public meeting and suggested that the representatives of the NHS present may be able to speak to them after the conclusion of the item. She added that the member of the public was also able to email the Committee.

(13) RESOLVED that the reports be noted, and Thanet CCG provide an update, with additional information as requested by the Committee, at the appropriate time.

108. NHS East Kent CCGs: Financial Recovery Plan
(Item 10)

Caroline Selkirk (Managing Director, NHS East Kent CCGs) and Sarah Vaux (Chief Nurse for the NHS East Kent CCGs) were in attendance for this item.

(1) Ms Selkirk said that work undertaken was ongoing but to date the CCGs had received a positive return from NHS England on their plan. She said that the main aim was to provide a better service for patients as well as meet the financial targets imposed upon the CCGs. Ms Selkirk said that they recognised that this was never just about money and that they must provide a high-quality

service and improved experience. She acknowledged that workforce had to be in order to be able to deliver on the plans.

(2) Members enquired about the change in deficit figures, auditing of accounts and staffing. Ms Selkirk confirmed that the CCGs had internal and external auditors. She said that there were some disputes between the main acute and CCG and was in relation to coding concerns but that an independent expert that had been commissioned to look into this with the CCG and Provider receiving feedback. Ms Selkirk said that the CCG was looking at agreeing a way forward to have no further issues on coding.

(3) Ms Selkirk said that the service was starting to move away from the old means of contracting and this year there was clearer open book accounting. She acknowledged that CCG was seeing the after effects of the old types of contracting. Ms Selkirk said that the system as a whole was spending more money than it had but new ways of contracting meant that risk was being shared more evenly between Commissioner and Provider. The CCG was presenting back to NHS England.

(4) Ms Vaux said that the Quality, Innovation, Productivity and Prevention (QIPP) Programme, led by Clinicians had identified opportunities in medicine management. She said that cheaper alternatives that give safe alternatives was being explored. Ms Vaux confirmed that this was nothing new and that individual patients were recurrently reviewed and that multi-disciplinary teams were giving optimal time and treatment. She confirmed that more detail could be provided if required.

(5) Ms Selkirk said that there were no plans for redundancies and that natural wastage would occur.

(6) Ms Selkirk said that the NHS Ten Year Plan monies would not be received until next year and that the amount of money was defined by the National Tariff. She emphasised that there is a real opportunity to invest more money in local care – general practice and community services.

(7) RESOLVED that the report be noted, and as part of the East Kent CCGs Special Measures presentation scheduled for April 2019, provide a detailed update on the recovery plan.

109. NHS Medway CCG and NHS North Kent CCGs - Dermatology Services: Written Update
(Item 11)

Stuart Jeffrey (Deputy Managing Director, NHS Medway CCG) was in attendance for this item.

(1) Mr Jeffrey informed the Committee that due to the ongoing procurement process the details were commercially sensitive.

(2) Mr Inett was invited to speak by the Chair, who enquired what communications had taken place with the British Association of Dermatologists (BAD). Mr

Jeffrey confirmed that he had met with BAD representatives and had listened to some of their concerns.

(3) A Member sought assurance that the implementation of the new service would be seamless and that there would be no gap in service. Mr Jeffrey provided assurance that from the patient perspective there would be no reduction in services to patients.

(4) RESOLVED that the report be noted, and NHS Medway CGG be requested to provide an update to the Committee on procurement and waiting times in April 2019.

110. Flash Glucose Monitoring: Written Update
(Item 12)

(1) The Committee received a report from the Kent CCGs regarding their implementation plans considering the NHS England announcement that all CCGs would have to enable prescribing of flash glucose monitoring for appropriate patients from April 2019.

(2) RESOLVED that the report be noted.

111. Draft Work Programme
(Item 13)

(1) A Member requested that the April HOSC meeting be cancelled due to lack of time sensitive business scheduled and the impacts of local elections.

(2) RESOLVED that:

(a) the Committee considered and agreed the draft work programme subject to the additions arising from recommendations resolved on the agenda today; and

(b) consideration be given to the April HOSC meeting be cancelled due to lack of time sensitive business scheduled.

112. Date of next programmed meeting – Friday 1 March 2019
(Item 14)

Sophie Fournel Statement

- This has not been an easy process, the volume of unhappy service users we continue to hear from is disappointing as we continue to receive comments and complaints from the people we are working with and supporting. It is going to take a lot more than just words to appease people, change and improvement is slow to reach ground level. The reported improvements are not being seen widespread by users yet.

- Some of the original group to raise these issues, for various reasons, feel that they are unable to continue working with Millbrook and the CCG but remain committed to scrutinising the service going forward based on their ongoing experience and the issues they receive.

- The CCG and Millbrook have acknowledged that there have been real problems with the service and just this week we received a copy of the audit report.

- Both the CCG and Millbrook are clear that they want to hear the issues that people are having and are prepared to listen. We are working with Millbrook towards holding a number of events where individuals, their families etc. will be able to talk about their concerns and a decision on priorities will be made. I am hoping that people take this opportunity and feel able to be open and honest.

- The wider service user community will be invited to join steering groups looking at the issues, one issue at a time, and invited to sit on the overall board scrutinising the work carried out and progress made. There will be clearly defined roles and responsibilities.

- We have made clear that communication from Millbrook is still lacking and that communication needs to be frequent and honest.

- Our individuals and organisations will continue to support people who feel that they are reluctant or unable to raise a complaint directly through fear of retribution.

- Going forward it is imperative that there is transparency and robust reporting so that we can ensure that progress being made and reported is reflected in the experience of the end user.

- I am here not as a service user but from Centre for Independent Living Kent. We are committed to working with the CCG to ensure that our members and those disabled people we support receive the high level of service that they need and deserve. We are working with very vulnerable people who feel like they are being let down and disenfranchised every way they turn. This needs to change.

- The Service Users and user groups urge HOSC to continue to monitor progress to ensure pressure is maintained to make the necessary improvements.