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, 7 October 2016.

PRESENT: Mr M J Angell (Chairman), Mr A H T Bowles, Mrs P Brivio, Mr N J D Chard (Vice-Chairman), Dr M R Eddy, Ms A Harrison, Mr G Lymer, Mrs P A V Stockell (Substitute) (Substitute for Mrs A D Allen, MBE), Mr A Terry (Substitute) (Substitute for Mr H Birkby) and Mr D L Brazier (Substitute) (Substitute for Ms D Marsh)

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Ms A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

54. 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. Mr Chard apologised to the Committee for not withdrawing from the meeting on 2 September during the Healthwatch Kent item, after having declared an interest at the beginning of the meeting.

55. Minutes
(Item 3)

(1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 2 September:

(a) Minute Number 19 - Emotional Wellbeing Strategy for Children, Young People and Young Adults. At HOSC on 4 March the Committee requested that NHS West Kent CCG be invited to attend a meeting of the Committee in six months to provide an update. In September NHS West Kent CCG requested that an update be provided once the contract had been awarded which the Chairman agreed to. An update paper was circulated to Members on 5 September.

(b) Minute Number 25 - Kent and Medway NHS and Social Care Partnership Trust. At HOSC on 8 April during the Kent and Medway NHS and Social Care Partnership Trust (KMPT) item, a Member requested information about the Trust's work with the community and voluntary sector as part of their next update to the Committee. Upon clarification, the Member confirmed that information related to the new

Live Well Kent contract being delivered by the Shaw Trust and Porchlight.

A written briefing regarding the Live Well Kent contract - a new community mental health and wellbeing service commissioned jointly by Kent County Council (KCC) and the seven CCGs in for Kent was circulated to Members on 26 September. A Member requested that the written briefing was resent to Members and the Scrutiny Research Officer undertook to do this.

(c) Minute Number 51 - SECAmb: Update. Mr Angell reminded the Committee that at HOSC on 2 September, the Committee requested that South East Coast Ambulance NHS Foundation Trust (SECAmb) share the findings of the Patient Impact Review and CQC Inspection Report upon publication.

Mr Angell noted that the CQC Inspection Report for SECAmb was published on 29 September (on the same day as Agenda publication); the Trust received an overall rating of Inadequate by the CQC and NHS Improvement subsequently placed the Trust into Quality Special Measures.

Mr Angell stated that he had attended the Quality Summit with the Chairmen of the six HOSCs in the South East. He reported that concerns were raised about the number of formal committees the Trust may need to attend following the publication of the CQC report which could impact on the delivery of improvements by the Trust.

Mr Angell explained that, in order to minimise this, there was a proposal for the Chairs of the six HOSC to form a working group to monitor the Trust's improvement plan and to report back to their individual committees. A Member enquired if Members would have access to minutes and papers of the working group, the Scrutiny Research Officer explained that the Terms of Reference were being drafted and it was her understanding that Members would have access to those. Mr Inett asked if Healthwatch could be involved in the working group, the Scrutiny Research Officer undertook to raise this with the South East Health Scrutiny Network.

(d) Minute Number 49 – All Age Eating Disorder Service in Kent and Medway. At HOSC on 2 September a Member enquired about the difference between waiting time standards between children & young people and adults. NHS West Kent CCG notified the Committee on 3 October that the same access standards would now apply to children & young people and adults - treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

(e) Minute Number 52 – Healthwatch Kent: Annual Report and Strategic Priorities. The Scrutiny Research Officer explained that following the incident at HOSC on 2 September relating to Disclosable Pecuniary Interests, as referred to in the previous Minutes, she needed to remind Members that under the Constitution:

A Member with a Disclosable Pecuniary Interest or Other Significant Interest in a matter to be considered, or being considered at a meeting must:

- disclose the interest; and
- explain the nature of that interest at the commencement of that consideration or when the interest becomes apparent (subject to paragraph 5 of this Procedure Rule); and unless they have been granted a dispensation:
- not participate in any discussion of, or vote taken on, the matter at the meeting; and
- withdraw from the meeting room whenever it becomes apparent that the business is being considered; and
- not seek improperly to influence a decision about that business.

A Member with an Other Significant Interest, may attend a meeting but only for the purpose of making representations, answering questions or giving evidence relating to the business, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise. The Member will withdraw from the meeting room immediately after making representations, answering questions or giving evidence.

The Scrutiny Research Officer informed Members that a copy of the Members Interest section of the Constitution had been placed on each desk. She stated that if any Member felt that they were unable to ask a question during the Healthwatch item, they were to inform her in writing after the meeting and she would approach Healthwatch Kent for a written response which would be circulated to the Committee. She noted that if there were any further queries, Healthwatch Kent would be invited back to attend the Committee.

(2) The Chairman explained that there was an error in Minute Number 46 under paragraph 5; “Kent and Medway Sustainability and Transformation Plan” needed to be replaced with “East Kent Strategy Board”.

(3) RESOLVED that:

(a) the Minutes of the meeting held on 2 September are correctly recorded, subject to the amendment in paragraph 2 above and that they be signed by the Chairman;

(b) a working group is established, made up of the Chairmen from the six Health Scrutiny Committees in the South East, to monitor the SECAmb’s improvement plan and to report back to their individual committees.

56. Kent and Medway NHS and Social Care Partnership Trust: Update
(Item 4)

Helen Greatorex (Chief Executive, Kent and Medway NHS and Social Care Partnership) and Vincent Badu (Director of Transformation (Integrated Older People's Services), Kent and Medway NHS and Social Care Partnership) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Ms Greatorex began by explaining that she and Mr Badu were in new post; Ms Greatorex had been working for the Trust for four months and Mr Badu had joined the Trust two weeks ago. She stated that she had been really impressed with the Trust and the opportunities for improvements.

(2) Ms Greatorex reported that she had three immediate priorities. The first was the reduction in private bed use. She explained that on her first day at the Trust there were 76 patients in private beds, in locations as far away as Manchester and Hull, which was costing the Trust over £1 million a month. She stated that she had set a target of no more of 15 private beds being used by 1 November and the Trust was currently using 21 private beds. She noted that there had been positive feedback from families of patients who had been repatriated.

(3) Ms Greatorex stated her second priority was to improve Section 136 detention and roll out Street Triage across Kent and Medway, a programme where mental health professionals worked with police officers to divert and support people at risk of Section 136 detention. She noted that she had already had constructive dialogue with the Police & Crime Commissioner and the Assistant Chief Constable. She noted that her third priority was to carry out a thorough review of Older People's Services to ensure high quality, evidence based, person centre care was being provided.

(4) Mr Badu stated that he had been appointed the Director of Transformation at the Trust and had previously been a Director at the Sussex Partnership NHS Foundation Trust focusing on Section 136 detention and Older People's Services. He noted the importance of good quality care being provided to older people whilst in a crisis and supporting those who can be treated at home. He reported that he had spent the last two weeks travelling across Kent and Medway to see the delivery of services and engaging with partners and stakeholders.

(5) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the Trust's collaboration with other organisations in relation to Section 136 detentions. Ms Greatorex explained that only 20% of people who were detained, under Section 136, required inpatient admission; 80% of people had another issue such as alcohol or drug use. She stated that the Trust had a strong partnership with the Police; she highlighted that from April 2017 people detained under Section 136 could no longer be taken into Police Custody. She noted that the Trust needed to work more closely with local authorities to offer support to people who were intoxicated. Mr Badu added that mental health practitioners could help reduce demand by triaging and signposting intoxicated people to alternative services. He noted that intoxicated people were challenging to assess; it was not appropriate for a person who required

acute care to be held in custody or admitted to a mental health unit. He stated the need to develop a better pathway for intoxicated people.

(6) A number of comments were made about Crisis Resolution Home Treatment (CRHT), A&E Mental Health Liaison services and emergency readmissions. Ms Greatorex noted that the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness led by Professor Louis Appleby had only been published the day before and the Trust had not been able to analyse the data yet. Ms Greatorex stated that CRHT was used to support patients in a community setting and the Trust was looking to review and strengthen the CRHT team. She clarified that six local authority areas of the county did not have 24/7 liaison psychiatry cover within their emergency departments and there was only one 24 hour A&E Mental Health Liaison service in Kent which was based at Maidstone Hospital. She stated that the Trust was working with Commissioners to improve Mental Health Liaison services which could reduce pressure on A&E and private bed spend. Ms Greatorex explained that the Trust believed that the majority of service users who were admitted in an emergency following an inpatient stay were those patients with a personality disorder. She stated that there was not currently a proper care pathway for patients with personality disorders and it was priority of the Trust to redesign the pathway. She noted that it was not helpful for people with personality disorders to be admitted to hospital and if admission was recommended that it should be no longer than 72 hours. Mr Badu explained that the services users who experienced delayed transfers of care tended to be older people who required additional health or social care interventions; the Trust was working closely with Adult Social Services and residential facilities.

(7) A Member enquired about the grant bid for the peer-supported open dialogue (POD) model, the work streams in Appendix A and the definition of cluster eight service users. Ms Greatorex announced that the Trust had been awarded the grant; the POD approach was a non-medicalised model developed in Finland in the 1970s which focused on what the service users and their families wanted. Ms Greatorex apologised for work streams 4, 8 and 11 being missing from Appendix A. She stated that Cluster 8 service users were people with personality disorders; they were defined as part of the national clustering of diagnostics.

(8) The Chairman invited Mr Inett and Ms Duggal to comment. Mr Inett enquired about the challenges of working with eight CCGs and how the Trust works with partners to support people with mental health problems who are well known in the community. Ms Greatorex explained that the CCGs recognised the difficulty of working with eight different commissioners in Kent and Medway. She stated that the Sustainability and Transformation Plan (STP) process had been very helpful for her as a new Chief Executive to meet with all of the Accountable Officers and Chief Executives. Ms Greatorex noted that people with personality disorders were often known to the police, emergency departments and voluntary organisations. She reported that people with personality disorder were currently receiving a poor service from all partners as services were not aligned; however she stated that it was easy to resolve, with a small investment, the pathway could be transformed. Ms Duggal congratulated the Trust on the progress made so far and looked forwarded to working with them as part of the STP process.

(9) Members enquired about the reduction in beds following the 2013 adult inpatient bed review, the recruitment of Community Psychiatric Nurses (CPN) the treatment for overseas patients and the upcoming CQC inspection in January. Ms Greatorex explained that the Trust now had 174 beds following the 2013 review which met demand; she highlighted that 30% of patients had a primary diagnosis of a personality disorder and they should not be admitted for any longer than 72 hours. She noted the importance of reinforcing the CHRT, as part of the clinically led improvements, to support patients with a personality disorder to be treated in a community setting. Ms Greatorex reported that there was a national shortage of Community Psychiatric Nurses; the Trust was using Golden Hellos and Retention Recognition schemes to recruit and retain CPNs. Ms Greatorex stated that a translator or worker was identified to meet the needs of overseas patients as part of the care planning process. Ms Greatorex explained that the CQC would be re-inspecting the Trust on 16 January 2017. She noted that she had recently reread the 2015 report and the Trust had undertaken an enormous amount of work following the inspection particularly around staffing. She highlighted the innovative Multi-Disciplinary Team which had been implemented on the wards since the inspection.

(10) RESOLVED that the report be noted and KMPT be requested to provide an update to the Committee in January.

57. Medway NHS Foundation Trust: Update
(Item 5)

Diana Hamilton-Fairley (Medical Director, 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. Ms Winning began by explaining that the Trust last visited the Committee in March 2016 following the CQC inspection in August 2015. She stated that the Trust was currently preparing for a further inspection taking place in November 2016. She introduced Dr Hamilton-Fairley who was the interim Medical Director, as part of the Trust's buddying agreement with Guy's and St Thomas' NHS Foundation Trust (GSTT).

(2) Dr Hamilton-Fairley stated a further CQC inspection would take place on 29 & 30 November 2016. The CQC had undertaken a fieldwork visit in March 2016 and the CQC had reported that the hospital was safer for patients and the leadership & staff engagement at the Trust had improved. She highlighted a number of improvements which had been made in the last six months:

- 65% of ambulance patients were seen within 15 minutes of arrival; the A&E was now the highest performing Trust in the region;
- The refurbishment of the new 24 bed majors unit had begun and was expected to be completed by December 2017;
- The Trust was regularly performing above 80% for patient being seen and treated within four hours; the Trust had moved from 127th to 86th in the performance tables;
- Patients requiring a KMPT acute inpatient bed were being admitted within 24 hours.

(3) Dr Hamilton-Fairley noted that the Trust had introduced a new Medical Model in March 2016. Following the introduction of the model 60% of patients were now discharged within 48 hours and overall length of stay had reduced. She reported that the Friends and Family test had risen above 80% for the first time in 18 months and the number of consultants seen by the patients was reducing. She stated as part of the new ambulatory care unit, GPs were able to directly refer patients to the unit and bypass the Emergency Department.

(4) Dr Hamilton-Fairley noted that staffing and finance were two areas of challenge. The Trust had been unable to recruit English trained staff and 75 Skype interviews had been scheduled with foreign staffing. She stated that nursing vacancies in the Emergency Department had reduced from 60% to 25%. She reported that the Trust had forecast a deficit of £40 million for 2016/17 and was aiming to make saving of £12.8 million through procurement and estate efficiencies.

(5) Dr Hamilton-Fairley highlighted that two CT scanners and a MRI scanner located in the car park would be installed by the end of the year to reduce waiting times. She noted that the hospital would become smoke free from 17 October with onsite support for staff and patients by Medway Council's Stop Smoking Service. She reported that the Trust was working closely with partners, including KMPT and Maidstone & Tunbridge Wells NHS Trust, as part of the Sustainability and Transformation Plan for Kent and Medway. She stated that she was confident that the Trust would come out of quality special measures following the CQC inspection in November.

(6) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the impact of 4% efficiency savings on the Trust's recovery plan. Dr Hamilton-Fairley explained that the recovery plan was under review and the savings targets were on track. She stated that in addition to procurement efficiencies, the Trust was changing the way it delivered services which included the closure of some acute beds. The Trust currently had 50-60 patients who were fit for discharge but were not able to do due to external factors; once those beds become free the Trust would be able to close them and redistribute staff to areas of staffing shortages which would create efficiencies. To help support discharge and improve flow, the Trust had implemented a Hospital at Home service which put in place support for patients within two hours of discharge; 35 patients a week used the service.

(7) Local Members shared the views of their constituents: a Member stated that their constituents had begun to notice improvements whilst another Member stated their constituents still had major concerns. A Member asked for reassurance that the Trust was improving. Dr Hamilton-Fairley stated that when the CQC visited the Trust in March 2016 they found it to be safer for patients and was providing better care. She noted that the number of deaths in the hospital had decreased from 118.3 to 100.9 which were within the average mortality band for a District General Hospital; the Trust had not been within the average band for the last three years. She stated that the Trust had data to demonstrate significant improvement; the Trust had received feedback from a variety of stakeholders about the improvements made following the last full CQC inspection in August 2015. She noted that there were areas of good and outstanding practice in the maternity, paediatric and neonatal wards.

(8) A number of comments were made about staffing. Dr Hamilton-Fairley explained that the Trust was losing as many staff as it gained; however the Trust currently had 30-40 more staff than it had lost this year. She stated that the most challenging wards to recruit to were the general and elderly care wards. The Trust was looking to develop nursing support roles as part of career progression. She noted that the Trust carried out regular exit interviews and organised a full induction programme for overseas staffing including English language lessons, social events and staff accommodation for the first three months. She reported that the Trust was trying a number of different methods to recruit and retain staff including an educational package for nurses which was being developed for medical staffing too.

(9) In response to specific questions about collaboration with other hospitals and ambulance handover delays, Dr Hamilton-Fairley explained that the Trust worked as part of a complex matrix with partners and the Trust delivered some services on behalf of another provider to enable patients to receive high quality services closer to home. She stated that the Trust received 110 – 120 ambulances a day and 65% of ambulance patients were seen within 15 minutes of arrival making the Trust the best in Kent.

(10) RESOLVED that:

(a) the report be noted

(b) Medway NHS Foundation Trust be requested to provide an update to the Committee following the publication of the CQC inspection report;

(c) Medway NHS Foundation Trust be requested to provide the Committee with a series of graphs to demonstrate progress since the original CQC inspection in 2014.

58. Kent Health & Wellbeing Board Annual Report
(Item 6)

Roger Gough (Cabinet Member for Education and Health Reform, Kent County Council) and Karen Cook (Policy and Relationships Adviser (Health), Kent County Council) were in attendance for this item.

(1) The Chairman welcomed the guests to the Committee. Mr Gough began by highlighting the three strands of 2015/16 Annual Report. The first was the statutory responsibilities of the board including the production of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). In 2015/16 both core documents were reviewed. An event was held in September 2015 to revise the JSNA to enable it to provide better support to Commissioners when making commissioning decisions; a more forward looking JSNA Plus was being developed. A mid-term review of the current JWHS was also held; work was underway to see how the new strategy could align with the Sustainability and Transformation Plan.

(2) Mr Gough stated that the second strand of the Annual Report was the major topics considered by the Board including the Kent & Medway Mental Health Crisis Care Concordat to reduce number of detentions under Section 136 of the Mental Health Act 1983; Learning Disability – Joint Health and Social

Care Self-Assessment Framework and update on Transforming Care (Winterbourne); Emotional Wellbeing Strategy for Children, Young People and Adults which had articulated a new family focused model of care. The Board also reviewed the five outcomes set out in the Joint Health and Wellbeing Strategy: best start in life; prevention; people with long term conditions; people with mental health issues and people with dementia.

(3) Mr Gough noted that the third strand of the Annual Report was the development of the Kent and Medway STP. The Board had been involved early on in the process and had had discussions in open and closed session. He reported that one of the strengths of the Kent and Medway STP was strong clinical engagement. There were a number of areas which fed into the Board through the STP such as workforce and estates. He explained that the STP also raised questions regarding the role of the Board going forward particularly how the Board fits into the governance process and the purpose of the Joint Health and Wellbeing Strategy if the Kent & Medway STP was strong.

(4) Members enquired about HOSC's role with the STP and the impact of the STP on surrounding areas. Mr Gough explained that a further submission by the Kent & Medway STP was due on 21 October. He noted that an earlier version of the STP was submitted in the summer and reviewed by Simon Stevens (Chief Executive, NHS England) and Jim Mackey (Chief Executive, NHS Improvement) and there had been a positive discussion. He stated that there was a considerable amount of work to do in Kent and Medway particularly in creating a financially sustainable system to reflect the Five Year Forward View without new legislation and within a short time frame. He expected the CCGs to take further information about the STP to their Governing Bodies after the submission on 21 October. He reported that the Kent & Medway STP recognised the big dependencies towards London and the A21 corridor. He stated that it was important for the STP to be brought to the HOSC and the Health and Wellbeing Board. Mr Inett noted that Healthwatch Kent was working with the STP Engagement Lead for Kent and Medway; he highlighted that underneath the Kent & Medway wide STP, local plans were being developed such as the strategy for East Kent.

(5) A number of comments were made about the future of local Health and Wellbeing Boards and the inclusion of growth areas in the STP. Mr Gough stated that there was uncertainty about local Health and Wellbeing Boards going forward. He noted that as part of the STP, areas of growth such as Ebbsfleet which had gained Healthy New Towns status had been separated out as part of the Plan. He noted that health was an important part of growth infrastructure and investment.

(6) RESOLVED that the Kent Health and Wellbeing Annual Report 2015/16 be noted.