

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 Wednesday, 2 March 2022.

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

ALSO PRESENT: Mr R Goatham and Dr J Jacobs

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

UNRESTRICTED ITEMS

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

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

57. Minutes from the meeting held on 26 January 2022
(Item 3)

RESOLVED that the minutes from the meeting held on 26 January 2022 were a correct record and they be signed by the Chair.

58. Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology Reconfiguration
(Item 4)

Miles Scott, Chief Executive; and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships at Maidstone and Tunbridge Wells NHS Trust were in attendance for this item.

1. Dr Jhund gave a verbal overview of the report which addressed the Cardiology Reconfiguration engagement process and the resulting impact on the options appraised by the Trust's Board on 24 February 2022. He confirmed that the results of the public consultation had reflected an overall preference for the unit to be based at Maidstone Hospital. He thanked Healthwatch Kent for their public engagement assistance. He addressed key issues raised in the consultation results, which included travel concerns. He cited mitigations in relation to the issues raised, which included evaluating parking and transport arrangements. Addressing the future developments, he informed Members that a business case would be the next step.

2. A Member asked for assurance that there would be no inconsistencies in the Trust's public transport network and that the reconfiguration would not negatively impact patient accessibility. Dr Jhund committed to work closely with residents and local partners to consider and accommodate their transport needs, which constituted a core part of forward planning. He gave further reassurance that future public transport changes would be appropriately publicised.
3. Mr Scott reassured the Committee that the Trust had maintained its bus subsidy and that car parking capacity had been permanently increased in early 2020.
4. A Member asked whether shuttle bus services were available to patients. Dr Jhund agreed to explain the public transport offer in a future update and confirmed that it would be included as part of the review.
5. Dr Jhund agreed to report back the Committee on the Cardiology Reconfiguration.

RESOLVED that the report be noted.

59. Maidstone and Tunbridge Wells NHS Trust - Mortuary Security

(Item 5)

Miles Scott, Chief Executive; and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships at Maidstone and Tunbridge Wells NHS Trust were in attendance for this item.

1. Mr Scott reiterated his shock and disgust at the crimes committed by David Fuller whilst employed as a maintenance supervisor at the Trust. He gave an update on the Trust's ongoing activities to increase mortuary security. He confirmed that approval had been given by the Secretary of State for Health and Social Care to establish a compensation scheme. He reassured Members that the Trust had fully cooperated with the police and ongoing independent inquiry.
2. A Member asked what measures had been implemented to increase mortuary security. Mr Scott outlined the measures in place, which included swipe card access, CCTV coverage of fridge doors and that bodies were held in seal body bags with the fridges locked. He declared full compliance with NHSE directives on the issue.
3. Following a question from a Member, Mr Scott confirmed that monthly audits of the mortuary security measures were undertaken.
4. The Chair asked that the Trust provide the Committee with a written summary of their reaction to Sir Jonathan Michael's report following its publication.

RESOLVED that the report be noted.

60. Covid-19 response and vaccination update

(Item 6)

Caroline Selkirk, Executive Director for Health Improvement; and Paula Wilkins, Chief Nurse at Kent and Medway CCG were in virtual attendance for this item.

1. Ms Wilkins introduced the Covid-19 vaccination update report and provided an overview of recent developments. She confirmed that the Spring Booster programme and vaccinations for the 5-11 age group would begin on Monday 21 March, with vaccination remaining available to all eligible groups. Mrs Selkirk drew Members' attention to the increased demand placed on the health system by Covid-19 and the winter spike over previous months, with the impact on elective care noted. She informed the Committee that the Nightingale surge hub at the William Harvey Hospital was scheduled to close by 31 March.
2. The Chair asked whether patients were transferred between Trusts to resolve capacity issues and elective care backlogs. Mrs Selkirk confirmed that waiting lists were shared between Trusts and that there was a system of cooperation in place to address backlogs. She reassured Members that further cooperation was being explored. The Chair requested to see further detail on this at a future meeting.
3. A Member asked for assurance that vaccination status would not negatively impact the employment of NHS staff in Kent. Ms Wilkins reassured Members that no employees had or would lose their job as a result of their vaccination status. She noted that individual risk assessments were carried out on staff where necessary.
4. Mr Goatham asked for an indication of timescales for the 'My Planned Care' platform implementation. Mrs Selkirk agreed to update the Committee and Healthwatch Kent following the meeting.
5. The Chair thanked the attendees for the report and answers provided. He informed the Committee that it would be the last regular Covid-19 and vaccination update, with a Spring Booster programme update scheduled for the next meeting.

RESOLVED that the report be noted.

61. Transforming mental health and dementia services in Kent and Medway

(Item 7)

Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning at Kent and Medway CCG; Taps Mutakati, Deputy Chief Operating Officer at Kent and Medway NHS and Social Care Partnership Trust; and Dr Katie Collier were in attendance for this item.

1. Mr Oldfield gave a verbal overview of the Mental Health Transformation report. He highlighted the reduction in detentions under Section 136 of the Mental

Health Act since 2020 and ongoing impact of the pandemic on mental health services.

2. A Member noted that the decrease in Section 136 detentions detailed in the report was likely linked to Covid-19 social restrictions as the detentions could not be made in a domestic setting. It was added that Section 135 detentions were a possibility in this environment. A breakdown of Section 135 was requested by a Member, Mr Oldfield agreed to report the requested figures back to the Committee.
3. A Member asked that dementia friendly environments be supported and developed wherever possible. Mr Oldfield agreed to share details related to the Harmonia Dementia Village in Dover with the Committee.
4. A Member asked for an explanation of out of hours mental health services and whether 72 hours call back periods were used. Mr Oldfield reassured Members that out of hours services had expanded significantly, as a result of increased funding, with increased investment in crisis services the most significant development. Mr Oldfield acknowledged that recruitment had been a significant challenge for mental health services in Kent. Mr Mutakati confirmed that a 48-hour call back time was used by the service mentioned and offered to look into instances where this had not been the case.
5. Dr Collier clarified, following a question from a Member, that neuroimaging was overseen by a neuroimaging group which included psychologists, neurologists and professionals from Kent and Medway NHS and Social Care Partnership Trust (KMPT). It was confirmed that MRIs were subject to national reporting protocol. She confirmed that the group were investigating patient waiting times.
6. In response to a question from a Member, Dr Collier confirmed that 9 Primary Care Networks had been chosen for a dementia coordinator pilot, with a focus placed on Networks with lower diagnosis rates. She informed the Committee that every Network in Kent would have a dementia coordinator from April 2022.
7. A Member commended the workshops and engagement carried out since the topic was last reported to the Committee. Following a request by a Member, Mr Oldfield agreed to circulate a report on patient feedback in due course.

RESOLVED that the report be noted.

62. Urgent Care Review programme - Swale *(Item 8)*

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

1. Mr Chisnall explained the three phased transformation of Swale's two Minor Injury Units into Urgent Treatment Centres. He reminded Members of the

Committee's previous consideration and detailed developments since that time. He confirmed that the development of the Sheppey site was planned first, with the timescale for the Sittingbourne site not yet known. The Urgent Treatment Centre service offer was described and included the ability to book appointments through 111.

2. A Member asked whether Urgent Treatment Centres were planned in relation to a population requirement and whether a campaign to explain their functions and services was planned. Mr Chisnall confirmed that the Centres were a long-standing commitment of the former Swale CCG and linked to ambitions to tackle local health issues. He reassured the Committee that capacity needs assessments were undertaken. He added that a significant amount of information on Urgent Treatment Centres was in the public domain which addressed expectations and their functions.
3. The Chair invited future updates on the transformations and related public communications.

RESOLVED that:

- a) the Committee does not deem the proposed changes to urgent care by the Kent and Medway CCG to be a substantial variation of service;
- b) the report be noted.

63. Provision of GP Services in Kent (Item 9)

Bill Millar, Director of Primary Care at Kent and Medway CCG and Dr Jack Jacobs from the Local Medical Committee were in attendance for this item.

1. Mr Millar gave an update on the provision of primary care in Kent. He addressed information previously requested by the Committee, which included that: 50,000 additional appointments had been offered in January, when compared to December 2021, though Members were reminded of the December booster drive; 102 practices had a digital telephone system, with ongoing work to expand use; the General Practice Estates Strategy was published and shared with Members. He confirmed that the CCG's Primary Care Commissioning Committee would be discussing attracting and retaining GPs at its March meeting.
2. Members raised their concerns that, as cited in the report, 1 in 6 general practices closed for lunch, which impacted patient accessibility. Mr Millar clarified that there was no stipulation in the General Medical Services Contract that prevented practices from closing for lunch.
3. Dr Jacobs explained the importance of the general practice partnership model in allowing practices to invest in their local communities and ensure a continuity of care, which correlated to positive long term health outcomes.

4. In relation to the digital telephone system used by many practices, a Member asked what data was collected and how it was used. Mr Millar confirmed that the information was used primarily to analyse demand and capacity. He noted that the Primary Care Commissioning Committee would be considering the issue publicly.
5. Following a question from a Member, Mr Millar confirmed that Kent's 35 Primary Care Networks served between 20,000 and 60,000 patients each.
6. Mr Millar explained the functions of GP Federations and their distinction from Primary Care Networks. It was noted that Federations were composed of groups of GPs who sought to deliver contracts outside of a practice or Primary Care Network's remit. He confirmed that Federations covered a larger area than Primary Care Networks and were accountable to the terms of their respective contracts.
7. In response to a question from a Member, Mr Millar agreed to share a list of all successful and anticipated Section 106 contributions with Members.

RESOLVED that the report be noted.

64. Work Programme

(Item 10)

1. The Chair confirmed that an update on the Covid-19 Spring Booster programme would be brought to the next meeting. A Member asked that vaccination safety data be included in the Spring Booster update.
2. The Chair noted that a report on Trust duties of cooperation had been added to the work programme.
3. A report on Child and Adolescent Mental Health Services operational realities, including engagement with partners in education and other relevant stakeholders, was requested by a Member.
4. A Member asked that an update on the development of eConsult be added to the work programme.

RESOLVED that the work plan be agreed.

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