

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 Friday, 31 January 2014.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, Mr N J D Chard, Mr D S Daley, Dr M R Eddy, Mr J Elenor, Ms A Harrison, Mr A J King, MBE, Mr R A Latchford, OBE, Mr G Lymer, Mr C R Pearman, Cllr P Beresford, Cllr M Lyons and Ms Sarah Spence

ALSO PRESENT: Cllr Mrs A Blackmore, Cllr R Davison, Ms C J Cribbon and Mr S Inett

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer) and Ms D Fitch (Democratic Services Manager (Council))

UNRESTRICTED ITEMS

10. Declarations of Interest

(Item)

- (1) Mr Mike Angell declared a personnel interest in the Agenda as his partner was being treated through an orthopaedic care pathway.
- (2) Councillor Michael Lyons declared an other significant in the Agenda as a Partnership Governor of East Kent Hospitals University NHS Foundation Trust.
- (3) A Member emphasised to the importance of disclosing the type of interest they were declaring.

11. Minutes

(Item 4)

- (1) RESOLVED that the Minutes of the meeting of 29 November 2013 are correctly recorded and that they be signed by the Chairman.

12. Membership

(Item)

- (1) The Committee noted that Cllr Pauline Beresford had replaced Geoff Lymer as a District Council representative on this Committee.

13. Musculoskeletal Services

(Item 5)

- (1) A Member expressed concern that the report detailed proposed changes to the service which would take effect from April 2014. It was suggested that the Scrutiny Research Officer liaise with the service to produce a note in advance of the next meeting detailing the types of symptoms and treatments for musculoskeletal and orthopaedic conditions; the reduction in the rate of injections given for low back pain and any implications this may have had.
- (2) RESOLVED that this Committee notes the reports and looks forward to a further update on the re-design of Musculoskeletal and Orthopaedic Care Pathways at the Committee's meeting in March.

14. Child and Adolescent Mental Health Services

(Item 6)

Dave Holman (Head of Mental Health Programme Area and Sevenoaks Locality Commissioning, NHS West Kent CCG), Ian Ayres (Accountable Officer, NHS West Kent CCG), Sally Allum (Director of Nursing and Quality (Kent and Medway), NHS England), Steven Duckworth (SEC Strategic Clinical Networks and Senate, NHS England), Lorraine Reid (Managing Director - Specialist Services, Sussex Partnership NHS Foundation Trust) and Jo Scott (Programme Director - Kent and Medway Children & Young Peoples Services, Sussex Partnership NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests of the Committee and asked them to introduce the item. The representatives of Sussex Partnership NHS Foundation Trust (SPFT) began by setting out a short chronology and update on progress. SPFT took over the management of the service in September 2012, transferring 274 staff via TUPE arrangements from the seven previous providers, into a single Kent and Medway team. SPFT have created four hubs in Kent, three of which are fully staffed in Medway and Swale, South Kent and East Kent. Recruitment for the West Kent hub is continuing, and they have recently moved into their new offices.
- (2) SPFT inherited the service with a legacy of extremely long waits. Young people referred before April 2013 have all been seen and external waiting lists have also been reduced to six weeks. An Out of Hours service has been established across Kent and Medway outside of routine working hours. The demand for this service has been much higher than expected with 150 Out of Hours assessments a month. Routine referrals have been delayed as a result of unscheduled urgent and emergency care referrals.
- (3) SPFT highlighted two significant challenges: Common Assessment Framework (CAF) referrals and Tier 4 inpatient admissions. The current CAF process restricts access to universal services (Tier 1) making it easier to be referred unnecessarily to higher tiered services. SPFT are signposting back 23% of CAF referrals to Tier 1 which makes families feel like they are being rejected by CAMHS who only provide Tier 2 & 3 services. Commissioning for Tier 4 inpatient mental health beds has been transferred to NHS England. There is a national shortage of these beds with young people waiting in acute hospitals until a Tier 4 bed becomes available.

- (4) The Chairman then invited The Rt Hon Greg Clark MP to speak as a guest of the Committee. Mr Clark thanked the Chairman for the opportunity to address the Committee. Mr Clark expressed his concerns regarding the adequacy of CAMHS in Kent, and in particular the Tunbridge Wells area. He had been contacted by a number of constituents who were concerned about long waiting times, the standard of communication from SPFT and the lack of a single point of referral.
- (5) Mr Clark also expressed concerns that the waiting lists had been under-declared under the previous contract holder and data was missing from the performance report. Mr Clark added that there were further issues surrounding staffing levels, transition to adult services and waiting times for treatment which were having a considerable impact on children, their family and friends and their education.
- (6) Sussex Partnership Trust representatives further explained that when they took over the services, they did not understand the extent of Tier 2 waiting times. SPFT believed that the previous providers had not been used to being performance managed. They explained that there would always be a level of wait for routine assessments as unscheduled urgent and emergency care referrals were prioritised. As part of their tender, SPFT had anticipated the waiting lists taking three years to resolve which was accepted by the CCG.
- (7) SPFT confirmed that they were currently underutilising services, in order for staff to get used to working for a new provider and service model. They are demanding from staff a more efficient service than had been previously provided. There have been a number of issues regarding IT, a large exercise has been undertaken to transfer records in Kent onto the SPFT system. These issues have taken some time and SPFT have kept the commissioners informed. Ms Scott stated that she has had a number of conversations with Mr Clark where she had explained that she was going to have no fixed base in Kent in order to enable her to travel to all sites.
- (8) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A number of Members raised the importance of early intervention to prevent young people from reaching the point of crisis and the importance of interventions from parents and teachers. CCG representatives agreed with the concerns raised by Members including the importance of early intervention. The CCG had spent a huge amount of time with SPFT to improve their services and it had been made clear to SPFT that they need to demonstrate progress. NHS England representatives explained that CAMHS was recognised as a national challenge, and they were awaiting a report from the Secretary of State following a national review of CAMHS services.
- (9) One Member referred to the lack of integrated commissioning between tiers 1 - 4 with Tier 2 & 3 services commissioned by NHS West Kent CCG and Tier 4 services commissioned by NHS England. CCG representatives agreed that the separation of the tiers by government was not helpful; an integrated pathway between tiers was required to ensure a seamless service. NHS

England representatives explained that the Strategic Clinical Networks were leading on pathway integration nationally.

- (10) Members commented on the perceived lack of GP training in mental health for adults and young people. CCG representatives explained that NHS West Kent CCG had introduced a lead GP for mental health, Dr David Chesover, who had a specialist in-depth knowledge of CAMHS. Dr Chesover was working with GPs in West Kent to build upon their mental health knowledge and skills base. One Member enquired if a GP mental health advocate would be introduced in every CCG and suggested that this could be raised with the Secretary of State.
- (11) Concerns were expressed regarding inequalities in service provision across Kent. CCG representatives explained that historically there had been underinvestment in CAMHS. The CCG were looking at ways to tackle service inequality through investment and commissioning at a more local level. Mr Ayres explained that the CCG would need to work with HOSC and the Health and Wellbeing Board regarding the proposed Section 75 Pooled Budgeting agreement.
- (12) A Member enquired about the maximum length of wait for assessment. SPFT confirmed that the current longest wait for assessment was 26 weeks but explained that the family concerned had not been able to meet the appointments. The majority of young people were seen within seven weeks. Another Member enquired if the NHS West Kent CCG would be discussing CAMHS in a public meeting. The CCG representatives assured Members that they would bring CAMHS to the CCG governing body in March.
- (13) Discussion also included the nature of the IT system used by SPFT and its compatibility with NHS England; collaborative working between KCC, CCGs and boroughs; transitions from children to adult services and transition between providers.
- (14) In response to a question, the Chairman undertook for Dr Eddy to be supplied with a briefing note regarding HOSC's involvement with the CAMHS contract.
- (15) CCG representatives confirmed that they would welcome the opportunity to report back to the Committee in three months; they announced that they would be taking immediate action from this meeting.
- (16) Mr Chard proposed and Ms Harrison seconded the proposal which was agreed by the Committee and is set out in paragraph (18) below.
- (17) The Committee also thanked its guests for their attendance and contributions today, asked that they take on board the comments made by Members during the meeting and looked forward to receiving a further update in the three months time.
- (18) **RESOLVED** that this Committee write to the Secretary of State to ask him to assess the adequacy of the current CAMHS service in Kent and that the CCG be asked to identify an outstanding trust to assess improvements that can be

to made in the way in which the Sussex Partnership Trust is carrying out the Kent and Medway CAHMS contract and to report back to this Committee.

15. Kent and Medway Adult Mental Health Inpatients Review: Implementation Plan

(Item 7)

Ivan McConnell (Director of Transformation and Commercial Development, Kent and Medway NHS and Social Care Partnership Trust), Angela McNab (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Ian Ayres (Accountable Officer, NHS West Kent CCG) were in attendance for this item.

- (1) The Chairman welcomed the Committee's guests and asked them to introduce the item.
- (2) Ms McNab updated the Committee on the progress of the plan following the conclusion of the Kent and Medway NHS Joint Health Overview and Scrutiny Committee (JHOSC). She reminded Members that Medway Council's Health and Adult Social Care Overview and Scrutiny Committee had subsequently referred the decision to the Secretary of State for Health. After an initial assessment by the Independent Reconfiguration Panel, the Secretary of State confirmed that the reconfiguration could proceed.
- (3) Kent and Medway NHS and Social Care Partnership Trust (KMPT) had continued to move forward with implementation of the plan. One new ward had been opened at the Dartford Centre of Excellence site which had enabled the closure of the younger adults ward at Medway Maritime Hospital before Christmas. The remaining ward at Medway Maritime Hospital was to close as soon as possible once the additional bed capacity in Kent and Medway had been increased. The new ward in Dartford provided better facilities for patients including private bath rooms. Enhanced transport support had been provided for relatives and friends over the holiday period. KMPT had met regularly with service users during these changes and had received positive feedback. In addition, KMPT were recruiting to the enhanced Home Treatment and Crisis Teams. A key aim of KMPT was to reduce the use of crisis wards over time with improved community and home services; enhanced psychiatric liaison and street triage teams with Kent Police.
- (4) In November, KMPT began piloting a new personality disorder service in Medway. If successful, they planned to roll out the intensive day service across Kent and Medway. The outcome of the pilot was already looking very positive. 15 patients had been involved in the pilot; these patients had historically had multiple presentations leading to Section 136 or acute admissions. Since the beginning of the pilot, only one patient has had a presentation.
- (5) KMPT were developing plans to enhance the number of beds with the introduction of 14 additional beds across Kent and Medway. The KMPT Board had agreed the capital spend to facilitate additional bed capacity at the Maidstone site. Discussions were taking place with regards to a capital build (new build) or a modular build to facilitate the additional beds. KMPT would

shortly be starting the refurbishment of Dudley Venables House in Canterbury which would increase acute care and improve accommodation. This facility was due to re-open in June or July.

- (6) KMPT were working with service users and carers to clearly define the term Centre of Excellence. They were looking at the range of professionals and interventions that service users would have access to at all Centres of Excellence.
- (7) Members of the Committee then proceeded to ask a series of questions and made a number of comments. A number of Members enquired about the number of beds and additional capacity. KMPT explained that they currently provided 160 acute beds. Public Health had assessed the need for acute beds in Kent and Medway and revised the figure to 174 acute beds. KMPT were looking to increase capacity by 14 acute beds through the development of a new unit in Maidstone. These figures did not include forensic or hostel beds.
- (8) A series of questions were asked about the street triage pilot with Kent Police. The initial twelve week pilot has been extended until the end of March. The pilot had been of great benefit with joint learning and increased Police confidence. However the current project was not scalable; KMPT were looking to identify a sustainable model for the whole of Kent. KMPT were looking to introduce a single number for the Police to contact to access the appropriate local mental health team when they come across a person presenting with mental health symptoms. If the person is known to the local team, the team would be able to give advice and guidance directly to the Police Officer.
- (9) One Member commented about the provision of services for older adults. Ms McNab explained that services for older people were reconfigured last year which included the closure of a ward at William Harvey Hospital. KMPT were developing a plan to further improve older peoples services.
- (10) A number of questions were asked about preventative services and early intervention. As part of their Transformation Programme, KMPT explained they were increasing engagement with GPs to support early intervention through primary care, in order to prevent an escalation in the patient's needs. For patients with an acute need, they would go to their closest Centre of Excellence in Canterbury, Dartford or Maidstone which would have consultant cover seven days a week. For patients who were not in crisis but had a secondary need, KMPT would be developing community hubs to deliver a range of services locally.
- (11) Clarification of what was meant in practise by the introduction of seven days a week consultant cover. KMPT explained that they were looking to move step by step towards seven days a week consultant cover. They would not provide 24/7 cover instead they would identify key times of the day when consultant interventions were required.
- (12) One Member expressed concern at KMPT's ability to finance and maintain facilities at the Centre of Excellence. Ms McNab explained that she had no concerns about funding of those facilities. Another Member enquired about services available in Sheerness. Ms McNab explained that she would write to

the Member detailing the services available in Sheerness. Questions were also asked about transition and integrated multidisciplinary teams.

- (13) Members made a number of comments about the format of the report. It was suggested that in future information could be presented in the form of a map so that Members can assess the provision of services across Kent. Ms McNab agreed to take this idea forward and make the figures more visible in their next report.
- (14) RESOLVED That the Committee thanks its guests, notes the good progress made and looks forward to a written update within six months.

16. Kent and Medway NHS and Social Care Partnership Trust: Update

(Item 8)

Ivan McConnell (Director of Transformation and Commercial Development, Kent and Medway NHS and Social Care Partnership Trust), Angela McNab (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Ian Ayres (Accountable Officer, NHS West Kent CCG) were in attendance for this item.

- (1) Mr McConnell introduced the presentation. He explained that the transformation programme was a clinically led programme, delivering a clinical strategy. The programme aimed to provide the right care at the right point by the person with right skills. A multidisciplinary team would work with the individual to provide medical and psychological interventions; nursing, carer and occupational therapy support and enable interactions with social services.
- (2) KMPT outlined the four key aims of the clinical strategy which were:
 1. Provide excellent community services close to home or close to home as possible, reducing the number of people who inpatient need care. Where necessary community services would support the length of stay being as short as possible
 2. Better service integration and partnership working. KMPT were working with commissioners to enhance primary care mental health support. They were embedding community nurses within GP practices, educating and training nurses and GPs. David Chesover, NHS West Kent CCG lead GP for mental health, had been working with two West Kent consultants to deliver schizoaffective and bipolar disorder training to GPs. They were hoping to roll this out across the county.
 3. Improve quality and dignity in services including a high quality therapeutic environment and the promotion of mobile working as demonstrated by the street triage pilot and the police custody liaison services.
 4. Expand and enhance the specialist services, where appropriate, to potentially provide those across a wider geographic area.

- (3) The clinical strategy was a benefit-led approach for inpatient, planned care, urgent care/crisis and dementia programmes. In re-designing pathways, KMPT have identified the need to better communicate and engage with patients, demonstrate what the trust has delivered; enhance partnership working and learn from previous experience.
- (4) Members of the Committee then proceeded to ask a series of questions and made a number of comments. One Member had attended the KMPT Board meeting on 30 January 2014 and was concerned that safeguarding was not discussed. In the board papers, a target was set for 80% attendance by KMPT practitioners when invited to a Child Protection conference. It was reported that in Margate and Thanet there was only a 32% attendance rate. Ms McNab explained that safeguarding was absolutely critical. She explained that at the board meeting, they were unable to drill down into detail. Instead this issue would be picked up by the board's Quality Committee who would investigate why staff felt it is not imperative to attend. Ms McNab offered to write to Mr Chard about this issue.
- (5) Members expressed concerns that KMPT's existing service provision had not improved beyond adequate. They felt that KMPT should concentrate on the basics before introducing the transformation programme. Ms McNab explained that KMPT were making changes where necessary ahead of the transformation programme. The new strategy had been developed by clinicians who had the knowledge to deliver the best services. Service users had influenced the development of the strategy. Mr Ayres agreed that the basics should be right before expanding. However he explained that for commissioners it was important not to veto growth, if existing services were not performing as expected. He noted that CCGs across Kent had recognised the strength of leadership and improvement to services under Ms McNab's leadership.
- (6) Members enquired about the inclusion of dementia in the transformation programme. A KMPT representative assured Members that dementia was a major part of the Transformation Programme. As part of the Transformation Programme, KMPT were developing and enhancing existing dementia services.
- (7) The introduction of a dedicated telephone number, to be used when individuals were exhibiting signs of a mental health episode, was raised. Ms McNab explained that this is something that KMPT would like to see happen; they had successfully piloted a local street triage scheme with the Police. Mr Ayres explained that access to a single number was a national issue. However CCGs were developing strategies for a single point of access to both physical and mental health services.
- (8) RESOLVED that the Committee thanks its guests for their attendance and contributions today along with their answers to the Committee's questions, and asks for a return visit within six months to give an update on the transformation programme with particular reference to safeguarding and dementia.

17. Patient Transport Services: Written Update

(Item 9)

Ian Ayres (Accountable Officer, NHS West Kent CCG) was in attendance for this item.

- (1) Mr Ayres kindly offered to stay for this item and answer Members' questions. A number of questions were raised about the possibility of decommissioning the Patient Transport Services. Mr Ayres accepted that the position with NSL Kent, the current provider, was not good and gave an assurance to the Committee that improvements would be made. Mr Ayres explained that there was a real threat in lead up to Christmas that the service could have lost its provider; the service has now been stabilised. The CCG were meeting with NSL Kent to reassess the contract on current activity including the vehicles and staff required to meet the peaks of demand. Additional funding had been secured to reassess the contract; external analysis of the current contract found that the money available and the services expected to be provided were out of balance.
- (2) Mr Ayres acknowledged that the problems encountered with both providers: Sussex Partnership NHS Foundation Trust (CAMHS) and NSL Kent had been partly caused by incorrect information about service usage being given during the tendering process. Mr Ayres explained that under the previous provider a block contract was awarded which had led to a lack of record keeping on service activity. With the move to payment by results contracts, a key lesson has been learnt by the CCG about the importance of undertaking a year of recording service activity before going out to tender. The CCG would look to decommission the service if performance targets were not met under the terms of the reassess contract.
- (3) Members enquired about the recent CQC Inspection Report. Mr Ayres acknowledged that the criticisms within the CQC report. He explained that the unannounced inspection took place in the same week as new manager started with NSL Kent. After due consideration the CQC decided to allow the service to continue; as it believed that the CCG and NSL would be able resolve the issues and make changes. Mr Ayres explained that the recommendations made by CQC had been implemented. The most significant recommendation, the Disclosure and Barring Service checks on staff, had been completed with the exception of staff on long term sickness absence. One of the Members requested the Scrutiny Research Officer to circulate the link to the CQC report.
- (4) In response to a specific question about NSL Kent staff taking strike action it was explained that the GMB trade union members of NSL Kent's staff had voted to take strike action but had not yet called a strike. The vote was taken before new local management was introduced.
- (5) There was a discussion about alternative providers for Patient Transport Services. Mr Ayres explained that there were a limited number of providers and it would take a minimum of six months for a new provider to be put in place. Further, the commissioning of a Kent and Medway wide service had put an unhelpful complexity into the system. One of the former providers SECamb has performance issues in Surrey and Sussex and would be significantly more

expensive than the current provider. At the time of tendering, the previous providers from the hospital trusts did not want to continue; there was a consensus amongst them that there should be a single organisation to provide all services. Mr Ayres has spoken to a number of CCGs who have also commissioned NSL for Patient Transport Services. Commissioners in the West Midlands and West Country had been satisfied with provision whilst the East Midlands had had issues with the service. None of the commissioners had faced the scale of difficulties with NSL as experienced in Kent.

- (6) RESOLVED that the Committee thanks Mr Ayres for his attendance and contributions today, asks that the CCG and NSL take on board the comments made by Members during the meeting and looks forward to a return visit by the CCG and NSL in April.

18. Faversham Minor Injuries Unit: Written Update

(Item 10)

- (1) RESOLVED that the Committee notes the reports and looks forward to an update at the April meeting.

19. Forward Work Programme

(Item 11)

- (1) A suggestion was made for the Committee to look into the provision of dementia services in Kent. It was recognised that these services were delivered by a number of non-NHS organisations including Kent Fire & Rescue Service and the voluntary sector. The Scrutiny Research Officer was asked to provide a scoping document for discussion at the next meeting of the Committee.
- (2) RESOLVED that the Committee note the report.

20. Date of next programmed meeting – Friday 7 March 2013 @ 10:00 am

(Item 12)