

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Thursday, 4 March 2021.

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, Cllr P Rolfe, Cllr S Mochrie-Cox and Cllr K Maskell

ALSO PRESENT: Mr R Goatham

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

74. Declarations of Interests by Members in items on the Agenda for this meeting. *(Item 2)*

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

75. Minutes from the meeting held on 27 January 2021 *(Item 3)*

It was resolved that the minutes from the meeting held on 27 January 2021 were a correct record and they be signed by the Chairman. There were no matters arising.

76. Covid-19 and winter response 2020-21 - Update *(Item 4)*

Mrs C Selkirk, Executive Director for Health Improvement, Kent & Medway CCG (KMCCG) was in attendance for this item.

1. Mrs Selkirk introduced the agenda paper and updated the Committee that since publication, a fourth vaccination centre had opened at the Saga Centre in Thanet. She drew attention to the paper's community services focus, following on from previous Member interest.
2. Mrs Selkirk noted that whilst critical care services had been under immense pressure due to the pandemic, this had begun to ease in line with the lowering infection rate. However, she warned that whilst planned elective care was beginning to get underway, staff were owed leave and therefore timescales would not return to normal immediately.
3. Community Hospitals were seeing an almost 100% occupancy rate, which was unusual for the sector, and this pressure was likely to continue for some time.

4. Discussion around vaccinations included:

- i. General staff take-up had been high, and health providers were working with hesitant staff to understand what barriers existed and how these could be overcome.
 - ii. The number of people being contacted by both central and local vaccination centres (leading to confusion and duplication) was reducing as the processes became embedded.
 - iii. A national database was recording details of who had received (and declined) a vaccine.
 - iv. GP practices would be in contact with individuals once their vaccines were due.
 - v. Generally, individuals would go to the location of their first dose in order to receive their second, but the CCG would try to redirect anomalies where people had travelled a long way.
 - vi. There had been a shortage recently of vaccine in the area, but staff were utilising the downtime to contact those who had so far declined to have the vaccine.
 - vii. Local health leaders were talking at least daily to the national centre to work out vaccine supply and demand.
 - viii. There was no cut-off date for vaccination groups and individuals whose cohort had already been vaccinated were still able to receive it.
 - ix. The local NHS was reaching out to communities with low uptake, looking for ways to reduce barriers by using mobile sites and mosques for delivery.
 - x. Local health partners had been pro-actively vaccinating individuals with learning disabilities.
 - xi. Councillors could play a key role in encouraging their communities to get vaccinated.
5. Responding to concerns around mental health, Mrs Selkirk explained there had been additional work undertaken in this area, particularly in relation to support for children and young people. A Mental Health Learning Disability and Autism Improvement Board had been established which looked at services offered across all age groups, from the perspectives of clinicians and system leaders.
6. Highlighting two key areas for concern, Mrs Selkirk spoke of the ongoing challenge of children and young people's mental health (an area under scrutiny by HOOSC) as well as eating disorders. The Board were looking into these areas and would be happy to provide further details in due course.
7. In terms of elective surgery and working through the backlog of patients waiting for treatment, Mrs Selkirk confirmed providers were commencing elective surgery, but that staff availability was key, and many staff were owed annual leave. They were also working with the independent sector.

8. Finally, asked if staff attrition rates had been impacted by the pandemic, Mrs Selkirk confirmed absence rates were dropping and generally they had witnessed record numbers of people applying to work with the NHS.
9. RESOLVED that the Committee considered and noted the report.

77. Improving care for people living with dementia and complex needs, across Kent and Medway
(Item 5)

The following from Kent & Medway CCG were in attendance for this item: Mrs C Selkirk, Executive Director for Health Improvement, Mrs K Benbow, Director of System Commissioning, Dr Simon Lundy, GP Dementia Clinical Lead, and Mr A Oldfield, Deputy Director Mental Health and Dementia Commissioning

1. Mrs Selkirk introduced the paper and explained that since the CCG's last visit to HOSC to discuss individuals living with dementia and complex needs, they had been gathering stakeholder views and she thanked those families that had met with her and the Chief Nurse to describe their experiences.
2. She explained that whilst the national model was one of community-based services, the CCG recognised that there were periods of time when individuals needed an inpatient service along with the specialist staff that supported it.
3. Mrs Selkirk referred again to the establishment of the Mental Health Learning Disability and Autism Improvement Board and stated that there were unprecedented levels of funding available to support the delivery of mental health services over the coming 5 years. To transform local mental health services, KMPT and the Kent and Medway CCG were focussing on 5 key workstreams:
 - i. Reducing the need for people to be inappropriately admitted to an acute ward (because of no suitable alternative) by improving community-based support.
 - ii. Improving psychiatric intensive care for women, by developing and providing this specialist service in Kent and Medway, where currently women needing this very high level of care have to be treated out of county.
 - iii. Developing specialist dementia services for people with complex needs.
 - iv. Eradicating outdated and unsafe dormitory wards.
 - v. Redesigning community mental health services.
4. In terms of timescales, Mrs Benbow confirmed pre-consultation engagement had been carried out (as per the agenda report) and demand and capacity modelling was due to complete by the end of March 2021. Mrs Selkirk added a note of caution around the risks created by the pandemic and the impact these have on

planned timescales. The CCG continued to work alongside NHS England/ Improvement for the assurance process. They were hopeful an update could be presented to HOSC in June.

5. In terms of the impact of the pandemic on dementia diagnosis, Mrs Benbow confirmed that the target for dementia diagnosis had not been met locally but the health system was working to improve this. Whilst demand for mental health services had dropped during April/ May 2020 (the first lockdown), it was rising and services were forecasting increased demand going forward and were planning appropriately. Mrs Selkirk explained that the provision of dementia services had not stopped during the pandemic.
6. Robbie Goatham from Healthwatch Kent commented that he had been pleased to read about the support in place for unpaid family carers as this was a concern that had been repeatedly raised throughout the pandemic.
7. The Committee was introduced to Dr Simon Lundy. As a practising GP, his role (along with three other GPs) was to provide clinical input to the KMCCG's dementia pathway for improving care for individuals suspected of having dementia as well as their carers. He supported a comprehensive package of support with sufficient capacity and continuity of provision.
8. Mr Andy Oldfield had the responsibility within KMCCG to ensure the five mental health workstreams were being delivered proactively. He did this by working collaboratively with other as well as closely with the Mental Health Learning Disability and Autism Improvement Board.
9. Responding to a question about the ongoing viability of community groups in providing early intervention services, Mrs Selkirk confirmed the CCG was looking into how they could continue working best with the third sector. She was hoping to get third representation on the Mental Health Learning Disability and Autism Improvement Board.
10. The Committee did not feel there was enough information available to determine if the proposals constituted a substantial variation of service.
11. RESOLVED that the report be noted, and the Kent and Medway CCG return in June provided further information is available.

78. Urgent Care Review Programme - Swale (Item 6)

Justin Chisnall, Director of Integrated Care Commissioning Medway and Swale from Kent and Medway CCG was in attendance for this item

1. Mr Chisnall provided a verbal update on the Swale Urgent Care programme. He explained the project was still in its early stages and had not progressed much

since the Committee's last update in 2019. He explained that the response to the pandemic had become the primary priority, and that KMCCG needed to reconsider earlier proposals in light of the changed healthcare environment. They would be engaging with all health partners in the area to plan the best approach for successor services. KMCCG remained confident that the best option for the local population was an integrated urgent care treatment centre.

2. He confirmed that an extension had been granted to the GP walk in centre (provided by DMC Healthcare) until June 2021.
3. He offered to return to the Committee in June 2020 with a further update.
4. A Member of the Committee raised concerns around the length of time the project had been underway (since 2014). Also, they questioned the clinical literacy of the local population in understanding which facility to use for which medical issue. Finally, they questioned if the provision of a major trauma centre (currently provided out of county) in the county should be decided upon prior to any decision around urgent treatment centres. Mr Chisnall accepted the points and elected to raise the issue of a major trauma centre with colleagues from the local Integrated Care System (ICS). He recognised the need to move forward with pace, and agreed clarity was needed within the public of which health facility to use.
5. The Chair welcomed an update on the provision of a major trauma centre in Kent and asked that it be included in the workplan under the "implementation of the Integrated Care System".
6. RESOLVED that the update be noted and the Kent and Medway CCG return to update the Committee in June, if appropriate.

79. Medway Foundation Trust - CQC inspection (written item)
(Item 7)

1. The Chairman explained that the agenda report provided a summary of the events that had happened during a CQC inspection carried out in December, along with the Trust's response to the since published report.
2. Members of the Committee expressed disappointment that a senior representative from the Trust was not present to speak. The Chair noted the concern and explained that a Trust management day had been taking place at the same time. He proposed the Trust attend the next meeting to be able to answer the Committee's questions.

3. A Member noted there may be a justified reason why a senior officer from the Trust could not be present and acknowledged the pressure providers had been under.
4. Members asked the Chair to write to the Trust to voice the strength of feeling among the Committee that no one had been available to discuss the serious issues raised in the CQC report, and request that a senior representative present the Trust's action plan at the next meeting.
5. RESOLVED that the Committee was disappointed that representatives from the Medway Foundation Trust had not been in attendance at the meeting, and that whilst the written report was noted it asked the Trust to attend the next meeting in order to present their action plan.

Post-meeting note: Medway NHS Foundation Trust subsequently confirmed to the Committee that a representative was unable to attend due to a statutory Board meeting taking place at the same time.

80. Work Programme (Item 8)

1. Further to discussion at the meeting, Members agreed that the following items be added to the next agenda:
 - a. Medway Foundation Trust – CQC inspection update
 - b. Improving care for people living with dementia and complex health needs, across Kent and Medway
 - c. Urgent Care review programme – Swale
 - d. The provision of a major trauma centre in Kent be addressed during the “Implementation of the Integrated Care System” item
2. It was RESOLVED that the Committee's future work programmed be noted.

81. Date of next programmed meeting - Tuesday 8 June 2021 (Item 9)

It was noted that the next meeting of the Committee would be on Tuesday 8 June 2021, commencing at 10.00am.

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