

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, 1 March 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman),
Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor,
Ms K Constantine, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr I Thomas,
Cllr J Howes and Cllr M Lyons

IN ATTENDANCE: J Kennedy-Smith (Scrutiny Research Officer)

UNRESTRICTED ITEMS

113. Membership

(Item 2)

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

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

(Item 3)

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Mrs Game declared an interest, in relation to Agenda Item 5, as some family members are under the services of North East London NHS Foundation Trust
- (3) Mr Lake declared an interest as a former Non-Executive Director of Kent and Medway NHS and Social Care Partnership Trust
- (4) 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.

115. Minutes

(Item 4)

RESOLVED that the Minutes of the meeting held on 25 January 2019 are correctly recorded and that they be signed by the Chair.

116. Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service

(Item 5)

Dave Holman (Head of Mental Health, Children and Maternity Commissioning, West CCG), Brid Johnson (Director of Operations, Kent, North East London NHS Foundation Trust (NELFT)), Dr David Chesover (Mental Health Clinical Lead, Kent

and Medway CCGs) and Nina Marshall (Integrated Service Manager, Kent and Medway Eating Disorder Service, North East London NHS Foundation Trust (NELFT)) 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. The Chair proceeded directly to questions. Members enquired about waiting lists, area variations and adequate resourcing. Mr Holman recognised that demand remained high and that waiting times had not gone down in terms of numbers reported but emphasised that the service was seeing children quicker. He said that from a commissioning point of view he was confident that the service was doing its best to reduce waiting times and at the same time meet the increase in demand. Mr Holman said that the offer overall was improving, as requested.
- (2) Mr Holman said that waiting times for neuro developmental provision (NDLD) meant that case complexity may have changed and emphasised that a need for there was a need for local pathways to be clear and any gaps in provision filled. He said that work was taking place with local authorities to target additional resources that may come through.
- (3) Ms Johnson said that NELFT was commissioned to provide NDLD services countywide and that there was variation in primary care arrangements across the County. She said that four pilots were taking place in general practice areas to speed up the process and said that the change in resources would help make the most difference.
- (4) Dr Chesover said that access was faster than it used to be, with greater numbers being seen. Additionally, he said that since 2017 the number of complaints compared to previous years had reduced amongst the backdrop of increased demand. Dr Chesover emphasised that there were lots of reasons for some needs not being met and that they were multifactorial. He said that the frustrations that the Committee were feeling were also felt in the system.
- (5) Dr Chesover highlighted that much earlier intervention was required across the whole system and was hopeful that this would improve over time. He said that engagement with education systems was made further difficult by differences in control. Dr Chesover said that he was seeing less resilience in children and how they sit in society, which was exemplified by children presenting earlier with self-harm.
- (6) The Chair asked how Kent compared to some services outside Kent. Mr Holman said that children and young people were presenting with more complex needs and that children in crisis are higher. He confirmed that demand was increasing – 25,000 contacts - but that Kent was not an outlier compared to the rest of the country; reiterating that demand was increasing across the country. Mr Holman said that he was aware of some services out with Kent closing their books but that in Kent there was a duty to meet the increase in demand and that this would not happen. He confirmed that this service was comparative against other services in the country in terms of demand and performance.

- (7) A Member enquired about steps for the future, staffing and the four pilots. Mr Holman said that Kent had received £3-4m a year for the county and that this developed the local transformation plan, which had been complemented by NHS England. He said that this covered a range of services from working in schools, crisis work and working with unaccompanied asylum seekers. Mr Holman highlighted that he hoped the NHS Long Term Plan would continue to commit additional resource to continue the Future in Mind programme – currently in year three of four. He said that Kent spent £1.2m in relation to waits – to meet demand but also meet the access target (32%) for the future in mind allocation. Mr Holman confirmed that NHS England as a result of the funding provide additional scrutiny.
- (8) Ms Johnson said that in relation to staffing there were three areas of challenge – crisis teams, Single Point of Access (SPA) and medical staffing. She said that they were lucky to recruit temporary staff but that permanent staff was needed. She explained that an incentive scheme had been created to boost recruitment.
- (9) Ms Johnson gave an overview of the four pilots and said that they were taking place in East Kent. She said that training was taking place on protocols to pilot the review of medication and practice in Dover and Folkestone. Ms Johnson said that work was also taking place within Swale and Dartford and that early intervention workers had been put in place. She confirmed that if the pilots were successful the evidence base would come back to the Local Transformation Board.
- (10) Some Members felt concerned that there was not enough resource to meet demand and questioned if more money was required for the service.
- (11) The Chair, acknowledging the All Age Eating Disorder Service in Kent and Medway report and on behalf of the committee recognised that the service was meeting the needs of young people.
- (12) RESOLVED that:
- (a) The Committee has serious and increasing concerns regarding the ability of the current children and young people's emotional and wellbeing mental health service to effectively meet the needs of all children and young people with mental health issues in Kent;
 - (b) The Chair, on behalf of the Committee, writes to Anne Eden, Executive Regional Managing Director (South East) to express those concerns; and
 - (c) The CCG provide an update, including information on the disparities for East and West Kent and plans to reduce such disparity, to the Committee in six months.

117. East Kent Hospitals University NHS Foundation Trust - Care Quality Commission Inspection of Children's and Young People's Hospital Services
(Item 6)

Liz Shutler (Deputy Chief Executive, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lesley White (Director of Performance, East Kent Hospitals

University NHS Foundation Trust (EKHUFT)), Lizzie Worthen (Interim Head of Nursing for Children's Services, East Kent Hospitals University NHS Foundation Trust (EKHUFT)) and Caroline Selkirk (Managing Director, NHS East Kent CCGs)

- (1) The Chair welcomed the guests to the Committee. Ms Shutler began by stating that Trust acknowledged the findings of the CQC report and that significant improvements had been made since the inspection, with examples provided in the NHS report. She said that she was confident that the conditions within the report would be removed soon.
- (2) A Member enquired about the Padua Ward at William Harvey Hospital investment and the associated impacts during the redesign. Ms Worthen said that parents and patients had been communicated with and mitigations had been put in place for some vulnerable patients. She acknowledged that during this period there was the potential for risk happening to them and that they would therefore be cared for elsewhere in the Trust.
- (3) The Member said that he welcomed the work and that this improvement should be communicated with before and after pictures.
- (4) A Member enquired about previous plans for the development of a dedicated children's paediatric accident & emergency department, what happened to those plans and how the CQC findings in relation to paediatric care within the accident & emergency setting were being addressed. Ms Worthen acknowledged those concerns and confirmed that the inspection had picked up inadequate flow from reception to designated paediatric areas. She said that action had been taken by the Trust to ensure that children were no longer waiting to be triaged and that children, once seen by reception, were immediately sent to the designated children's area. Ms Worthen stated that children would be triaged within 15 minutes by a trained children's nurse, as per national guidelines.
- (5) RESOLVED that the report be noted, and East Kent Hospitals University NHS Foundation Trust be requested to provide an update to the Committee at the appropriate time.

118. East Kent Hospitals NHS University Foundation Trust - Update *(Item 7)*

Liz Shutler (Deputy Chief Executive, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lesley White (Director of Performance, East Kent Hospitals University NHS Foundation Trust (EKHUFT)), Lizzie Worthen (Interim Head of Nursing for Children's Services, East Kent Hospitals University NHS Foundation Trust (EKHUFT)) and Caroline Selkirk (Managing Director, NHS East Kent CCGs)

- (1) Ms Shutler introduced the item by referring to an article in the Health Services Journal reporting that the Trust's A&E times had been the most improved – just under 10% improvement and one of the top ten. She said that she welcomed that the Trust and staff was being recognised for this achievement against the national picture.
- (2) The Committee congratulated the Trust on that achievement.

- (3) Members enquired about finances, the role of an advanced care practitioners and the orthopaedics pilot. Ms Shutler said that the Trust was currently going through a period of building and opening new capacity such as the new ward at the William Harvey Hospital, a new ward in Canterbury and new medical capacity as a result. She added that to ensure that the Trust was winter ready they were having to use high cost agency staff and to address findings from the CQC report, additional staff were employed to children's services. Ms Shutler confirmed that this meant that it then added financial pressure to the Trust and impacted on its deficit. She acknowledged that this was a system wide issue.
- (4) Ms Shutler said that the Trust was working closely with partner organisations and that step change was needed across the system and that local care would bring that. She confirmed that efficiencies would still need to be made throughout the year and would work with commissioners to achieve this.
- (5) Ms Shutler informed the Committee that the advanced care practitioners were an exciting development and part as an overall business plan, with a second tranche being acute advanced care practitioners. She continued that the Trust was looking at training a range of staff from all disciplines and nursing backgrounds and that it would aid difficult to recruit specialties.
- (6) Ms White highlighted that the service is led by two nurse consultants - one based at the Queen Elizabeth the Queen Mother (QEQM) and another at the William Harvey Hospital and that work was taking place with local universities on an accredited training course. She said that the role would be over a range of disciplines and from different backgrounds. Ms White continued that the first cohort had been trained and that they were working in accident and emergency and acute medicine. She said that this was a valued role and embedded in the recruitment plan, with a plan to bring them in to the middle grade rota and reduce dependency on doctors on high cost agency spend.
- (7) Ms Worthen said that the children's advanced practitioner role had been in place for five years and front runners in the role. She emphasised that this was an incredibly good way to use nursing personnel.
- (8) Ms Shutler informed the Committee that as a result of phase 1 of the orthopaedics pilot, a high number of patients had come through which had led to less cancellations and had had a positive impact. She confirmed that a business case would be coming through for phase 2, which would look at additional capacity.
- (9) The Chair particularly welcomed the information on the Dementia Village and noted the open afternoon dates provided in the report.
- (10) RESOLVED that the report on East Kent Hospitals NHS University Foundation Trust be noted and that the Trust be requested to provide an update, including details of the staff survey findings, at the appropriate time.

119. Kent and Medway NHS and Social Care Partnership Trust - Update
(Item 8)

Vincent Badu (Executive Director Partnerships and Strategy, Kent and Medway NHS and Social Care Partnership Trust (KMPT)), Dr Matthew Debenham, Assistant Medical Director for the Acute Care Group, Kent and Medway NHS and Social Care Partnership Trust (KMPT)) and Caroline Selkirk, Managing Director, NHS East Kent CCGs were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Badu began by stating that following the publication of a CQC report the Trust had received a well led governance inspection rating of 'good'. He said that the report included a comprehensive review of some of the core, acute and specialist services. Mr Badu confirmed that a warning notice that had previously been issued for community mental health services had phenomenally improved.
- (2) A Member enquired about the differences between adult mental health and children and young people's mental health and the reasons for the performance of services being so drastically different. He continued that he would welcome work to be undertaken to understand the reasons for this.
- (3) The Chair referred to the Kent and Medway Sustainability and Partnership (STP) mental health workstream and wondered if this is something that could be considered as part of their work.
- (4) Ms Selkirk said that she nor the provider could comment on another provider but that the report presented by KMPT showed the benefits of the journey. She continued that they continued to keep an eye on work within children's services.
- (5) Members enquired about waiting times, assessment including county variations and recruitment and retention. Ms Selkirk said that variation was not acceptable, and work was taking place with the Trust to address this.
- (6) Mr Badu said that the CQC report had given a Kent and Medway perspective and that the NHS report presented to the Committee was broken down by geographical area. He continued that the improvement plans in community team services would ensure that services would be in the right place at the right time, in the right way. Mr Badu said that cases were actively reviewed whilst waiting with a clear treatment plan in place to minimise the risk for those waiting.
- (7) Dr Debenham informed the Committee that there were significant doctor recruitment issues and that training experiences were being created to develop and recruit in to middle grade to consultant roles to acquire skills to enter the specialist register. He confirmed that an agreement from the KSS Deanery to recruit additional core and higher trainees who would rotate into the same development posts.
- (8) Mr Badu said that there was additional recruitment and retention of nurses and that vacancy rate had improved significantly. He stated that nurse skills would lead to progress in the nurse workforce, further enhanced by the advanced practitioners and non-medical prescribers. Mr Badu highlighted that access to such additional development would aid staff retention.

- (9) Members enquired about the mother and baby unit, transition from children and young people's mental health services to adult services and bed occupancy and capacity. Mr Badu said that the mother and baby unit provided services across Kent, Surrey and Sussex. He said that the team were part of a wider programme for perinatal mental health services, such as supporting discharge back in to the community and reducing length of stay. Mr Badu highlighted that there was an absence of acute inpatient facilities for patients suffering perinatal mental health and that there was a demand for the service.
- (10) A Member referred to women who require intensive care and asked about commissioning of such a service. Mr Debenham informed the Committee that since 2016 there was no female psychiatric intensive care units in Kent and that meant provision was difficult but early conversations were being held with a Kent, Surrey, Sussex solution. He said that separately an enhanced package of support was being developed to bring people back to Kent.
- (11) Mr Badu said that in relation to transition from children and young people's mental health services to adult services, that KMPT were working closely with North East London Foundation Trust (NELFT) to ensure that pathways were being developed. He drew attention to the significant programme with clinical pathways documented in the report to ensure that they were appropriate and there was parity in availability at transition.
- (12) The Chair asked about the Cranmer Ward and the sale of part of the site. Ms Selkirk said that the CCGs were working with the Trust to understand the service model and develop options. She confirmed that it will be consulted on to ensure that the service model is understood.
- (13) RESOLVED that:
 - (a) The Committee noted the report and KMPT be requested to provide an update at the appropriate time;
 - (b) The Committee receive an update on the two potential options for change at the St Martin's site at the appropriate time; and
 - (c) The Chair, on behalf of the Committee, writes to the Kent and Medway Sustainability and Transformation Partnership to consider the relationship between children and young people's mental health services and adult mental health services as part of the Mental Health Workstream.

120. Work Programme

(Item 9)

- (1) The Chair confirmed that the Committee would meet on 22 March 2019 to discuss the Kent and Medway Stroke Review and confirmed that the decision for referral was with the Kent Health Overview and Scrutiny Committee. The Chair confirmed that there is a procedure to follow and that this would be communicated to the Committee.

(2) RESOLVED that the Committee considered and agreed the work programme subject to the additions arising from recommendations resolved on the agenda today.

121. Date of next programmed meeting – Friday 22 March 2019
(Item 10)