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 Tuesday, 31 January 2023.

PRESENT: Mr P Bartlett (Chair), Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr S R Campkin and Mrs L Parfitt-Reid

PRESENT VIRTUALLY: Ms K Constantine, Mr J Meade, Cllr K Tanner

ALSO PRESENT: Mr R Goatham and Dr C Rickard

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

UNRESTRICTED ITEMS

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

(Item 2)

Mr Chard declared he was a Director of Engaging Kent.

The Chair declared he was a representative of East Kent authorities on the Integrated Care Partnership.

100. Minutes from the meeting held on 30 November 2022

(Item 3)

RESOLVED that the minutes from the meeting held on 30 November 2022 were a correct record.

101. Kent and Medway Integrated Care Strategy

(Item 4)

This item was taken after item 5.

In attendance for this item: Vincent Badu (Chief Strategy Officer, K&M ICB) and Ellen Schwartz (Deputy Director of Public Health, KCC – virtual)

1. Mr Badu introduced the item, explaining that the interim strategy was developed in partnership with local councils and set out how the local population's needs would be met and how health inequalities would be reduced. It was a statutory duty to have a Strategy in place, but it was recognised that the 12-week turnaround had not allowed for significant engagement, which was now commencing. The Strategy was predicated on working together to focus on the wider determinants of health, including the prevention of poor health. Part on

ongoing engagement was seeking input around how the strategy should be prioritised in local places, acknowledging that areas had different needs. A clear logic model was being followed for measuring impacts and identifying improvements achieved.

2. The ICB was investing an annual budget of £5.4m to reduce health inequalities. The money would be delegated to Health and Care Partnerships to support the delivery of those parts of the strategy at a local level.

3. Ms Schwartz spoke of upstream prevention throughout the life course of an individual. This involved identifying groups of people and understanding their needs and how to address any inequalities.

4. A Member questioned whether the Strategy conflicted with KCC's Community Services consultation. Mr Badu had not been closely involved in that programme but recognised that across the public sector there were challenges with resources. He said it was right to prioritise focus and use resources differently, whilst recognising that supporting preventative services reduced people's need to access secondary care. A whole system approach was needed.

5. A Member asked how the Committee could best support the strategy. They thought having a debate around priority areas could offer constructive outcomes. Mr Badu supported the idea of focussed discussions at HOSC.

6. The Chair spoke of the importance of early engagement with HOSC about upcoming changes, whether that be an informal briefing or formal presentation at committee.

7. Mr Badu expected the final strategy to be published in Autumn 2023. Public Health were leading on the related Local Health and Wellbeing Board plan.

8. Dr Rickard from the Local Medical Committee raised several points:

    a. Housing developments such as Otterpool Park were referenced in the Strategy, but it was not set out how General Practice would be provided.
    b. She did not feel the Strategy adequately reflected capacity and workforce constraints, nor how those challenges would be addressed.
    c. Patient flow was mentioned in the Strategy, particularly around demand on Emergency Departments exacerbated by Primary Care and inappropriate referrals leading to full hospitals. Dr Rickard did not feel this was entirely accurate as there were capacity issues across the healthcare system, with elective backlogs and a workforce crisis all contributing. She hoped to see more detailed projections on how the Kent Medical School would alleviate workforce issues.

9. Mr Badu responded to say the Strategy was pitched at an overarching level across Kent & Medway. There were representatives from primary care on the Health & Care Partnerships and planning at place level was vital. He felt the best place to address those concerns was at those place level meetings. The Strategy needed to sit alongside other documents, such as the Primary Care Strategy that was in development.

10. The Strategy set out the intention to have a single social prescribing platform. A Member asked what evidence was available to support that decision. Mr Badu explained that the Public Health team were central to pulling together the evidence and using it to inform the Joint Strategic Needs Assessment (JSNA) along with their wider work. Ms Schwartz reflected that lots of work around social prescribing was underway, but it was not joined up which was what the Strategy aspired to accomplish. Impacts on wider determinants of health were the core business of Public Health.

11. Mr Badu's department was leading on the development of a population health management system, part of which was looking at how segmentation outcomes were used and how the population could be stratified to identify the most vulnerable, leading to targeted interventions.

12. The Chair recognised the close links with the Public Health & Health Reform Cabinet Committee and suggested that holding joint briefings might be an effective use of resource.

13. Concerned about continued workforce and capacity issues, and the impact of ongoing pay disputes, Mr Camkpin proposed the following motion:

    "That the Committee write to the Prime Minister to engage in a meaningful way with the relevant trade unions."

14. There was no seconder, the motion fell.

15. Mr Badu acknowledged the concerns around workforce and said he would return to the Committee about the Primary Care Strategy in due course.

16. Asked about the role of the voluntary organisations, Mr Badu expressed how vital that sector was to realising the aims of the Strategy. Their role was often around prevention and engagement, which did not always need to be carried out by highly trained clinicians. The voluntary sector could also carry out activities at a pace the NHS could not.

17. Over the course of the Strategy, there was an aim to reduce people's need for requiring secondary care services by providing more support downstream. Part of this would be signposting to wellbeing support. Mr Badu confirmed voluntary

organisations would be engaged about planning and also how they were resourced.

18. The Chair thanked Mr Badu and Ms Schwartz for their time. Looking to the recommendations in the paper, Members were keen that the plan around the new way of working would be an iterative process and develop over time.

RESOLVED that the Committee:

i) note the contents of the Kent and Medway Interim Integrated Care Strategy

ii) delegate authority to the Clerk, in consultation with the Chair of the Committee, to develop a future way of working, that will be shared with Committee Members for comment ahead of implementation.

102. Mental Health Transformation - Places of Safety

(Item 5)

In virtual attendance for this item: Louise Clack (Programme Director, Mental Health Urgent and Emergency Care K&M ICB), Dr Adam Kasparek (Psychiatry Liaison Consultant, Deputy Clinical Director of Acute Services, KMPT) and Matt Tee (Executive Director for Communications and Engagement, ICB)

1. Ms Clack explained that in Summer 2022 the Kent & Medway Integrated Care System had been awarded capital funding ringfenced for safety improvements to the mental health urgent and emergency care pathway. The proposals set out in the paper were to change the current Section 136 (S136) pathway and the existing Health Based Place of Safety (HBPoS) base and estate. The changes fell under the “Kent and Medway Mental Health and Emergency Care pathway transformation programme”.

2. Due to a tight turnaround for the submission of the bid there had been no opportunity for formal consultation. Those informally consulted included SECAMB, Kent Police and those with lived experience. The ICB were actively engaging key stakeholders and intended to take the proposal to public consultation in the near future.

3. Members were informed there had been a reduction over time in the use of S136 suites, largely due to investment in a police advice line.

4. The ICB wanted to reduce the amount of time service users spent in a place of safety and improve their overall experience. It was also hoped the changes set out in the report would improve the recruitment and retention of staff.

5. A Member noted that there were currently 5 places of safety across 3 sites (2 in Maidstone, 2 in Canterbury and 1 in Dartford), and the proposal was to maintain 5 places but all at 1 Maidstone site (Priority House). Maidstone had been identified as the most suitable location due to its accessibility and affordability.

Ms Clack confirmed that capital works would be required at Priority House to make room for the additional places.

6. Asked if the Home Treatment team had the power to admit and prescribe, Dr Kasparek confirmed they did.

7. Asked about accessibility for friends and family, it was explained that a place of safety was used for a timely assessment of need for a period of up to 24 hours (with a possible extension by 12 hours). Visiting was therefore rare and often not appropriate. The Pre-Consultation Business Case included a travel impact assessment. Under the current system, patients were taken to the HBPoS with immediate availability, regardless of where they resided.

8. The current estate was outdated and lacking in resilience, it also did not meet recommended standards and best practice. National standards for HBPoS recommended that each suite had access to fresh air as well as offering a bedroom, a de-escalation space and access to a lounge area. Dartford and East Kent suites did not have access to fresh air and only offered one room that was not purpose built. Some service users had described the suites as worse than being in a prison cell.

9. In terms of usage, 2 years ago there had been over 150 patients each month. In December 2022, that had reduced to 55. It was hoped that number would reduce further as improvement work on the mental health pathway continued.

10. Asked about the Crisis Resolution & Home Treatment team, it was explained that there were 5 locality teams across Kent & Medway. The team provided planned interventions as well as urgent assessments, which could cause conflict. A revised home treatment model was planned which would separate those areas of responsibility, establishing a Rapid Response team and an Enhanced Home Treatment team. The intention was for them to be multi-disciplinary, including pharmacists, pharmacist technicians, social workers, psychologists and dedicated occupational therapists.

11. Mr Tee explained engagement both planned and underway. In what was a sensitive area, pre-established organisations such as Mind would be involved as well as direct contact with previous service users. Mr Goatham from Healthwatch confirmed they had been contacted in relation to the consultation and sharing existing experiences. A Member suggested Housing Associations be approached as part of the consultation.

12. A Member asked how police officers considered if a person needed to be detained under S136 powers. If a police officer had concerns that someone may have a mental health disorder and be at risk to themselves or others they could execute their right to have a doctor’s assessment. Police officers had access to a phone line for advice if required. They would then transfer the person to a

S136 suite. A social worker would arrange for a doctor's assessment. The time taken between detention and assessment could be a few hours, as the social worker would need to identify and wait for 2 trained doctors to arrive. However, within 1 hour an on-site doctor would attend and review the patient, and a registered nurse would offer therapeutic interventions.

13. The proposed centralisation of S136 suites sought to streamline the process by having the required personnel operating from one site. A centralised list had been created of personnel who could undertake assessments.

14. Most cases took place out of hours, when there was a reduced complement of Approved Mental Health Practitioners (AMPs). Another benefit to centralisation was that rather than have staff travelling across the county between the three current sites, there would be a dedicated team located alongside the HBPoS.

15. A Member raised concerns that only 5% of Mental Health Act assessments were completed within the nationally and locally recommended 4 hours, and did not feel mental health attracted the same attention as physical health. They were concerned about the proposal to reduce HBPoS localities from 3 to 1.

16. The Chair accepted those concerns and noted that the proposals were dependant on securing enhancements at the Maidstone site. The consultation would also be particularly sensitive. For those reasons he recommended the changes were substantial.

RESOLVED that

i. the Committee deems that proposed changes to places of safety are a substantial variation of service.
ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

103. Specialist Children's Cancer Services
(Item 6)

This item was taken after item 4.

In virtual attendance from NHS England for this item: Janet Meek (Regional Director of Commissioning (Specialised Services)), and Hazel Fisher (Director of Transformation and Programmes, Specialised Services).

1. Ms Meek introduced the item, explaining that the current main Principal Treatment Centre (PTC) located at Royal Marsden Hospital did not have a Paediatric Intensive Care Unit (PICU) and therefore no longer met the standards required to host the service. The Hospital had decided to withdraw from the contract.

2. NHS London had undertaken an options appraisal for the location of a future PTC. The shortlisted options were St George's University Hospital and Guy's and St Thomas' at Evelina Children's Hospital.

3. The intended benefits of a relocation included better care on a single site, compliance with the standards, fewer treatment transfers and improved development opportunities for staff.

4. Residents from a broad geography accessed the specialist services and NHS England were therefore consulting neighbouring HOSCs. The Committee were told 107 children from Kent and Medway accessed the service in 2019/20, which was a similar number to other affected counties. Both options would require travel to London, as the current location did.

5. Ms Meek explained the NHS were entering the pre-consultation phase, scheduled for early June for a duration of 12 weeks. It was hoped there would be a decision about the new site by the end of October 2023.

6. Asked why the data was not more recent than 2019-20, Ms Meek explained that due to the pandemic, those figures were the most accurate available. A data lake had been established pre-covid using 2019-20 data and this had been assured and validated by Trusts. Patient numbers remained fairly stable and the current numbers were not expected to have changed significantly since 2019-20. That assertion would be supported by NHS London carrying out deep dives into specific areas. The data lake exercise had been extensive and it was not felt that significant value would be added by carrying it out again so soon.

7. A Member questioned the impact on travel and accessibility of the proposed sites. Ms Meek explained the use of shared care units which allowed children and young people to access some elements of their care closer to home. The options appraisals had included travel analysis. Ms Fisher added that public transport was not always the most appropriate option for patients and that transport and refunds for parking charges were offered where appropriate. These would be set out in the Pre-Consultation Business Case.

8. Asked if there had been any conversations with Transport for London on behalf of those requiring regular access to care, as to whether they could be exempt from charges, Ms Meek said she would take the idea away to look into.

9. Members asked what work had been undertaken with charities. Ms Fisher explained a stakeholder group had been established as part of the programme's governance, and charities were represented on this. This would ensure they could be kept updated and the consultation's reach could be maximised, perhaps by commissioning charities to run elements of the consultation.

10. The Chair summarised the discussion, highlighting that service provision was expected to be the same albeit from a different site, still in London. Just over 100 children per year would be affected, and the re-location would result in less transfers between multiple sites. Some engagement had commenced, and more was due to take place. For those reasons he proposed the change I was not substantial but invited NHS England back to present the results of the consultation.

RESOLVED that

i. the proposals relating to children's cancer services are not substantial;
ii. NHS representatives be invited to attend HOSC and present an update after the consultation.

104. Vascular Services (East Kent and Medway)
(Item 7)

1. The final decision of NHS England Specialised Commissioning around an interim location for Vascular Services in East Kent and Medway was reported to the Kent and Medway Joint NHS Overview and Scrutiny Committee (JHOSC) in December 2022.

2. Members of HOSC were asked to consider if they supported JHOSC's recommendation not to refer to the Secretary of State.

3. The Chair moved that the recommendation should be supported.

RESOLVED that the Committee endorse the recommendation of the JHOSC and support the decision of NHS England about the medium-term model of care for vascular services in East Kent and Medway.

105. Children and Adolescent Mental Health Services (CAMHS) Tier 4 provision
(Item 8)

1. An informal briefing had been requested on this subject by the Committee.*

2. Members of the Committee did not feel the written responses to previous questions had been adequately answered. One Member felt it supported the challenge that mental and physical health were not treated equally.

RESOLVED that the Committee consider and note the response and invite the NHS to attend with an update at an appropriate time.

**post-meeting note – the briefing was cancelled and formal attendance at the next HOSC meeting was requested.*

106. Work Programme
(Item 9)

1. Members requested the following items be added to the Committee's work programme:

    - Maidstone and Tunbridge Wells Trust – outcome of the investigation into the death of Tommy Kneebone to be reported in person to the Committee.
    - A further report on access to GP appointments and the broader issues associated with that. A representative of the Local Medical Committee to be invited to attend.

RESOLVED that the work programme be agreed.

107. Date of next programmed meeting – 28 March 2023
(Item 10)