

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, 10 October 2014.

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

ALSO PRESENT: Dr J Allingham, Ms S Allum, Mr A H T Bowles, 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

69. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

- (1) Mr Nick Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Cllr Michael Lyons declared an interest as a Governor of East Kent Hospitals University NHS Foundation Trust.

70. Minutes
(Item 3)

- (1) The Scrutiny Research Officer updated the Committee on the following actions which had been taken:
 - (a) Minute Number 43 - Community Care Review: NHS Ashford CCG & NHS Canterbury & Coastal CCG. The CCGs had been asked to provide an update on the design of the community hubs. An update email was circulated to Members on 20 August. A paper was being drafted and will be circulated to Members at the end of October.
 - (b) Minute Number 64 – East Kent Outpatients Services. The Scrutiny Research Officer wrote to NHS South Kent Coast CCG to arrange a meeting with Dr Eddy to discuss the future of services at Deal Hospital. In response to the meeting request, the CCG asked to bring an item to the November meeting to outline its plans for an Integrated Care Organisation. A response was circulated to Members on 7 October.
 - (c) Minute Number 67 – NHS England: General Practice and the development of services. A detailed case study of the difficulties faced

by a GP returning to practice after a period of absence was produced by Dr Allingham and circulated to Members on 3 October. The Scrutiny Research Officer wrote to Professor Tavabie (Interim Dean Director, Health Education Kent, Surrey & Sussex) to arrange a meeting with the working group. A response was awaited.

- (d) Minute Number 68 – Date of the next programmed meeting. The Scrutiny Research Officer circulated the ‘Quality and the Health and Wellbeing Board’ paper to the Committee on 9 September.
- (2) RESOLVED that the Minutes of the Meeting held on 5 September 2014 are correctly recorded and that they be signed by the Chairman.

71. Child and Adolescent Mental Health Services (CAMHS) - Tiers 1, 2 & 3
(Item 4)

Sue Mullin (Commissioning Manager, Kent County Council), Ian Ayres (Accountable Officer, NHS West Kent CCG), Colm Donaghy (Chief Executive, Sussex Partnership NHS Foundation Trust), Simone Button (Divisional Director, Children and Young People’s Services, Sussex Partnership NHS Foundation Trust) and Jo Scott (Programme Director, Kent and Medway, Children and Young People’s Services, Sussex Partnership NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Mullin began by giving an overview of Kent County Council’s role in the commissioning and development of emotional wellbeing and mental health services for children and young people in Kent. In 2010, an Ofsted Review had found that the outcomes for children and young people in care were inadequate, which led to Kent County Council and partners to review all provision, including mental health and emotional wellbeing, and established a framework for early intervention and prevention services.
- (2) Ms Mullin reported that in July 2011 Kent County Council and NHS Kent & Medway had agreed to align funding in order to jointly commission emotional wellbeing and mental health services for children and young people. Kent County Council led the procurement of emotional wellbeing services and the NHS led the procurement of the CAMHS services. Contracts were awarded in September 2012 for a three year period. Kent County Council aligned funding into the CAMHS service to specifically support provision for Children in Care. It was stated that there was no waiting list for Children in Care and Kent County Council was happy with the provision of services for Children in Care by Sussex Partnership NHS Foundation Trust (SPFT).
- (3) Ms Mullin stated that HOSC on 31 January 2014 was a watershed moment for the commissioners: NHS West Kent CCG and Kent County Council. As a response to the disparity of provision, services and commissioning arrangement identified by HOSC, the commissioners developed, with multi-agency partners, the draft Emotional Health and Wellbeing (EMHW) Strategy for 0-25 year olds in Kent which would go out for public engagement in October 2014. Ms Mullin reported that the new partnership response was a positive approach to improve emotional wellbeing and mental health services for children and young people in Kent.

- (4) Mr Ayres gave an update on actions taken to improve the performance of CAMHS in Kent. SPFT were now compliant with contract standards for waiting times for routine referrals: referral to assessment and assessment to treatment. SPFT were on track to clear historic backlogs by the end of October 2014. SPFT had completed team restructures and teams were operating close to full capacity. The performance notice served on SPFT by the CCG in February 2014 was fully achieved at the end of August 2014; the CCG were assured that the current contract performance regime could end. He stated that significant progress had been made but further action was still required.
- (5) He reported that NHS West Kent CCG had commissioned Kent and Medway NHS and Social Care Partnership Trust (KMPT) and SPFT to deliver a Section 136 Place of Safety in Kent in Dartford. The Place of Safety replaced arrangements for children picked up by the police under Section 136 to wait in A&E and police custody for inpatient admission. The CCG had introduced Serious Incident reporting, for when children were not housed appropriately, as part of the monthly performance review.
- (6) On the request of HOSC, a peer review of the performance plan and current model of service was undertaken by Oxford Health NHS Foundation Trust. Their initial findings were positive but had found that the Common Assessment Framework was a barrier to accessing services. The full report would be available at the end of October 2014.
- (7) Mr Ayres noted that NHS West Kent CCG had been working with Kent County Council, Kent Health and Wellbeing Board, NHS England and Healthwatch Kent to jointly review commissioning arrangements for CAMHS and develop the Emotional Health and Wellbeing Strategy for 0-25 year olds in Kent. Mr Ayres reported that the contracts for existing commissioned services were due to end in October 2015. He highlighted the need for holistic procurement across the tiers based on the learning from previous procurements.
- (8) Mr Donaghy congratulated SPFT staff on their efforts to make improvements. On visits to staff in Kent, he had been greatly impressed with their commitment and motivation to improve care for children in the county. He stated that the SPFT was not complacent and recognised that there was still further work to be done.
- (9) The Chairman invited Ms Cribbon, local Member for Gravesham East, to speak. She raised concerns about the lack of access to CAMHS services by the Troubled Families programme in Gravesham. Ms Mullin and Mr Ayres stated that they were not aware of any issues relating to the Troubled Families Programme particularly in Gravesham but they would investigate this matter further.
- (10) Members of the Committee then proceeded to ask a series of questions and make a number of comments. Mrs Allen thanked the Chairman for having CAMHS on the Committee's agenda. She stated that the reports would be circulated to the relevant committees.
- (11) A number of comments were made about commissioning and the importance of the tender specification and accurate data. In response to a specific

question about the lack of a waiting list for Children in Care, Ms Mullin explained that Kent County Council had a duty to monitor and record data accurately for Children in Care. When commissioning the services for Children in Care, it had been easier to determine the resources required for the service as the prevalence and need had been accurately recorded by the Council which had resulted in a lack of a waiting list for Children in Care. Mr Ayres acknowledged the importance of accurate data and early procurement. He was reviewing all NHS West Kent CCG's contracts to ensure data was being collected, monitored and recorded accurately. He commended Kent County Council's approach to data collection.

- (12) A Member noted and welcomed the inclusion of the Healthwatch Kent report on Tier 2 and 3 services in the Agenda papers. Mr Inett explained that Healthwatch Kent would like to undertake further work to look at Tier 1 and 4 services and how changes to Tier 2 and 3 services were implemented as the report was written during a period of change. Patients, their families and carers had highlighted to Healthwatch Kent the difficulty in building relationships with the service provider and their staff due to high turnover of staff. Mr Inett stressed the importance of consistency as part of future CAHMS commissioning. Mr Ayres thanked Healthwatch Kent for their report. He stated that he was keen to work with Healthwatch Kent in the future particularly with the Emotional Health and Wellbeing Strategy for 0-25 year olds in Kent. He acknowledged that changes to service providers and staff resulted in a lack of knowledge transfer.
- (13) A Member enquired about the increase in the number of actual referrals received and the decrease in the number of contacts and caseload. Ms Scott explained that the Trust was implementing the model they had tendered for; in order for the model to work the caseload needed to be reduced. The Trust had a finite resource and was concentrating on those clients who were ready to be discharged in order to reduce the caseload. The number of planned contacts had reduced as the number of emergency referrals was higher than expected which took clinicians away from routine referrals.
- (14) A further question was asked about the seasonality of referrals and long term reduction in referrals. Whilst there was a planned long term reduction in referrals; it was noted that referrals to CAMHS services across the UK dipped over the summer holidays and spiked in September and October. It was explained that many referrals came from school during term time and significant transition points for young people occurred in September and October. Mr Ayres noted the significant reduction in the numbers waiting for treatment since August 2013.
- (15) Concerns were expressed about transition. Ms Button made reference to the Commissioning for Quality and Innovation (CQUIN) scheme in which providers can earn incentive payments of up to 2.5% of their contract value by achieving agreed national and local goals for service quality improvement. She explained that as part of the contract refresh for 2014/15 SPFT and KMPT had been set a joint CQUIN to improve transition arrangements between children and adult services. The Trust was actively working with KMPT to improve transition; there had been successful partnership working with KMPT's Early Intervention Psychosis service. She stated that the Trust was keen to provide services for young people up to the age of 25. Mr Ayres reported that

transition was part of the Emotional Health and Wellbeing Strategy for 0-25 year olds in Kent.

- (16) A number of comments were made about crisis resolution and Kent Integrated Adolescent Support Service (KIASS). Ms Button highlighted the success of the Trust's home treatment service which was able to offer intensive support for young people in crisis at home seven days a week. The service had helped to reduce pressure on the limited Tier 4 inpatient beds. With regards to KIASS, the Trust was looking to broaden and develop partnership working.
- (17) The Scrutiny Research Officer read a statement from The Rt Hon Greg Clark MP. Mr Clark expressed his gratitude to HOSC, NHS West Kent CCG and Sussex Partnership NHS Foundation Trust for all their work to improve CAMHS services in Kent.
- (18) RESOLVED that the guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and be invited to submit progress reports to the Committee within six months and at the end of the financial year.

72. West Kent: Out of Hours Services Re-procurement

(Item 5)

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

- (1) The Chairman welcomed Mr Ayres to the Committee. Mr Ayres gave an overview of the three core primary care services commissioned by NHS West Kent CCG to deliver urgent and emergency care: out of hours GP service, an enhance rapid response service to support patients with acute medical conditions in the community and GPs working in A&E to see and treat primary care type patients.
- (2) Mr Ayres explained that the contract for West Kent out of hours provision was coming to an end; in order to comply with NHS financial regulations and competition rules, the CCG was required to retender the out of hours contract. The short term proposal was to procure the three core services within one contract for two years (2015 – 2017) in order to improve integration and reduce fragmentation. Mr Ayres stated that the plans had not been taken to the CCG's Governing Body as he wanted to engage early with HOSC. The long term proposal was to integrate health and social care services: acute, community, emergency and social services. He noted that these proposals would be brought to a future HOSC.
- (3) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member questioned the resilience of the acute hospitals to act as a hub for the three core primary care services which delivered urgent and emergency care. Mr Ayres explained that GPs in A&E and the enhanced rapid response team would strengthen hospitals' resilience as it would reduce pressure on A&E admissions. He stated that blockages in A&E were cause by minor rather than major trauma. A growing number of A&E attendees were people who required care but did not require care in a

hospital setting. Mr Ayres noted that the short term proposals were aligned with the Keogh Urgent Care and Emergency Care Review.

- (4) In response to a specific question about the impact on surrounding areas, it was explained that the CCG had taken account of changes in the surrounding areas and had had discussions with commissioners and providers. It was noted the longer term proposals would require extensive engagement; the short term proposals provided the CCG with time to develop the complex and radical redesign of health and social care in West Kent.
- (5) A number of comments were made about the use of IT to share patients' medical data. Mr Ayres stated that there was a need for a system to share real time information with a range of professionals. This would enable clinicians to make better judgements, with regards to clinical risk, to admit or discharge patients. He noted that this would form part of the long term proposals.
- (6) Mr Inett offered Healthwatch Kent's assistance with the Equality Impact Assessment and to share best practice consultation and engagement with the CCG. Mr Ayres welcomed the opportunity to work with Healthwatch Kent to improve the CCG's engagement strategy for the short term proposals. Mr Ayres acknowledged Members' comments regarding the need for further engagement on the short term proposals.
- (7) RESOLVED that:
 - (a) The Committee do not deem this change to be substantial.
 - (b) The guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to submit a report to the Committee in six months.

73. North and West Kent: Dermatology Redesign *(Item 6)*

Jim Loftus (Commissioning Programme Manager, NHS Swale CCG), Patricia Davies (Chief Accountable Officer, NHS Swale CCG and NHS Dartford Gravesham and Swanley CCG), Dr Christopher Markwick (GP Lead, NHS Medway CCG), Zoe McMahon (Commissioning Programme Manager, NHS Dartford Gravesham and Swanley CCG), Ian Ayers (Accountable Officer, NHS West Kent CCG) and Caroline Friday (Commissioning Manager, NHS West Kent CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Loftus began by giving an overview of the proposals to redesign and re-commission an integrated Dermatology service for children and adults in North and West Kent.
- (2) Mr Loftus explained that a significant proportion of patients requiring dermatology services could be treated by a skilled workforce within a community setting. At present 85% of new patients were referred to an acute hospital for their first outpatient appointment; the majority of these

appointments took place at Medway NHS Foundation Trust. It was anticipated that 60 – 70% of patients could receive future services within a community setting by a multi-disciplinary team, releasing capacity within the acute trust to treat patients with more complex conditions. He noted that there was rising demand for dermatology services and a need for activity to take place in the community to release acute capacity. Following public engagement, the proposed service specification included the provision of services in a local community setting, with good access in terms of clinic location and clinic times. He reported that there were a number of providers interested in delivering the service.

- (3) The Chairman invited Mr Bowles, local Member for Swale East, to speak. Mr Bowles noted respondents' preference to be treated locally, in a GP practice or community clinic, in the patient questionnaire. He stated that community based services could lead to a carbon reduction as patients would travel shorter distances.
- (4) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A question was asked about caseload. Dr Markwick explained that a third of dermatology patients were managed by their GP (Level 1 & 2), a third were seen by acute specialists (Level 3 & 4); and a third required high level acute specialist services for life threatening conditions (Level 5 & 6). He stated a significant proportion of Level 3 patients could be treated by a skilled workforce within a community setting which would release specialist appointment capacity within the acute service.
- (5) A Member enquired about the shortage of dermatologists. Dr Markwick explained that there was a shortage of dermatology specialists, locally and nationally. The new model was designed to build the capacity of the workforce and deliver the service through a multi-disciplinary team with a range of skill sets. In response to a specific question about a resident dermatologist at Maidstone Hospital, Dr Marwick noted that there was a team of consultant dermatologists who rotated between Medway Maritime Hospital, Maidstone Hospital and Darent Valley Hospital.
- (6) RESOLVED that:
 - (a) The Committee do not deem this change to be substantial.
 - (b) The guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to submit a report to the Committee in six months.

74. CQC Inspection Report - East Kent Hospitals University NHS Foundation Trust
(Item 7)

Stuart Bain (Chief Executive, East Kent Hospitals University NHS Foundation Trust) and Helen Goodwin (Deputy Director of Risk, Governance and Patient Safety, East Kent Hospitals University NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Bain began by giving an update on the action plan. He reported that Monitor had appointed

Sue Lewis as Improvement Director; she would work at the Trust for three days a week until Special Measures were lifted. Her role was to hold the Trust to account for making progress against the improvement plan. The Trust would have a monthly meeting with Monitor to discuss the progress of the action plan. An updated action plan would be published monthly on the NHS Choices and Trust's website. He explained the references used in the action plan: 'M' was a must do action and 'KF' was a key finding.

- (2) He stated that the Trust had previously recognised many of the actions highlighted in the CQC inspection report; they were challenging the accuracy of some findings. The Trust had already developed plans to address two key areas before the inspection: outpatients and staffing. A £28 million investment had been agreed to develop outpatient services; £23 million was spent on the new Dover Hospital and a further £5 million would be spent to improve existing outpatient facilities.
- (3) Following a nursing review in January 2013, the Trust's board agreed a £2.9 million investment to fund additional nursing posts. The Trust had recruited all locally trained nurses and nurses from Ireland, Portugal and Spain; 75 % of the posts were filled and the Trust continued to recruit. Mr Bain highlighted the national shortage of nurses and A&E staff. There was a high turnover of staff from the Trust; staff gained experience at the Trust and then moved onto the London Teaching Hospitals which were seen as a more attractive option.
- (4) Mr Bain expressed concern about the inspection findings which found poor engagement with staff and a lack of openness and transparency. He stated that he did not tolerate bullying and encouraged staff to speak about their concerns. He recognised the criticisms in the report regarding the estate; he noted that improvements to the estate were under continual renewal.
- (5) The Chairman invited Mr Angell to speak as he had attended the Quality Summit on behalf of the Committee with the Scrutiny Research Officer. Mr Angell stated his disappointment that the Trust had been rated inadequate and offered his support to the Trust. He noted concerns about A&E in the inspection report and enquired if the Emergency Care Centre at the Kent and Canterbury Hospital could be upgraded to an A&E. Mr Bain explained that there was an unrelenting pressure on Urgent and Emergency services which was beyond the control of the Trust. It was reported that the Emergency Care Centre was an integral part of the system and was viewed as a successful model by experts. He stated that the former A&E at the Kent and Canterbury Hospital was underutilised.
- (6) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member asked for clarification on two key findings in the action plan: poorly maintained buildings and equipment (KF17) and long waits between pre-assessment and surgery (KF21). Mr Bain reported that a new facilities management system CAFM would go live next month; the system would replace paper based fault reporting for buildings and equipment and would provide real time updates for staff. He noted that the long waits between pre-assessment and surgery affected one clinic only; patients would now be given a specific time slot. He noted that timeframes for actions would be confirmed within six weeks and included in the monthly reports.

- (7) In response to a specific question about the level of seriousness for each action, Mr Bain explained that all the findings in the action plan were pertinent. He highlighted a number of key findings from the inspection report which needed to be urgently addressed and the action being taken:
- Data accuracy (KF02) – The Trust had commissioned an independent assessment of data accuracy for all data used in reports to the Board.
 - Cultural issues (KF03 and KF04) - The Trust was carrying out a root cause analysis of the culture gap; a staff engagement strategy would be developed using the findings of the analysis. It was explained that a change of culture would take time.
 - Out of date policies across the Trust (KF14) – The Trust would remove all out of date paper policies from walls. It was explained that all staff had access to a central electronic database of the Trust’s policies which were updated year on year.
 - Patients being moved at night (M21) – The Trust had developed a Delivery Board with partners to look at the demand, capacity and flow across the whole system.
- (8) Mr Lyons informed the Committee that the Council of Governors had written to every member of staff following the publication of the inspection report in support of the Trust. He enquired if staffing levels had been taken into consideration by the CQC. Mr Bain explained that the Trust had adequate staffing for the contracted number of beds. When the CQC inspected in March, additional beds (above the contracted level) were put in place to facilitate the number of patients who required admission. It was reported that the additional beds, resulting from winter pressures, meant that the patient experience was not as good and staffing levels were not at the appropriate level.
- (9) Mr Bain concluded by stating that the Trust was not complacent and taking the inspection report very seriously. He reported that the Trust had a 20% lower mortality rate than the national average and delivered good clinical outcomes for patients.
- (10) RESOLVED that the guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and be invited to attend a meeting of the Committee within six months with a progress report.

75. Adjournment
(Item)

- (1) The meeting adjourned until 13.10.

76. North Kent: Emergency and Urgent Care Review and Redesign (Long Term)
(Item 9)

Patricia Davies (Chief Accountable Officer, NHS Swale CCG and NHS Dartford Gravesham and Swanley CCG) and Dr Fiona Armstrong (Clinical Chair, NHS Swale CCG) were in attendance for this item.

- (1) The meeting reconvened at 13.10. The Chairman welcomed the guests to the Committee. Ms Davies began by giving an overview of the proposals to reconfigure and recommission emergency and urgent care services in North Kent. She reported that the three North Kent CCGs: Medway, Swale and Dartford, Gravesham and Swanley considered the review to be a substantial change.
- (2) Ms Davies highlighted that urgent and emergency care services in North Kent were under significant pressure. Further, a number of urgent and emergency care contracts would end in April 2016 and were not able to be extended. The CCGs were using this opportunity to reconfigure the provision of urgent and emergency care in North Kent using guidance from the Keogh Urgent Care and Emergency Care Review. Patient, public and stakeholder engagement was planned and would include a 12 week public consultation.
- (3) The Scrutiny Research Officer was asked to provide guidance on the recommendation. She advised that if the HOSC deemed the service change not to be substantial, this would not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the CCGs. The HOSC would also lose its formal power to refer to the Secretary of State for Health.
- (4) RESOLVED that:
 - (a) The Committee do not deem this change to be substantial.
 - (b) The guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in six months.

77. North Kent: Emergency and Urgent Care Review and Redesign (Short Term)
(Item 10)

Patricia Davies (Chief Accountable Officer, NHS Swale CCG and NHS Dartford, Gravesham and Swanley CCG) and Dr Fiona Armstrong (Clinical Chair, NHS Swale CCG) were in attendance for this item.

- (1) Ms Davies began by providing an overview of the short term proposals to assist Medway NHS Foundation Trust to implement recommendations made by the CQC for the A&E.
- (2) Following the issue of a Section 31 Notice by the CQC (which could fully or partially close the A&E), Kent and Medway commissioners and providers met with NHS England to develop a plan to support the Trust. It was reported that the full or partial closure of Medway A&E would have a severe impact on local and neighbouring health economies.

- (3) Proposals included the reduction of elective activity at Medway NHS Foundation Trust to increase internal capacity. Maidstone and Tunbridge Wells NHS Trust agreed to offer Swale patients the option to be seen at Maidstone Hospital for their elective outpatient appointments in three specialties – care of the elderly, respiratory and cardiology. Ms Davies applauded Maidstone and Tunbridge Wells NHS Trust for their support.
- (4) Members of the Committee then proceeded to ask a series of questions and make a number of comments. Mr Angell and Mr Inett enquired about the issue of the Section 31 Notice by the CQC. Ms Davies explained that the Notice had been issued but not enacted. Following a meeting with the CQC, Monitor and the Trust, she stated that she did not believe that it would be enacted until a further unannounced inspection had taken place. She noted that the CQC were conscious about the impact on the wider system if the A&E at Medway Maritime Hospital was fully or partially closed.
- (5) A Member asked for clarification about the outpatient proposal. Ms Davies confirmed that elective outpatient appointments at Maidstone Hospital for Swale residents in three specialties would be introduced imminently and would be enacted by patient choice.
- (6) A number of comments were made about lack of improvement at the Trust. Dr Armstrong explained that the Trust had employed Dr Laurence Gant and two A&E nurses from the Homerton University Hospital NHS Foundation Trust for two days a week to support the Emergency Department and investigate patient flow. The Trust was looking to extend their contract to four days a week to enable them to develop a fit for purpose system for patient flow. It was reported that the Homerton A&E was one the best A&Es in the country and the first to be rated as Outstanding by the CQC. It was based in a deprived area of London and had poor transport link similar to Medway.
- (7) Ms Davies reported that Member Practices' in NHS Swale CCG also had concerns about the lack of improvement and the referral of patients to the Trust. The proposals were developed in response to those concerns and looked at different options to make improvements. Ms Davies expressed her support for Dr Philip Barnes; she stated that he had a refreshing focus on quality. She noted that he needed time and support to deliver changes to the Trust.
- (8) The Chairman asked Mr Bowles, local Member for Swale East, to speak. Mr Bowles informed the Committee that he had signed off a letter to the Secretary of State for Health, as Leader of Swale Borough Council, expressing his disquiet at the speed of change at Medway NHS Foundation Trust. He stated that he was increasingly concerned about Swale residents being referred to the A&E at Medway Maritime Hospital. Ms Davies commented that NHS Swale CCG had a good relationship with Swale Borough Council and the local Health and Wellbeing Board was making every endeavour to support Medway NHS Foundation Trust.
- (9) In response to a specific question about partnership working, Ms Davies explained that the CCG was working very closely with partners to deliver service change including the CCG Accountable Officers and local authorities. A further question was asked about the knock on effect of the proposals. Ms

Davies reported that the shift of elective outpatient appointments would not have a wider negative impact. She reported that only 5% of NHS Swale CCG population receive their treatment in East Kent.

- (10) A question was asked about staffing shortages at the Trust A&E. Ms Davies explained that Dr Gant's view was that medical staffing levels were not poor comparatively. He believed that the department needed to relearn the most appropriate patient flow and care.
- (11) A number of comments were made about the excellent work carried out by the staff at Medway Maritime Hospital. Dr Armstrong reported that there were pockets of excellence at the Trust; A&E was the main area of concern. She stated that NHS Swale CCG was committed to working with the Trust to enable it to make changes and provide quality of care for patients. Ms Davies thanked the Members for their support.
- (12) RESOLVED that the Committee are supportive of the decision to take urgent action at Medway NHS Foundation Trust, that the CCG be thanked for their attendance at the meeting and that they be invited to attend the Committee in January with a progress report.