

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 16 September 2021.

PRESENT: Mr P Bartlett (Chair), Ms S Hamilton (Vice-Chairman), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Mr A R Hills, Mr J Meade, Mr D Watkins, Mr H Rayner, Mr S R Campkin, Ms K Constantine and Cllr D Burton

ALSO PRESENT:

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

UNRESTRICTED ITEMS

28. Membership

(Item 1)

1. Members were asked to note the change in Borough and District representatives. Cllr Maskell and Cllr Mochrie-Cox had been replaced with Cllr Marilyn Peters and Cllr David Burton.
2. AGREED that the update be noted.

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

(Item 3)

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

30. Minutes from the meeting held on 21 July 2021

(Item 4)

RESOLVED that the minutes from the meeting held on 21 July 2021 were a correct record and they be signed by the Chairman.

31. Covid-19 response and vaccination update

(Item 5)

In virtual attendance: Paula Wilkins, Chief Nurse for the CCG and executive director lead of the vaccination programme, K&M CCG.

1. The Chair welcomed Ms Wilkins to the Committee and asked her to provide an overview of the report:
 - a. Members were asked to note that the data included in the report was for July not August (as stated).

- b. The Government had announced the inclusion of 12-15 year olds in the vaccination programme. Their vaccines would be administered as part of the school vaccination programme run by Public Health. Information would be made available to schools and families to ensure they have adequate information to make an informed decision.
- c. Over 50% of 16-17 year olds in Kent and Medway had been vaccinated. The CCG were working closely with education settings to increase take-up.
- d. 3rd doses of the vaccine for those eligible would begin from Monday 20 September. This would be co-administered with the flu jab where possible.
- e. The number of patients in hospital with covid-19 was increasing, including 12 individuals being looked after in Intensive Care Units.
- f. To reduce elective care waiting times, the health system across Kent and Medway was working together in a bid to ensure equity.
- g. The CCG continued to work with GP surgeries to ensure a return to face-to-face appointments where appropriate.

2. Members were invited by the Chair to ask questions. Discussion included:

- a. A Member questioned if GP surgeries were aware they would be offering a booster dose of the vaccine from the following Monday. Ms Wilkins confirmed a meeting had been held the day before to address this.
- b. The 3rd booster dose would be the Pfizer vaccine and the 15 minute waiting time after injection was important. That time could be used to have the flu-jab, which would be a separate injection. Evidence from trials had indicated it was safe to co-administer the two vaccinations, though in individual cases where that may not be the case, clinical consent would be sought.
- c. To encourage take-up of the second dose within cohort 12 (18 years +) of the vaccination rollout, Ms Wilkins explained that various methods had been used including targeted mobile delivery units visiting universities, colleges, festivals and suitable gatherings.
- d. Asked what the plans were for reducing the elective care waiting list, Ms Wilkins explained that several approaches were underway, including making use of the private sector, staff working across multiple sites, and increasing the amount of routine care that could be undertaken within GP surgeries. There was also a new orthopaedic centre opening in Canterbury which would help treat appropriate patients. At the time of the meeting, no target dates had been set for reducing the waiting lists but Ms Wilkins offered to keep the Committee informed.
- e. A Member asked for co-morbidity data but Ms Wilkins explained this information was not held within the NHS, rather Public Health.
- f. A Member had concerns around the long-term health implications of giving 12-15 year olds the vaccine. The Chair responded that society must rely on the judgement of the 4 Chief Medical Officers of the UK nations who had taken the decision and declared it to be safe.
- g. In answer to where a child aged 12-15 stands if they want the vaccine but their parent refuses, the Government had stated that children would be able to make the final decision subject to Gillick competency guidelines.

- h. A concerned Member had heard instances of a GP practice refusing to offer face-to-face appointments to unvaccinated individuals. Ms Wilkins stated that that should not happen and offered to take the matter further outside of the meeting if she was provided the full details.
 - i. Responding to concerns of the retail and business sectors, a Member asked what strategies were in place to mitigate the risks of covid to employees and the public at large events and retail outlets. Ms Wilkins explained this was primarily a public health responsibility, though assured the Committee the CCG worked alongside that team. The NHS continued to spread the message "Hands. Face. Space." and encouraged lateral flow testing as well as isolating if required to do so. She explained that society needed to learn to live with virus transmission and that whilst the vaccine reduced the risk to individuals it did not entirely remove it. Nationally, vaccine passports were being considered. The Chair noted that more on the topic would be discussed that afternoon at a meeting of the Kent and Medway Health and Wellbeing Board.
3. The Chair encouraged members of the public not to phone their GP practice to enquire about the booster programme. Phonelines should be left free for those patients requiring medical care.
4. Following concerns about the large waiting lists accumulating for elective care, the Chair requested that the following information be presented to the Committee at its November meeting:
 - a. Breakdown of waiting times by district
 - b. Comparison with wider English counties
 - c. Information about how Kent's share of the newly announced £12bn for health would be spent
 - d. What capacity existed in the system to address the backlog, and what impact would the new funding have on this?
 - e. Information about how the 4 acute Trusts would work together to reduce waiting times
5. RESOLVED that the report be noted.

32. Children and Young People's Mental Health Service - update

(Item 6)

In virtual attendance for this item: Caroline Selkirk, Executive Director for Health Improvement, K&M CCG, Jane O'Rourke Associate Director, Kent Children's & Maternity Commissioning Team, K&M CCG, Brid Johnson, Director of Operations, Essex and Kent NELFT, Gill Burns, Service Director Children, NELFT.

1. The Chair welcomed the virtual attendees and invited them to introduce the paper.
2. Ms O'Rourke outlined the position with the service, highlighting a 40-50% increase in referrals, covering areas including trauma, domestic abuse, depression and anxiety. Cases of eating disorders had risen from 156 a month pre-pandemic to 211 in March 2021.

3. To meet the increased demand, NELFT had increased their home-treatment and crisis offers, as well as expanding support teams placed in schools.
4. There was a large amount of work underway relating to neuro-developmental pathways, including providing additional services whilst patients were on the waiting list. A prototype model was in development, which aimed to increase the number of children on the pathway at one time.
5. NHS England had praised the work of a local multi-agency task and finish group to tackle mental health crisis issues in children and young people. Ms O'Rourke drew upon the system-wide approach that had developed between parents, public health, schools, the CCG and provider to improve the CYPMHS service. She paid tribute to NELFT, and the positive feedback received regarding the work of clinicians.
6. Ms O'Rourke explained that the (national) demand for Tier 4 beds was unsustainable and locally the high demand was forecast to continue for the next year but then start to reduce. NELFT would be opening an additional 6 beds at Kent and Medway Adolescent Hospital in Staplehurst. Members questioned if this was "new" or simply replacing the beds that had existed under the previous provider (SLAM) – Ms Johnson confirmed it was additional capacity.
7. A Member asked what the follow-up strategy would be for individuals referred under the ASC project mentioned in the agenda report (whereby over 2,000 families with children aged 13 to 16 years old would be contacted to conduct a Clinical Harm Review). It was explained that the Harm Review was a proactive way of keeping in touch with vulnerable families, and that they were always encouraged to make contact if they had concerns (though not all did). Ms Johnson explained the provider did their best to ensure the relevant services were available to offer support, and that they were working across the system to try to ensure that adequate capacity existed.
8. A Member asked if treatment was provided by student mental health therapists. Ms Johnson explained that a private provider was used for patients over 17 years old. She assured the Committee that pathways were being fully reviewed to ensure they provided adequate support for those who needed it.
9. Following a question about recruitment and retention, Ms Burns acknowledged that there were national shortages. NELFT's Inpatient Unit recently recruited to 14 vacant posts. Difficult posts to fill included those in the crisis team and those with shift work. There needed to be an emphasis on staff development, as well as attracting long term agency workers into full time roles. Over the next few years there would be 70-80 newly qualified mental health workers placed in schools.
10. Ms Burns confirmed that a young person would not return to the beginning of the ADHD pathway if they were incorrectly placed on the Autism pathway.
11. Throughout the discussion the virtual connection was intermittent. Members wishing to raise unanswered questions were invited to submit these via the Clerk.
12. RESOLVED that the report on Children & Young People's Emotional Wellbeing & Mental Health Service be noted and Kent & Medway CCG be invited to provide an update at the appropriate time.

33. NHS 111 service update

(Item 7)

In attendance from South East Coast Ambulance Service for this item: Scott Thowney, Senior Clinical Operations Manager, Matt Webb, Associate Director of Strategic Partnerships and System Engagement, Ray Savage, Strategic Partnerships Manager (Kent & Medway, East Sussex).

1. The Chair welcomed the guests and ask that they provide an overview of their report.
2. Mr Savage explained that the “111 Clinical Assessment Service” (CAS) commenced on 1 October 2020, six months later than planned due to the pandemic. CAS ran alongside “111 First”. Call volumes (nationally) had been higher than forecast since early 2020, though SECAMB had recorded the highest number of direct appointments booked across England.
3. Mr Thowney explained the 111 process began with a triage phone call by a non-clinician, who would identify a suitable “end point”. That could include an appointment with a GP or a visit to an Emergency Department. Each “end-point” was clinically reviewed.
4. The SECAMB call centre was to relocate from Ashford to Gillingham. The guests assured the Committee that a HR consultation was underway and that they were very mindful of staff welfare. The main benefit to the move was that 111 and 999 calls would be answered from one building which would allow for enhanced synergies and dually trained staff. Co-location was not possible at the Ashford site due to size.
5. In terms of agile working (working from home or another office), Mr Thowney explained that clinicians had been working that way since 2013, though its use had increased since the pandemic and over 70% were now working agilely. Agile working was more complex for non-clinicians because calls could escalate and require clinical support. There was always a physical clinical presence at call centres to support non-clinicians.
6. The safeguarding of agile working was questioned, to which Mr Thowney explained there were annual due diligence checks carried out as well as call auditing. Employees must work from an office if they were unable to work safely and securely from home.
7. A Member asked if enhancing technology had been considered to increase productivity. Mr Thowney explained the use of technology was regularly reviewed, though elements of the process were limited as they had to use the national NHS Pathways system. The ability to book appointments for patients had proven to be a big benefit and had reduced the churn in the system, with around 90% of patients attending their pre-booked appointments.
8. Mr Goatham offered thanks to SECAMB on behalf of Healthwatch Kent, saying the provider had been very responsive in replying to and resolving patient issues.
9. Members were keen to publicise the 111 First service, and the Chair asked that SECAMB colleagues share a side of A4 with the Committee that could then be circulated on social media.

10. It was confirmed that 111 First covered dentistry emergencies and dental nurses were part of the CAS team. However, the only end-point was a dentist surgery and if one was not available (for example, during the first lockdown in the pandemic dental surgeries were closed) there was no alternative. The situation was a national issue and one that had been escalated by SECAmb.
11. A Member mused if the future of primary care access was through a route such as 111 First, as opposed to an individual GP reception. Mr Thowney acknowledged that GP receptionists did not use the triage system, and that the use of appointment booking through 111 had required a lot of work, including building confidence with GPs that only clinically appropriate patients would receive appointments through the service.
12. Support for patients with mental health emergencies was discussed. Mr Webb explained that the purpose of the 111 service was to act as a single point of access (SPA). Appropriate and clear pathways needed to link across the system, a matter that was under discussion within strategic partnerships. There was also a need to understand what pathways a patient was already on when they phoned in, and the best way of doing this was being looked into. Mental Health practitioners were part of the 111 team.
13. The Chair thanked the guests for attending the Committee and Members offered their thanks for the service provided.
14. RESOLVED that the report be noted.

34. Provision of GP services in Kent - written item *(Item 8)*

1. The Chair explained that the purpose of the item was for Members to have time to consider questions ahead of the substantive item at November's meeting.
2. A Member raised their disappointment that the substantive item was not on the agenda, as was originally planned. The Chair explained that the relevant senior CCG representatives were unfortunately scheduled to attend the CCG's Primary Care Commissioning Committee at the same time.
3. Some Members raised concerns about the request to submit questions ahead of a scrutiny meeting, and that it might limit debate on the day.
4. The Chair explained the intention behind the item was to give the CCG adequate notice of the types of area under question so that they may come to the meeting prepared.
5. A Member asked if the agenda paper could be released in advance, but the Chair felt it appropriate to keep with the five working day rule as the situation under review was constantly changing.
6. One Member asked that any data provided be broken down by area, for example the ratio of GPs to patients. They also referred to a BMA report that highlighted a shortage of 50,000 GPs – was this accurate?

7. RESOLVED that the Committee note the contents of the paper and submit questions to the Clerk ahead of the next meeting.

35. Eradication of mental health dormitory wards - written update

(Item 9)

1. Mr Goatham notified the Committee that Healthwatch Kent had scrutinised the consultation and would publish the findings on their website.
2. The Chair mentioned that he had attended a virtual consultation event and had been impressed with how it ran.
3. RESOLVED that the update on the eradication of mental health dormitory wards be noted and the Kent & Medway CCG be invited to provide an update at the appropriate time.

36. Work Programme

(Item 10)

RESOLVED that the report be noted.

37. Date of next programmed meeting – 11 November 2021

(Item 11)

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