

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, 4 March 2016.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mr A D Crowther, Dr M R Eddy, Ms A Harrison, Mr G Lymer, Mr C R Pearman, Cllr J Howes, Cllr M Lyons, Mrs S V Hohler (Substitute) (Substitute for Mr N J D Chard) and Mr A Terry (Substitute) (Substitute for Mr H Birkby)

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer) and Mr A Scott-Clark (Director of Public Health)

UNRESTRICTED ITEMS

13. Membership

(Item 1)

- (1) Members of the Health Overview and Scrutiny Committee noted that Mr Bowles replaced Mr King as a member of the Committee.

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

(Item 2)

- (1) There were no declarations of interests by Members in items on the Agenda for this meeting.

15. Minutes

(Item 3)

- (1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 29 January 2016:
 - (a) Minute Number 7 – North Kent: Adult Community Services. Following the discussion on 29 January, Mr Brookbank and Miss Harrison were contacted by a member of the public and one of the bidders regarding the extended standstill period. The CCGs were asked to provide a response which was circulated to the Committee on 29 February. The CCGs stated that “On the 22nd December 2015 all four bidders were advised of the outcome of the process and were told in confidence who the preferred bidder was. This was followed by the 10 day standstill in line with best practice where any of the bidders were able to raise queries or question the outcome of the evaluation. During this time the CCG received a response from one of the providers which resulted in the standstill period being extended by a further five days so that the CCG could respond to the query, which it did so to that bidders

satisfaction. The standstill period was lifted on 12th January 2016 and the public announcement made on 13th January 2016.” It was also noted that a “complaint from Dartford & Gravesham NHS Trust/Medway Community Healthcare (the third placed bidder) was made to Monitor on 15 January 2016.”

A further statement from the CCGs was provided to the Committee on 25 February which stated that the CCGs had “received notice of the issue of proceedings by an unsuccessful bidder in the Technology and Construction Court (part of the High Court of Justice). The challenge has been brought under the Public Contracts Regulations 2006. This triggers an “automatic suspension” under Regulation 47G of the Public Contracts Regulations 2006 which requires the CCGs to refrain from entering into a contract in respect of the services until the proceedings are determined, discontinued or otherwise disposed of”. As the CCGs were now involved in legal proceedings, they have been advised not to comment further at this point.

- (b) Minute Number 7 – NHS Swale CCG: Review of Emergency Ambulance Conveyances. During the discussion on 29 January, a Member enquired if the closure of the A249 (Sheppey) had had an adverse impact on SECamb; Patricia Davies stated that she had not been made aware of any adverse impact but undertook to check with SECamb and provide the information to the Committee. A response from SECamb was awaited.
 - (c) The JHOSC scheduled for Friday 26 February was postponed at the request of NHS England South (South East) and the Kent and Medway CCGs. A new date in April would be scheduled in due course. A written briefing to update the JHOSC was circulated to the JHOSC Members on 26 February.
- (2) Miss Harrison expressed a view that the Committee had been kept fully informed regarding the extended standstill period.
 - (3) The Scrutiny Research Officer committed to circulating the actions that had been taken since 29 January 2016 by email to the Committee.
 - (4) RESOLVED that the Minutes of the meeting held on 29 January are correctly recorded and that they be signed by the Chairman.

16. East Kent Strategy Board

(Item 4)

Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) and Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Hazel Carpenter began by outlining the new national planning guidance which requires the NHS to develop five year Sustainability and Transformation Plans (STPs) by June 2016. She explained that there would be a STP for Kent and Medway and the East Kent Strategy Board would oversee the development of the plan for the

East Kent population which would align and link to the Kent and Medway STP. She noted that the reviews of stroke and vascular services in Kent and Medway were key elements of work already underway. She stated that there would be public consultation on the strategy for East Kent following the submission of the STP in June 2016. She noted that complex work was being undertaken in East Kent around the emerging clinical models and the development of service options including the co-location of adjacent services; prior to the submission of the STP, the plan would be sent to the Kent, Surrey & Sussex Clinical Senate for approval. She reported that a public engagement group had been established which was chaired by Clive Hart, Lay Member for Public Engagement, NHS Thanet CCG.

- (2) Members of the Committee then proceeded to make a number of comments about the inclusion of growth in the STP and presenting updates to local Health and Wellbeing Boards (HWBs). Ms Carpenter stated that the CCGs were beginning to proactively work with borough and district councils to understand and influence new developments. Mr Perks reported that the new developments provided a unique opportunity, which must be taken advantage of, to integrate health and social care in the community through provision in patients' homes or in local facilities such as Whitstable Medical Practice led by Dr Ribchester. A Member requested that elected Members be kept informed about health's role in new housing developments. Mr Perks noted that a briefing paper had been circulated to local HWBs but it would timely to present an update. He stated that local HWBs and Community Networks provided a valuable opportunity for the CCGs to share their thinking and gain insight from their local community.
- (3) In response to a specific question about the Committee's role in the timeline, Ms Carpenter explained that the Case for Change would be finalised by the end of Easter and highlight the financial and quality challenges in each locality; the emerging options and detailed content would be developed by the end of April.
- (4) RESOLVED that the report be noted and the East Kent Accountable Officers be requested:
 - (a) to submit a written update detailing the Case for Change for the Committee's meeting on 8 April;
 - (b) to liaise with colleagues and arrange for a verbal presentation on the Kent and Medway Sustainability and Transformation Plan to be presented to the Committee on 8 April;
 - (c) to arrange an informal meeting with Members in early May and present a formal update to the Committee on 3 June about the strategy for East Kent.

17. Kent & Medway NHS & Social Care Partnership Trust: Update

(Item 5)

Malcolm McFrederick (Executive Director of Operations, Kent & Medway NHS & Social Care Partnership Trust) and Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr McFrederick began by giving a general update to the Committee about the Trust's financial and staffing position, the CQC inspection and the Trust's plans and support for integration.
- (2) Mr McFrederick explained that the Trust had a planned deficit for this financial year and was in contract negotiations and sign-off with the CCGs and NHS England for the next financial year. He reported that the Trust has a rolling programme of recruitment and was working towards a more therapeutic model of staffing with therapists, psychologists and psychiatrists which had helped to decrease the ward staffing deficit by half in East Kent. He noted that it was challenging to recruit in North Kent particularly in Dartford as bordering Trusts paid a London weighting allowance. He reported that a sustainable model for the East Kent Liaison Psychiatry Service had been developed with the East Kent Hospitals University Foundation Trust (EKHUFT) which had led to a reduction in the hours of operations; NHS West Kent CCG and NHS Dartford & Gravesham CCG were looking to introduce a Liaison Psychiatry Service. He stated that the Trust was in discussions with Kent Community NHS Foundation Trust (KCHFT) about using the Knole Centre, Sevenoaks as a stepdown facility. The Trust had withdrawn from providing the specialist neurological rehabilitation inpatient services at the Knole Centre as it predominately provided physical health services.
- (3) Mr McFrederick stated that the CQC published its report in July 2015 following an inspection in March 2015. He noted that there were a number of outstanding services and a number of areas in which the Trust needed to improve including the variable quality of care particularly for older adults. The Trust had developed a quality plan which was monitored by the Trust Development Authority, the Care Quality Commission and local CCGs. The plan was divided into three areas for action: internal operational activities such as the embedding of medicine management to be completed by April 2016; capital spend to make improvements to estates regarding Section 136 suites and seclusion rooms by October 2016; and increasing bed capacity for younger adults and Psychiatric Intensive Care Units (PICU). He noted that the Trust was in discussions with East and West Kent commissioners about commissioning additional young adult and PICU bed capacity.
- (4) Mr McFrederick reported that the Trust was engaging with and supporting local health economies' plans for integration; the Trust was adjusting their community models to fit with local requirements. He noted that the Trust was benefiting and improving its relationship with Kent County Council (KCC) under a joint working Section 75 agreement; 250 KCC staff had been seconded to the Trust to provide an integrated mental health service in Kent.
- (5) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A number of comments were made about the

CQC Inspection Report and Quality Improvement Plan. Mr McFrederick stated that the Trust was rated as 'requires improvement' under the effective and responsive measures due to an increased demand for acute inpatient care, which was exceeding the 174 beds commissioned by the CCGs, resulting in a number of patients being placed outside Kent and Medway. He reported that the CCGs and the Trust were involved in remodelling the demand on beds and a proposal for 16 additional beds was being considered by the CCGs. He noted that the Trust was rated as 'requires improvement' under the safe measure due to the size of 136 suites and seclusion rooms not meeting the latest size regulations. Other actions to be taken to improve safety included reducing the caseload to at or below recommended level for the community team of nurses and social workers in Dartford, Swale and Thanet and developing relationships between psychologists, psychiatrists, nurses and GPs in South Kent Coast to improve referral into and discharge out of the Trust's services.

- (6) Mr McFrederick reported that the Single Point of Access Service, a single telephone contact number which enabled clients, carers and those experiencing mental health crisis to access mental health care, would from April 2016 be staffed by clinically trained staff who would be able to treat and facilitate the onward coordination of care and accept urgent referrals from patients, carers, 111 service, GPs and the Police. He noted that as part of the Trust's internal assurance process, CCGs had carried out CQC style inspections which had been useful particularly in North Kent. He confirmed that the additional locum consultant in the Liaison Psychiatry Service had been made permanent subject to the Royal College of Psychiatry approval.
- (7) In response to a specific question about inpatient mental health capacity, Ms Carpenter explained that commissioners in East and West Kent were looking to commission additional bed capacity, in the short to medium term, to reduce the number of patients being placed out of county. She noted that a long term strategy would be included within the Kent and Medway Sustainability and Transformation Plan. Mr McFrederick reported that since the 174 beds currently commissioned by CCGs were modelled, there had been an increase in demand; there were currently 23 patients placed outside of Kent and Medway. He stated that the Trust was working with CCGs to look at the effectiveness of inpatient care using national benchmarks; the Trust was at or below average for the length of stay and delayed transfer of care and was under commissioned for adult inpatient beds. He noted that the Trust also had a Crisis Resolution Home Treatment Service which provided an alternative to inpatient admission for individuals who were suffering with acute mental ill health. He reported that the Trust was working with the Police to reduce the number of Section 136 detentions under the Crisis Concordat; Kent and Medway had more Section 136 detentions than Birmingham and only 20% of detentions resulted in inpatient admissions. He highlighted the importance of preventing service users who were known to the Trust going into crisis.
- (8) A Member enquired about provision for young people, transition and young people in care. Mr McFrederick stated that the Trust provided services for younger adults aged 18 – 65 and older adults aged over 65. He noted that the CCGs had offered a Commissioning for Quality and Innovation (CQUIN) payment to the Trust and Sussex Partnership NHS Foundation Trust to

improve transition between the two services. Ms Carpenter reported that the requirements of vulnerable groups such as Looked After Children and Unaccompanied Asylum Seeking Children was being developed as part of the service specification for the NHS Children and Young People's Mental Health Service.

- (9) A number of comments were made about morale and engagement with KCC. Mr McFrederick explained that there had been a major improvement in staff satisfaction last year which had been maintained in the current year. He reported that staff were disappointed when improvements were out of their control such as capital investment and the IT system. Mr Scott-Clark stated that KCC's Public Health team was working with the Trust to become smoke free; there was a high prevalence of smoking amongst mental health service users. Mr McFrederick noted that through the Section 75 agreement with KCC, a dedicated Approved Mental Health Professional (AMPH) service had been developed to deliver a 24/7 service which had been recognised by the CQC as an area of innovation and good practice. He stated that he welcomed the opportunity to present an update to the Committee and looked forward to engaging with the Committee more frequently in the future. He noted that the Five Year Forward View for Mental Health had recently been published and there was an expectation that there would be a higher profile and additional targets for mental health.
- (10) RESOLVED that:
- (a) the report be noted;
 - (b) KMPT be requested to submit a written briefing about CQC style inspections carried out by the CCGs; the timescale for the six key areas of improvement and which area of the Quality Improvement Plan they sit under; and the number of out-of-county placements for the Committee's meeting on 8 April;
 - (c) KMPT be requested to present an update to the Committee in June;
 - (d) Ms Carpenter be requested to liaise with colleagues and arrange for a written briefing on the Five Year Forward View for Mental Health and the implications for Kent to be submitted to the Committee for its meeting on 8 April.

18. CQC Inspection: Medway NHS Foundation Trust *(Item 6)*

Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust) and Shena Winning (Chairman, Medway NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Dwyer began by outlining the background to the inspection. She explained that the Trust had been subject to many inspections and the latest inspection in August 2015 had resulted in the Trust maintaining the inadequate rating and remaining in special measures; prior to the inspection the Trust had self-rated itself as inadequate. She noted that the Trust accepted the report in its entirety. A

quality summit was held on 8 January with over 90 stakeholders who were asked to make a positive commitment to help the Trust improve. She stated that the Trust had been rated good in the caring measure which was a strong foundation for improvement. She highlighted that areas of outstanding practice had been found during the inspection including maternity services which had been noted as having strong leadership and a focused team to improve results; wider learning from these services would be shared across the organisation.

- (2) Ms Dwyer reported that the Trust had 28 days to submit an improvement plan to the CQC which was aligned to the Trust's existing 18 month recovery plan; 73 'must do' and 'should do' actions were identified including the modernisation and expansion of the emergency department. She noted that the Trust had put in place a specialist team, including staff from the buddy Trust at Guy's and St Thomas' NHS Foundation Trust, to coordinate and drive the improvement plan. She stated that there were a number of key milestones in the next few weeks including a new medical model which would reduce the number of handovers for patients; the opening of a new waiting area in the emergency department; and the launch of an in-house bank of locum nurses. She highlighted that the Trust was criticised by the CQC for its reliance on agency staffing; up to 50% of A&E staff and 25% of nurses across the Trust were agency. She reported that the Trust had held a number of events and open days which had led to the recruitment, subject to checks, of 70 – 80 nurses. The Trust was also looking to make joint appointment with Trusts in London where staff would rotate between sites and was working with the local universities to attract university students to the Trust. She noted that for the fourth month in a row more staff were arriving than leaving the Trust which was a significant improvement.
- (3) Members of the Committee then proceeded to ask a series of questions and make a number of comments. In response to a specific question about when the Trust would be removed from special measures, Ms Dwyer stated that she was confident that the Trust now had the right level of clinical leadership to step up and take responsibility for change and improvement at the Trust. She noted that the Trust was developing positive relationships with its partners. She stated that the improvement plan set out what needed to be done and the Trust was required to report weekly on how it was achieving against the plan.
- (4) A Member enquired about the variability of services and support from NHS Swale CCG. Ms Dwyer identified areas of good practice including the maternity team, neonatal unit and the frailty pathway. She stated that the Trust understood the potential impact if something went wrong. She noted that there were indications of sustained improvement at the Trust; the Trust was no longer an outlier for mortality rates. She reported that reviews were undertaken after every death and serious incident to learn from and make changes. She highlighted that both the Chair and Accountable Officer from NHS Swale CCG attended the Quality Summit. The Trust recorded data about why patients chose to go to the emergency department which was shared with the CCG; she noted that 25% of attendances to the emergency department were referred to the onsite GP centre. She stated that the Trust was working closely with GPs to make changes to the medical model including improved access for GPs to speak with consultants, the development of drop-in and wellness centre and geriatricians working in the community.

- (5) A number of questions were asked about staff retention and morale, the buddy trust and the modernisation of the emergency department. Ms Dwyer explained that the Trust was working with local universities and developing its apprenticeship scheme to improve recruitment. She noted that she met with all new staff for lunch after three months and nine months at the Trust to find out about their experiences and if they were being supported within the organisation. She reported that there had been less than positive articles about the Trust in the press which impacted on staff; she stated that half of all comments received by the Trust were praise and half were complaints. Ms Dwyer stated that the Trust was responsible for improvement but required additional support. She reported that Guy's and St Thomas' NHS Foundation Trust were very committed to the Trust; the Trust had recently appointed the medical director and the nursing director who had been recruited from that Guy's and St Thomas' NHS Foundation Trust. Ms Dwyer explained that the new waiting area in the emergency department was one part of the modernisation. She noted that the minor injuries unit, which was being refurbished during the CQC inspections, now had a shared triage desk and the new paediatric emergency department had opened. The next area of refurbishment was the major trauma and resuscitation area which was due to be completed by the end of 2017.
- (6) RESOLVED that the report be noted and Medway NHS Foundation Trust be requested to provide an update to the Committee in six months.

19. Emotional Wellbeing Strategy for Children, Young People and Young Adults (Item 7)

Ian Ayres (Accountable Officer, NHS West Kent CCG), Dave Holman (Head of Mental Health Programme Area, NHS West Kent CCG) and Samantha Bennett (Consultant in Public Health, Kent County Council) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Ayres began by stating that the working group, attended by a small group of Members and representatives from NHS West Kent CCG and KCC Public Health, was very useful and the Members comments had been incorporated into the paper submitted by the CCG.
- (2) Members of the Committee made a number of comments about transition, provision for children who attended private schools, partnerships with the universities and joint commissioning. Mr Holman explained that in the second year of the new contract the 0 – 25 model would be clarified; at present Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Sussex Partnership NHS Foundation Trust were subject to Commissioning for Quality and Innovation (CQUIN) payment for 14 – 21 joint pathway. He reassured the Committee that under the new model that there would be one payment for 0 – 25 services. Mr Ayres stated that any child in Kent could access NHS services for free at the point of the delivery; public health services would cover all state funded schools and academies. Mr Ayres noted that as part of the procurement they would look at providers who would have the capability to work in partnership with the universities. Mr Ayres reported that the Kent

Emotional Wellbeing Strategy for Children, Young People and Young Adults would be one of the first jointly commissioned contracts by the NHS and Public Health and it had been an interesting challenge with lots of learning. Mr Scott-Clark stated that NHS West Kent CCG and Public Health had been having discussions about developing specifications together and incorporating prevention into pathways. He noted that Public Health was a member of the East Kent Strategy Board to provide advice about improving population health and ensuring public health commissioning aligned to the strategic plans.

(3) RESOLVED that:

- (a) the Committee deems the new service specification in relation to the NHS commissioned aspect to be a substantial variation of service;
- (b) the Committee supports the procurement of the new service specification;
- (c) NHS West Kent CCG be invited to attend a meeting of the Committee in six months;
- (d) a working group be established to monitor the performance of the new contract and provider at the appropriate time.