

## KENT COUNTY COUNCIL

---

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Thursday, 17 September 2020.

PRESENT: Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh (Vice-Chairman), Mr D L Brazier, Mr A R Hills, Cllr J Howes, Patricia Rolfe, Cllr S Mochrie-Cox and Cllr K Maskell

ALSO PRESENT: Dr J Allingham and Ms L Gallimore

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

#### UNRESTRICTED ITEMS

##### **48. Membership**

*(Item 1)*

It was NOTED that Cllr Carol Mackonochie and Cllr Mark Rhodes had stepped down from the Committee. Cllr Shane Mochrie-Cox and Cllr Kevin Maskell had joined the Committee.

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

*(Item 3)*

The Chair declared a non-pecuniary interest in Assura PLC.

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

##### **50. Minutes from the meeting held on 22 July 2020**

*(Item 4)*

It was RESOLVED that the minutes of the meeting held on 22 July 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

##### **51. Covid-19 update and restart of NHS services**

*(Item 5)*

*Ms C Selkirk, Executive Director for Health Improvement; Mr J Lowell, Covid-19 Kent and Medway Restart and Recover Programme Director; Mr S Jeffery, K&M NHS Tactical Commander from the Kent and Medway Clinical Commissioning Group were in attendance for this item at the invitation of the committee.*

1. The Kent and Medway CCG had provided a paper with an update on the local response to Covid-19 as well as the restart of local elective services that had been put on hold as a result of the pandemic.

2. Mr S Jeffery began by addressing Member concerns related to the capacity in Emergency Departments. He highlighted the winter preparation undertaken with the adoption of a central control centre and noted cooperation with the Kent Resilience Forum. He confirmed that Kent and Medway were well prepared for the adoption of the 111 First initiative and stated that the impact had been projected to reduce Emergency Department use by 10%. Regarding critical care capacity he confirmed that 33 additional beds would be utilised during the winter, a capacity increase of a quarter.

3. Mr Lowell updated the committee regarding screening services, he emphasised that screening was a multi-agency operation, commissioned by Public Health England and integrated with the CCG. In relation to bowel screening he confirmed that additional mobile endoscopy units had been used to increase capacity, subsequently the bowel screening backlog was expected to be cleared by September 2020. Mr Lowell confirmed that mobile breast screening units underwent refurbishment to adhere to infection prevention and control measures, though this had not been fully completed. He stated that no time indicator existed concerning the breast screening backlog and agreed to provide an indicator at a future meeting.

4. Ms Selkirk, Mr Lowell, Mr Jeffery and Dr Allingham responded to comments and questions from the committee, including the following:-

a) Dr J Allingham was asked to outline when practices across Kent would have flu vaccinations. He confirmed that initial vaccination deliveries had been received by practices from August, with the last initial deliveries expected by 27 September. Dr Allingham confirmed that delays were due in part to the multitude of vaccine suppliers;

b) asked to confirm whether there had been significant changes in the mammogram backlog, Ms Selkirk agreed to circulate written figures with the committee following the meeting;

c) the impact a future national or local lockdown would have on service use and delivery was raised. Ms Selkirk confirmed that multimedia engagement had been utilised to encourage service use, whilst each individual service had their own delivery plan factoring in social restrictions;

d) Ms Selkirk was asked how mental health assistance would be provided in the event of a future national or local lockdown. She assured the committee that the Mental Health Improvement Board had led the multi-partner response across Kent and created a 24/7 open access crisis line, which had not existed prior to the original national lockdown. Ms Selkirk added that a 15% increase in the home treatment of mental health patients was planned;

e) asked how Covid-19 response efforts involving independent care providers had been funded, Mr Lowell confirmed that all Covid-19 related contracts with independent care providers had been managed and funded on a national level by NHS England; and

f) Ms Selkirk was asked how service data had been used to inform patient engagement, she confirmed that population data had proved useful in identifying individuals who were members of vulnerable age and ethnic groups. She stressed that more could be done to engage young people and cited work with other agencies, including KCC, as a future necessity when broadening the use of qualitative data.

5. It was RESOLVED that the report be noted and the following action be taken:

i. Ms Selkirk to circulate written mammogram backlog figures with the committee.

ii. Mr Lowell to provide the committee with a time indication of when the mammogram backlog will be cleared.

## **52. East Kent Hospitals University NHS Foundation Trust - Covid-19 update (Item 6)**

*Mrs L Shutler, Deputy Chief Executive and Dr S Mumford, Interim Director of Infection Prevention and Control from East Kent Hospitals University NHS Foundation Trust (EKHUFT) were in attendance for this item at the invitation of the committee.*

1. EKHUFT had provided the committee with a report on their response to the on-going pandemic, with a particular emphasis on a recent CQC inspection that had resulted in enforcement action against the Trust. Mrs L Shutler emphasised that a reduction in inpatients across East Kent hospitals reflected the overall trend of lower Covid-19 rates in the region. She confirmed that video consultations and follow-ups had increased significantly across the Trust's operations. Regarding capital investment Mrs Shutler notified the committee that £23m had been received, with the funding facilitating ICU expansions at the William Harvey and QEQM hospitals as well as critical and mammography infrastructure.

2. Dr S Mumford outlined the Trust's short-term infection control plan, she confirmed that staff training had been undertaken to reinforce standards and Trust board members had conducted ward visits to ensure that changes had been implemented.

3. Mrs Shutler and Dr Mumford responded to comments and questions from the committee, including the following:-

a) concerns were raised regarding the lack of hand basins and sanitiser as highlighted by the CQC's inspection of the William Harvey hospital. Mrs Shutler assured the committee that a central programme monitoring hand sanitiser levels now existed, and that the placement of hand basins had been factored into the infrastructure investment plans;

b) asked whether there were a sufficient number of infection control nurses operating in the Trust, Dr Mumford confirmed that the Trust had begun the recruitment of a Deputy Director of Infection Prevention and Control as well as the recruitment of two senior infection control nurses. She further confirmed that the recruitment of a Director of Infection Prevention and Control was planned. Mrs Shutler agreed to provide the committee with a written update following the filling of the posts;

c) Mrs Shutler was asked who within the Trust should be held accountable for the shortcomings highlighted by the CQC, she affirmed that the Trust's board bore ultimate responsibility and endeavoured to improve board-ward communication; and

d) when asked by the committee, Mrs Shutler confirmed that once published the CQC's inspection report and the Trust's response to the inspection would be available in the public domain.

4. It was RESOLVED that:

i. the report be noted and that the Trust be invited to attend a future meeting at the appropriate time, and

ii. Mrs Shutler would provide the committee with a written update on Infection Prevention and Control recruitment.

### **53. Acute Stroke Services Update**

*(Item 7)*

*Mrs R Jones, Executive Director of Strategy and Population Health at Kent and Medway CCG was in attendance for this item at the invitation of the committee.*

1. The Kent and Medway CCG had been requested to update the committee on the temporary closure of two stroke wards in Kent. Mrs Jones introduced the report and assured the committee that there had been no changes since the report was published.

2. Providing an update on the wider Stroke Services Review and implementation of HASUs, Mrs Jones confirmed that two appeals against the outcome of the review had been declined and no further legal appeals had been lodged. A decision from the Secretary of State for Health and Social Care following a referral in 2019 was still pending.

3. Mrs Jones drew the transfer of acute care patients to the attention of the committee and remarked that overall patient experiences had been positive.

4. Mrs Jones responded to comments and questions from the committee, including the following:-

a) asked how best the continued concerns of Thanet residents could be addressed, Mrs Jones highlighted the importance of engaging the local community, both to convey the improved level of service and address any negative feedback. She agreed to provide an update to the committee regarding public engagement during the implementation of the service; and

b) asked for confirmation on which stroke unit residents of the County's Sevenoaks Rural South division should use, Mrs Jones confirmed that with the exception of residents close to the Surrey border, who should utilise the Redhill service, all residents of the division should be advised to use services in Maidstone.

5. It was RESOLVED that the report be noted, and that the CCG return to the committee with an update once implementation of the HASUs was underway, with a particular focus on how public trust was being rebuilt following the consultation.

#### **54. East Kent Hospitals University NHS Foundation Trust - Maternity Services (Item 8)**

*Mrs L Shutler, Deputy Chief Executive; Mr J Seaton, Clinical Director Women's Health and Consultant Obstetrician and Gynaecologist and Mrs S Curtis, Deputy Head of Midwifery from EKHUFT were in attendance for this item at the invitation of the committee.*

1. Mrs Shutler introduced the report which provided an update on the performance of maternity services across the Trust's hospitals. She was pleased to report that the CQC had recently graded the "responsiveness" of the QEQM's maternity service as "good", though highlighted antenatal triage at QEQM and day care services at the William Harvey as areas which required further improvement. Mrs Shutler confirmed that an action plan had been implemented to tackle the issues highlighted in the CQC inspection report.

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

a) asked when the Dr Bill Kirkup report into East Kent Maternity Services would be completed, Mrs Shutler confirmed that no timeline, deadline or date of publication had been confirmed;

b) asked how recent recruitment into the service had been achieved, Mr Seaton confirmed that the increase in the number of consultants in both the QEQM and William Harvey had come largely from trainees and junior doctors returning to the Trust, he stressed that the consultant recruitment process would continue until the end of the year. Mrs Curtis substantiated that within midwifery the majority of recruitment had been from internal students, with external recruits contributing to a lesser but still significant extent;

c) Mr Seaton was asked how qualitative data had been used to highlight patient experience and develop a patient focused service. He confirmed that the views and personal experiences of women who had used the service had been considered in the formulation of the maternity service's five year strategy. Members recommended that partner and family experiences be factored into the strategy as an addition (to which Mr Seaton confirmed they were already taken into account); and

d) asked to clarify the meaning of 'complete but awaiting formal provision of evidence' in Section 2.7 of the report, Mrs Shutler explained that whilst the change had been implemented, evidence had yet to be formally submitted to the CQC. In terms of the timescale for implementing outstanding changes, Mrs Curtis updated the committee on the progress of actions, confirming an 89% completion rate. The end of the calendar year was cited as the action implementation deadline.

3. It was RESOLVED that the report be noted and that the Trust provide an update once the final report from the Dr Bill Kirkup review had been published.

#### **55. Edenbridge Primary and Community Care (Item 9)**

It was RESOLVED that the report be noted.

**56. Work Programme 2020-21**

*(Item 10)*

1. Members requested that an item providing an update on Kent and Medway's Covid-19 response, including winter planning, restart and rehabilitation be added for the next meeting.

2. The Chair noted that the following items had yet to be scheduled:-

- an update on East Kent Maternity Services' response to the Dr Bill Kirkup Report, following its publication;
- an update on stroke services during the implementation of HASUs, with a partial focus on rebuilding public trust in local communities; and
- an update on the East Kent response to the CQC inspection on Covid-19.

**57. Date of next programmed meeting – 24 November 2020**

*(Item 11)*

It was NOTED that the next meeting of the Committee would be on Tuesday 24 November 2020, commencing at 10.00 am.