

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Online on Monday, 28 September 2020.

PRESENT: Cllr D Wildey (Vice-Chairman), Cllr B Kemp, Cllr T Murray, Cllr W Purdy, Mr P Bartlett (Chairman), Mr D S Daley, Mr K Pugh and Ms D Marsh

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

UNRESTRICTED ITEMS

26. Apologies and Substitutes

(Item 1)

Apologies were received from Mr Bryan Sweetland who was substituted by Ms Diane Marsh.

27. Election of Chair

(Item 2)

1. Cllr Wildey proposed, and Mr Pugh seconded that Mr Bartlett be elected as Chair of the Committee. There were no further nominations.
2. It was RESOLVED that Mr Bartlett be elected as Chair.

28. Election of Vice-Chair

(Item 3)

1. Mr Bartlett proposed, and Cllr Purdy seconded that Cllr Wildey be elected as Vice-Chair of the Committee. There were no further nominations.
2. It was RESOLVED that Cllr Wildey be elected as Vice-Chair.

29. Declaration of interests by Members in items on the Agenda for this meeting

(Item 4)

There were no declarations of interest.

30. Minutes from the meeting held on 6 February 2020

(Item 5)

It was RESOLVED that the minutes of the meeting held on 6 February 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

31. Dermatology Services update

(Item 6)

Mrs N Teesdale, Associate Director of Commissioning at the Kent and Medway CCG was in attendance for this item.

1. The Kent and Medway CCG had provided a paper with an update on the suspension of DMC Healthcare's contract to provide dermatology services in Medway, Swale, Dartford, Gravesham and Swanley, the transfer of patients to a temporary service of Sussex Community Dermatology Service (SCDS) and the commission of an independent harm review.
2. Mrs N Teesdale provided a verbal update highlighting the state of dermatology services since the report was published. She confirmed that all patient information managed by DMC Healthcare had been transferred to Sussex Community Dermatology Service's (SCDS) patient information system. Triaging had taken place, all patients on the backlog had been seen or had appointments scheduled, a referral to assessment time of eight weeks was noted. The backlog of patients waiting had reduced from around 7,500 a month ago to 800 at the time of the meeting. New patients to the service were being seen within 8 weeks.
3. Mrs Teesdale confirmed that a deed of termination for the DMC Healthcare contract was to be signed the week commencing 28 September 2020. She explained that the formal process to award a new contract could not begin until the previous contract had been terminated. When asked to confirm when a timeline for the future services would be available, Mrs Teesdale confirmed that a long-term plan would be available following the termination of the contract and she offered to provide the committee with a briefing.
4. Mrs Teesdale responded to comments and questions from the committee, including the following:-
 - a) asked what progress had been made by the harm review, Mrs Teesdale confirmed that lower than expected numbers had been noted, this included 18 serious incidents and 5 patients who had waited significant periods for cancer services. She further noted that until patients had completed their treatment programmes it would not be possible to accurately determine the level of harm;
 - b) asked to what extent the telephone counselling helpline had been used by patients, Mrs Teesdale stated that initial usage had been high, at approximately 100 calls per day, which had been largely comprised of patients requesting status updates. Following the dissemination of status updates, helpline usage had reduced to near zero. She confirmed that the helpline would shut down on 4 October 2020 with SCDS operating a conventional service helpline for patients;
 - c) Mrs Teesdale was asked to reassure the committee that future dermatology service providers would meet service demand. She confirmed that SCDS had begun providing weekly live feed data and monthly full contract data to the CCG and that this monitoring policy would be used with future contracts. A contrast was made with the previous arrangement with DMC where service data had not been received for the first six months of the contract. Reasons given for this included a decision by the CCG to work collaboratively with the provider instead of seeking monitoring data (in light of an unexpected 8,000 patients waiting for treatment that had not been

declared by the previous provider) followed by delays in receiving data due to Covid-19. Mrs Teesdale highlighted the swift action taken by the CCG to suspend DMC's contract within 24 hours of receiving unsatisfactory data returns;

d) asked whether there had been a financial impact as a result of appointing an interim service provider, Mrs Teesdale confirmed that no negative financial impact had occurred and the SCDS service was operating at an identical tariff to the previous contract;

e) Mrs Teesdale was asked whether a transfer of equipment between service providers had been necessary and if so had occurred. She confirmed that SCDS were responsible for sourcing all equipment and consumables for their temporary contract;

f) it was requested that Mrs Teesdale confirm whether the data transfer had occurred between service providers and to outline the measures used to verify the information. She reassured the committee that the data transfer had taken place and that independent validators had been used to validate all data sets prior to the transfer; and

g) asked to confirm whether the data reporting requirements had been provided to the temporary service provider and had been written into future contracts, Mrs Teesdale confirmed that the reporting requirements had been written into the temporary service contract and would be included in future dermatology service contracts.

5. It was RESOLVED that the report be noted and that the CCG provide an update once the service had commissioned a new provider.

32. Provision of Mental Health Services - St Martin's Hospital

(Item 7)

Mrs K Benbow, Director of System Commissioning at Kent & Medway CCG and Mr V Badu, Deputy Chief Executive at Kent and Medway NHS & Social Care Partnership Trust were in attendance for this item.

1. The Kent and Medway CCG had provided the joint committee with a written report on the acute reconfiguration of mental health services at St Martin's Hospital, Canterbury.

2. Mrs K Benbow provided a verbal overview of the report. She emphasised that pre-consultation engagement, which had been planned following the joint committee's 6 February 2020 meeting had been delayed as a result of Covid-19. It was also noted that legal advice had been sought concerning the temporary reduction of inpatient beds across Kent and Medway by 15 and that the joint committee's comments were welcomed. Concerning the internal movement of patients at St Martin's Hospital, Canterbury, Mrs Benbow confirmed that a transfer from the Cranmer to Heather Ward had taken place, patient and family feedback had been positive.

3. Concerning service specifics Mr V Badu confirmed that the service's clinical patient flow team had remained in place to support patient admission and discharge.

He added that the service's support and signposting provision had been extended, to assist individuals that had previously been inpatients but no longer required acute admission.

4. Mrs Benbow and Mr Badu responded to comments and questions from the committee, including the following:-

a) asked what impact the Covid-19 pandemic had had on the level of service use, considering the additional social and economic pressures experienced by individuals, Mr Badu confirmed that the service had continued to monitor demand and cooperate with partners which marked a multi-agency response. He cited Safe Havens as an example of an additional service which had provided crisis support, utilising a virtual and physical service. Mrs Benbow agreed to circulate a written update regarding Thanet Safe Haven to members of the joint committee;

b) Mr Badu was asked whether there had been a change in the provision of beds for patients sectioned under Section 136 of the Mental Health Act. He confirmed that there had been no change in the volume of Section 136 suites;

c) in regard of the patient feedback detailed in the report, it was asked how individuals had noted significant wellbeing improvements in a short timeframe. Mr Badu confirmed that the feedback had been received in relation to the virtual signposting service rather than inpatient therapy; and

d) asked how residents could access the signposting service, Mr Badu confirmed that individuals required a triaged assessment in order to be given access to the service.

6. It was RESOLVED that the report be noted and the following action be taken:

i. Mrs Benbow to circulate a written update regarding Thanet Safe Haven.

ii. A report be provided concerning the impact of Covid-19 on Mental Health Services, including Section 136 Mental Health Services and inpatient bed demand, for the next meeting.

33. East Kent Transformation Programme

(Item 8)

Mrs R Jones, Executive Director of Strategy and Population Health at Kent and Medway CCG was in attendance for this item.

1. The Kent and Medway CCG had provided a report which detailed the progress of the East Kent Transformation Programme including the status of the pre-consultation business case.

2. Mrs Jones provided a verbal overview of the report and confirmed that there had been no change in the business case since the previous meeting of the joint committee. She set out the possible timescale: the Pre-Consultation Business Plan (PCBC) was due to be sent to NHS England/ Improvement on 6 October 2020, and January 2021 was cited as the earliest opportunity to begin a public consultation. Mrs Jones noted that the consultation plan had changed greatly since February 2020, having been reworked to consider public engagement factoring in Covid-19 related social restrictions, the flexibility of the plan was stressed.

3. The Chair recommended that the CCG consider delaying formal public consultation until after the 6 May 2021 Local Elections to depoliticise public engagement.
4. Members requested that the geographical scope of the public consultation be extended to include Medway.
5. A Member raised concerns regarding the reliance of one of the two shortlisted options on a private developer (Quinn Estates). The Committee requested a report on the project viability and an analysis of the proposed developer at its next meeting.
6. It was RESOLVED that the report be noted and the following action be taken:
 - i. At its next meeting, a report be provided setting out the detail and financial viability of the Quinn Estates investment proposal for a new Canterbury hospital.
 - ii. The Kent and Medway CCG strongly consider commencing the public consultation for the East Kent Transformation Programme after the 6 May 2021 elections.
 - iii. It be recommended that Medway residents be included in the public consultation.
 - iv. Any feedback from JHOSC members regarding the revised public consultation plan (appendix A in the agenda) be sent to the CCG outside of the meeting via the clerk.

34. Assistive Reproductive Technologies Policy Review - written update
(Item 9)

It was RESOLVED that the Committee agreed to suspend their scrutiny of Assistive Reproductive Technologies until the Kent and Medway CCG decide to restart their review.