

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, 5 October 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Ms S Hamilton (Vice-Chairman), Mr J Meade, Mrs P T Cole, Mr S R Campkin, Mr R G Streatfeild, MBE, Mrs L Parfitt-Reid, Mr D L Brazier, Cllr P Cole, Cllr H Keen and Cllr S Mochrie-Cox

ALSO PRESENT: Dr J Jacobs

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

UNRESTRICTED ITEMS

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

1. The Chair declared he was a representative of East Kent councils on the Integrated Care Partnership.
2. Cllr Mochrie-Cox declared that he was a representative of North Kent councils on the Integrated Care Partnership.
3. Cllr Cole declared that he sat on the West Kent and Tunbridge and Malling Integrated Care Board Partnership Forums.

138. Minutes from the meeting held on 6 September 2023 *(Item 3)*

RESOLVED that the minutes of the meeting held on 6 September 2023 were a correct record and they be signed by the Chair.

139. Chair's announcements *(Item 4)*

1. The Chair noted that at the last meeting, the Community Services Re-procurement was discussed to decide if the changes proposed were substantial. The Integrated Care Board (ICB) colleagues had informed the committee that a substantial variation decision would delay the programme by two years, and subsequently, the committee declared the changes not substantial. Since the conclusion of the meeting, Medway's Health and Adult Social Care Overview and Scrutiny Committee had declared the changes as substantial. The Chair said that a committee member had raised concerns

over the information provided by the ICB colleagues at the last meeting and that he agreed that a further investigation was required. The Monitoring Officer would write to the NHS and ICB on behalf of the committee to outline the concerns, and a copy of the letter would be shared with the committee. The Chair proposed that the subject return to the committee for formal consideration in December, subject to the usual processes.

2. The Chair informed the committee that extensive surveys across NHS buildings in the county had found evidence of one location with RAAC. Medway NHS Foundation Trust had found evidence of the building material in the ceiling space of the stairwell of their Post Graduate Education Centre. The building was constructed towards that latter timeframe of when RAAC was used in the 1990s. It was not considered to be unstable and was not affecting patient care. The Trust was proactively managing the situation.
3. A detailed review of all NHS service provider buildings had been carried out in January 2023 and did not identify any further RAAC.

140. Winter rehabilitation and reablement pilot in east Kent

(Item 5)

Clare Thomas, Community Services Director, Kent Community Health Foundation Trust (KCHFT), and Louise Ward, Assistant Director, Community Hospitals, KCHFT, were in attendance for this item.

- 1) Ms Thomas and Ms Ward provided an overview of the rehabilitation, recovery and reablement work underway in community hospitals in east and west Kent. KCHFT were looking at the whole pathway with the intention of improving patient outcomes, by reducing length of stay and strengthening independence. The focus would be on reablement and rehabilitation rather than nursing care. It was noted that integration and partnership working were central to the success of the new model. The Trust were considering how this could be achieved within community hospitals, looking at opening times as well as co-design of care pathways.
- 2) Currently services were provided out of Westbrook House (Margate) and West View Integrated Care Centre (Tenterden), by both the NHS and KCC. Historically, the number of beds provided during winter was increased to reflect wider system pressures. During winter 2023 a pilot would see those additional beds being staffed jointly by KCHFT (for technical rehabilitation) and KCC (for reablement and independence support). Ms Thomas summarised three areas of context:
 - a) East Kent KCHFT were an intermediate care frontrunner for NHS England which meant they were actively reviewing all short-term pathways to assess their effectiveness and ability to be flexible to the needs of individual patients.
 - b) KCHFT were working much more closely with KCC and East Kent Hospitals, working towards a provider collaborative model which was nationally mandated, with the aim of further integration in the delivery of short-term pathways.

- c) The Trust had recently opened a new stroke rehabilitation unit in Westbrook house which focussed on 7-day rehabilitation, a 'what matters to me' approach and getting patients as independent as possible. The lessons learnt were informing the winter pilot.
- 3) Ms Thomas recognised the programme was still at an early stage and evaluation would be used to shape plans for how to deliver care going forward by engaging with several stakeholders including patients. Feedback and engagement were a key aspect of the pilot. As the pilot progressed it would be reported back to the committee.
- 4) A Member welcomed the pilot and the shift to intermediate care but was concerned about the accessibility of the locations and noted that transport would be a barrier. Ms Thomas said that the concern about the locations was valid but that the buildings and the facilities were of a high standard. If the pilot was successful there would be a review of the locations to ensure accessibility. It was also noted that the beds would be open to patients from both East and West Kent, and patients were placed in the best bed for their needs even if it was not closest to home.
- 5) A Member if there would be financial support for friends and family who wanted to visit relatives as this would aid the social side of rehabilitation. Ms Thomas said that support for taxi costs was considered on a case-by-case basis and that they would look into partnerships with voluntary driver schemes to support this. As part of the pilot, this area would be investigated further.
- 6) In response to a question about how patients were chosen for the pilot, Ms Thomas said that beds were allocated based on need and their potential for reablement to support independence at home. It was noted that a team of nurses and therapists assessed the best location for a patient once they had finished their treatment at an acute hospital, though a small number of referrals were made from community care.
- 7) RESOLVED that the Committee considered and noted the report and invited KCHFT to provide an update at the appropriate time.

141. Edenbridge Memorial Health Centre

(Item 6)

Clive Tracey, KCHFT Director of Specialist, Health, Safety and Emergency Planning and Edenbridge and Estates Clinical Lead, KCHFT was in attendance for this item.

1. Mr Tracey gave an overview of the paper which set out details on what had been done following the feedback received during the public consultation. Activity around x-rays remained low therefore the centre would not provide that service. It was noted that overall, the feedback was positive, and the public would be updated at a meeting on Saturday 7 October 2023 (100 people were signed up to attend).

2. The Chair asked the difference between a minor injury unit and a minor injury service, recognising that such terminology could confuse the public and lead to people being treated at A&E when not required. Mr Tracey said that the minor injury unit was for those patients with low-level injuries and was run by an emergency nurse practitioner with GP support. Dr Jacobs clarified that GPs no longer provided minor injury services from their premises and people would be directed to urgent treatment centres or A&E as necessary.
3. A Member questioned the use of the term 'social value' and asked if this was appropriate given the context. Mr Tracey said that the feedback was welcome and would take it away to decide if a different term could be used.
4. A Member said that the fact that there would not be a minor injury unit or overnight beds at Edenbridge meant that the members of the public would have to travel an hour and a half to Pembury which represented a significant loss of service as a result of this change. Mr Tracey said that this was an out-of-hospital offer and would offer more net beds overall and provide the option of at-home care. It was said that there were more beds across West Kent and greater at-home care to compensate for any changes.
5. A Member said that there had been little mention of social prescribing and asked if a social prescribing officer would be a part of the offer at the centre. Mr Tracey said that the social value coordinator as mentioned in the paper would be the social prescribing officer, the title of which may be changed following the point made earlier in the meeting. It was noted that social prescribing considerations would be at the centre of the offer.
6. The Chair said that the committee would like to be updated regarding the progress made and lessons learnt following a year of operation of the health centre. Mr Tracey said that they would be happy to report back to the committee.
7. RESOLVED that the Committee consider and note the report. That the NHS report back after the centre had been operative for at least 12 months or more as to the progress and lessons learnt.

142. Mental Health Transformation - Places of Safety

(Item 7)

Louise Clack, Programme Director Mental Health Urgent and Emergency Care, NHS Kent and Medway, and Rachel Bulman, Project Manager, CPC Project Services were in attendance for this item.

1. The Chair welcomed the guests and asked them to introduce themselves. A PowerPoint presentation showed images of the Maudsley Health Based Place of Safety site which had been requested by the Committee at the previous meeting.
2. Previous scrutiny had led to questions around the transition from three sites to one and whether this lead to a single point of failure if an unforeseen event

were to occur. Ms Clack said that the architects delivering the project had delivered other HBPOs build and were using that past experience. Each assessment room and bedroom could have its electricity and water supply isolated, the fabric of the building would be highly resistant, and they had incorporated learning from South London and Maudsley, particularly on their doors and door frames. Thorough consideration of a single point of failure had been given.

3. A Member questioned what would happen if there was sudden pressure but only one site available. Ms Clack said that incidence of section 136 had decreased by 50% over the last 2 years due to the introduction of community crisis alternatives. She also noted that it was rare for the beds to all be in use at the same time. Despite the 50% reduction, there were no plans to reduce the capacity of the Health Based Places of Safety and the efficiencies generated by centralising the facilities would enable service users to have a shorter length of stay. The efficiencies achieved through centralising the service would also offer a better working environment for staff than under the current model, as they would not have to travel between sites, they would work as part of a larger team with better shift patterns and more opportunities for career progression.
4. A Member raised concerns about the bland interior colour of the Maudsley facility and whether it was appropriate for patients' mental health. Ms Clack said that the images had been taken during the build stage and since then there had been changes to the interior design with decorations added.
5. A Member asked what fallback option was in place if the centre had to be evacuated or required to close for some time. Ms Clack said that the new facility would be co-located with the Priority House Mental Health in-patient unit, which could be used if necessary. A risk assessment would be carried out. If necessary section 136 incidents would be diverted to emergency departments which were also considered health-based places of safety under the Mental Health Act. Ms Clack noted that the Maudsley site had never closed in its entirety, though certain rooms had been closed due to damage.
6. Ms Clack welcomed the opportunity to return to the committee with an update on progression at an appropriate time.

RESOLVED that the Committee

- i) support the decision of NHS Kent and Medway to provide a centralised Health Based Place of Safety at Maidstone
- ii) invite the NHS to provide an update once the unit has been operative for a meaningful period of time.

143. Nursing workforce (Item 8)

Allison Cannon, Interim Chief Nursing Officer, NHS Kent and Medway, was in virtual attendance for this item.

This item was taken after item 5.

1. Ms Cannon provided a brief overview of the paper, noting it was a follow-up to a paper presented last year about nurse recruitment. She highlighted the progress made with recruitment, which was achieved through a collaborative approach across all providers paying attention to both domestic and international supply. The NHS had published a long-term workforce plan last year which set out specific aims for nurse recruitment over the next 15 years. A People Plan had also been developed for Kent and Medway which would be published in October 2023 and provide detail on deliverables of growing the domestic supply and supporting local needs for developing that nursing pipeline.
2. The Chair asked for further detail about the loss of student nurses at Canterbury Christ Church University, and where the fault lay. Ms Cannon said the University was responsible for ensuring their students undertook the adequate number of hours in their placements. Whilst that had reduced during the pandemic, the University had not made the necessary adjustment to increase the hours so the most recent cohort of students had not carried out the required hours to complete their course. 180 final-year students were currently being supported to complete the gap in practice hours.
3. The Chair asked what role members could play to support the international recruitment drive. Ms Cannon felt that the best approach was to show Kent as an attractive county in which to live in, fostering a sense of community and wider network that they could feel part of. It was noted that the high cost of living, house prices and parking charges could all put off prospective nurses from coming to Kent, as well as the London weighting. Ms Cannon said that there would need to be a collaborative approach to find ways to support staff in meeting cost of living pressures.
4. Asked what more could be done to encourage young Kent residents to take up nursing as a career, Ms Cannon said that the paper outlined some of the measures underway which included the Health and Care Academy for Learning and holding events for school pupils, particularly primary school age, to generate a sense of interest in the NHS.
5. A Member asked what measures were in place to support the retention of staff. Ms Cannon said this was key and that all individual provider organisations would have their own retention plans in place, which would include offers, appraisals, and development opportunities. Exit interviews were conducted with those who leave to understand their reasons.
6. The Chair welcomed the opportunity for further scrutiny and requested that the Kent and Medway People Strategy be brought to the committee in the future.
7. RESOLVED that the committee considered and noted the report and that the Kent and Medway People Strategy be presented to the committee.

144. Healthwatch Kent annual report 2022/23
(Item 9)

Mr Robbie Goatham, Healthwatch Kent, was in attendance for this item.

1. Mr Goatham noted that there was an error on page 85 and that the number of volunteer days should read “over 41” (instead of “x days”). He then shared some slides that described the purpose of Healthwatch, noting that it was a sub-committee of the Care Quality Commission (CQC).
2. Mr Goatham gave an overview of Healthwatch’s areas of work which included confirming the work plan for the year ahead and ensuring that the plan included a variety of topics. Additional aims were said to include: making the volunteer pool more representative of the local population, highlighting areas of best practice, to actively engage with the public on mental health issues and provide value for money.
3. The Chair asked for more detail about the organisation EK360 which had given Healthwatch a £50,000 subsidy for work. Mr Goatham noted that it was a community interest company which held the Healthwatch Kent contract and delivered services, such as, ‘Hypertension Heroes’ and other commissioned services. It was noted that Healthwatch did not have a bank account and that was why EK360 was required. The income received was activity generated by Healthwatch Kent that would need to be deducted from the subsidy to show the true value of the EK360 subsidy.
4. A Member commented on the coroner's notices on the prevention of future deaths amongst children with mental health issues. The Member asked if this information was being captured and considered by Healthwatch Kent. Mr Goatham said that a steering group prioritised topics and that he would be open to speaking with the Members outside the meeting if there was evidence from the coroner’s reports that they should be aware of and if there were additional priorities that Healthwatch could take forward.
5. A Member asked if Healthwatch could have a campaigning role for access to dentistry for all, in light of the lack of NHS provision. Mr Goatham said that this was a common issue raised and that Healthwatch England had done some work on it. Details of this would be circulated after the meeting.
6. RESOLVED that the Committee note the report and invite Healthwatch Kent to provide an update in one year’s time.

145. HASU implementation - written update

(Item 10)

1. The Chair noted that there would be a fuller discussion on this item at the 7 December 2023 meeting of the Committee.
2. A Member said there was an issue with hospitals not actively taking part in SNAPP data collection. Such data was very important and the failure to supply this was given as a result of Covid-19 backlogs. The committee must be reassured as to when this data would be provided in the future. The Chair noted that this point would be taken to the December meeting where a

response would be given. The Chair would also raise a question about the reason for the delay for the rollout at William Harvey Hospital.

3. The Chair asked that Members were welcome to email their questions to the Chair or clerk so that the guests would be prepared to respond at the meeting.
4. RESOLVED that the Committee consider and note the report and that the ICB be invited to return with a fuller update at the next meeting.

146. Covid-19 update - written update

(Item 11)

1. The Chair asked that Members submit their questions to him ahead of the NHS representatives attending the committee.
2. RESOLVED the Committee considered and noted the update.

147. Work Programme 2023/2024

(Item 12)

1. A Member asked that the NHS update the committee on the work they are doing to meet the net zero target and other green initiatives. It was noted that the ICB may update the Committee on this as part of the NHS estate item in December 2023.
2. A Member asked for an update on the NHS response to the coroner's preventable deaths notices. The Chair said for this to be added to the future work programme.
3. RESOLVED the work programme 2023/2024 was noted.

148. Date of next programmed meeting – 7 December 2023

(Item 13)