

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, 8 April 2016.

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

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

UNRESTRICTED ITEMS

20. Minutes

(Item 3)

- (1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 4 March 2016:
 - (a) Minute Number 9 – NHS Swale CCG: Review of Emergency Ambulance Conveyances. At HOSC on 29 January, a Member enquired if the closure of the A249 (Sheppey) had had an adverse impact on SECamb. On 15 March SECamb confirmed that there were no adverse incidents with the closure of the A249 to Sheppey and the Trust utilised the lower road bridge crossing in the event of a A249 closure.
 - (b) Minute Number 16 – East Kent Strategy Board. A written update about the East Kent Strategy Board detailing the Case for Change was due to be submitted for the April HOSC meeting. The East Kent Strategy Board requested that this update be postponed until the June meeting as the Case for Change had not yet been presented to the Board – it was due to be considered by the Board at their next meeting on 14 April. Rachel Jones, EKSB Programme Director, offered to share the draft document (once considered by the Board) and meet with interested Members in early May before formal presentation to the Committee in June.
 - (c) An item about the Kent and Medway Sustainability and Transformation Plan was due to be presented to the Committee on 8 April. As the leader of the Kent & Medway Sustainability and Transformation Plan was announced on 30 March 2016 - Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust – the CCG requested that this item be considered at the June meeting of the Committee when Mr Douglas could be invited to attend and present an update.
 - (d) The next meeting of the JHOSC was scheduled for Friday 29 April.

- (2) Ms Harrison stated that the query about the closure of the A249 (Sheppey) was regarding the sinkhole and not the closure of the road bridge. Mr Davies undertook to clarify if there had been an adverse impact on SECamb due to the sinkhole.
- (3) The Scrutiny Research Officer requested that paragraph (1) in Minute Number 18 be amended to Ms Dwyer from Mr Dwyer.
- (4) RESOLVED that, subject to the amendment in paragraph (3) above, the Minutes of the meeting held on 4 March 2016 are correctly recorded and that they be signed by the Chairman.

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

(Item 2)

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

22. SECamb: Forensic Review of Red 3 Pilot and Review of Ambulance Quality Indicators

(Item 4)

Geraint Davies (Acting Chief Executive & Director of Commissioning, SECamb), Terry Parkin (Non-Executive Director, SECamb), Patricia Davies (Accountable Officer, NHS Swale CCG), Dr Fiona Armstrong (Chair, NHS Swale CCG) and Helen Medlock (Director of 999 & 111, NHS Swale CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Parkin began by giving the apologies of Sir Peter Dixon, the new Chair of the Trust appointed by Monitor. He stated that the Trust welcomed the opportunity to present the report and be subject to additional scrutiny from the Committee. He noted that the events detailed in the report took place over a year ago and there were now systems in place to prevent it from happening again.
- (2) Members of the Committee then proceed to ask a series of questions and make a number of comments. A Member enquired about governance. Mr Davies explained that at the time of the pilot there was high demand with a growth in activity, handover delays and responding to the Ebola virus at Gatwick Airport. There was also an influx of activity transferring from 111 to 999 particularly at the weekends. He stated that the pilot was introduced to meet clinical need following discussions with the Trust's commissioners but acknowledged that it had been implemented with poor governance, risk assessment and assurance. Ms Medlock noted that the NHS England review of the pilot stated that early assessment was good practice; there were now formal national standards which included a clinical assessment when calls were transferred from 111 to 999.
- (3) A number of comments were made about the public and their expectations for immediate access to healthcare. Ms Davies acknowledged that there was an expectation of immediate access particularly at A&E where patients could be

seen and treated within four hours but stated that this was not sustainable. She highlighted work being carried out in NHS Swale CCG and NHS Dartford, Gravesham and Swanley CCG to understand patient behaviour and work being carried out by the borough councils to signpost the public to appropriate services. Dr Armstrong noted that GPs in Swale were looking to improve access to general practice by working with other professionals such as paramedic practitioners to reduce pressure on SECAMB and out-of-hours services. Ms Medlock stated the importance of paramedics assessing patients' needs and determining if they could be met in a non-hospital environment. Mr Davies reported that the Trust's growth in activity had increased from 5-6% last winter to 11-12% this winter; the Trust had witnessed changes to behaviour in accessing the system. He stated that he welcomed the development of a system based approach through the Sustainability and Transformation Plans.

- (4) A number of questions were asked about commissioner oversight. Ms Davies explained that since the pilot the contract management arrangements had changed so that there was a coordinating commissioner for each contract area: Patricia Davies, Accountable Officer, NHS Swale CCG for Kent and Medway; Julia Ross, Chief Executive, NHS North West Surrey CCG for Surrey; and Geraldine Hoban, Accountable Officer, NHS Horsham and Mid Sussex CCG for Sussex which had led to more coordinated, robust and sustainable scrutiny of the Trust's performance. She stated that those processes had to be balanced against the Trust's needs to be responsive and innovative. Ms Medlock noted that the sharing of commissioning responsibilities between contract areas had enabled a greater depth of scrutiny and quality assurance. She explained that proposed Trust projects and pilots were now presented to the commissioners bi-monthly for scrutiny and approval. The proposals were required to be documented and the decision formally recorded and signed off. She noted that the commissioner's quality leads were working with the Trust to undertake quality reviews. Mr Parkin noted that whilst the Board was responsible for scrutinising the Trust, he was grateful for the robust approach taken by commissioners. He stated that there had been a failure of process and procedure by the Trust with the implementation of the project and it had now put systems and structures to prevent it from happening again.
- (5) In response to a specific question about the Trust's responsibilities to its commissioners and regulators, Mr Davies explained that this was one of the key learnings undertaken by the Trust's Board and Executive Team. He stated that he had made a commitment to the commissioners that the Trust would treat them as their primary audience and there had been significant improvement in engagement between them particularly around proposed projects and pilots. He noted that the introduction of the national ambulance response programme would facilitate dispatch on disposition and enable ambulance trusts to retriage calls. He stated that this would only be introduced by the Trust after the appropriate governance process and sign-off.
- (6) RESOLVED that the report be noted and SECAMB and Swale CCG be requested to share the findings of the Patient Impact Review and the principles of the ambulance response programme at the Committee's July meeting.

23. Better Care Fund

(Item 5)

Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) was in attendance for this item.

- (1) The Chairman welcomed to Ms Carpenter to the Committee. Ms Carpenter began by explaining that she was presenting this item on behalf of the four Kent CCG Accountable Officers. She stated that the Better Care Fund (BCF) was a national mechanism introduced in 2015/16 to pool health and social care budgets together. She confirmed that the BCF was not new money, it was funding already allocated across the health and wider care system. She reported that the BCF would be a foundation for integration in many areas but in Kent the plans for integration were more ambitious than the prescriptive national policy guidance and the BCF had only cemented what was already being done. She noted that Kent was appointed an integration pioneer by the Department of Health in 2013 which had enabled health and social care services to work together and build positive relationships in advance on the BCF.
- (2) A Member asked about seven day services and workforce. Ms Carpenter stated that there were local discussions were taking place to look at what services needed to be seven days a week to enable appropriate access. She noted that workforce in Kent was a critical issue and the Kent Health and Wellbeing Board had established a Task & Finish group to explore this issue and would be reporting their findings to the Board's next meeting in May.
- (3) A Member enquired about the design of integrated service. Ms Carpenter reported that in Kent the ambition was to design integrated patient focused services beyond the legal mechanism of the BCF. She stated that NHS South Kent Coast CCG was looking to bring together the entire health and social care budget to create an integrated care organisation; a compact agreement on the integration of health and social care had been developed and adopted by all partner organisations. She highlighted a benefit of integration, the BCF and Prime Minister Challenge Fund funding had reduced A&E admissions in NHS South Kent Coast CCG.
- (4) In response to a specific question about the public health datasets, Ms Carpenter explained that the dataset was a technical device to pull together public health, social care and health data and had been commended nationally. She stated that GPs were able to use the data at a local level to see how their patients accessed health and social care services and put in place a more individual care plan to better support them and provide value for money.
- (5) RESOLVED that:
 - (a) the report on the Better Care Fund be noted;
 - (b) the Kent Accountable Officers be requested to present an update on integration including the development of an integrated care organisation in NHS South Kent Coast CCG to the Committee in September.

- (c) Mr Scott-Clark be requested to provide a briefing to the Committee on public health datasets and how they help to support health and social care commissioning.

24. King's College Hospital NHS Foundation Trust: Outpatient Services at Sevenoaks Hospital

(Item 6)

Gail Arnold (Chief Operating Officer, NHS West Kent CCG), Professor Julia Wendon (Executive Medical Director, King's College Hospital NHS Foundation Trust) and Sue Field (Head of Capacity Planning and Service Development, King's College Hospital NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. A Member enquired about the future of services at Sevenoaks Hospital and the provision of a walk-in centre.
- (2) Ms Arnold explained that in October 2013 King's College Hospital NHS Foundation Trust acquired a number of sites and services, including outpatient services at Sevenoaks Hospital, following the dissolution of South London Healthcare NHS Trust. She reported that a review of services at Sevenoaks Hospital was undertaken by the Trust and found that their clinics on the site were underutilised; following the review the Trust decided to withdraw services from the Sevenoaks site and continue to provide them at Orpington Hospital and Princess Royal University Hospital. She stated that Maidstone and Tunbridge Wells NHS Trust also ran outpatient clinics at Sevenoaks Hospitals and had agreed to take over all of the outpatient clinics from King's College Hospital NHS Foundation Trust with the exception of dermatology. Ms Arnold noted that dermatology was currently provided by Medway NHS Foundation Trust at Borough Green; procurement for this service was being undertaken. She highlighted that patients could choose to transfer to Maidstone and Tunbridge Wells NHS Trust for their outpatient services at Sevenoaks Hospital or continue to attend clinics provided by King's College Hospital NHS Foundation Trust at Orpington Hospital and Princess Royal University Hospital.
- (3) Ms Arnold explained that NHS West Kent CCG had appointed a project manager to review primary and community care in Sevenoaks. She noted that the CCG was having initial discussions with GPs about the creation of a hub at Sevenoaks Hospital to utilise the good facilities available at the accessible site; attract medical staff which had previously been a problem in Sevenoaks; and expand general practice as a number of Sevenoaks surgeries had no space to expand.
- (4) The Chairman invited the local Member for Sevenoaks Central for Margaret Crabtree to speak. Mrs Crabtree enquired about the progress of discussions with Maidstone and Tunbridge Wells NHS Trust and requested a breakdown of postcodes for patients who used King's College Hospital NHS Foundation Trust clinics at Sevenoaks Hospital. Ms Arnold confirmed that Maidstone and Tunbridge Wells NHS Trust had agreed to take over all general outpatients clinics from King's College Hospital NHS Foundation Trust with the exception

of dermatology. Ms Field undertook to provide postcode data on patients who used King's College Hospital NHS Foundation Trust clinics at Sevenoaks Hospital. She confirmed that 80% of patients who used the Trust's clinics at Sevenoaks Hospital were from NHS West Kent CCG.

- (5) RESOLVED that the report on outpatient services at Sevenoaks Hospital be noted and NHS West Kent CCG be requested to present a paper on the future development of Sevenoaks Hospital in September.

25. Kent and Medway NHS and Social Care Partnership Trust (Written Briefing)

(Item 7)

- (1) The Committee received a report from Kent and Medway NHS and Social Care Partnership Trust which provided an update on the Trust's CQC Quality Improvement Plan, quality assurance visits in North Kent and out-of-county placements.
- (2) The Scrutiny Research Officer advised the Committee that a new Chief Executive had been appointed and would be starting in June. She suggested that the Agenda recommendation be changed from June to September in order to invite the new Chief Executive and ask her to reflect on her first three months with the Trust.
- (3) Members requested that the Trust be asked to provide information about out-of-county placements and their work with the community and voluntary sector as part of their update in September.
- (4) RESOLVED that that the Kent and Medway NHS and Social Care Partnership Trust report be noted and Helen Greateorex, Chief Executive designate, be invited to present a general update to the Committee in September including information about out-of-county placements and the Trust's work with the community and voluntary sector.

26. Five Year Forward View for Mental Health and the implications for Kent (Written Briefing)

(Item 8)

- (1) The Committee received a report from the Kent CCGs and Kent County Council which provided information about the Five Year Forward View for Mental Health published in February 2016 and its implications for Kent.
- (2) RESOLVED that the written briefing on the Five Year Forward View for Mental Health and the implications for Kent be noted and the Kent CCGs be requested to provide an update at the appropriate time.