

## KENT COUNTY COUNCIL

---

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Tuesday, 24 November 2020.

PRESENT: Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr D S Daley, Mrs L Game, 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, Cllr K Maskell and Mr M A C Balfour (Substitute)

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

#### UNRESTRICTED ITEMS

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

*(Item 2)*

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

##### **59. Minutes from the meeting held on 17th September 2020**

*(Item 3)*

It was RESOLVED that the minutes of the meeting held on 17 September 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

##### **60. Healthwatch Kent and Medway - "Pharmacies and Covid: the reality"**

*(Item 4)*

*Robbie Goatham, Manager at Healthwatch Kent; Lucie Price, Outcomes Officer at Healthwatch Kent and Shilpa Shah, CEO at Kent Local Pharmacy Committee were in attendance for this item at the invitation of the committee.*

1. The recent Healthwatch Kent report called "Pharmacies and Covid: the reality" was appended to the agenda. It outlined the experiences of local community pharmacies during the first wave of the Covid-19 pandemic.
2. Robbie Goatham and Lucie Price gave a verbal overview of the report. The increased pressure on pharmacies in the areas of staffing and finances were highlighted as areas negatively impacted by Covid-19.
3. Shilpa Shah updated the committee on recent developments and trends which had influenced the operations of the pharmacy sector in Kent. She confirmed that issues related to inadequate stock levels of PPE during the first wave had since been resolved and that pharmacies now had access to an emergency PPE portal set up by the Department of Health and Social Care.

4. Mrs Shah noted that a future Covid-19 vaccine had the potential to create challenges to the operating capacity of community pharmacies. It was cited that the total number of pharmacies in Kent had decreased, the delay between spending on pharmaceuticals and remuneration as well as the cost of delivery services were given as contributing factors.
5. Mrs Shah responded to comments and questions from the committee, including the following:-
  - a) Mrs Shah confirmed that central government had reimbursed pharmacies for delivering prescriptions to individuals who had received the NHS England shielding letter during the pandemic;
  - b) asked whether the overall sentiment of community pharmacists in Kent was positive or negative for the future, Mrs Shah affirmed that the outlook was largely negative when possible drug shortages, attributed to the possible effects of Brexit and Covid-19 were considered alongside financial pressures;
  - c) when asked to explain the cause of the recent spike in certain drug prices, Mrs Shah explained that price increases had occurred primarily due to a greater reliance on pharmaceutical imports, as a result of low domestic stock levels in certain areas;
  - d) asked whether electronic prescription systems could be improved to negate issues related to urgent and emergency submissions, Mrs Shah agreed that systems required further development and better communication with health services to improve accessibility and urgent use. She noted further that a greater level of information, training and support for individuals with basic IT skills would be necessary; and
  - e) when asked how a parity of esteem could be raised, so that pharmacies were merited a similar level of public respect as other health services, Mrs Shah commented that raising the profile of community pharmacies would be best served through Parliamentary promotion. Local MPs supporting local services was highlighted in this regard.
6. It was RESOLVED that the Committee:
  - a) note the report;
  - b) support the achievement of community pharmacies during the pandemic and express its appreciation for the work undertaken to keep the residents of Kent safe; and

- c) request a further update on the work of local pharmacies after the roll-out of the NHS 111 First service.

## **61. Covid-19 response and winter planning 2020-21**

*(Item 5)*

*Adam Wickings, Winter Director at Kent & Medway Clinical Commissioning Group; James Lowell, Covid-19 Kent and Medway Restart and Recover Programme Director at Kent & Medway Clinical Commissioning Group and Ray Savage, Strategy and Partnership Manager at SECAMB were in attendance for this item at the invitation of the committee.*

1. The Kent and Medway CCG had provided reports with updates on capital resource allocation during the Covid-19 pandemic as well as winter system and escalation planning for 2020-21.
2. Adam Wickings provided a verbal overview of the winter system and escalation plan for 2020-21. He outlined the function of his role as Winter Director, the pressures on Trusts across Kent and the separation of Covid and non-Covid beds and services. Mr Wickings emphasised that systems had been implemented to relieve local Trusts which had reached service capacity.
3. The Chair drew the Committee's attention to the agenda report by NHS England regarding the provision of breast screening. He informed the Committee that he had spoken to representatives from NHS England in advance of the meeting. He welcomed the update that cancer screening services had not been negatively affected by the second national lockdown.
4. Mr Wickings responded to comments and questions from the committee, including the following:-
  - a) a Member noted the impact of the pandemic on clinics and services indirectly responding to the Covid-19 pandemic, such as mental health services. Mr Wickings confirmed that clinics and services for patients suffering with long term effects from Covid-19 were being implemented. Mr Wickings noted further that additional investigations into Covid-19's impact on mental health services had been undertaken and that multi-agency cooperation was necessary for any response to the findings;
  - b) a Member made specific reference to a local hospice called Ellenor and asked whether charities (which were providing additional support during the pandemic) had received adequate levels of financial support. Mr Wickings undertook to provide a written update around Ellenor Hospice. On the wider contribution of charities, he informed the Committee that NHS funding routes at that time were unlike anything seen previously, which added complication and was constantly changing. He advised that no

decisions to remove funding from charities had been made, though could not guarantee such decisions would not be made in the future. The Member requested that such funding decisions be included in a future paper to the Committee;

- c) the agenda report included significant detail about various capital investment projects, and a Member questioned how quickly these could be brought forward. Mr Wickings explained that very few will have an immediate impact and the ability of Trusts to undertake the work was heavily curtailed by the pandemic. The CCG continued to monitor what work could begin soon;
- d) when asked what measures had been implemented to reduce the demand on hospitals in Kent, Mr Wickings confirmed that a system was in operation across all Kent and Medway Trusts which allowed hospitals under less pressure to help those under greater pressure. Measures included diverts and sharing staff. Local plans were also in place across the region to help set out how partners can all support the pressurised NHS services. In addition, the NHS had partnered with Kent County Council and Medway Council to provide “Designated Settings” which saw the opening of three covid-positive care homes to enable elderly patients suffering from Covid-19 to leave acute hospitals. Mr Wickings undertook to notify the Committee the location of those care homes; and
- e) a Member asked for more information on Swale rapid response design, and Mr Wickings undertook to provide the information outside of the meeting.

5. It was RESOLVED that the Committee:

- a) note the report; and
- b) request an update on the Covid-19 response and winter response for the 27 January 2021 meeting of the committee.

## **62. South East Coast Ambulance Service NHS Foundation Trust - provider update** *(Item 6)*

*Ray Savage, Strategy and Partnership Manager at SECAMB and Bethan Eaton-Haskins, Executive Director of Nursing and Quality at SECAMB were in attendance for this item at the invitation of the committee.*

- 1. South East Coast Ambulance Service NHS Foundation Trust had provided a report which updated the Committee on service developments since their March 2020 update.

2. Bethan Eaton-Haskins provided a verbal overview of the report and highlighted the launch of 111 First as the foremost service development between March and November 2020.
3. Mrs Eaton-Haskins addressed Covid-19 planning, response and governance. She informed the committee that investments had been made by the Service in reusable PPE, members of staff had been tested twice a week, control room staff capacity had doubled, whilst social distancing had been upheld. She noted that former airline industry employees had been employed as part of the control room expansion and that their customer service expertise had been of great benefit to the service.
4. Mrs Eaton-Haskins reassured the Committee that due to the flexibility and consistency of mobile staff testing, rates of staff illness and total staff hours lost had not been as high as originally anticipated.
5. Mrs Eaton-Haskins and Mr Savage responded to comments and questions from the Committee, including the following:-
  - a) Mrs Eaton-Haskins confirmed that newly hired temporary control room staff were employed under the NHS's national pay system "Agenda for Change";
  - b) Mrs Eaton-Haskins was asked what measures had been put in place to manage and reduce patient waiting times. She confirmed that three task and finish groups met each week to improve processes and act on recent developments; joint reviews in collaboration with Trusts had operated to reduce risk; and harm reviews had been undertaken to analyse the impact of extended waiting times;
  - c) a Member asked where ambulances had been directed in instances where the patient had been Covid positive. Mrs Eaton-Haskins explained that the Trust of destination was dependent on the patient's condition and their needs. It was also noted that patient preferences were taken into account where possible;
  - d) asked what had caused the patient diversion at the Medway Maritime Hospital on 23 November 2020 and the impact of this on patients, Mrs Eaton-Haskins confirmed that the pressure had arisen from high patient admission numbers, which had been resolved with the support of all Trusts across Kent who took additional patients without breaching their own capacity. No negative patient impact as a result of the diversion was noted; and
  - e) regarding the Clinical Assessment Service, the Chair asked for confirmation on the timing of the full roll-out across Kent. Mr Savage confirmed that '111 First' would be active

across Kent from Friday 27 November 2020. He outlined the progress of the go-live programme which began with Medway on 16 September, West Kent on 17 November, Darent Valley on 23 November and would conclude with East Kent on 27 November. Mr Savage detailed the operating procedures undertaken to govern the project and noted that positive results had been received from Medway regarding the impact of '111 First' in the area: 20-23% of patients had been re-directed from the Emergency Department to other appropriate services as a result.

6. The Chair thanked SECAMB for their continued work protecting the people of Kent during the pandemic.
7. It was RESOLVED that the report be noted.

### **63. Children and Young People's Mental Health Service - update**

*(Item 7)*

*Karen Benbow, Director of System Commissioning at Kent & Medway Clinical Commissioning Group; Jane O'Rourke, Associate Director, Kent Children's & Maternity Commissioning Team at Kent & Medway Clinical Commissioning Group and Gill Burns, Director, Children's Services at North East London NHS Foundation Trust (NELFT) were in attendance for this item at the invitation of the committee.*

1. The Chair began by highlighting the covering report in the agenda, which explained about the closure of Cygnet Hospital, Godden Green. The closure of the tier 4 in-patient mental health unit followed a serious incident which was under investigation by the service commissioner, NHS England. A report would be brought to HOSC for scrutiny once that had concluded.
2. The Kent and Medway CCG had provided a written update on Children and Young People's Mental Health Services, provided by North East London NHS Foundation Trust (NELFT) which encompassed the period April to September 2020.
3. Karen Benbow provided a verbal update and briefed Members on the Kent and Medway CCG's responsibilities in the commissioning arrangement with NELFT.
4. Jane O'Rourke provided an overview of service developments. She noted that whilst there had been an increase in demand since the onset of the pandemic, service delivery had continued on a face to face and virtual basis. She added that communication with partners had expanded, which had included crisis support and signposting services with schools and families. Mrs O'Rourke reassured the Committee that case risk assessments had been undertaken and that an increase in the complexity of cases had been noted by practitioners.

5. Gill Burns provided details of NELFT's adaptations which had ensured business as usual operation during the pandemic. She gave an overview of governance arrangements, as well as highlighting that robust clinical assessment was in place to determine whether digital or face to face support was required for a patient.
6. Mrs Burns informed the Committee that towards the beginning of the pandemic, the level of referrals had slowed down but in the last three months they had never been higher. The provider had met this increased demand through additional staff as well as asking staff to work weekends and evenings. She also highlighted the increased complexity of cases which was reflected in the increased use of Section 136 suites. She reflected that whilst the service was facing unprecedented demand, it was not in crisis. The provider and CCG had been successful in securing additional funding for the winter period which would help fund additional staff to support the crisis team.
7. Mrs Burns confirmed that NELFT had taken over the provision of the Kent and Medway Adolescent Hospital (KMAH), a tier 4 mental health service for young people. The March 2020 transfer included 11 in-patient beds and the transfer of 56 staff. Work was underway to build a bespoke S136 suite on site, which was due to complete in late December. She noted that the closure of Cygnet Hospital, Godden Green had led to a reduction in tier 4 beds for children and young people in Kent, which was putting pressure on the system. The long-term aim was to have "local beds for local children" and that patients are not placed out of area unless for a specific need.
8. Mrs Benbow, Mrs O'Rourke and Mrs Burns responded to comments and questions from the Committee, including the following:-
  - a) when asked about the caseload data, Mrs Burns stated it was accurate that there were a number of children waiting more than 52 weeks for neuro developmental assessment. There were no children waiting longer than 18 weeks for mental health assessments. The incumbent system in Kent was complex and since taking on the contract NELFT had worked hard to reduce waiting lists for neuro from 4 years to 2 years. However, the volume of current referrals would likely see this progress halted. Mrs Benbow added that both short and long-term commissioning actions were required to reduce waiting times further, such as the commissioning of additional assessments and cleansing waiting lists. Mrs Benbow noted that the development of the Care Navigator role was important to advance service improvements. Mrs O'Rourke added that successful bids had been made for school support teams in Kent;
  - b) Mrs Burns clarified the situation of clinical triage at the front door – all referrals are triaged within 48 hours of being

received, and those patients requiring crisis assessment would be seen within 4 hours; and

c) asked to clarify the meaning and rationale behind the term “cleansing the waiting list”, Mrs Benbow clarified that this was a data exercise. Mrs Burns explained that any patients waiting more than 52 weeks for treatment (a small percentage of the overall number) are included in an exception report each month. If there had been a lack of engagement from the young person and their family, there would be repeated attempts to contact them before closing their file. In other cases, the child may have been duplicated on more than one waiting list.

9. It was RESOLVED that:

- a) the report on Children & Young People's Emotional Wellbeing & Mental Health Service (Tier 3) be noted and Kent & Medway CCG be invited to provide an update at the appropriate time; and
- b) the closure of the inpatient unit at Cygnet Hospital in Godden Green be brought to HOSC once the investigation had concluded.

#### **64. Work Programme 2020-21**

*(Item 8)*

1. Members requested that a further update from Kent & Medway Clinical Commissioning Group on the Covid-19 response and winter response be added for the next meeting.
2. Members requested an update on the provision of urgent care in Swale be added for the next meeting, with the Committee's March meeting held as a reserve date for the item.
3. The Chair noted that the following items had yet to be scheduled:
  - An update on Tier 3 Children and Young People's Mental Health Services, following today's discussion.
  - An update on the work of local pharmacies following the roll-out of the NHS 111 First service at the appropriate time.
  - Orthotic and Neurological Services, which local data suggested was not meeting NICE guidelines.
4. It was RESOLVED that, with the addition of the items listed above, the committee's future work programmed be noted.

#### **65. Date of next programmed meeting - 27 January 2021**

*(Item 9)*

It was NOTED that the next meeting of the Committee would be on Wednesday 27 January 2021, commencing at 10.00 am.

