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 on Thursday, 13 September 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr P W A Lake, Mr K Pugh, Mr I Thomas, Cllr J Howes, Cllr M Lyons and Cllr Mrs M Peters

IN ATTENDANCE: J Kennedy-Smith

UNRESTRICTED ITEMS

73. Membership

(Item 1)

The Chair noted that Mr Lake had filled the vacancy on this Committee.

74. Declarations of Interests by Members in items on the Agenda for this meeting. (Item 3)

There were no declarations of interest.

75. Wheelchair Services in Kent

(Item 4)

Caroline Selkirk (Managing Director, East Kent CCGs), Ailsa Ogilvie (Chief Operating Officer, Thanet CCG), Adrian Halse (Head of Performance, Thanet CCG), Adam Wickings (Chief Operating Officer, West Kent CCG), Rachel Parris (Frailty and Medical Commissioning Programme Lead, West Kent CCG) and Paula Wilkins (Chief Nurse, West Kent) were in attendance for this item.

- (1) The Chair thanked everyone for attending and explained that the item had been due to come back to the Committee meeting of 21 September but that the decision was taken to move the item to an extraordinary meeting to focus on the issue given its importance.
- (2) The Chair informed the Committee that she, along with Officers, had met with representatives of the Joint Wheelchair User Group on Tuesday of that week. A statement from the Group had been received and circulated to Members of the Committee. This statement was attached as a supplement to the Minutes. The Chair explained that the Group felt that they did not need to attend as the statement was comprehensive and requested that the statement be read to the Committee. The Chair read the statement to the Committee.

- (3) The Chair asked if the guests had anything to add to the updated report. Ms Selkirk apologised for the service that had been provided to wheelchair users and that work was taking place to deliver solutions. She welcomed the challenge given to the Clinical Commissioning Group (CCG) and the very constructive way in which the User Group had worked with the CCG. She also thanked the Committee for how it had handled the issue and emphasised that work was taking place to rectify the identified problems. Data was showing that progress was being made but that it was still a work in progress.
- (4) Ms Ogilvie confirmed that work with the User Group was ongoing and that they were building on the improvement plan with additional workstreams around patient experience and quality now established. She informed the Committee that a recent meeting with Millbrook had shown evidence of improved service: in Mid-August the reported repairs waiting list was 461 and as of the previous day was 327. Of this number, 205 booked repairs were due within the next 5 days. In August spend exceeded Millbrook's monthly budget by 78% to enable equipment ordering to address the waiting list. She also confirmed that the waiting list has not reduced 3353 reported previously with it now sitting at 3356; however the average increase of 120 per month had ceased.
- (5) Ms Ogilvie confirmed that 1479 orders had been completed, 44% of the total list. 852 people had been triaged. This exceeded performance throughout the contract. She indicated that during September they would expect to see a significant reduction in the waiting list, but realised that there was a lot more work to do.
- (6) Members commented on demand, procurement and data. Mr Halse informed the committee that the patient data was not fully complete at the time of procurement which had been explained to bidders. Demand was higher than expected and a backlog of patients with a higher complexity of cases than the CCG were aware of, resulted in problems with available data. Mr Wickings provided further detail about the problems surrounding data in procurements and said there were lessons that could be learnt from what had occurred.
- (7) The Chair pursued this further and asked how the learning would feed in to the next procurement and be more widely shared across all CCGs. Ms Selkirk said that she had the view that they can always do better and that they would consider the wider lessons, including those around one CCG procuring a service and a second managing the contract. In addition, Ms Selkirk informed the Committee that their internal audit were looking into this and that the findings would be shared with relevant parties. Mr Wickings added that it was too soon to draw definitive conclusions about the procurement. In concluding the discussion on this aspect, Ms Selkirk expressed the view that the ultimate arbiter is those for whom the service is purchased.
- (8) A Member asked about funding, additional spend and patient harm. Ms Selkirk said that the immediate waiting list funding was to be signed off by Ms Selkirk and Mr Ayres, Managing Director of Medway, North and West Kent CCGs and would not to be signed off until the robust improvement plan was seen. A second paper had gone to the eight CCG Governing Bodies across Kent and Medway to agree approval for dealing with the growth. Working with the User Group would assist with this plan being delivered.

- (9) Ms Ogilvie explained that Millbrook had taken the deliberate decision to overspend by 78% on equipment ordering on the basis that they were aware that the East Kent CCG Managing Director would be signing off on funding and that they were keen to work quickly to improve the service.
- (10) Ms Selkirk confirmed that following demonstration of that the contract variation would be signed off that day.
- (11) In relation to patient harm, Ms Wilkin said that the same view was being taken in regard to psychological harm as physical harm and that the former was harder to pick up. She confirmed that the CCG was working with the User Group on this.
- (12) The Chair informed the Committee that when meeting with the User Group, a point that had been made clearly to her was that the ethos at Millbrook and their attitude to disability was causing anxiety and the User Group had asked about equality training and sought reassurance that CCG staff would receive this as well. Ms Selkirk confirmed that this point had also been raised at the East Kent Governing Bodies and that commitment had been given to deliver that training and she was happy to extend that to other CCGs if required. Reassurance was given that this was happening already within Millbrook.
- (13) A Member commented on communications and key performance indicators (KPIs). Ms Ogilvie said that KPIs will be a collaborative piece of work to enable that the right things were being measured for a positive experience. A whole review was needed on communications with those on the waiting list and prioritisation work with the User Group was the best way to do this.
- (14) Members commented on the supply of equipment and personal budgets. Ms Selkirk said that the use of vouchers, personal budgets and other providers was needed to deal with the future demand as demographic data was showing that this would increase. She confirmed in relation to providers that appropriate regulatory credentials and necessary standards were met.
- (15) Ms Ogilvie confirmed in relation to waiting lists that 1479 patients have had equipment ordered with a further 852 already being triaged. The next step would be equipment ordering and monitoring how the waiting list was being reduced. She confirmed that there was no reason to believe that there was not enough supply in the market.
- (16) The Chair concluded the concerns with the service had been brought to the Committee by Healthwatch and hoped that this route would not be required again. She welcomed the improvements which had led to the User Group statement being issued.

(17) RESOLVED that:

- (a) the reports and Joint Wheelchair User Group statement be noted;
- (b) Thanet CCG, representative from Millbrook and the Joint Wheelchair User Group be requested to provide an update in January.