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 Friday, 23 November 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mrs R Binks (Substitute) (Substitute for Mr N J D Chard), Mr N J Collor, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh, Mr I Thomas, Cllr J Howes, Cllr M Lyons, Mr D Mortimer and Cllr Mrs M Peters

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Dr A Duggal (Deputy Director of Public Health, KCC), Ms J Frazer (STP Programme Lead, KCC) and Mrs J Kennedy-Smith (Scrutiny Research Officer, KCC)

UNRESTRICTED ITEMS

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

(1) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.

(2) Mr Lyons declared an interest in relation to Agenda Item 11, Kent and Medway Non-Emergency Patient Transport Service, as a previous user of the service.

(3) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of the Canterbury City Council's Planning Committee.

88. Minutes
(Item 3)

(1) RESOLVED that the Minutes of the meetings held on 20 July 2018, 13 September 2018 and 21 September 2018 are correctly recorded and that they be signed by the Chair.

(2) The Chair informed the Committee that following communications received by Members regarding Flash Glucose Monitoring and the subsequent NHS England announcement a report will be provided to the Committee in January 2019.

89. Kent and Medway Strategic Commissioner
(Item 4)

Simon Perks, Director of System Transformation, Kent and Medway STP was in attendance for this item.

(1) The Chair welcomed Mr Perks to the Committee. Mr Perks began by informing the Committee that Mr Douglas had been called for Jury Service and was not available to attend. Mr Perks said that Mr Douglas, Accountable Officer and Dr Bob Bowes, Chair of the Steering Group are leading the Programme and that he was supporting them both.

(2) Mr Perks drew attention to the two diagrams presented in the report and explained that they gave a conceptual outline, and that work was being undertaken in December with Providers and Commissioners to add detail to this. He highlighted that the NHS Improvement and NHS England consultation, launched last week on their future shape, will in turn shape the strategic commissioning role for Kent and Medway. Mr Perks continued that the Vanguards on integrated care systems, operating across the country, were working on the learning and would also provide guidance.

(3) Mr Perks emphasised that it was important to get it right and be progressive in approach as Kent and Medway was the sixth largest STP area in the country and the process would clearly have implications for the population. Mr Perks highlighted that there were many operational and financial challenges that face the system. He said integrated provision at a local level, such as the Whitstable Vanguard can show benefits but acknowledged that within the health system there were differences in decision making such as Freestyle Libre and IVF that could not be ignored and that he hoped to move to a coherent single decision-making process. Mr Perks understood there were concerns about a single strategic commissioner and the facilitation of services at a local level, but work was being undertaken to address this.

(4) Members enquired about the system being similar in nature to previous NHS structures and potential changes in legislation. Mr Perks said that he did not anticipate any legislative change and that any new commissioning entity will have to be in a form of CCG. He confirmed that CCG Chair have come to a view on the forming of a single commissioner across Kent and Medway, but it was to be remembered that they are membership organisations, with members needing to be convinced of all the arguments.

(5) Members expressed concern about finances, including transitional time and costs and workforce. Mr Perks said that the early work within the STP was to build a business case which would show the financial gap projections. He said that the Strategic Commissioner would utilise variation data to understand variations in resources deployed against outcomes attained. He acknowledged the transactional costs of the current system, with a lot of commissioner time being spent on operating contracts in the commissioner/provider split, was not a good use of effort and time. Mr Perks elaborated on the design process of Care Pathways, which he believed were created in isolation and emphasised that benefits could be seen in bringing those together.

(6) Mr Perks explained that there was a real difference in this revised commissioning arrangement. The STP was being led by clinicians with clinical leadership being intrinsic in a way never seen before.

(7) Mr Perks agreed that workforce was a bigger issue than money. Work was being undertaken to harmonise agency pay rates and to introduce capping but there was a concern that staff were not available in the first instance. Mr Perks continued by explaining that integration would assist the nature of provision and that teams covering broad specialisms helping manage workload, enrich job planning and aid retainment. He believed that the STP collaboration could bring benefits, referencing the Kent and Medway Medical School's successful application as an example.

(8) A Member asked about timelines and for specific plans to be brought to the Committee. Mr Perks informed the Committee that the ambition was to have the Strategic Commissioner up and running in April 2020, with integrated care providers working within 24 months post-2020. He confirmed that this was broad thinking, but that NHS England and NHS Improvement would be involved in the process.

(9) The Chair enquired about the first area of STP focus on cancer services. Mr Perks said that in the summer the Steering Group looked at areas that could be comfortably commissioned once across the County. Cancer access standards were an issue and there were several parties involved in the organisation and commissioning of services. He said that any work undertaken would be reported back to Committee.

(10) Mr Perks continued that future commissioning approaches could be focussed on digital and estate infrastructure. He confirmed that a Joint Committee of Clinical Commissioning Groups (JCCCG) would provide oversight of these areas.

(11) Ms Frazer, Kent County Council STP Programme Lead, was invited to speak by the Chair. Ms Frazer explained that the elements referenced by the Chair were being developed now with the STP looking at pathways and ways to improve integration.

(12) Ms Duggal, Deputy Director of Public, Kent County Council was invited to speak by the Chair. Ms Duggal said that as part of the work being undertaken prevention was a key element, such as the smoking cessation service.

(13) RESOLVED that the report be noted, and the Kent & Medway STP be requested to provide a detailed update in six months' time.

90. NHS North Kent CCG: Financial Recovery Plan
(Item 5)

Gail Arnold, Deputy Managing Director for Dartford, Gravesham and Swanley and Swale CCGs and Reg Middleton, Chief Finance Officer, West Kent CCG and in an Interim Capacity for Dartford, Gravesham and Swanley and Swale CCGs.

(1) The Chair welcomed the guests to the Committee. Mr Middleton began by explaining that the system had faced considerable challenges over the last number of years and emphasised that they were entering the next financial year in a similar position, with much work to do. Mr Middleton acknowledged that

collaborative and partnership working would help tackle this. He said that the achievement of financial balance was possible but tight for Swale CCG and that the Dartford CCG position will be an overspend of some magnitude with an outturn of £9/10m deficit rather than the planned break even. Mr Middleton reported that the two Acute systems were also financially challenged.

(2) Mr Middleton drew attention to the end of the report and the local systems approach which was showing that the CCGs were working in a different way to tackle the significant challenges. He said that this included reduction in unwarranted clinical variation, tight contract management and by working with joined up thinking to avoid moving issues around the system.

(3) Ms Arnold highlighted to the Committee the Quality, Innovation, Productivity and Prevention (QIPP) programme and said that they were now on track for delivery, however reduction in unwarranted clinical variation was varied. She continued that one of the key issues within the system was a struggling workforce.

(4) Members commented on medicine management in respiratory conditions, deficit positions, and staff turnover. Ms Arnold said that there was a relatively high level of admissions to hospital for uncontrolled respiratory problems and a more proactive approach was needed in the form of prevention and improved medicine management.

(5) Mr Middleton said that the position historically in relation to Swale CCG and Medway NHS Foundation Trust related to the payment by results system and tensions regarding payment. In this financial year the Lead Commissioner, Medway CCG agreed a block contract which brought stability to the health system. Mr Middleton emphasised that there was a downside however for the CCG in terms of financial movement when intervention took patients out of the acute setting.

(6) Mr Middleton said that in relation to staff turnover some changes had been reflective of transitioning across the STP and is in part reflective of changes taking place in the NHS. He said there is a sense that talent available across the CCGs is used in an effective way and in turn will lead to positivity in the future, but he did admit that morale is difficult, and that staff were being supported through this period.

(7) Members asked about primary and acute system incentivising of best practice, Multi-Disciplinary Teams (MDT) and estates management. Ms Arnold said that incentivising of best practice was the process of making sure money in the system was in the place it should be to make improvements. The use of the word incentive in the NHS included the example of funding clinicians time to redesign pathways and time to reinvent.

(8) Ms Arnold described the MDT approach and the referral process, acknowledging requirements were not always relating to healthcare such as lack of social contact. Ms Arnold said that there were Health and Social Care Coordinators and third sector signposting ensuring that everyone was proactive to intervene before a medical need.

(9) Ms Arnold said that investment had been made in new estate including GP estate, highlighting that recruitment in GPs and staff was easier if the estate is good. She noted new ways of working such as new opening times and three shift days.

(10) Mr Inett enquired about patient experience during reduction of deficits and new systems. Ms Arnold said that pathways were planned based on the needs of the patient. She noted that over time inefficiencies begin to happen due to system evolution but if the approach is taken to plan the best pathway you mitigate problems further down the system. She acknowledged that it is difficult to establish processes to move money, particularly when there are limitations on finance but pathways delivering to patient needs deliver better outcomes. Mr Middleton referred to community services investment and that the CCG had chosen to invest this year in local care services because it was the right thing to do.

(11) The Chair emphasised that the Committee should be kept informed of any changes within the CCGs.

(12) RESOLVED that the report be noted, and NHS North Kent CCGs be requested to provide an update at the appropriate time.

91. Dartford and Gravesham NHS Trust: Update
(Item 6)

Louise Ashley, Chief Executive, Dartford and Gravesham NHS Trust and Helen Mencia, Deputy Director of Nursing and Quality, Dartford and Gravesham NHS Trust were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Ms Ashley informed the Committee that she was new to Kent and had started in the role of Chief Executive of the Trust over 4 weeks ago. She said that the Trust had had a successful year, with a commitment to clinical quality. She provided an example of holistic care within the Trust.

(2) Ms Ashley referred to operational and clinical performance and that many standards were being achieved, emphasising the importance of these targets to patients. She said that the 4-hour wait was averaging at 90%, but that the recently changed target of 95% had not been met.

(3) Ms Ashley highlighted the Foundation Healthcare Group. The Trust along with Guy's and St Thomas' NHS Foundation Trust were making the most of the partnership, with the alliance delivering good clinical outputs, developments for staff and improvements for patients in Kent.

(4) Ms Mencia informed the Committee that in reference to infection prevention and control incidences, there was a very enthusiastic and effective Infection and Control Team supporting frontline staff through practice and training.

(5) Ms Mencia highlighted to the Committee that the Trust was disappointed to receive the CQC overall rating of 'requires improvement'. She said that a lot of activity had been undertaken since the inspection and publication of the report,

with a focus on quality, as well as working with CCGs and Healthwatch to support inspection and engagement visits. Ms Mencia said that sharing good and bad practice at all levels was helping to enhance governance and provide support to staff.

(6) A Member highlighted some key workstreams including Private Finance Initiatives (PFI) coming to the end of contracts and penal issues for providers when the hospital is handed over at the end of the contract, emphasizing that the NHS should be receiving facilities that are as good as new; that revenue sharing of a reduction in corporation tax should be explored with key decision makers; and that the Trust should consider signing up to the Vanguard on Trusts paying business rates, should a leading group be established. Ms Ashley endeavoured to follow up on the points raised.

(7) Members enquired about the CQC overall rating, finances and performance. Ms Ashley emphasised that in relation to the overall rating, discussions across the trust had taken the holistic view that people had just taken their eye off the ball but that she was encouraged by new personnel who were making a huge difference. She continued that an interim meeting had taken place and the CQC were impressed with the developments. Ms Ashley informed the Committee that in two years she aimed for the Trust to have a CQC overall rating of 'outstanding'.

(8) Ms Ashley said that there were daily tough decisions on patient safety experience versus money. She highlighted that due to performance against A&E and financial targets not being met meant the loss of Provider Sustainability Fund funding, worsening an already large deficit. She acknowledged that NHS Improvement had not placed the Trust in Special Measures as they awaited changes within the governance structure to be implemented.

(9) Members enquired about staffing, morale and 'Freedom to Speak Up' Guardians. Ms Ashley informed the Committee that the vacancy rate was 12 to 13% but highlighted that there were two issues in relation to staffing – the vacancy rate and a staffing review. The staffing review identified that in relation to nursing there had been understaffed wards in budget terms and as a result agency nurses were hired to maintain patient safety. Ms Ashley said that work was now being undertaken to employ permanent staff. Ms Ashley said that 250 European staff had been affected by the recent 'settled status' issue but that the Trust had agreed to fund these costs. She said that the Trust is working with Health Education England to get the best for the area but that National and London issues were having an impact. Ms Ashley emphasised that the ongoing problems with financial deficits meant that staff were warier to join but she was encouraged by a new doctor training scheme which would be innovative.

(10) Ms Ashley said that 'Freedom to Speak Up' was incredibly important and the current Head of Midwifery was the 'Freedom to Speak Up' Guardian and had appointed eight others across the Trust. She said there is a whole infrastructure in place to address bullying and harassment.

(11) RESOLVED that the report be noted, and Dartford and Gravesham NHS Trust be requested to provide an update at the appropriate time.

92. South East Coast Ambulance Service NHS Foundation Trust (SECAmb): Update
(Item 7)

Joe Garcia, Executive Director of Operations, James Pavey, Regional Operations Manager, and Ray Savage, Strategy & Partnerships Manager, South East Coast Ambulance Service NHS Foundation Trust were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and with agreement proceeded directly to questions.

(2) Members enquired about the Kent and Medway Stroke Review including service modelling, improvement of service for stroke patients and travel times. Mr Savage informed the committee that there had been no issues with the modelling and that the Trust was still on track to deliver requirements, with no changes based on the proposed option currently being discussed. Mr Pavey reiterated from the ambulance service perspective it is about the taking the patient to the right place first time. He said that work undertaken from the Trauma Network, due to no trauma centre being available in Kent had led to actual lives being saved as the outcome has been better. Mr Pavey highlighted that the Trust has been trialling Ipad use for online consultation with a Stroke Consultant, in the Ashford and Thanet area.

(3) Members enquired about handover delays. Mr Pavey advised that handover delays were and remain an issue in Kent as well as nationally and that NHS England and NHS Improvement took a very close interest in this. He said that winter would see a low tolerance for handover delay and improve patient safety. Mr Pavey said that the Trust had employed a Senior Nurse with a community background to help lead, discuss and improve things for the region. He said that the Trust have made some significant progress, through system-wide solutions but that they were not being complacent. Mr Garcia confirmed that the Senior Nurse role had led to the overall handover delay being at a level lower than it had been in the last two and half years on some sites, but not all.

(4) Members asked about response times, fleet management and recruitment. Mr Garcia said that in relation to response times it was recognised that the Trust is challenged in category 3 responses. He said that the Ambulance Response Programme (ARP) introduced a change to the way the Trust responds. Mr Garcia emphasised that the Trust was well above the national average for high acuity, categories 1 and 2, but that brings in to the equation the resourcing issues that the Trust has. He said that Kent has seen a greater increase in terms of activity in comparison to other areas in the region over the last ten years and was performing well. Mr Garcia said that there was an anticipated improvement to all categories and bring category 3 under one hour on 90% of all those cases.

(5) Mr Garcia said that the Trust had purchased 101 new vehicles for this year. Mr Garcia said that he had also purchased 30 second hand vehicles for winter so that the Trust could take advantage of the significant levels of recruitment that

had been undertaken. He confirmed that the Trust will have an additional 174 FTE by December 2018 and would increase further by the end of January 2019. Mr Garcia emphasised that this was with a view to accelerating the required workforce trajectory that was identified in the 'Demand and Capacity' review which had been agreed by all CCGs. He said that in vehicle terms the Trust would have a net increase over the next year by a further 60 compared to this time last year and by 75 by the end of 2020/21.

(6) Mr Pavey confirmed that there was a significant number of private providers available to be able to meet areas of peak demand. Mr Garcia emphasised that that 'Demand and Capacity' review should help increase the workforce and reduce demand for private provision.

(7) Mr Inett asked about CCG performance requirements, workforce and retention. Mr Garcia said that following last years CQC inspection the Trust had a Quality Summit which defined the support that the system could give for hospital handovers. He said that this was split into east and west, predominantly Kent, East Sussex and the rest of the region. He confirmed work taskforces were led by Chief Operating Officers from acute trusts, with the whole process chaired by NHS Improvement, leading to successful system wide involvement in comparison to this time last year.

(8) Mr Garcia confirmed that nationally paramedics have been banded up a level which had in turn impacted on banding throughout the Trust. He said they were in the process of taking a business case to the Board to increase banding for specialist paramedics and had introduced changes to work patterns by running rotational pilots where staff rotate through a primary care setting and ambulance response setting to give variation to the working experience.

(9) A Member enquired about Brexit and the associated impacts on the Trust. Mr Pavey acknowledged that there is a lot of uncertainty with Kent which was particularly challenged at times with road networks, exemplified by when Operation Stack was implemented. He said that it was a very difficult thing to predict in terms of impact but there was contingency planning being undertaken with agency counterparts.

(10) RESOLVED that the report be noted, and SECAmb be requested to provide an update in June 2019.

93. CCGs Annual Assessment 2017/18 (Written Update)
(Item 8)

(1) The Committee considered a report by the seven Kent CCGs on the CCG Annual Assessment 2017/18 and provided the key actions from their improvement plans.

(2) RESOLVED that the report be noted, and the Kent CCGs be requested to provide an update to the Committee annually.

94. NHS West Kent CCG: Financial Sustainability
(Item 9)

Adam Wickings, Deputy Managing Director and Reg Middleton, Chief Finance Officer, NHS West Kent CCG were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Middleton informed the Committee about some key aspects of the West Kent system and stated that in the future there was the potential for working towards a system control total and lead to better harmonisation. Mr Middleton emphasised that the West Kent system was significantly challenged and most obviously in the acute trust environment. He said that as a system, this financial year, they expect to be close to a balanced system, which would be a considerable achievement.

(2) Members enquired about system-based cost savings opportunities and over-prescribing. Mr Middleton said that this was a wide range of savings schemes including CCG dispensing expectations and practice variation. He said that work was being undertaken with medicine advisors and practice colleagues to identify areas of waste. Mr Middleton advised that there was also the opportunity to review price related issues.

(3) Mr Middleton said that as part of the programme, medicine advisors were utilised in supporting practices in medicine utilisation reviews which were designed to address not only waste but potential for harm.

(4) Members asked about delivery systems. Mr Wickings said that some models were extremely transactional and challenging, with more collaborative ways to work with providers, through aligned or incentivised contracts, sought.

(5) The Chair enquired as to how the work being undertaken by the CCG was corresponding with the Strategic Commissioner work. Mr Wickings said that the CCG fully endorsed the single commissioner on a Kent and Medway wide basis. He emphasised that there were certain things that required a clinically assisted footprint for Kent and Medway such as cancer and diagnostics. He highlighted that there were a lot of partners trying to work together to decide on the footprint.

(6) A Member asked about the commissioning of new integrated diabetes care and the inclusion of the Flash Glucose Monitoring devices. Mr Middleton said that as Members were aware, the recent announcement on Flash Glucose Monitoring that from 1 April 2019 there is the expectation that all CCGs will prescribe such products according to certain criteria. He confirmed that the CCG had been looking at the policy and impact testing for the local population. Mr Middleton said that the CCG expected this to be broadly financially neutral.

(7) RESOLVED that the report be noted, and NHS West Kent CCG be requested to provide an update at the appropriate time.

95. Kent and Medway Integrated Urgent Care Service Procurement
(Item 10)

Adam Wickings, Deputy Manging Director, NHS West Kent CCG and Procurement Senior Responsible Officer on behalf of all Kent and Medway CCGs was in attendance for this item.

(1) Mr Wickings began by informing the Committee that as they were aware NHS 111 had a chequered history which lead to a new national model with a higher degree of clinical intervention. He highlighted that the service was integrated with urgent care systems and that it was important to note.

(2) Mr Wickings referred to the procurement process and informed the Committee that the response was such that they could not continue with the procurement but due to commercial sensitivity could not elaborate further. He said that at the same time a similar situation arose in Sussex, with discussions taking place on proposals for a combined procurement. He confirmed that the interim arrangement with SECAmb had now been signed.

(3) A Member referred to the recent media reports regarding IC24 and safe staffing. Mr Wickings said that he met with them regularly as part of the contract monitoring process and the evidence was that the staffing was satisfactory but reiterated that he was concerned that the report did not match the evidence presented to the CCG and would form part of the next monitoring meeting. He endorsed the provider presenting to Committee on the concerns raised, if this was felt necessary.

(4) The Chair emphasised that she wished to be presented with a written report addressing concerns and then have subsequent attendance should it be required.

(5) A Member enquired about the combined procurement, scale of procurement and the imposition of such a service by NHS England. Mr Wickings confirmed that it was not imposition but rather enthusiasm for larger scale procurements. He said that very detailed work on advantages and disadvantages of such procurement had been undertaken. Mr Wickings said that advantages included a single call centre, streamlined administration processes, an aid to recruitment and provide cost savings. He said that there would also be disadvantages such as local issue difficulty.

(6) RESOLVED that:

(a) an update be provided to the Committee at the conclusion of the procurement for the Kent and Medway NHS 111 and Clinical Assessment Service;

(b) NHS Dartford, Gravesham and Swanley CCG be invited to present a comprehensive update on the Local Urgent Care Programme in January 2019;

(c) the outcome of Swale and Medway CCGs Local Urgent Care Programme procurement be presented to the Committee at the appropriate time;

(d) a written report on operation and staffing of IC24 be provided to the Committee for assurance.

96. Kent and Medway Non-Emergency Patient Transport Service Performance *(Item 11)*

Stuart Jeffrey, Deputy Managing Director, North & West Kent CCGs and Lead for Kent and Medway Patient Transport) and Russell Hobbs, Managing Director, G4S were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Jeffrey began by informing the committee of the significant improvements following the true up exercise at the start of the year. Mr Hobbs provided a background to the history of the service and said that the rebasing exercise had successfully concluded. He confirmed that this had led to additional staff and vehicles being deployed in Kent with the overall trajectory of improvement required over six months being met. Mr Hobbs highlighted the following key points:

- Call handling had improved considerably and was now under 60 seconds and ever increasing;
- Improvement in engagement and communications including the introduction of a relationship manager;
- Significant improvements in inwards and outwards journeys;
- Increased monitoring of waits to aid patient flow.

(2) Mr Hobbs emphasised that complaints remained higher than he would like but they were not complacent; the service understood the key themes and were learning from them for continual improvement.

(3) Members enquired about fleet management including third party vehicles, the service call centre and patient experience. Mr Hobbs said that third party suppliers was part of the provision and within the industry was used to meet periods of increased demand; the cost of this was met by the provider. Mr Hobbs committed to provide the Committee with numbers of third-party vehicles used.

(4) Mr Hobbs informed the Committee that within Kent most of the controllers were based in the hospitals; a patient transport liaison officer for ward liaison and a controller who manages the day to day allocation of vehicles and staff. Mr Hobbs confirmed that the service has an enquiry line and a separate booking line with improved response times.

(5) Mr Jeffrey informed the committee that the clinical manager and operational manager would work with patients should they have concerns about length of journey and associated impacts. He confirmed that the provider would not become involved in those discussions.

(6) A Member complimented the provider on the patient experience data and the manner of the staff and feelings of safety throughout the journey.

(7) Mr Hobbs informed the Committee about the ‘Back to Greens’ programme which provided valuable feedback to the senior management team regarding the patient experience and as a result some changes have been commissioned.

(8) A Member enquired about Brexit and the associated impacts on the service. Mr Hobbs said that contingency planning was being undertaken but the service was not an emergency service and did not have blue light use.

(9) The Chair asked about vacancy rates and reaching a full complement. Mr Hobbs said that currently there was 42 vacancies in Kent with 44 people in training, screening or vetting but not operational currently. He confirmed that operationally on a monthly basis it adds up to 72,000 delivery hours made up of fully employed staff, bank staff and third-party support.

(10) RESOLVED that the report be noted, and NHS North and West Kent CCGs be requested to provide an update in June 2019.

97. Healthwatch Kent: Annual Report
(Item 12)

Steve Inett, Chief Executive, Healthwatch Kent was in attendance for this item.

(1) Mr Inett began by the informing the committee that the report presented provided an overview of what Healthwatch Kent were delivering throughout the year. He highlighted the recent example of Wheelchair Services in Kent and joint working with the Committee and said that he would welcome more opportunity to carry out such working together. He emphasised that the challenge for Healthwatch was that their style was to work collegiately with services and would raise concerns directly to find a resolution but would be interested to learn how items come in to the Committee. He highlighted that qualitative feedback received by Healthwatch does not at times match the statistical evidence gathered so saw opportunities for future working.

(2) Members enquired about Kent County Council's Peoples' Panels, STP involvement and disabled parking access engagement. Mr Inett said that the Panels were instigated a few years ago in response to the social care transformation programme being undertaken at the Council. He said that Healthwatch were concerned that the Council did not always have the networks to be able to talk to the public in a quick and easy way to be able to get a view on meaning and communication of proposals. Mr Inett informed the Committee that the core membership would be sourced from the various forums and more diversity would be added when required.

(3) Mr Inett said that as part of the STP, Healthwatch were asked to help set up a Patient and Public Advisory Group who met monthly, and which he Chairs. He said that they look at strategic plans for the STP and had representatives attending STP workstreams with Mr Inett providing input at a senior level as part of the Programme Board on patient and public involvement. Mr Inett highlighted that as a result the STP had agreed to adopt a co-production approach with the public and go beyond regular engagement on relevant workstreams.

(4) Mr Inett said that Healthwatch had recently set up a neurological services forum focusing on the needs of patients when visiting some of the larger hospitals. He said as part of the discussion disabled parking challenges were identified, an example being of a person attending an appointment on their own. Mr Inett highlighted that issues around disabled parking were generally not uncommon and stated that parking at County Hall was at times challenging.

(5) The Chair agreed to note those concerns and pass on Mr Inett's comments to the relevant service.

(6) A Member enquired about alternative reporting sources such as volunteer drivers. Mr Inett welcomed that idea and said that they have an engagement process with community and voluntary groups but would consider ways to engage with this network.

(7) The Chair concluded by saying the Committee were happy to work with Healthwatch to address areas of concern raised and on behalf of the Committee expressed appreciation for the work of Healthwatch volunteers.

(8) RESOLVED that:

(a) the report be noted;

(b) the Committee express appreciation for the work of Healthwatch volunteers;

(c) Healthwatch Kent be requested to provide an update to the Committee annually.

98. Future Meeting Dates
(Item 13)

(1) RESOLVED that the future meeting dates for 2019/20 be noted.

99. Date of next programmed meeting – Friday 25 January 2019
(Item 14)