

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Wednesday, 22 July 2020.

PRESENT: Mr P Bartlett (Chairman), Mr K Pugh (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr D L Brazier, Mr N J D Chard, Ms K Constantine, Mr D S Daley, Mrs L Game, Mr A R Hills, Mr P W A Lake, Mrs C Mackonochie (Tunbridge Wells (BC), Patricia Rolfe and Mr J Wright (Substitute for Ms S Hamilton)

ALSO PRESENT: Mrs C Bell and Ms L Gallimore

IN ATTENDANCE: Dr A Duggal (Deputy Director of Public Health), Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

33. Membership

(Item 1)

It was NOTED that:

- Mr D Brazier and Mr A R Hills had joined the committee; and
- there was a Conservative vacancy following the passing of Mr I Thomas.

34. Apologies and Substitutes

(Item)

Apologies for absence had been received from Ms S Hamilton and Cllr M Rhodes.

Mr J Wright was present as a substitute for Ms Hamilton.

Also present were Ms L Gallimore from Healthwatch and Dr A Duggal, Deputy Director of Public Health.

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

(Item 3)

Relating to agenda items 6 and 8, Mr J Wright declared that he was a KCC - appointed Partner Governor of the Medway Hospital Trust.

Mr N J D Chard declared that he was a Director of Engaging Kent.

36. Protocols for virtual meetings

(Item 4)

It was RESOLVED that, in order to facilitate the smooth working of the committee's virtual meetings, the protocols be adopted.

37. Minutes of the meeting held on 5 March 2020

(Item 5)

It was RESOLVED that the minutes of the meeting held on 5 March 2020 are a correct record and they be signed by the Chairman. There were no matters arising.

38. Local Covid-19 response and restart of NHS services

(Item 6)

Mr W Williams, Accountable Officer for Kent and Medway CCG, was in attendance for this item at the invitation of the committee.

Mr J Wright declared that he was a KCC-appointed Partner Governor of the Medway Hospital Trust.

1. Mr Williams introduced the report and emphasised the importance of understanding the complexity of what the CCG was dealing with in terms of managing the impact of Covid-19, which had necessitated suspending many other services temporarily. Restarting these services was complex and involved overcoming ongoing challenges in terms of stringent infection control measures and physical distancing, which would inevitably have an impact on the throughput of cases. There were also some resources impacts in terms of revenue and capital funding.

2. Mr Williams responded to comments and questions from the committee, including the following:-

- a) asked about inconsistencies in the information for the recommencement of various cancer screening services across the county, and what information about this was made available to patients, Mr Williams explained that statistics differed as they included different services. He undertook to address the issue of patient information outside the meeting;
- b) asked to comment on the 9-10% of hospital deaths due to Covid-19 recorded in East Kent, Mr Williams advised that, although Thanet had recorded some of the highest Covid-19 death rates in the UK, rates in East Kent were now low, and he undertook to look into the pattern of most recent rates;
- c) referring to infection control, he assured the committee that the Trust and nursing colleagues were closely involved in monitoring and that only one ward currently had any Covid-19 cases;
- d) referring to staff testing, he assured the committee that the rate of infection was very low and that all EKHUFT staff were being tested. He undertook to provide a written response to the committee on this issue;
- e) staff at QEQM had requested that Perspex screens be installed around A&E reception, and Mr Williams undertook to look into this at QEQM as well as the

William Harvey and Kent and Canterbury hospitals and to provide a written response to the committee;

- f) Mr Williams advised that the risk of a second wave of infection in Kent depended on the extent to which the public adhered to public health advice to avoid transmission. A Health Surveillance Board was looking in more detail at rates of testing and the number of calls made to the NHS 111 line. He assured the committee that the latter had not risen, but he cautioned against complacency;
- g) asked how any resurgence in infection would be handled, Mr Williams advised that use of local lockdowns was an option and would help to manage any future spread of the virus. The first surge of the virus had been managed by taking over areas of hospitals, such as operating theatres, to accommodate Covid-19 patients, and this could be repeated if necessary as it helped manage capacity. It would also help to avoid the need to suspend other services while prioritising Covid-19 patients;
- h) the importance of mental health issues was highlighted and a question asked about restarting support services in community. Mr Williams acknowledged the increasing need for services for existing patients and those who had developed mental health issues as an effect of Covid-19. He advised, however, that the level of increased need would be difficult to quantify;
- i) asked if small daily clinics would soon be able to re-start, Mr Williams advised that outpatient clinics and general practices were opening, offering face to face appointments wherever possible, so physical examinations could be undertaken. Optimum use would be made of non-face to face appointments to avoid travel wherever possible, for example, to and from care homes. He advised that 95% of patients in Kent and Medway were listed with GPs who had appropriate technology to offer non-face to face appointments;
- j) a point was made that many people did not have access to online technology and would rely for information on the radio, so that medium should be included when considering how best to spread public information; and
- k) a view was expressed that many people did not seem to take the pandemic seriously and this was perhaps because the public health message had been toned down to avoid frightening the public. People needed to be told about the reality of dealing with the Covid-19 virus and to be encouraged to take it more seriously. In the event of a second wave, it would be helpful also if the local authority response to it were quicker than for the initial wave.

3. Mr Williams thanked the committee for the issues raised about communications and undertook to look into them. He advised that it was not possible to give a date when all GP surgeries would be able to return to face to face appointments as each practice needed to assess the risk factors in their own premises, for example, in some practices it would be difficult to apply social distancing requirements fully.

4 The Chairman referred to a review of elective capacity in NHS trusts at the committee's 5 May meeting, at which the committee had been advised that

arrangements with the private sector to add to this capacity would continue until 31 August. He said it would be very helpful if this arrangement could be extended further and he offered to write to private sector providers on behalf of the committee to seek an extension and a review of tariffs. Mr Williams welcomed this as a helpful move.

5 It was RESOLVED that the update be noted, with thanks, and that the following action be taken:-

- a) Mr Williams provide written responses about the provision of protective screens at East Kent A&E departments, patient information, the rate of infection and testing; and
- b) the Chairman write to the Secretary of State to seek an extension to the arrangement to provide additional capacity and a review of tariffs after consultation with Mr Williams.

39. Dermatology Services

(Item 7)

Ms C Selkirk, Director of Health Improvement, Kent and Medway CCG, Ms N Teesdale, Associate Director of Commissioning, and Mr J Chisnall, Acting Director of Health Improvement (Governance and Compliance), were in attendance for this item at the invitation of the committee.

1. Ms Selkirk introduced the report and explained that, since writing the report, Sussex Community Dermatology Services had been appointed and started seeing patients on 13 July. They were delivering services seven days a week and had seen 1,000 new patients so far, including all those who had been waiting since the suspension of the previous contract. Capacity had been increased and they would shortly be seeing 1,000 patients per day. She acknowledged that there had been delays, including for those patients waiting for cancer treatments, but assured the committee that this had not exposed people to risk of harm. No new cancer diagnoses had been made since 19 June. There was also a separate small contract in East Kent, serving 200 patients in Ashford and Canterbury, which had been suspended in July. A dermatology helpline had been established, and had gone live on 21 July, with 100 calls being received so far, from those who had been referred to DMC but had not yet been seen.

2. Ms Selkirk responded to comments and questions from the committee, including the following:

- a) disappointment was expressed about the suspension of the East Kent service. Dermatology was an important area; skin problems could point to many other conditions, including skin cancer. It was difficult to understand how dermatology services could be delivered in small, separate areas, requiring people to travel distances to be seen. Ms Teesdale explained there was a national shortage of dermatologists, which was inevitably impacting on service provision. In relation to the services suspended, she emphasised that many patients were treated virtually, but the service would see every patient in the backlog in face to face appointments. This was important, in light of the problems previously experienced. Services had been set up North Kent and East Kent to reduce the need for patients to

travel. The service was now seeing the backlog of patients as a matter of urgency.

3. Relating to primary care, Mr J Chisnall explained that there had been CQC interventions in two practices based in Medway. DMC ran practices in Swale and Maidstone, which would be visited by CQC, and the CCG was prepared for the possible outcomes of those visits.

4. It was RESOLVED that the report be noted and the Kent and Medway CCG be invited to update the committee at the appropriate time.

40. Review of Frank Lloyd Unit, Sittingbourne *(Item 8)*

Ms C Selkirk, Director of Health Improvement, Kent and Medway CCG, was in attendance for this item at the invitation of the committee.

Mr J Wright declared that he was a KCC–appointed Partner Governor of the Medway Hospital Trust.

1. Ms Selkirk introduced the report and apologised to the committee for the concerns expressed about review process at its March meeting. She assured the committee that the new CCG was committed to addressing these concerns by engaging with the committee and the public. The CCG would expand and develop its new model to clarify what was proposed in it and the review. It would now take the opportunity to review, speak to the public and clinicians and come back to the HOSC in March 2021 to set out the new model, including the role of the Frank Lloyd unit in relation to that new model.

2. Ms Selkirk explained that the Frank Lloyd unit was never intended to be an inpatient unit; it was an assessment unit, with a flow-through rather than resident patients. Any inpatient care needed would be provided by KMPT. The CCG believed that the care model provided for patients had value and followed national guidelines. Patients were now being seen in similar services in the community. She accepted that the previous CCG had got the review process wrong and asked that the new CCG be given the opportunity now to put it right and bring the issue back to the committee's March 2021 meeting, rather than a referral being made to the Secretary of State.

3. The committee made the following comments:-

- a) concern and disappointment were expressed at the lengthy process followed by the previous CCG in considering the future of the Frank Lloyd unit, the CCG's intransigence and the lack of notice taken within that process of the committee's views. Members asked that this be made known to the Secretary of State and the NHS, at the highest level;
- b) examples were given of a number of patients with complex needs occupying beds at Maidstone Hospital who could benefit from moving to the Frank Lloyd unit. The previous CCG had been asked to look favourably at keeping the Frank Lloyd unit open as part of the review of

services for elderly and dementia patients and to make the best use of elected Members' local knowledge about local people's needs;

- c) the Frank Lloyd unit was still a relatively new building with modern facilities and should continue to be used;
- d) a plea was made that the NHS put every effort into getting the future process right, and that the Frank Lloyd unit be used as an interim measure during the period of review. No assumptions must be made about the outcome of the review;
- e) concern was expressed about where patients would be discharged to from the Frank Lloyd unit and how they would be cared for afterwards, as many would need ongoing nursing care, some 24 hours a day; and
- f) it was suggested that the committee could still make a referral to the Secretary of State if the outcome of the second review did not bring its desired result.

4. Ms Selkirk thanked Members for their comments and undertook to look at all options. She added that a wide range of stakeholders would be consulted in the review and the outcome reported back to the committee in due course.

5. The Chairman summarised the points made and offered a form of words for a recommendation. This wording was discussed by the committee and adjustments made to more closely reflect the concerns raised during debate.

6. The Chairman then proposed and Mr Bowles seconded the following wording: "The committee notes the next steps (set out on page 43 of the agenda pack) and would like to add that the Frank Lloyd unit be kept available until the review is completed. The committee will write to the Secretary of State to express its concern over the process undertaken by the previous CCG, which led to the suspension of the Frank Lloyd unit." This was agreed without a vote.

7. It was RESOLVED that the next steps (set out on page 43 of the agenda pack) be noted and that the committee add that the Frank Lloyd unit be kept available until the review is completed. The committee will write to the Secretary of State to express its concern over the process undertaken by the previous CCG, which led to the suspension of the Frank Lloyd unit.

41. Medway NHS Foundation Trust - Performance Update

(Item 9)

Ms G Alexander, Director of Communications and Engagement, and Mr H McEnroe, Statutory Medical Commander for Covid-19 response, were in attendance for this item at the invitation of the committee.

1. Mr McEnroe summarised to the committee the Trust's Restore and Recovery programme, its recent CQC report and the outcome of the staff survey. He thanked the County Council and community partners for the support they had given to the Trust in dealing with Covid-19, including safe and effective discharges from hospital. April had seen the peak of cases with 100 patients, but the Trust had been able to

rearrange beds to meet demand, including an increase in ICU bed capacity from 9 to 23 beds, while maintaining its diagnostic, cancer and maternity care services, the latter with the help of colleagues in the independent sector. Non-urgent surgery had been stepped down but face to face cancer care had been able to continue in a 'green area' of the hospital, to which traffic was minimised to guard against infection. A good supply of PPE had been maintained throughout the Covid-19 crisis, there had been a robust oversight process and a good multi-disciplinary team approach. Outpatients, diagnostic and face to face appointments were now restarting and other services would restart in early August. The system had worked well to respond to the Covid-19 crisis and robust internal and external planning was preparing for a possible second wave of infection and the usual winter pressures on services. However, the Trust felt that 'business as usual' was not necessarily 'business as best' so improvement would be sought. The Trust was proud that its critical care had been rated as 'outstanding', however, the rating of its medical care had been lowered to 'inadequate'. The Trust was working with partners and commissioners to act on the CQC advice and move forward, using a recovery action plan.

2. Members made the following comments:-

- a) thanks and appreciation were extended to all Trust staff for their work during the Covid-19 crisis. The Trust's response to the crisis had been excellent, including staff training on use of PPE, partnership working on discharges, falls units and dementia services. Mr McEnroe acknowledged that some patients with dementia were still staying in hospital too long when they could be placed elsewhere, either in their own homes or in care homes. Creation of good step-up and step-down processes was important, and the Frank Lloyd unit in Sittingbourne offered an opportunity to contribute to this and to manage the care paths of elderly and frail patients in an innovative way; and
- b) concern was expressed about the effect of CQC ratings on staff morale. Staff were doing their best to deliver services, in difficult circumstances and sometimes in outdated facilities, and for their service to be given a low rating was demoralising. All staff needed to know that their work was appreciated and valued, and they should be congratulated. Mr McEnroe and Ms Alexander assured Members that the Trust was very conscious of the impact of CQC inspection reports on staff morale and much time had been spent listening to staff feedback on the inspectors' report.

4. It was RESOLVED that the report be noted, with thanks.

42. Single Pathology Service for Kent and Medway

(Item 10)

Ms A Price, Programme Lead and Workforce and OD Lead, Kent and Medway Pathology Programme, Kent and Medway STP, and Dr S Joshi, Clinical Director of Pathology, Maidstone and Tunbridge Wells Hospital, were in attendance for this item at the invitation of the committee.

1. Ms Price set out progress made on the outline business case since the report to the committee had been published. The cases for IT systems, service changes, managed service contracts and a laboratory information

management system (LIMS) had been approved by EKHUFT and the MTW Trust. Dr Joshi added that the outline business case had been approved by the programme boards. North Kent Trusts were seeking to join their services into LIMS but not into the single management network. A hybrid model had been proposed by EKHUFT and MTW with North Kent joining later, and a third proposal would be updated later. Ms Price emphasised that the replacement of IT systems was a priority and the tendering process would be launched in mid-August.

2. Ms Price and Dr Joshi responded to comments and questions from the committee, including the following:-
 - a) asked what affect Covid-19 had had on the development of business cases, Ms Price advised that work on business cases had been paused during May but had now resumed, though timescales had slipped by around 3 months. Covid-19 had made great demands on the pathology and microbiology services, the latter having taken a lead in testing, and demand for these services was expected to increase in the near future;
 - b) the omission of commercial options from the business cases was welcomed and a view expressed that services were best kept in-house;
 - c) asked what impact the changes would have on patients, and whether engagement with them had flagged any concerns, Ms Price advised that patient groups had not recorded any concern because the changes would not impact the public facing service. Patient representatives had said that they were satisfied with the OBC because it adequately demonstrated that the access to sampling and timeliness of results would not be negatively affected. Dr Joshi was hopeful the patient experience would actually improve as a result of the single network because historically there had been difficulty in viewing results across the county (such as East to West Kent and vice versa); and
 - d) asked if patients would still be required to go to separate locations for different tests, Dr Joshi explained that samples needed to be sent to different places for different types of testing, including specialist hospitals in London. A separate piece of work was underway to address any issues related to sending samples outside of county lines (project called Empex).
3. It was RESOLVED that the update be noted, with thanks, and that Kent and Medway CCG be invited to attend and present an update at the appropriate time.

43. East Kent Financial Recovery Plan and Financial Performance for Kent and Medway CCGs, 2019-20 (written item)

(Item 11)

It was RESOLVED that the report be noted.

44. East Kent Hospitals University NHS Foundation Trust - Maternity Services (written item)

(Item 12)

A supplementary report on this issue had been published after the main agenda pack.

1. Members made the following comments on the report:-
 - a) concern was expressed about performance targets being missed in the maternity services at QEQM, including avoidable infant deaths. The committee would need to be able to talk to the decision makers at QEQM as soon as possible, to ask them what had happened and what steps had been taken to remedy the situation. It was suggested that a public inquiry might be needed. The Cabinet Member, Mrs Bell, acknowledged this concern and said she would like to see the issue discussed by the committee at its September meeting; and
 - b) the committee should be more forceful in its recommendations to the Trust and would need to see that they were being acted upon. The Chairman supported these suggestions.
2. It was RESOLVED that the report be noted, that the issue be added to the committee's September agenda and that Trust be asked/pressed to attend to answer the committee's questions.

45. Edenbridge Primary and Community Care (written item)
(Item 13)

1. Mr P W A Lake, local Member for the area, spoke about the importance of the development to Edenbridge, and the concerns that local people had about the accessibility of local health services, in particular minor injuries and X- ray units. He raised the following issues which would require a response:
 - i. Assurance over the timings in the Project Plan set out in 6.3 of the report, especially in light of any coronavirus delays;
 - ii. Flexibility of new building to expand and whether there would be sufficient parking;
 - iii. Continuation of current Minor Injuries Unit and X-Ray services in new build?
 - iv. Was there an intention to block purchase inpatient beds to deal with any overflow from Pembury Hospital?
 - v. Paragraph 3 of the agenda pack mentioned potential investors – what are they investing in, the new build or some space on the land? Who from KCC has been involved in these decisions so far – Mr Lake had not been aware of such discussions;
 - vi. What was the nature of the investors Assura plc?
2. The Chairman noted Mr Lake's points and would ensure the CCG provided a response for the Committee.
3. It was RESOLVED that the report be noted.

46. Work Programme

(Item 14)

1. Members requested that items be added for the next meeting to cover:

- Dermatology Services
- Maternity Services
- An update on a backlog of diagnostic screening appointments for various cancers, including bowel cancer, mentioned in Minute 38 above
- An update on how services are recovering from the effects of Covid-19

2. An update was requested on the effects of aviation and freight on the health of local people, particularly in Thanet, including the effects of pollution on people living near a flightpath. The committee was advised that this was a public health matter and better referred to the Health Reform and Public Health Cabinet Committee, and this was subsequently done.

3. It was **RESOLVED** that, with the addition of the items listed above, the committee's future work programmed be noted.

47. Date of next programmed meeting – 17 September 2020

(Item 15)

It was **NOTED** that the next meeting of the committee would be on Thursday 17 September 2020, commencing at 10.00 am.

- (a) **FIELD**
- (b) **FIELD_TITLE**