

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, 27 January 2017.

PRESENT: Mr M J Angell (Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mr D L Brazier, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Ms D Marsh, Mr C R Pearman, Cllr M Lyons and Mr M J Northey (Substitute) (Substitute for Mr G Lymer)

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer)

UNRESTRICTED ITEMS

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

- (1) Ms March declared an Interest as a registered Nurse.

70. Minutes
(Item 3)

- (1) The Scrutiny Research Officer informed the Committee that there was an error with the minute numbering in the Agenda pack; the minutes needed to be renumbered.
- (2) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 25 November 2016:
- (a) Minute Number 64 – Gluten Free Services in West Kent. On 25 November the Committee considered an item regarding gluten free services in West Kent and deemed the withdrawal of gluten free prescriptions to be a substantial variation of service. The Committee invited West Kent CCG to attend the January meeting. The item had been postponed until 3 March meeting to enable the public consultation to finish before the Committee received an update.
- (b) Minute Number 65 – Kent and Medway Sustainability and Transformation Plan. On 25 November the Committee considered the publication of the draft Kent and Medway Sustainability and Transformation Plan and requested that the Committee be presented with an update in January. The Chairman, in consultation with the group representatives, postponed the consideration of the item until the Case for Change had been published; an update was anticipated for 3 March meeting.
- (3) RESOLVED that the Minutes of the meeting held on 25 November are correctly recorded, subject to renumbering, and that they be signed by the Chairman.

71. East Kent Hospitals University NHS Foundation Trust: Update
(Item 4)

Rachel Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) and Trish Hubbard (Divisional Director, Specialist Services Division, East Kent Hospitals University NHS Foundation Trust) were in attendance for the item.

- (1) The Chairman welcomed the guests to the Committee. Ms Jones began by stating that the three papers, under consideration, showed improvement at the Trust. She explained that the first paper was about the CQC inspection which had taken place in September; the report had been published in December 2016 and the Quality Summit had been held in January 2017. She noted that whilst the Trust's rating remained as requiring improvement, there were no longer any areas rated as inadequate. She stated that the CQC had recommended that the Trust be removed from special measures and that a decision would be taken by NHS Improvement at the end of February. She reported that there were areas for improvement including recruiting and retaining staff, reducing waiting times and improved patient flows. She highlighted improvements to end of life care and an improved financial position.
- (2) Ms Hubbard provided an update regarding chemotherapy services in East Kent and the East Kent Cervical Screening Programme. She explained that chemotherapy services were moved from the William Harvey Hospital, Ashford to the Kent & Canterbury Hospital, Canterbury in June 2015 due to an emerging risk following a reduction of permanent workforce. She reported that staff retention had been improved and the service now had a full complement of staff. The service was due to move back to the William Harvey Hospital by the end of 2016 but this had been delayed due to the appointed construction company going into administration. She stated that the work would be completed by 6 March and the unit would reopen to patients by 13 March. With regards to Cervical Screening Programme, she noted that all the high priority actions regarding business continuity and leadership had been completed. The cytology service was expected to be achieving the 14 day turnaround time for results by April; it was currently at 19 days.
- (3) A Member enquired about due diligence undertaken by the Trust with regards to the company appointed to carry out the refurbishments who went into administration. Ms Jones stated that the Trust had complied with EU procurement requirements. The appointed contractor was an international construction company who had carried out major estates work across the Trust; the company had not shared their financial position with the Trust. Once the Trust had been notified about the company going into administration, it had moved quickly to reprocur the contract to minimise delays to this and other estate works.
- (4) In response to a specific question regarding extreme delays to discharge following a national news story, Ms Jones explained that the Trust had policies and procedures to ensure delays were kept to a minimum. She stated that the story reported in the media regarding a patient who had waited two years to be

discharged was a highly unusual case and the Trust did not have any patients who had been delayed by that length of time.

- (5) A number of comments were made about workforce. Ms Jones stated that whilst the Trust had difficulties in recruiting and retaining staff, there had been improvements to the staff satisfaction survey and family and friends test. She explained that reporting of continuous improvements assisted with this particularly if the Trust was to come out of special measures. She reported that commissioners and providers were working together to promote in Kent and Medway in a bid to attract staff. Ms Jones committed to providing the Committee with information about the cost and number of agency staff. She stated that any reductions to agency staff would be invested in permanent staffing.
- (6) RESOLVED that the reports on the CQC Inspection, Chemotherapy Services in East Kent and East Kent Cervical Screening Programme be noted and the Trust be requested to provide an update to the Committee in six months.

72. Kent and Medway NHS and Social Care Partnership Trust: Mental Health Update
(Item 7)

Vincent Badu (Director of Transformation (Integrated Older People's Services), Kent and Medway NHS and Social Care Partnership Trust) was in attendance for this item.

- (1) The Chairman welcomed Mr Badu to the Committee. Mr Badu began by providing an update on patient flow and Section 136 activity. He reported that the Trust had reduced the use of private beds to 0 by the end of December. He stated that there had been an increase in referrals at the start of 2017 particularly for male patients which had led to breaches to single sex accommodation and the use of external placements. He noted that four male patients were currently placed outside of the Trust in psychiatric intensive care unit (PICU) beds. Two of the patients had dementia and required specialist PICU beds; the Trust was refiguring beds to create additional capacity for male patients and it was hoped that one of the males would be repatriated within the next couple of weeks.
- (2) Mr Badu reported that Kent had a high level of Section 136 activity with over 1000 detentions in 2016; only 20% of those people required an acute mental health bed. The Trust was working closely with the Police, CCGs and acute trusts to support and prevent detention for the remaining 80% through alternative methods such as street triage, the introduction of mental health nurse to provide clinical advice to SECAMB call handlers and reviewing the pathway for people with personality disorders.
- (3) A Member enquired about the changes resulting from the Police & Crime Bill. Mr Badu explained that one of the proposed measures in the Bill would prevent young people being detained in police custody unless in exceptional circumstances which would be known as a never event. It was also anticipated that a police officer would have to seek professional mental health before detaining a person under Section 136. He stated that this advice would be provided through the Trust's Single Point of Access team, mental nurses being

co-located with police and SECamb call handlers and street triage. He reported that two street triage pilots were planned for Thanet and Medway which had been identified as areas of high activity. The pilot would see a mental health practitioner and a police officer responding to Section 136 call outs and looking to offer alternatives to detentions were possible.

- (4) A number of comments were made about Thanet Community Street Triage pilot and Mental Health Triage Nurse. Mr Badu explained that the CCGs were supportive of the street triage pilot and it was due to be formally signed off and mobilised in February. Both the Trust and Police had identified staff for the pilot who would undertake joint training. He stated that under the Crisis Care Concordat there was a specific target to reduce Section 136 which was currently not being met; the pilot had a target to reduce detentions by 25%. He noted that the pilot would be operational on Saturdays, Sunday and Mondays, as these days had been identified as having the highest level of activity based on the Trust's data. He anticipated that if the pilot demonstrated its value, funding would continue. He highlighted that since the introduction of a mental health triage nurse at the SECamb control central in November, it had helped to support the reduction of ambulance deployments, A&E attendances and Section 136 detentions; and improve partnership working. He also reported that the Trust was working together to access additional funding for joint suicide prevention training.
- (5) In response to a specific question about stigma and patient flow, Mr Badu explained the importance of tackling stigma through raising levels of awareness and making people feel comfortable to seek help. He stated the Trust was working on a number of initiatives with primary care to help patients, families and carers to seek advice at an early stage. He noted that the Trust was implementing measures to improve patient flow. He reported that the CQC had recently undertaken a full inspection of the Trust; the Trust had received positive feedback at the end of the inspection about changes made following the previous inspection in 2015 including improvements to care planning, engagement with patients and families and supported discharge into the community at the Frank Lloyd unit and Littlestone unit.
- (6) A number of comments were made about the placement of older people out of area and the peer-supported open dialogue programme. Mr Badu explained that it was exceptional for older people to be placed out of area; the Trust was looking to repatriate one of the patients as quickly as possible and were working with and supporting the family of the other patient who required a specialist dementia PICU bed which was provided by a limited number of specialist providers. He noted the Trust had recently introduced seven day working; senior clinicians were volunteering to come in at the weekends, to review medication and care of patients and discharge them if they were well enough to go home, to improve patient flow and reduce delays. He reported that the Trust was continuing to implement the open dialogue programme and were keen to access and bid for additional funding with partners.
- (7) A Member enquired about commissioning. Mr Badu explained that the majority of the Trust's services were commissioned on contract by the CCGs; a number of specialist services were commissioned by NHS England. He explained that CQUINs were available from commissioners which enabled the Trust to receive additional resources if they delivered specific improvements to

services. He highlighted the use of a CQUIN in East Kent which had resulted in the implementation of a named nurse for patients in care homes to provide expert advice and support. The Chairman invited Patricia Davies, Accountable Officer for NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG to comment. She explained that NHS West Kent CCG was the lead commissioner for mental health in Kent but all Kent CCGs were interlinked with the Trust and had the responsibility to fund them.

- (8) In response to a specific question about the Trust's joint strategy with the police to improve response to people in crisis, Mr Badu explained that the strategy was due to be signed off at the next meeting of Executive Liaison Group which included the Trust's Chief Executive, West Kent CCG's Accountable Officer and Kent Police's Chief Constable.
- (7) RESOLVED that:
- (a) the report be noted;
 - (b) KMPT be requested to provide an update in July with information about the street triage pilot, the updated Crisis Care Concordat and the CQC inspection report;
 - (c) KMPT be requested to share the joint strategy with Kent Police, to improve the response to people with crisis, following sign-off for the Executive Liaison Group.

73. North Kent CCGs: Adult Community Services *(Item 6)*

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG) and Julie Hunt (Interim Director of Performance, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG) were in attendance for this item.

- (1) The Chairman welcomed the guest to the Committee. Ms Hunt began by providing an update about the award of the contract for adult community services to Virgin Care Services. She explained that there had been a legal challenge by Kent Community Health NHS Foundation Trust which resulted in the contract award being suspended pending the conclusion of the legal process; the CCGs' applied to the High Court to have the suspension lifted and were given leave to proceed in June. The transfer of services to Virgin went live on 26 September 2016.
- (2) Ms Hunt reported that it had been a complex process to transfer services from Kent Community Health NHS Foundation Trust and Medway Community Health to Virgin as services had previously been provided through a block contract and the cost of individual services was not available at the point of transfer. She noted that all records were transferred to Virgin including the full HR record of staff so that they could carry over continuous service and keep the same terms and conditions of employment. She reported that a care coordination centre in Dartford was established which included the creation of a new telephone number; when the telephone system collapsed shortly before

the go live date and Virgin was able to replace the whole telephone system in advance of 26 September.

- (3) Ms Hunt stated that any residual issues had been approached pragmatically by Virgin and the service had coped well despite the NHS facing one of the most challenging winters. She noted a monthly performance meeting was held with Virgin where activity, performance, safeguarding and monitoring were reviewed; there were a number of initial complaints regarding mobilisation but these had reduced and 23 out of 28 respondents to the Friends & Families Test had been extremely positive. She highlighted that anecdotal feedback from staff had been very positive. She reported that staffing was the most challenging issue; Virgin had inherited significant vacancies due to the proximity to London and the associated pay weighting but improvements had been made. She explained that since mobilisation Virgin was continuing to consolidate the service, manage winter pressures and improve service delivery; Virgin had also become part of the STP to enable them to deliver change through that process.
- (4) Members enquired about liaison with GP practices and KCC. Ms Hunt explained that Virgin had sent out information to all practices when the service was transferred; some GPs initially had difficulties referring patients due to the telephone issues. The CCGs' were encouraging Virgin to go out and speak with practices in order to build relationships. Ms Hunt reported that Virgin was very engaged and committed to building relationships with social services and the CCGs and had subsequently become part of the A&E Delivery Boards and Executive Programme Boards.
- (5) A number of comments were made about patient flow, performance and patient experience. Ms Davies reported that there was a shortage of domiciliary care in North Kent which caused delayed discharges from acute hospitals; there were opportunities for KCC to work Virgin, domiciliary care providers and the voluntary sector to make improvements which would help to improve flow in the acute hospital. In terms of holding Virgin to account, Ms Hunt explained that Virgin was asked to provide reports which were reviewed and were asked to develop actions to address any issues which they had to provide an update on. An area of focus had been staffing and Virgin had presented a plan to improve this which included working with the university and holding recruitment days at Bluewater and in Sittingbourne to fast-track the appointments process. Ms Hunt highlighted that there was a higher number of respondents to the Families & Friends test and feedback had been positive.
- (6) RESOLVED that:
 - (a) the report be noted;
 - (b) NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG and Virgin Care Services be requested to provide an update about the performance of the provider in September;
 - (c) NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG be requested to provide the Committee with an update about the development of any new service model at the appropriate time.

74. North Kent CCGs: Urgent & Emergency Care Programme Update
(Item 5)

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG) and Gerrie Adler (Programme Director – Urgent Care, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Adler began by outlining the background to the programme; she explained that following the publication of the Keogh Review and NHS Five Year Forward View, NHS Dartford, Gravesham and Swanley CCG, NHS Swale CCG and NHS Medway CCG pursued a programme of activity to look at urgent care. The programme was paused locally in June 2015 and nationally in July 2015; the national pause was lifted in October 2015 and the local pause was lifted in May 2016. The programme was re-established by NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG to include the use of NHS 111 as single point of care for patients and the promotion of self-care.
- (2) Ms Adler explained that the planned go-live date was April 2018 in a phased approach which was in advance of the national deadline in 2020. She reported that the current 111 contract with SECamb had been extended; the CCGs were looking to work in partnerships with local CCGs to jointly commission NHS 111 and Integrated Clinical Advice Service. She reported that several engagement events for patient, public and stakeholders had been held including a whole system event in November which had helped to shape the proposed model. She noted that further listening events were planned for February. She requested that the CCGs' present the Case for Change and Model to the Committee on 3 March. She confirmed that a public consultation would be held. Ms Davies stated that the public engagement events would use the same model as those used for the Stroke review. She noted that there would be significant growth in Dartford, Gravesham and Swanley which would require capital investment and changes to services.
- (3) The Chairman enquired about the previous procurement. Ms Davies explained that the CCGs were using the learning from the previous procurement and had extended the current contract; they had positive discussion with CCGs in Kent, Surrey and Sussex about a joint procurement. She stated that she could not make a commitment about the location of the service but the CCGs were looking to utilise existing staff. She highlighted the importance of the 111 service interacting with the clinical triage which should be delivered as locally as possible whilst delivering economies of scale.
- (4) RESOLVED that the report be noted and NHS Swale CCG and NHS Dartford, Gravesham and Swanley CCG be requested to present the case for change and proposed clinical models to the Committee in March.

75. URGENT BUSINESS

- (1) The Chairman informed the Committee that he had decided to take the report for item 12, which was not available when the agenda was published, as

urgent as there was a need for the Committee to determine if the proposals constituted a substantial variation of service.

76. Edenbridge Primary and Community Care
(Item 12)

Adam Wickings (Chief Operating Officer, West Kent CCG) was in attendance for this item.

- (1) The Chairman welcomed Mr Wicks to the Committee. Mr Wicks began by thanking the Committee for considering the item at short notice. He stated that the proposals aligned to the local care update which the Committee had considered in November 2016. He explained that the proposals had been reviewed by NHS England as part of its assurance process and the CCG was seeking formal authorisation by NHS England to start public consultation on 1 February. He stated that there were four options had been developed which all involved the construction of a modern, purpose-built building which would house both the GP practice and community services. He reported that both the medical practice and hospital were not currently located in fit for purpose buildings which was impacting on recruitment and the sustainability of services. He acknowledged the limited availability of capital for the construction of a new build.
- (2) Mr Wicks reported that both of the current providers KCHFT and the GP practice welcomed the opportunity to co-locate and modernise services. He noted that one of the proposals to be set out in the public consultation was the closure of 14 inpatient beds to enable the expansion of ambulatory and outpatients services to meet local needs; only two – three beds were currently used by patients from Edenbridge. Mr Wicks requested that the Committee make a determination about whether the proposals represented a substantial variation of service and if public consultation was required. The Scrutiny Research Officer advised the Committee that the CCG had separate and distinct duties to consult with the Committee and the public; if the Committee determined the proposals to be a substantial variation of service, it would trigger a period of formal consultation with the Committee.
- (3) In response to a specific question about the use of the 14 inpatient beds, Mr Wicks explained that the beds were used by patients in the West Kent area. He reported that there would be service improvements by co-locating the GP practice and community services in a new building with modern facilities.
- (4) A local Member raised concerns about the funding of the proposed scheme. Mr Wicks stated that it was not a funded scheme and there was a possibility that it would not be funded. He explained that the CCG was in discussion with NHS Property Services about the sale of the current site to provide capital. He highlighted that the proposed model would improve local care with an expanded range of services and extended opening hours.
- (5) RESOLVED that:

- (a) the Committee does not deem the proposed changes to primary and community care in Edenbridge by NHS West Kent CCG to be a substantial variation of service;
- (b) West Kent CCG be invited to submit a report to the Committee in June with the outcome of the public consultation;
- (c) the Committee will re-consider in June whether the proposed changes to primary and community care in Edenbridge represents a substantial variation of service.

77. Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures (Written Update)

(Item 8)

- (1) The Committee considered an update report by Maidstone & Tunbridge Wells NHS Trust who had been placed in Financial Special Measures by NHS Improvement as part of the cohort of providers in July.
- (2) RESOLVED that the report on the Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures be noted and an update be presented to the Committee in six months.

78. CCGs Annual Rating: Update (Written Update)

(Item 9)

- (1) The Committee considered a written update about the key actions and progress against the CCGs' improvement plans, which were originally shared with the Committee following the publication of the annual ratings by NHS England in July 2016.
- (2) RESOLVED that the report be noted and the Kent CCGs be requested to provide an update on their 2016/17 rating and assessment in September.

79. Darent Valley Hospital: MRSA (Written Update)

(Item 10)

- (1) The Committee considered a written update by the Dartford & Gravesham NHS Trust following 14 incidences of MRSA at Darent Valley Hospital in 2015/16 and the actions being taken to reduce the incidences and improve patient safety and performance.
- (2) RESOLVED that the report be noted and the Trust be requested to provide an update to the Committee in six months.