

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Wednesday, 27 January 2021.

PRESENT: Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh (Vice-Chairman), Mr D L Brazier, Mrs S V Hohler, Mr D Farrell, Cllr J Howes, Cllr P Rolfe, Cllr S Mochrie-Cox and Cllr K Maskell

ALSO PRESENT: Dr J Allingham and Mr R Goatham

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

UNRESTRICTED ITEMS

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

(Item 2)

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

67. Minutes from the meeting held on 24 November 2020

(Item 3)

It was RESOLVED that the minutes of the meeting held on 24 November 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

68. Covid-19 and winter response 2020-21 - Update

(Item 4)

Mrs C Selkirk, Executive Director for Health Improvement, Kent & Medway CCG and Mrs P Wilkins, Chief Nursing Officer, Kent & Medway CCG were in attendance for this item.

1. The Kent and Medway CCG had provided a report with updates on primary and secondary care operations during the pandemic as well as the Covid-19 vaccination programme.
2. Mrs Selkirk gave a verbal overview of the report and an operational update. She began by noting the prolonged and considerable pressure on NHS and social care staff in Kent over the past year and commended their exemplary work. The latest Covid-19 fatality statistics were outlined, following the report's timeframe, it was confirmed that in excess of 400 people had died between 17 January and 27 January 2021. The staff absence rate was confirmed at 5%, it was noted that not all absences were directly related to Covid-19. Mrs Selkirk confirmed that elective surgery had been halted and that a Phase 4 plan, to

prepare for the recommencement of elective surgery, would be produced in the weeks following the meeting. The Committee was informed that critical care transfers to services outside of Kent and Medway had taken place, Mrs Selkirk noted that repatriation plans had been developed to support patients returning home from these services. It was added that in recent weeks Kent and Medway had given mutual aide to other areas experiencing increased service pressure. The Armed Forces were thanked for providing staff to support operations, which had alleviated hospital staff and permitted an expanded workforce on Intensive Care Units.

3. Mrs Wilkins provided a verbal update on the Covid-19 vaccination programme in Kent and Medway. She emphasised the unprecedented scale of the programme, detailed the programme timetable to that point and reassured the Committee that individuals in all nine priority groups would be vaccinated. It was confirmed that pharmacy-based vaccination would begin as of 29 January. Members were reminded that vaccination data was published every Thursday. Mrs Wilkins confirmed that 127,000 people had received a vaccine in Kent and Medway as of 17 January and that 411,000 people in the top priority groups would be vaccinated by the end of February 2021.
4. Dr Allingham gave a verbal overview of the vaccine programme from the primary care perspective. He addressed the inconsistencies in the vaccine rollout and confirmed that there had been delays in the Weald and Hoo Peninsula caused by the requirement for large, restriction compliant vaccine hub facilities. Dr Allingham reassured the Committee that there had been extremely low levels of vaccine wastage and that GPs had administered vaccines in care homes directly.
5. Dr Allingham delivered a verbal update on primary care business-as-usual operations during the third national lockdown. He confirmed that there had been no reduction in demand, in contrast to the first national lockdown which had seen a sizable reduction. It was noted that the combination of regular business-as-usual demand and the vaccine programme had placed primary care in Kent under significant strain.
6. The Committee expressed their gratitude to all NHS staff in Kent for their hard work, dedication and commitment to patients throughout the pandemic.
7. Mrs Selkirk, Mrs Wilkins and Dr Allingham responded to comments and questions from the committee, including the following:-
 - a. a Member asked how General Practices had dealt with complaints during the pandemic and what had been done to prevent a future health crisis brought on by unaddressed non-covid illness. Mrs Selkirk emphasised that the public were encouraged not to phone surgeries with vaccine related queries, as this had created increased strain. She gave reassurance that the policies on non-covid illnesses had been clearly outlined and listed. Dr Allingham added that primary care was holding considerable strain to protect secondary care services from becoming overextended. He acknowledged the impact national

announcements had on increasing the volume of inquiries received in primary care;

- b. when asked whether non-NHS community health workers would be vaccinated, Mrs Wilkins cited Chapter 14a of Covid-19: the green book and confirmed that all workers in care homes as well as frontline health and social care workers would be vaccinated, as members of priority groups 1 and 2;
- c. Mrs Selkirk was asked to provide recent mental health statistics and to outline the suicide rate in Kent. She noted the significant challenges faced both domestically and in the workplace by many and agreed to provide further information on mental health in future reports to the Committee;
- d. it was asked whether a 15 minute observation was required following an Oxford/AstraZeneca vaccination. Mrs Wilkins confirmed that a 15 minute observation was not required with the Oxford/AstraZeneca vaccine, though individuals were advised not to drive for 15 minutes following vaccination;
- e. a Member requested an explanation of the rationale behind the halt of Vitamin B12 injections. Dr Allingham was not aware of a blanket ban and explained that Vitamin B12 was prescribed for two reasons: to those with pernicious anaemia, who continued to receive B12 injections, and those with a B12 deficiency, who were being treated with an oral supplement;
- f. a request for rural communities to be considered to a greater extent in the creation of future vaccination hubs was made, given the limits of public transport in certain areas. Mrs Selkirk signposted Members to the Kent and Medway CCG's website, cited as the best source for information on future vaccination hubs. It was noted that vaccinations had been carried out by GPs at the homes of those with significant mobility or health issues;
- g. Mrs Wilkins was asked what measures had been implemented to encourage the training and recruitment of healthcare professionals, with an emphasis on GPs. She confirmed that the creation of the Kent and Medway Medical School had contributed positively to Kent's healthcare training capabilities and noted that staff levels were constantly monitored. The role of healthcare partners beyond the NHS in encouraging recruitment was acknowledged. Dr Allingham added that nationally the number of GPs in training had increased over recent time;
- h. a Member asked what support services had been made available to NHS staff during the pandemic. Mrs Wilkins confirmed that staff had access to mental health support through KMPT's Adult Mental Health service, which included online counselling. She made the Committee

aware of recent central government funding received to support critical care staff and reassured Members that staff requests and feedback were considered in the provision of support. Mrs Wilkins acknowledged that further support would be required; and

- i. the Chair asked whether the CCG had given feedback to central government regarding the nationally generated Covid-19 patient vaccination letter, when the possible impact the letter had on increasing pressure on primary care call lines was considered. Mrs Selkirk and Mrs Wilkins confirmed that feedback had been given and agreed to reiterate the concerns raised, with central government.
8. Dr Allingham gave his reassurance that all registered patients in Kent, belonging to one of the nine priority groups would be vaccinated. The Chair implored members of the public not already registered, to register with their local GP surgery.
 9. It was RESOLVED that the Committee note the report.

69. Dermatology Services Update

(Item 5)

Mrs C Selkirk, Executive Director for Health Improvement, Kent & Medway CCG; Mrs P Wilkins, Chief Nursing Officer, Kent & Medway CCG and Mrs N Teesdale, Associate Director of Commissioning, Kent & Medway CCG were in attendance for this item.

1. The Kent and Medway CCG had supplied a report which updated the Committee on the developments and lessons learnt following the suspension of the DMC Healthcare (DMC) North Kent dermatology contract in June 2020.
2. Mrs Teesdale provided a verbal overview of the report and gave a general service update. She confirmed that Dermatology Services had continued throughout the second and third national lockdowns and met current national guidance, 70% of patients had received same-day surgery, whilst 90% received surgery within three weeks. It was noted that face to face and virtual consultations had continued and that patient satisfaction had increased to a rate of 85%. The Committee was informed that the emergency contract given to Sussex Community Dermatology Services (SCDS) had been extended, to provide service stability and bolster patient confidence. Mrs Teesdale reminded Members that a harm review was underway, it was not expected to conclude for some time, pending the completion of patient treatment.
3. Mrs Selkirk was asked how contract decision accountability was governed in Kent and Medway CCG and why there had been a reliance on a lessons learnt approach in analysing contracted services. She noted that Kent and Medway CCG commissioned 100s of successful contracts and that very few required lessons learnt evaluation. It was confirmed that specialist teams dealt with specific services, commissions and contracts, with clinician and patient input

considered in the commissioning process. Mrs Selkirk reassured the Committee that ultimate accountability was held by the CCG's Governing Body and Primary Care Commissioning Committee, that their minutes were publicly available and that qualitative and quantitative data was considered.

4. It was RESOLVED that the Committee note the report.

70. Wheelchair Services Update

(Item 6)

Mrs T Flint, Commissioning Manager, Kent and Medway CCG; Mrs J Sarakbi, Programme Director for Integrated Urgent Care, Lead Commissioner for 999 and 111, Kent and Medway CCG and Mr M Teaney, Service Centre Manager Millbrook Healthcare were in attendance for this item.

1. The Kent and Medway CCG had provided a report with performance updates on commissioned Wheelchair Services, operated by Millbrook Healthcare.
2. Mrs Flint gave a verbal overview of the report and outlined recent performance statistics. She confirmed that service waiting times had continued to fall and that they had met national targets, at an average of 15 weeks, a third of adults had waited 18 weeks in 2018, which had improved to 81% by the end of 2020. The Committee was informed that the service's waiting list had reduced to a third of its peak size. It was noted that despite targets being met, service improvements had continued, this had included the completion of actions recommended following the CCG's last visit. The impact of Covid-19 on the service was addressed, it was confirmed that services had remained open throughout the pandemic.
3. The Chair thanked Kent Healthwatch for their involvement in the scrutiny of the service and identified the overall improvement to Wheelchair Services in Kent.
4. It was RESOLVED that the Committee note the report.

71. Work Programme

(Item 7)

1. The Chair confirmed that Covid-19 and the winter response, 2020-21, would return as an item at the next meeting.
2. It was RESOLVED that, with the addition of the item listed above, the committee's future work programmed be noted.

72. Future meeting dates

(Item 8)

It was RESOLVED that the future Committee meeting dates be noted.

73. Date of next programmed meeting – Thursday 4 March 2021
(Item 9)

It was NOTED that the next meeting of the Committee would be on Thursday 4 March 2021, commencing at 10.00 am.