

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 Thursday, 10 June 2021.

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 S R Campkin, Ms K Constantine, Cllr S Mochrie-Cox, Mr H Rayner and Mr D Ross

ALSO PRESENT: Mr R Goatham and Dr C Rickard

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

UNRESTRICTED ITEMS

2. Membership

(Item 1)

1. The Committee noted the change in membership, owing to the recent elections.
2. The Chair noted 1 Conservative vacancy remained.

3. Election of Vice-Chair

(Item 3)

1. Paul Bartlett proposed and Andrew Kennedy seconded that Sarah Hamilton be elected vice-chair of the Committee. There were no other nominations.
2. AGREED that Sarah Hamilton be elected Vice-Chair of the Committee.

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

(Item 4)

No interests were declared.

5. Minutes from the meetings held on 4 March 2021 and 27 May 2021

(Item 5)

1. A Member questioned the late notification to Borough and District representatives of the meeting held on 27 May 2021 (when the Chair of the Committee was elected). The Chair noted that the process of electing KCC Committee chairs (on the rise of the KCC Annual General Meeting after an election had taken place) had been in place since 2008. However, he

understood the concern and offered to raise with relevant officers outside of the meeting.

2. Agreed that the minutes from 4 March and 27 May 2021 were correctly recorded that they be signed by the Chair.

6. Transforming mental health services in Kent and Medway

(Item 6)

In virtual attendance: Karen Benbow, Director of System Commissioning (K&M CCG), Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning (K&M CCG), Vincent Badu, Deputy Chief Executive/ Executive Director Partnerships & Strategy (KMPT) and Dr Rosarii Harte, Deputy Medical Director (KMPT).

1. The Chair welcomed the NHS attendees and invited Karen Benbow to provide an overview of the report. Key points included:
 - i. The impact of covid-19 and subsequent increase in demand.
 - ii. An increase in patients held under the Mental Health Act section 13.
 - iii. New investment in memory services for dementia care.
2. A Member welcomed the update on the provision of Safe Havens but asked if there were plans to expand the service in terms of its hours of operation and provision in North/West Kent. Mr Oldfield explained further analysis was underway before such decisions were made and noted that HOSC would like to be kept informed.
3. Members questioned the role of NHS 111 in the triaging of mental health patients. It was explained that KMPT worked jointly with the 111 provider (SECAMB) and their staff had received appropriate training from KMPT. Since the pandemic, virtual and telephone assessments were being offered, as well as face to face when it was deemed appropriate and necessary. Dr Harte noted the improved joint working across the system over the last year.
4. Members also questioned the role of GPs in providing mental health support, particularly drawing on the low percentage of physical consultations (29%) since the pandemic began. As this was an area of particular concern, HOSC requested a paper on the provision of GP services at a future meeting.
5. In relation to specific concerns around children's mental health, Ms Benbow offered to bring a paper to a future HOSC meeting which the Chair welcomed. This was to include in school support services.
6. Vincent Badu noted the important role of the community in supporting mental health issues and explained that as part of a programme of improvement KMPT had been working on the Prevention Concordat – a programme of community engagement projects that aimed to increase awareness of mental health and encourage discussion (for example, Webbs Garden in St Martins Hospital, Canterbury).

7. The Committee agreed to:

- i. note the report.
- ii. receive regular updates on Kent and Medway's mental health and dementia improvement programme.
- iii. determine on an individual basis if the workstreams constitute a substantial variation of service.

7. Transforming mental health services in Kent and Medway - Eradicating dormitory wards

(Item 7)

In virtual attendance: Karen Benbow, Director of System Commissioning (K&M CCG), Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning (K&M CCG), Vincent Badu, Deputy Chief Executive/ Executive Director Partnerships & Strategy (KMPT) and Dr Rosarii Harte, Deputy Medical Director (KMPT).

1. Karen Benbow introduced the paper, which was a workstream under the previous, Mental Health Transformation, paper. The CCG wanted to remove the final dormitory ward (Ruby Ward at Medway Hospital) and had been successful in a capital funding bid. The proposal was to build a new facility on the Maidstone Hospital site. She noted that patient admissions to Ruby Ward were from across Kent, with just 30% resident in Medway and Swale. The proposal would also result in an increase in overall mental health bed numbers.
2. In response to a question from the Chair, Mr Badu assured the Committee the new facility would be accessible to all Kent residents. He confirmed there were four other adult wards in Kent, and the Patient Flow team were responsible for assessing the needs of the patient and allocating them to the most suitable site (with need taking priority over location, as some wards had specialised support).
3. Robbie Goatham from Healthwatch commented that a 6-week consultation would take place following Medway HASC's declaration of a substantial variation of service.
4. RESOLVED that:
 - i. the Committee does not deem the proposed reprovision of services from Ruby ward, Medway Maritime Hospital to the Maidstone Hospital site to be a substantial variation of service.
 - ii. the report be noted.

8. Covid-19 response and vaccination update

(Item 8)

In virtual attendance: Caroline Selkirk, Executive Director for Health Improvement, K&M CCG, and Lee Martin, Recovery Director, Kent and Medway CCG.

1. Caroline Selkirk introduced the report and provided an update since the report had been published.
 - There had been 1.8 million vaccines in Kent – 1.1m first doses and 700,000 second as of Thursday 3 June.
 - Uptake of vaccines had been 91%.
 - The 24-29 age group were being invited for vaccination.
 - There would be a pop-up vaccine centre in Ashford next week.*
 - ¾ of vaccines had been delivered by primary care, and she thanked volunteers for their work in supporting the vaccine programme.
 - Noted close work with Public Health.
 - Awaiting guidance on vaccinating children and boosters.
 - The number of patients in hospital with covid was low.
 - A post covid assessment service had opened.
 - Primary care was seeing an increase in demand. Rollout of the vaccination programme was on top of their usual workload.

2. A member noted the reduced number of face-to-face GP appointments and asked if this would increase. Ms Selkirk acknowledged the reduction and explained that a working group had been established. She explained there were a number of patients contacting their GP surgery regarding non-primary care matters, and this put a strain on services.

3. A member questioned the impact on staff from the increased pressures, noting that they had heard there were 44 clinical vacancies at QEQM hospital. Ms Selkirk explained work/ life balance had been returning to normal following the use of staff rotas at vaccine centres as well as needing less staff now routines were more embedded. KMPT were offering support services to struggling staff. Staff recruitment was challenging but Trusts were advertising locally, nationally and internationally. Bed modelling was used to monitor capacity and demand and more work was being undertaken in this area. Mr Martin offered to provide a response specific to QEQM outside of the meeting if required.

4. The representative from the Local Medical Committee (LMC) and GP in East Kent, Dr Rickard, provided a summary of primary care's response to the pandemic. She explained:
 - Primary care was under-resourced before the pandemic.
 - When the pandemic hit, GP surgeries followed government advice and moved to a telephone triage system. Patients were invited to a face-to-face meeting if it was deemed necessary.
 - Some frontline clinicians had themselves been required to shield.
 - Hot hubs were established for acutely unwell people, as well as assistance to stay at home.

- Primary Care Networks, and the GPs within them, have led the vaccination programme roll out on top of their usual workload.
 - There had been an increase in demand across the entire health system.
 - GP surgeries were experiencing a high number of call from patients wanting an update on their secondary care appointments (that they were unable to help with).
 - Moving forward, more face-to-face appointments were taking place, working alongside a telephone triage system.
5. In response to a question around demands on the primary care system, Ms Selkirk confirmed a national redesign programme was underway, which would look at what had worked well and not worked well and building on these. Triage had benefits, though there had been different experiences across surgeries. Triage had its limits, mainly due to staffing numbers, so leaders needed to consider how the demand on that service could be reduced – how could non GP enquiries be managed? One member cited the importance of keeping website and social media updated so patients would not need to phone up. Ms Selkirk recognised the need to utilise other methods of communication to reduce the strain on GPs. Dr Rickard gave the example of a pilot underway in East Kent where a patient access line was in use to support GP phonelines.
 6. A member questioned the effectiveness of telephone triage on mental health patients, as the first point of contact was often vital, especially if they were in crisis.
 7. A member highlighted the importance of equal access to services, citing a stalled life expectancy rate amongst women.
 8. The Chair mentioned the “My GP” app, which he had personally used and found effective, though he noted it may not be used by all Kent surgeries. Another Member acknowledged the app but noted that not all necessary information was available on it. Ms Selkirk believed the utilisation of apps would improve over time but that this was not within the control of the CCG.
 9. A Member asked if there was a dedicated phone number for mental health patients, to which Ms Selkirk said NHS 111 was the first point of call for all patients regardless of symptoms. She acknowledged work needed to be done to provide easier and more direct access to mental health lines.
 10. Members expressed their thanks to all NHS staff for their work and support during the pandemic.
 11. RESOLVED that the Committee note the report.

**Post meeting note – the pop-up vaccine centre was in Canterbury, not Ashford.*

9. Urgent Care Review programme - Swale

(Item 9)

In virtual attendance: Justin Chisnall, Director of Integrated Care Commissioning Medway and Swale, Kent and Medway CCG.

1. Justin Chisnall provided an overview of report, following on from the discussion that had taken place at the previous meeting. The expectation was to introduce an Urgent Treatment Centre model, where the UTC would be GP-led and offer an integrated service.
2. It was proposed the move be implemented over two stages – the first centring on engagement around the current GP surgery and walk-in unit (provided by DMC Healthcare) whose contract would end in Autumn. The expectation was that the GP surgery would move into the MIU whilst a specification was developed around provision of a UTC.
3. Mr Chisnall advised it was too soon to state where the final location(s) would be, though it was recognised there was need for provision on the Isle of Sheppey.
4. AGREED that the report be noted and the Kent and Medway CCG return to update the Committee at an appropriate time.

10. Medway Foundation Trust - CQC inspection - update

(Item 10)

In virtual attendance: George Findlay, Chief Executive, Medway Foundation Trust

1. George Findlay, the new Chief Executive of the Medway Foundation Trust provided a verbal overview of the report and highlighted the progress made since the published CQC inspection, whilst noting that more needed to be done. The Trust had received high level verbal feedback on subsequent CQC inspections which had taken place, with the final reports anticipated at the end of June/ early July.
2. Mr Findlay addressed concerns around staffing numbers, explaining that the Trust had seen a rapid increase in nursing numbers. He recognised recruitment needed to be supported by a higher retention rate.
3. A Member drew attention to the CQC inspection report's negative comments about governance and culture. Mr Findlay said it was his priority to understand the behaviours of governance and culture across the whole Trust as he recognised the link between culture and an effective service. He acknowledged improvements were needed and felt his background from different NHS trusts would help.
4. A Member asked if international recruitment (as cited in the report) was a sustainable method. Mr Findlay noted the historic reliance on international recruitment in UK, perhaps more than was healthy. He believed that

encouraging training in the UK was important as well as making MFT an employer of choice.

5. A Member asked for assurance that the skills base of staff was stable. Mr Findlay confirmed that there was a variety of experience across services, noting that experienced (as well as less-experienced) nurses had been recruited, with new recruits carefully selected and developed through a practice education department. A talent management strategy was discussed at Board level.
6. The Chair noted the role of affordable housing in attracting key workers.
7. A Member asked if analysis was carried out to understand why staff left and where they went. Mr Findlay confirmed that exit interviews were conducted, though it was down to the employees to disclose what job they were moving into. He cited career advancement and culture as key reasons people had left the Trust, and noted that staff turnover had increased since beginning of the pandemic.
8. RESOLVED that the report be noted.

11. Healthwatch Kent and Medway - "Pharmacies and Covid: the reality" - update *(Item 11)*

In virtual attendance: Robbie Goatham, Manager at Healthwatch Kent, Lucie Price, Healthwatch Kent, Shilpa Shah, CEO at Kent Local Pharmacy Committee (LPC).

1. Lucie Price introduced the report, highlighting that:
 - 55% of pharmacies said morale had improved since first wave.
 - Communication between pharmacies and GPs has worsened.
 - Pharmacy workload continued to increase, in part due to signposting from GP surgeries.
 - Many patients were unaware of the service offer from pharmacies.
2. Shilpa Shah raised the issue around funding of pharmacies, noting that the impact may result in pharmacies closing. A £370m covid support loan was likely to need paying back. A key issue was around displaced patients, whereby pharmacies were a fallback for those patients unable to access other healthcare services.
3. A Member asked how the presence and role of community pharmacies was promoted. Ms Shah explained the difficulty in this because of the way services were provided by private companies but said the NHS Voice website showed where residents nearest pharmacies were located.
4. In terms of funding, the Chair asked if the £370m loan given to pharmacies was ever portrayed by the Government as a loan or was it set out as a grant/to be written off. Ms Shah explained it had been given as loan, but the implication

was that it wouldn't need to be paid back. A year on and it was still being negotiated. She invited Members to lobby their local MPs and offered to send the clerk further information after the meeting.

5. RESOLVED that the Committee note the update, and the chair undertook to consult with officers as to the best way to show support for pharmacies on this issue. Members agreed to this suggestion.

12. East Kent Hospitals University NHS Foundation Trust - CQC inspection (written update)

(Item 12)

1. AGREED that the report be noted.

13. Work Programme 2021

(Item 13)

1. Following discussion during the meeting, the Committee agreed to add the following items to the work programme:
 - a. NHS first 111 - service update (including mental health)
 - b. Children and young people's mental health services
2. AGREED that the work programme be noted.

14. Date of next programmed meeting – Wednesday 21 July 2021 at 10:00

(Item 14)

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