KENT COUNTY COUNCIL

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, 11 May 2022.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mr D Watkins, Mr A R Hills, Mr S R Campkin, Ms K Constantine, Mr R G Streatfeild, MBE and Cllr M Peters

ALSO PRESENT (virtually): Mr R Goatham (Healthwatch Kent)

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

UNRESTRICTED ITEMS

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

(Item 2)

None.

66. Minutes from the meeting held on 2 March 2022

(Item 3)

RESOLVED that the minutes from the meeting held on 2 March 2022 were a correct record and they be signed by the Chair.

67. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Elective Orthopaedic Services

(Item 4)

In attendance for this item: Dr Andrew Taylor (Consultant Anaesthetist, Maidstone & Tunbridge Wells Trust), Mr James Nicholl (Clinical Director for Trauma and Orthopaedics and Orthopaedic Surgeon), Sarah Davis (Deputy Chief Operating Officer, MTW Trust), Mark Atkinson (Director of Integrated Care Commissioning, Kent & Medway CCG), and Rachel Jones (Director of Strategy, Planning & Partnerships, Kent & Medway CCG)

1. Dr Taylor introduced the report and spoke to the slide deck (included in the agenda pack). The presenters spoke about the operational and procedural benefits of the proposed changes, as well as the communications and engagement strategy in place. The changes were necessary under Get It Right First Time (GIRFT) requirements.

2. A Member asked if letters had been sent as part of the engagement process, as opposed to just digital information, to which Ms Davis confirmed it had.

3. Asked about patient transport, Ms Davis confirmed that was an area under investigation, including the use of public transport. She also confirmed that patients would have the choice to stay with their current surgeon, if that is what they wanted. The barn theatre was providing an additional option. In Mr Nicholl's experience, patients did not mind travelling to a different site if it was in their best interests. The Trust were aware that certain bus contracts in Kent were currently under review.

4. The Trust had been in communication with Healthwatch Kent. Mr Goatham spoke about that engagement and asked whether the Trust would look to the Cardiology review for lessons learnt on what worked well. Ms Davis confirmed the Trust would continue to engage with Healthwatch regarding the changes.

5. A Member asked if the private sector was being utilised to meet demand. Ms Davis confirmed all four acute trusts were using independent providers. The new theatre would provide additional capacity. Dr Taylor spoke of the benefits to junior doctors of more work being carried out in house, in particular they were able to carry out more operations and therefore improve their skills and confidence.

6. Ms Davis confirmed that the new theatre would only be used for elective surgery, not emergency care. Since the pandemic, patient pathways had been streamlined and this meant elective and emergency care would not be mixed.

7. A Member asked what the pathway was for reducing the waiting list. Ms Jones explained that the demand for the new theatre was dependant on the quantity of patients within Kent and Medway making a choice to use the new provision. Part of the engagement work would consider that, along with data collected once the theatre went live. An additional centre in East Kent was also under consideration and that would also impact projections. She offered to return to the Committee after six months with a firmer projection.

8. Responding to a question about staff retention, Mr Nicholl's felt staff would be happier in the new setting, due to the improved environment and the ability to concentrate on the work they enjoyed (orthopaedics) without getting pulled into other areas of work. From experience, Dr Taylor said there was a feeling of safety, knowing there were colleagues nearby should there be a medical emergency.

9. The Chair thanked the guests for attending and all the hard work that had gone into the project. He did not believe the proposals constituted a substantial variation of service.

10. RESOLVED that:

(a) the Committee does not deem the proposed reconfiguration of elective orthopaedic services across Maidstone and Tunbridge Wells NHS Trust to be a substantial variation of service.
(b) the report be noted.

68. Health Inequalities of the local Gypsy, Roma and Traveller Community *(Item 5)*

Rachel Jones (Director of Strategy, Planning & Partnerships, Kent & Medway CCG) and Dr Anjan Ghosh (Director of Public Health, KCC) were in attendance for this item.

1. Ms Jones provided an overview of the paper, recognising that there were health inequalities experienced within the Gypsy, Roma and Traveller (GRT) community including a 10-year mortality gap (the national average). She highlighted that nationally there was a lack of data and information on this community. She recognised that the Kent and Medway CCG had a responsibility to improve the health of the GRT community but reflected that the wider determinants of health were impacted by so much and no one service area could resolve the issues alone.

2. Ms Jones believed the introduction of the Integrated Care Board (ICB) provided an opportunity for joint working between councils, education, health and other public services, to identify what really made an impact and put the necessary changes into effect.

3. An area of concern for Members was the ease of access to primary care services. Ms Jones explained that individuals did not need to provide an address, or ethnic background data, to access GP services. It was their legal right to access healthcare. However, she also recognised that not all primary care settings understood that or failed to accept additional patients. The CCG was working almost weekly on informing surgeries about access criteria, and there was a leaflet available that set out the process. She commented that the CCG often struggled to find out about access issues because very few people from the GRT community reported that there was a problem. She encouraged Members to share such experiences with the CCG so targeted communications could be circulated.

4. Members asked to be sent the information around how individuals, particularly from the Gypsy, Roma and Traveller community, could register with a GP.

5. Recognising that younger generations were more likely to access online information, Ms Jones explained that the CCG website listed sites where care was available, such as Minor Injury Units. Some pathways also had the option for self-referral. Overall, Ms Jones agreed there needed to be more collective action and highlighted the positive relationships built during the targeted engagement for the Vascular Services changes.

6. Mr Goatham said Healthwatch had carried out work in 2017 and 2019 on the GRT community. A key barrier identified had been the use of postal letters by the acute trusts – literacy rates were lower, and members of the community sometimes did not have a fixed address. The Chair asked Ms Jones if there

were any examples of best practice, perhaps utilising phone calls or video conferencing. Ms Jones said she would take it away and see what more could be done, perhaps by involving the voluntary sector. One Member suggested an alternative to the written word might be imagery.

7. Ms Jones confirmed that commissioning teams did not as a matter of course carry out general engagement work with the Gypsy, Roma and Traveller community. However, targeted engagement was carried out when needed, as evidenced by the covid-19 vaccination outreach work, and the Vascular Services review. Also, community services such as midwifery did go into the community. Ms Jones said direct engagement from a commissioning perspective was an area that could be considered further.

8. A Member asked what was being done to ensure Gypsy, Roma and Traveller individuals were not being discriminated against when accessing primary care. Ms Jones accepted that discrimination happened, but felt this usually happened when someone was uninformed, particularly around access criteria – individuals did not need an address to register with a GP. The issue applied to other communities as well. The CCG constantly worked at GP education events and ensured leaflets were readily available on the website, as well as the complaints process.

9. Ms Jones explained there was a joint responsibility between the NHS and Public Health to ensure primary care was available but also to work to improve health overall. The new ICB would be important, and it had named two strategic health and equality priorities in deprivation and mental health - mental health was a real challenge amongst the Gypsy, Roma and Traveller community. There needed to be more work on how meaningful services were provided to a community that chose to travel.

10. Members spoke generally about access to education and literacy levels.

11. One Member voiced their concerns around the poor experiences of the Gypsy, Roma and Traveller community. They spoke about poor health, lower levels of literacy, lower life expectancy, infant mortality rates, suicide rates, and the lack of understanding of their rights. The lack of data available meant it was difficult to make effective plans. The Member questioned whether KCC or the NHS had an Equality Impact Assessment. They felt a Short-Focussed Inquiry (SFI) by KCC was required.

12. The Chair supported the call for an SFI but explained that it was down to the Scrutiny Committee to agree the SFI work programme. A proposal had gone to the Committee before, but another topic had been agreed. A Member reflected that an SFI was not as detailed as a full Select Committee. Asked what an SFI would cover, the Chair proposed to liaise with the Vice-Chair of the Scrutiny Committee (who sat on HOSC also) about the best way forward.

RESOLVED that

i) The report be noted.
ii) The Chair and Vice-Chair of HOSC liaise with the Vice-Chair of Scrutiny to put forward a proposal to the Scrutiny Committee for a Short-Focused Inquiry.

69. Single Pathology Service for Kent and Medway

(Item 6)

Malcolm Nudd, Director of Pathology Transformation was in attendance for this item.

Mr Jordan Meade declared that he was an appointed member of the stakeholder council for the Dartford and Gravesham NHS Trust.

1. Mr Nudd provided a verbal overview of the report, explaining that the work fell under a national programme and one of the aims was to improve the recruitment and retention of staff. Pathology networks would remove the element of competition from the market and instead allow for shared ideas and practice. There would be one IT system as opposed to 7. NHS England and Improvement had issued guidance on what constituted a pathology network.

2. The Chair asked about the physical location of sites and whether staff would have to move. Mr Nudd confirmed that there would continue to be a laboratory at each hospital with some centres specialising in a particular test. Improved IT equipment meant staff did not have to be physically in a laboratory to undertake certain tasks.

3. Considering a question about staffing, Mr Nudd confirmed staff had not been TUPE'd and that they would remain employed by their current Trust but managed as a network. He explained that over the years, pathology had become more factory based than clinical. That meant qualified staff were unable to use the skills they learnt at university and the job became less rewarding. They were working to separate the factory and clinical elements, so that qualified individuals could become experts in their field, whilst those on the more factory side would not need to have qualifications, just the training to follow the processes in place.

4. Mr Nudd explained that Kent's proximity to London meant staff sometimes chose to travel to London Trusts such as Guys and St Thomas' where the pay was better.

5. A Member asked what work was underway to attract young people into pathology. Junior doctors were no longer being taught pathology, but staff under him did have the expertise to fill that gap, so there was work needed to bridge that gap. The pathology profession offered a number of roles, not just clinical ones.

6. A Member asked about digitisation and improving technology. Mr Nudd explained innovation was constantly happening, but at that time, the focus was on the single IT platform and how GPs went about ordering tests.

7. The Chair thanked Mr Nudd for attending and offered his best wishes for discussions with the HMRC around VAT recovery.

   RESOLVED that the report be noted and the Kent and Medway CCG be invited to attend and present an update at the appropriate time.

70. Children and Young People's Mental Health Service - update
(Item 7)

In attendance for this item: Brid Johnson (Director of Operations, Essex and Kent NELFT), Gill Burns (Service Director Children, NELFT), Christy Holden (Head of Strategic Commissioning (Children & Young People), KCC)

In virtual attendance for this item: Jane O'Rourke (Deputy Director, Kent Children's & Maternity Commissioning Team, K&M CCG), Stuart Collins (Director Integrated Services – Early Help and Preventative Services Lead, KCC)

1. Ms O'Rourke introduced the paper, highlighting key areas:

    a. The number of children presenting in crisis continued to increase, rising from an average of 85 children per month before covid-19 to an average of 140 per month. That reflected national trends and there was a system wide steering group that met every two weeks to address the issue.
    b. Key areas of work included improving patient flow through the system, strengthening community support, recruiting an Associate Director of Pathways (Complex and Crisis Care), and an expansion to the NELFT crisis service.
    c. The Tier 4 provider collaborative had invested in increasing their provision.
    d. The number of children experiencing anxiety continued to rise.

2. Mr Collins spoke about the collaborative work underway between the CCG, NELFT and County Council. He explained that the HeadStart Kent contract was coming to an end in June 2022 though several activities would continue until August 2022. The sustainability of that contract was under review, as elements of the work were being carried out elsewhere. A full report would be presented to the Children, Young People and Education Cabinet Committee and would be shared with HOSC members.

3. A question was asked around why there had been such a delay in providing additional inpatient beds at the Kent and Medway Adolescent Hospital (KMAH). Ms Burns responded that it was the result of building material shortages and not related to staffing constraints. It was hoped they would open in the next 2-3 weeks. There were an additional six beds – three would be for short stays and three for longer stays. Clinical work had continued in the meantime including increased work within individual's homes.

4. The Chair asked about the Emerge expansion into Darent Valley Hospital, Maidstone Hospital and Tunbridge Wells Hospital, as referred to in the agenda report. He asked whether such support was already offered in East Kent or whether it would be rolled out in due course. Ms O'Rourke explained the volunteer support offer was being trialled, and once the impact was known it would be rolled out accordingly.

5. There were questions around the use of art, music, gardening and other activities as a form of treatment. Ms Burns confirmed therapies in those areas were in use, though she said their value was perhaps not communicated

enough. A large piece of work on the outside garden area was about to commence.

6. The agenda report (page 51) highlighted that Mental Health Support Teams (MHSTs) would be in 51% of Kent and Medway schools by 2023/24. A Member asked what support would be available to the remaining 49%. Ms O'Rourke explained that different interventions would be commissioned to engage those schools.

7. A member asked whether demand was rising faster than capacity could cope with and if this affected service performance. Ms Johnson explained the service was continuing to look at the most effective way of investing in treatment at home earlier in a patient's pathway. Three of the additional beds at KMAH would be ringfenced to 72-hour stays, but it was recognised that an inpatient bed was not always the right treatment. The service was looking into what more could be done locally for patients with eating disorders as there was no inpatient facility nearby.

8. On patients being placed far from home, Ms Burns reflected that the phrase "local beds for local people" was of course the ideal but was more complex and depended on the individual case. Some patients required specialist or secure provision – for example for some eating disorder treatments there were only a few beds available across the country. Ms O'Rourke explained that Kent and Medway had been proactively working to respond to such issues by speaking to regional and national teams, increasing capacity for the long term and strengthening community teams.

9. A Member had heard from SENCOs that accessing support was all but impossible. Ms Burns advised she had recently met an MP and some local schools to discuss the issues being faced. She offered to take any specific issues up outside of the meeting.

10. A Member reflected on the bleak situation facing young people, from coming out of the pandemic to facing a cost of living crisis, on top of a pre-existing crisis in places such as Thanet. Ms O'Rourke explained that bespoke services were available and there was a huge piece of work underway looking at multidisciplinary roles in primary care including non-clinical ones, expanding the neurodevelopmental pathway pilots, and ensuring individuals knew how to access services.

11. On recruiting and retaining staff, Ms Burns acknowledged there was a challenge with recruitment. She spoke of additional investment in clinical roles and more senior professionals, as well as joint roles with Adult Social Care to improve transition, and the need to bring in trainees for long term sustainability.

12. A Member asked whether it was too early to tell if the increases in young people experiencing anxiety was a short-term concern or a covid-legacy of a cohort of individuals who would always require support. Ms Johnson explained there was no clear trajectory, but they were working to improve early interventions, including considering how the school nurse service could assist. Ms Burns noted it was important not to over-medicalise anxiety as it was also a natural reaction.

13. A Member asked about hidden demand. Ms Burns noted the new Integrated Care Board (ICB) was undertaking a piece of work looking into specific groups. For instance, it was known there was an increase in young men with eating disorders. Communities provided an opportunity for holistic support but how could this be strengthened? Work was underway with the voluntary sector. The ICB had a health inequalities workstream.

14. A Member said that 24 hour coverage from the crisis team was not their experience. This would be taken up outside of the meeting.

15. The Committee were grateful for the comprehensive report.

    RESOLVED that the report on Children & Young People's Emotional Wellbeing & Mental Health Service be noted and the Kent & Medway CCG be invited to provide an update at the appropriate time.

71. GP recruitment attraction package for Medway, Swale and Thanet (pilot)
(Item 8)

RESOLVED that the Committee supports the scheme to recruit GPs in Medway, Swale and Thanet.

72. Roll out of the Spring Covid-19 Booster (written item)
(Item 9)

1. A Member had concerns about the vaccination rollout and the benefits of having the jab. The Chair offered to speak to the Monitoring Officer about whether these concerns would be better addressed by the Health Reform and Public Health Cabinet Committee or HOSC.

   RESOLVED that the Committee consider and note the report.

73. Elective waiting lists in Kent and Medway (written item)
(Item 10)

RESOLVED that the Committee notes the report.

74. East Kent Transformation Programme (written update)
(Item 11)

This item was discussed after item 7 and before item 8 to allow Ms Jones from the CCG to stay on and answer questions.

Present for this item: Rachel Jones, Director of Strategy, Planning & Partnerships, Kent & Medway CCG

1. The scrutiny process involving the Kent and Medway Joint Health Overview and Scrutiny Committee was clarified.

2. Ms Jones confirmed the public consultation would not commence until there was confirmation of funding from the Department of Health and Social Care.

3. Asked whether there had been any impact on staffing, Ms Jones accepted that the level of uncertainty for staff had been difficult. But the project team had been communicating with them often and all were reassured that market testing had commenced. Staff were behind the proposals.

   RESOLVED that the report be noted.

75. Work Programme
(Item 12)

1. Members requested that the provider South East Coast Ambulance Service (SECAmb) provide an update at the next meeting.

RESOLVED that the work programme be agreed.

76. Future meeting dates
(Item 13)

Noted.

77. Date of next programmed meeting – 7 July 2022 at 10am
(Item 14)

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