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, 29 February 2024.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Mr N J D Chard, Mrs P T Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Ms K Constantine, Mr R G Streatfeild, MBE, Cllr P Cole, Cllr H Keen, Cllr K Moses, Cllr L Sullivan and Mr D L Brazier

ALSO PRESENT: Dr J Jacobs

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS

162. Membership
(Item 1)

It was noted that Ms Wright had rejoined the Committee.

163. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

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

2. Cllr Cole declared he was on the West Kent and Tunbridge and Malling Integrated Care Board Partnership Forums and the West Kent Elected Members Forum as well as portfolio holder for Housing and Health at Sevenoaks District Council.

3. Mr Chard declared that he was a Director of Engaging Kent.

4. Dr Sullivan declared that she was the Cabinet Member for Community and Leisure at Gravesham Borough Council.

5. Mrs Parfitt-Reid declared that she was Cabinet Member for Housing and Health at Maidstone Borough Council.

6. Cllr Keen declared that she was the Cabinet Member for Neighbourhoods at Thanet District Council.

164. Minutes from the meeting held on 7 December 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 7 December 2023 were a correct record and that they be signed by the Chair.

165. Revisions to the Terms of Reference of the Health Overview and Scrutiny Committee (HOSC)
(Item 5)

1. The Clerk introduced the report and provided an overview of the revisions to the Terms of Reference following regulation changes that came into effect on 31 January 2024.

2. The Chair drew attention to the importance of Members declaring possible conflicts of interest at each meeting.

3. Members discussed their views on the changes under the new regulations:
    a. The Chair welcomed the ability for all stakeholder groups to make a call-in request to the Secretary of State but was disappointed that the Secretary of State was not required to respond.

    b. A Member was disappointed with the removal of the right to refer as it was a key power of HOSCs.

    c. Providing clarity on the difference between a call-in request and a referral to the Secretary of State, it was explained that a referral automatically paused an NHS reconfiguration whereas a call-in request would not do that. Only the Secretary of State would be able to determine if a proposal would be called in and paused.

    d. Members wanted to know what action, if any, was being taken by the Local Government Association and the County Council Network.

4. A Member suggested that the principles in the Terms of Reference be extended to include transparency, accountability and delivery. The Committee were in agreement. The Terms of Reference and suggested additions would go to Selection and Member Services followed by full Council in March.

5. RESOLVED that the Health Overview and Scrutiny Committee request that the Selection and Member Services Committee discuss the proposed changes to the terms of reference of the Committee and consider recommending to County Council that the changes be adopted.

166. East Kent Hospitals - financial performance update
(Item 6)

Tracey Fletcher, Chief Executive, EKHUFT and Tim Glenn, Interim Chief Finance Officer, EKHUFT (on secondment from Royal Papworth Hospital) were in attendance for this item.

1. Ms Fletcher and Mr Glenn introduced the report which set out the financial deficit of the Trust. Mr Glenn provided some background context, explaining that when the Covid-19 pandemic started in 2020, East Kent Hospitals responded by recruiting over 1600 staff, using enhanced rates to attract candidates. That growth had contributed to the Trust's current financial position. Post pandemic, the population's needs had changed, with increased A&E attendance, demand for elective care and higher rates of mental health incidence. That was accompanied by high inflation and economic instability. He reflected that the Trust had struggled to respond effectively to those changes and had not returned to pre-pandemic levels of efficiency and patient flow. This prevented them from accessing new funding opportunities.

2. In response to a question from the Chair about the impact of industrial action, Mr Glenn explained that there were direct impacts such as the cost of temporary and cover staff, but also indirect impacts, such as theatres not being used because of insufficient staffing levels. It was noted that it was harder for staff to engage with the required plans for service change when industrial action was ongoing.

3. Mr Glenn said that a safer staffing review was underway which would ensure optimised staffing levels across all areas of the hospital. It would also consider pay levels.

4. A Member asked how staff were being listened to and whether they were being relied upon to work overtime. Anecdotally, they had heard of staff being disciplined and wanted to know how widespread this was. Ms Fletcher said she was unaware of any disciplinaries for staff trying to deliver care but would review. Staff forums were being used to discuss how care could be delivered in a more effective and efficient way. Quality of care could be improved by managing pathways more tightly and staff had real insight as to how to that could be achieved. Work was ongoing on creating a culture Trust-wide where staff felt that their input on the future direction of the Trust was valued.

5. The Chair noted the Trust's wide portfolio of hospitals and questioned whether more than one Trust was needed. Ms Fletcher responded that nationally there was a move to create larger NHS Trusts as that allowed for more specialisms and less fragmentation as well as greater opportunities for staff. She reflected on the unique challenges of EKHUFT – being surrounded by coastline restricting the flow of staff and the age of the estate. The Trust were working with KCC, KCHFT and private care providers to consider how health and care could be provided in a different way in future but there was a long way to go.

6. Members asked about the process the Trust was undertaking to manage the financial issues. Mr Glenn provided an overview of the three-phase project that would be undertaken over the next 12 months and what measures would be employed to manage the deficit and return to pre-pandemic levels of productivity. It was noted that it would be a three-to-five-year programme to get the Trust back to a break-even position.

7. Member's wanted to understand the impact on care for patients, and Mr Glenn said that an update could be provided in September 2024 on progress and next steps.

8. RESOLVED the Health Overview and Scrutiny Committee considered and noted the report.

167. Specialist Children's Cancer Services
(Item 7)

Ailsa Willens, Programme Director, NHSE London, Sabahat Hassan, Head of Partnerships and Engagement, NHSE South East, (Virtual) Catherine Croucher, Consultant in Public Health, NHSE London, (Virtual) David Barron, Regional Director of Specialised Commissioning and Health & Justice, NHSE South East and (Virtual) and Chris Streather, Regional Medical Director, NHSE London were in attendance for this item.

1. Members were provided an overview of the ongoing work on the future location of specialist children's cancer services in South London and South East England as well as the feedback from the public consultation and engagement activities.

2. It was noted that children's cancer services were required to be provided in locations with access to other children's services and intensive care units to enable joined-up and coordinated care for very ill children. The move was intended to future-proof the care provided as new 'aggressive' treatments made the need for access to intensive care and other provisions greater.

3. A Member asked if the concerns of staff had been taken into consideration and whether TUPE would apply if they were required to transfer to the new site. Ms Willens advised that staff had been consulted throughout the process and the impact of the change had been taken into account. Most staff would be eligible for TUPE.

4. Ms Willens said last year there had been 35 transfers to a hospital site with a paediatric intensive-care unit (PICU), though only 15 went on to require that care.

5. A Member asked what consideration had been given to parents' feedback in an online petition. Ms Willens said they had been engaged and that some of the parents were members of a stakeholder group. The feedback would be taken into account in the final decision-making business case.

6. Members discussed the accessibility and cost of travelling to the service, wherever it was located.
    - an integrated impact assessment had been undertaken which considered journey time and cost.

- St Georges and Evelina sites were accessible by public transport but most parents chose to travel by car due to the risk of infection on public transport.
- service users were supported with reimbursements for costs incurred and the NHS Trust would support families in accessing that. Support was not available unless the patient was in the car.
- Members asked what options were available around pre-loaded cards for public transport, so parents did not have to navigate reimbursement processes.
- The support available needed to be publicised effectively.

The Committee wanted to engage with

- Transport for London (TFL) to ensure that the Ultra Low Emissions Zone (ULEZ) charges and others would not apply or that reimbursement was available to affected families.
- travel providers on the provision of concessions and travel passes.

7. There was concern about the capacity of the Evelina site to host the service. Ms Willens said that the Hospital had plans to reorganise its services and make use of vacant spaces to house the children's cancer services if successful. Much work and planning had been undertaken by both Trusts and a business case proposal would need to be developed with more details on the reconfiguration for whichever Trust was successful.

8. Ms Willens said a public document would be published setting out how the feedback received was incorporated into the final plans.

9. RESOLVED the Health Overview and Scrutiny Committee note the report.

168. Kent and Medway Children and Young People's Mental Health Services procurement
(Item 8)

Sue Mullin, Associate Director: Children's Mental Health, K&M ICB, Mark Atkinson, Director of Commissioning, K&M ICB and Sara Warner, Engagement lead, NHS Kent and Medway were in attendance for this item.

1. Ms Mullin introduced the item, providing a summary of the procurement work undertaken to date. Members had received an informal briefing on the topic in February 2024. There were three main elements to the future contract:

    a. Specialist (tier 3) (currently provided by NELFT)
    b. Education (tiers 1-2) (NELFT currently provide the mental health support teams in schools)
    c. Therapeutic services (tiers 1-2)

2. A Member asked what additional support could be provided at the lower tiers to prevent young people escalating to tier 4. Ms Mullin reflected that improvements had been made and fewer young people were going into, and

staying at, acute hospitals. Services in Medway had aligned investments in an integrated way which had resulted in a reduced demand for tier 3 services. It was proposed that the model be replicated across Kent.

3. It was asked how primary care would be involved in shaping the specification of the tier 1 and tier 2. Ms Mullin said there had been a considerable amount of engagement, including with primary care clinicians, and the ICB were committed to working with primary care throughout the process. It was noted that there would be grants available for local people to commission local services. This would sit alongside the children's navigators and the mental health practitioners who were now available across Kent. Resources would be drawn from a range of partners including the NHS, local authorities, schools and others.

4. National investment would result in budget growth of the Mental Health Support Teams in schools from £6 million to £9 million by 2028. A Member queried how that service would be delivered as they felt youth services were best placed. Ms Mullin responded that the schools element of the contract was delivered under a national framework and spend was ringfenced to that area. Future providers would be expected to engage with other services, including Family Hubs.

5. A 13-year contract duration would allow data to be tracked across the lifetime of the contract. Ms Mullin confirmed there would be break clauses built in along with periodic reviews.

6. A Member noted that certain groups of children were not specified as vulnerable, such as those from Gypsy, Roma and Traveller (GRT) communities, children in kinship relationships and foster children. Ms Mullin advised that there was not an adequate level of data available to understand where gaps in provision were but the new contract would support data collection. There would be work on providing alternatives to enable GRT children to access support following feedback.

7. Members were concerned about performance against the 18-week target. Ms Mullin accepted that and noted an assessment of risk was conducted at a patient's first point of contact and could be carried out again if their situation changed before their first appointment.

8. Members noted the relevance of the update paper for other Council Committees, such as CYPE Cabinet Committee and the SEND Sub-Committee.

9. Mr Streatfeild proposed and Mr Chard seconded that the Kent and Medway Children and Young People's Mental Health Services procurement represented a substantial variation for the residents of Kent.

10. The Chair provided a summary of the main points of the discussion and the areas the Committee would like further information on. This included:

a. the different ways of working across Kent and Medway once the Family Hubs model was rolled out,
b. how care navigators would operate on a practical basis,
c. how the young person's voice was being heard,
d. the involvement of primary care and how the council could support information sharing.

11. RESOLVED that

(a) the Committee deems that the procurement of CYPMHS in Kent and Medway is a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

169. HASU implementation
(Item 9)

Dr Peter Maskell, WKHCP Medical Director (Integrated Care), Maidstone and Tunbridge Well NHS Trust, Dr Kate Langford, Chief Medical Officer were in attendance for this item.

1. The Chair read a question received from a member of the public about the availability of mechanical thrombectomy in the county. He also raised his concern about the delay in establishing a HASU at William Harvey Hospital.

2. Dr Langford introduced the report and confirmed that a thrombectomy unit would be located at the Kent and Canterbury Hospital after being commissioned by the ICB. It was a separate project to the HASU. Dr Langford and Dr Maskell provided further information on the importance of co-location of mechanical thrombectomy with interventional radiology. It was noted that no A&E was required on site but good transport links.

3. Dr Maskell provided further information on the current pathway for mechanical thrombectomy in Kent, which saw patients accessing care at the Royal London Hospital. It was recognised that the wait time at home was a concern and that there was an ongoing public health campaign.

4. A Member requested more information on the call-to-needle time, as any delays could have a significant impact.

5. The Committee echoed the Chair's concern about the delay of the HASU at William Harvey Hospital, which they felt disadvantaged East Kent residents. Dr Langford said there was a commitment to delivering a HASU at that location but at the last Gateway Review, there was not adequate assurance that East Kent Hospitals University NHS Foundation Trust (EKHUFT) had plans in place to take the project forward. The ICB were working with the Trust to produce the required plans. It was noted that the stroke service at Kent and Canterbury Hospitals was performing well, but that was not a suitable long term location for a HASU because there was no A&E on site.

6. A Member expressed concern about the scanning process at the Queen Elizabeth The Queen Mother (QEQM) Hospital and questioned why there were not two scanners on site. Dr Maskell said that most acute hospitals had two scanners and he would confirm this outside of the meeting.[1]

7. Mr Goatham (Healthwatch) queried the recruitment for the WHH HASU, asking whether it would be affected as the other 2 HASUs in the county would be ready sooner. Dr Maskell said that staffing had been identified as a driving factor to poor performance. It had been agreed by the three acute Trusts that they would recruit together but the delay to the William Harvey needed to be considered and reviewed.

8. A Member asked for assurance that the issues identified at the Gateway Review were being addressed and asked the timeframe around this. Dr Langford responded that greater cost detail was required in the plans and the Trust were working at pace to finalise that. It was anticipated that it would take one to two months to complete.

9. RESOLVED that the Health Overview and Scrutiny Committee:

    a. have not been assured by EKHUFT and the Integrated Care Board that works would proceed on the scheme at William Harvey Hospital.
    b. note the commitment that the HASU will open at William Harvey but with significant delay.
    c. request a briefing as soon as possible on the plans and timetable for opening the HASU at WHH.

170. Child and Adolescent Mental Health Services (CAMHS) tier 4 provision *(Item 10)*

Nina Marshall, Programme Director Adult Eating Disorder Provider Collaborative /CAMHS Inpatient Kent and Sussex, Sussex Partnership NHS Foundation Trust and Sara Boorman, Assistant Director, NELFT were in attendance for this item.

1. Ms Boorman introduced the report, which provided an overview of the tier 4 provision across Kent.

2. The Chair questioned the decision to establish a Psychiatric Intensive Care Unit (PICU) in Southampton, noting its distance from many Kent residents. Ms Marshall said that following the closure of provision from Taplow Manor (Maidenhead), NHS England urgently requested viable options that could be mobilised at pace. The Hampshire provider was approached as they had the required estate infrastructure and expressed an interest. Funding had been provided by NHSE. There was no suitable option in Kent or Medway due to the co-location requirements. Ms Marshall said PICU demand was very low. It

[1] *Post meeting note – Dr Maskell confirmed there were 2 scanners located at all 3 EKHUFT hospitals.*

was also noted the future for in-patient services looked very different following changes to the service specification by NHSE with high-intensity areas phasing out specialist units.

3. Members commented on the difficult access to the Southampton site, especially using public transport.

4. Ms Marshall noted that the section 136 suite was commissioned by the ICB, but said that it was usually available and had no staffing issues although the suite was recently damaged and closed for some time. More information could be provided after the meeting.

5. Ms Marshall explained the PICU was available for any young person requiring specialist provision. Whilst there were no waiting lists, if a bed was not available when required, the patient would be looked after in a suitable alternative setting until a bed became available. She offered to provide more detail on waiting times outside the meeting.

6. RESOLVED that the Committee noted the update.

171. Work Programme
(Item 11)

1. A Member referred to the information circulated after the meeting on 7 December 2023. In particular, they wanted:
    a. stillbirth data at a more granular level
    b. to understand whether Cervical and Breast Cancer waiting lists had a disproportionate impact on women[2]

2. A Member asked for an item on maternity services in West Kent which had been rated inadequate by CQC.

3. A Member asked for an update on shared medical and social care records – this was to be picked up under the digital transformation paper.

4. RESOLVED the work programme was noted.

[2] *Post meeting note – Information was circulated after the meeting.*