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 Thursday, 5 March 2020.

PRESENT: Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Ms K Constantine, Mr D S Daley, Mrs L Game, Mr P W A Lake, Mr K Pugh (Vice-Chairman), Cllr J Howes, Cllr M Rhodes, Patricia Rolfe and Mr J Wright

ALSO PRESENT: Mr S Inett and Ms L Gallimore

IN ATTENDANCE: Mr T Godfrey (Scrutiny Research Officer) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

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

(Item 2)

1. Mr Wright declared an interest as he was a Governor at Medway Hospital Trust.

2. Mr Chard declared an interest as a Director of Engaging Kent.

24. Minutes from the meeting held on 29 January 2020

(Item 3)

1. The Chair raised a question relating to item 9 “General Surgery reconfiguration at Maidstone and Tunbridge Wells NHS Trust”. The agenda papers stated that around 600 patients per year were directed to Maidstone Hospital for complex elective gastrointestinal surgery. However, at the HOSC meeting, Dr Lawton expressed that there were 230 such patients.

2. The Clerk confirmed she had sought clarification with the Trust, who have provided the following explanation:

   “There are currently 600 inpatients per year receiving upper and lower gastrointestinal surgery at Maidstone Hospital. Half of these will live nearer Tunbridge Wells than Maidstone and therefore not have to travel further as a result of the change. Of the 300 patients living nearer to Maidstone, around 70 will be intermediate cases some of which will be day case patients who will continue to be treated at Maidstone Hospital. The remaining 230 are the number of patients requiring complex gastrointestinal surgery that will have to travel further as a result of the change.”

3. RESOLVED that the Committee agreed that the minutes from 29 January 2020 were correctly recorded and that they be signed by the Chair.

25. Children and Young People's Emotional Wellbeing and Mental Health Service
(Item 4)

In attendance: Dave Holman (Associate Director of Mental Health, Children's and Maternity Commissioning, West Kent CCG) and Gill Burns (Director Children's Services, NELFT).

1. The Chair welcomed the guests to the meeting and thanked them for the informal briefing that had been held the previous week for HOSC and Children, Young People & Education (CYPE) Cabinet Committee Members. The briefing provided an opportunity for Members to hear about the Children and Young People's Mental Health Services as a whole. He reminded HOSC that the Committee would only be scrutinising NHS elements of the contract at today's meeting.

2. Mr Holman explained that the report was similar to a new quarterly report that was sent to Kent MPs, an arrangement that had been well received. Overall, the report showed a picture of continued rising service demand against recruitment difficulties. A Single Point of Access (SPA) had been procured two years previously and the CCG budgeted over £2m a year for that to help reduce the waiting times for general mental health conditions.

3. For general mental health conditions, NELFT were meeting the Referral to Treatment (RTT) standard (18 weeks) by about 82% which compared favourably to other counties. Figures in relation to Neurodevelopmental (ND) referrals were less positive. The recent CQC SEND inspection had provided an opportunity for partners to carry out a deep dive and achieve greater clarity around what the issues were.

4. There were between 6,000 – 7,000 children on the ND waiting list, mainly for diagnostics. He explained that a key driver for that was parents wanting their child to have an Education, Health and Care (EHC) Plan in school. In order to meet the demand, the following action was being taken:

    a. A new ND pathway was being led by Dr Chesover to collate a whole new way of improving access to information for children as part of their universal offer in schools. A draft pathway was scheduled for April 2020 with implementation by the end of July 2020.

    b. In relation to the waiting time for current patients, there would be a period of crossover whilst dealing with those waiting under the current system and those under the new system (as per 4a). There had been an initiative piloted in Canterbury which had been well received.

5. The Canterbury pilot saw families and professionals coming together to discuss options for co-production and modelling of the service. It demonstrated the importance of early information in order to reduce the number of parents requesting a diagnosis. A key element to this was a handbook which would continue to be developed as well as shared with all

those on the waiting list. The intention was for the Canterbury pilot to be rolled out across the county.

6. Mr Holman felt the system needed to change its culture, away from diagnostics to meeting need.

7. The current ND waiting list was being prioritised in order to meet the needs of the most vulnerable first. At the same time, the CCG Board were being approached for more funding to get the whole waiting list down.

8. Mr Holman drew attention to the Contract Performance Framework in the report. It showed that for Apr-Oct 2019 Kent and Medway were above the national average for the percentage of children and young people with a diagnosable mental health condition that were able to access treatment. In addition, all urgent cases were being seen within contract timeframes. Mr Holman said this was testament to the hard work of NELFT.

9. Members were informed that NELFT were taking over the operation of the Woodlands Unit from South London and Maudsley NHS Foundation Trust (SLAM). The Unit provided 14 short-term inpatient beds. Currently children were placed outside of Kent or at the Adult unit “Littlebrook” run by KMPT. NELFT were proposing to build a 136-bed suite specifically for children at the Woodlands site before the end of the year. Whilst there would always be a requirement for inpatient units and out of county placements for some complex cases, the preference was for home-based intensive support.

10. Ms Burns echoed the success highlighted by Mr Holman, and updated the Committee that between January 2020 to date, the service had received the highest number of presentations to their crisis team they had ever seen.

11. Ms Burns explained that sustained demand for the service had been challenging. NELFT had embellished their offer at the front door and those requesting ADHD diagnosis would be spoken to straight away to ensure that that pathway was right for them. Where children did not meet the criteria for a diagnosis the service would offer parents and carers Positive Behaviour Support.

12. In terms of workforce, Ms Burns explained NELFT were operating with a 22 – 26% vacancy rate. Agency and bank staff provided cover. However, internal performance reports demonstrated that more staff had been staying than leaving over recent time. She felt the key was attracting the right skilled people for the job.

13. Ms Burns said she was proud of the joint work between NELFT, the CCG and KCC and that each partner recognised the service required a collaborative model.

14. The Committee discussed the underlying causes of the sustained high demand for children and young people’s mental health services. Whilst a changing society was expected to have played a part, it was unknown what national studies had been undertaken into the area.

15. Ms Burns said the removal of stigma around mental health was a positive change. But the language (such as depression, anxiety and self-harm) was becoming normalised from an early age and its use was socially acceptable. Social media was a contributing factor, as was the "need" for a diagnosis from parents and carers. Looked After Children, who could be placed in countless homes over a small number of years, faced particular challenges.

16. A Member questioned the use of the phrase "national standards" for waiting times. He stated the NICE standards were 13 weeks. Ms Burns confirmed the 18-week national standard they worked to was based upon the standard NHS contract.

17. Looking at the figures used on page 22 of the report, Members questioned the worsening performance in terms of time between Referral and First Assessment for NLDS, and also the variation between east and west Kent. It was explained that the figures were a mixture of those coming into the service and those that were on the historic waiting list and that there was a concerted effort to get the latter cohort treated.

18. The data demonstrated an increase in the Looked after Children caseload. A proportion of those were from London Boroughs. Mr Holman was unsure on the number of asylum seekers included in the figures, but this information would be circulated to the Committee.

19. In terms of combatting the rising demand, Mr Holman explained that this was a system wide issue and that one action was for Mental Health Teams to go into schools. He offered to bring demand and financial projections the next time they visited the Committee.

20. The Chair thanked the guests for attending, and was keen they return to the Committee with an update on the various planned activities for 2020 (the draft pathway being implemented, the rollout of the Canterbury pilots, the changes to the Woodlands Unit, as well as the new care model). He was keen for the Committee to be updated on the outcome of those interventions, though accepted Woodlands may not have had sufficient time to fully establish itself by that point.

21. RESOLVED that the report be noted and the CCG and NELFT are requested to return to the Committee with an update at an appropriate time.

26. South East Coast Ambulance Service NHS Foundation Trust (SECAmb) - update
(Item 5)

In attendance: Ray Savage (Strategy and Partnerships Manager, Kent & Medway, East Sussex), Tracy Stocker (Associate Director of Operations) and Steve Emerton (Executive Director for Strategy and Business Development) from South East Coast Ambulance Service NHS Foundation Trust.

1. The Chair welcomed representatives from the Trust to the Committee. He invited them to introduce themselves and provide a short summary of the paper.

2. Mr Emerton highlighted the following from the report:

    a. There had been a number of staff changes since the last report to the Committee, including a new Chief Executive Officer and Director of HR & Organisational Development. An operational restructure had also seen the appointment of a number of new colleagues.

    b. The 2019 CQC rating of the Trust was “Good”, with Outstanding service in Urgent and Emergency Care.

    c. The Trust continued to work hard to mobilise the new 111 Clinical Assessment Service, commencing in April 2020.

    d. Alternative care pathways were being worked on in order to reduce the pressure on A&E services.

    e. The implementation of a Clinical Education Transformation Project in response to a poor Ofsted visit in 2019.

    f. A targeted effort was underway to improve the response time for Category 3 patients.

3. In terms of handover delays, Mr Emerton explained that the Trust understood what worked well to reduce them and more work was needed to share that best practice.

4. The Trust was seeing increased demand for their service (in particular due to the Covid-19 virus). Key to managing that was close partnership working in terms of working out the most suitable clinical pathway for a patient and knowing which hospitals had capacity.

5. A Member asked how many of the “new” ambulances were located in Kent. Mr Emerton offered to bring those details back to the Committee but confirmed they were all located where the demand capacity review showed additional resource was required.

6. A Member asked where stroke patients would be sent to as the Pembury Stroke Ward had temporarily closed. Mr Savage explained that the Kent & Medway stroke review had provided good insight into this area. Depending on their location, patients would be taken to hospital in East Surrey, Eastbourne, Maidstone or Darent Valley – wherever their nearest receiving appropriate hospital was.

7. In response to a question about rurality, Mr Emerton explained that it was an area of challenge in terms of response times because of the prohibitive cost associated with serving the area. There was some quality work underway which would look to optimise response times in those areas. He also highlighted that this was a national challenge, not just applicable to Kent.

8. A Member drew upon a Freedom of Information (FOI) request they had submitted to SECAmb in relation to the length of time taken for Thanet

residents to get to the William Harvey Hospital after calling 999. The Member believed the figures were worrying and demonstrated a poor response time. Mr Emerton explained that all calls were categorised and responded to accordingly. Each call had a context which may explain the cause of the perceived delay. Reasons may have included, though not be limited to, additional treatment at home; consultant input into the most appropriate pathway; volume of road traffic. He was happy to address individual cases for concern outside of the meeting. Overall, Mr Savage explained that Thanet produced some of the best response times across the Trust area.

9. The Member felt it would be useful for all Members to see response times for their district. They also requested that the data around response times on blue lights from Thanet to William Harvey Hospital be circulated to the Committee.

10. A Member asked a question around managing the expectation of patients whilst they waited for an ambulance, particularly those that were vulnerable or elderly. Mr Emerton explained 999 responders regularly assessed the risk to a patient whilst they were waiting, and if they were deemed to be at risk of harm then the call would be escalated. The NHS Pathways platform, which was used to categorise patients, was continually updated to ensure conditions were categorised appropriately and tended to be risk averse in terms of acuity. But Mr Emerton did offer to look into cases where the Trust had got it wrong in the past and see if there were lessons that could be learnt.

11. Ms Stocker informed HOSC of the falls work the Trust was involved in. They were working with partners to consider how falls could be prevented but also what the right course of action was for those that did fall. A pilot was underway in Thanet and the Trust and its partners would seek to learn from that.

12. The Chair thanked the guests for attending and welcomed the good progress that had been reported.

13. RESOLVED that the report be noted.

27. Review of Frank Lloyd Unit, Sittingbourne
(Item 6)

In attendance: Adam Wickings (Deputy Managing Director, West Kent CCG), Janet Manuel (Clinical Head Specialist Assessments and Placements Team, DGS, Medway & Swale CCG) and Andy Lang (Lead Nurse for Continuing Healthcare, NEL).

1. The Chair welcomed the guests and referenced the informal briefing for HOSC Members that had taken place a few weeks previously.

2. Mr Wickings referred to a wider piece of work around developing a clear clinical model for patients with complex dementia, including quantifying future demand.

3. In terms of the Frank Lloyd Unit, he explained that affected patients had been supported by Continuing Health Care to find a suitable alternative placement. There were currently no patients in the Unit.

4. Ms Manuel explained that North Kent CCGs had assisted in the repatriation of five former Frank Lloyd patients. That unit had never been intended for long-term stays. By supporting and engaging partners, they were able to find suitable placements for each of the five patients.

5. Mr Lang confirmed NEL had assisted in repatriating four Frank Lloyd patients. They were able to do this by looking for suitable placements as well as working alongside the patients and their families.

6. Mr Bowles stated that nothing he had heard from the CCG over the course of the previous two years had convinced him that closing the unit was the right thing to do at that time.

7. A proposal from Mr Bowles was moved and seconded by Mr Wright:

   The Committee is asked to agree to refer the closure of the Frank Lloyd unit to the Secretary of State on the grounds that it was not in the interests of the local population.

8. The Chair explained that the Committee were unable to refer the item at this meeting because Members were required by law to set out their concerns and give the CCG adequate time to consider and respond to those concerns. Members were informed that the motion proposed would therefore not be valid in this form.

9. Members had the following concerns around the de-commissioning of the Frank Lloyd Unit:

   a. the new care model for complex dementia patients had not been fully developed nor implemented;

   b. it was unclear if there was suitable, alternative local provision for those with complex dementia. Whilst Members agreed care within the home was appropriate for some, they felt there would always be a small number requiring dedicated facilities;

   c. the proposed care model had dementia patients supported within existing care homes, but it was unclear if those care homes were ready or had the right staff to deal with complex behaviour;

   d. there had been a lack of openness around the closure of the Frank Lloyd unit, which Members understood had not been accepting referrals for a substantial period;

   e. there had not been suitable clinical evidence that the closure of the Unit was in the interests of the local population; and

   f. it was unclear what would happen to the staff employed at Frank Lloyd, but Members felt there was a real risk their professional skills would be lost.

10. In relation to point 9d, Mr Wickings responded that the Unit was empty, not closed, and the CCG were committed to reopening the beds if there was a future need to do so.

11. Following their discussion, the Chair proposed the following motion:

> *That this Committee considers that the decision of the Kent & Medway CCGs to de-commission the Frank Lloyd Unit will not be in the best interests of the local population for the following reasons:*
>
> *a) The decision to close was premature without sufficient alternate provision being available in Kent and Medway.*
> *b) Insufficient consultation had been carried out.*
> *c) There was a lack of proper clinical evidence that the closure was in the best interests of patients.*
> *d) There would be workforce implications that needed to be taken into account in light of the closure.*
>
> *Therefore the Committee asks that the Kent & Medway CCGs consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer their decision to the Secretary of State on the grounds that the proposal is not considered to be in the best interests of the health service in the area.*

12. The recommendation was agreed.

13. RESOLVED that this Committee considers that the decision of the Kent & Medway CCGs to de-commission the Frank Lloyd Unit will not be in the best interests of the local population for the following reasons:

> a) The decision to close was premature without sufficient alternate provision being available in Kent and Medway.
> b) Insufficient consultation had been carried out.
> c) There was a lack of proper clinical evidence that the closure was in the best interests of patients.
> d) There would be workforce implications that needed to be taken into account in light of the closure.
>
> Therefore the Committee asks that the Kent & Medway CCGs consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer their decision to the Secretary of State on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

28. East Kent Transformation Programme (written item)
(Item 7)

1. Members were asked to note the update on the East Kent Transformation programme. It was a similar report to that which had been shared at the Kent and Medway NHS Joint Overview and Scrutiny Committee – the Committee exercising the formal scrutiny powers over this issue.

2. RESOLVED that the report be noted.

29. East Kent Hospitals University NHS Foundation Trust - General Update
(Item 8)

In attendance: Liz Shutler (Deputy Chief Executive), Dr Paul Stevens (Medical Director) and Dr Abigail Price (Consultant Paediatrician) from East Kent Hospitals University Foundation Trust.

1. The Chair welcomed guests from the Trust and invited them to highlight any key points from the report. Ms Shutler emphasised the following:

    a. The performance of cancer care had improved markedly since the last update to HOSC.

    b. The staff vacancy rate had reduced compared to the previous year. Also, the ratio of substantive staff to agency workers had improved, which reflected an increased use of bank staff.

    c. Over 2,000 patients had received their planned lower limb operation sooner because of the orthopaedic pilot. The Trust had secured £15m capital investment to build four new operating theatres.

2. In relation to paragraph 1.4 of the report in the agenda a Member questioned the opening hours of Buckland Hospital. Ms Shutler believed it was open 8am – 8pm but offered to confirm outside of the meeting.

3. A Member asked how the Trust had managed to reduce the vacancy rate. Ms Shutler explained that they had recruited staff both in this country and abroad, with particular focus on typically hard to recruit areas. Brexit had not led to any staff losses but continued to be an area of risk. One of the keys to retaining staff was to have a comprehensive training package in place. For instance, the Trust had in place the CESR pathway (Certificate of Eligibility for Specialist Registration).

4. Finally, Ms Shutler spoke of the improvements made to children and young people's hospital services following the CQC inspection rating of "inadequate". In particular, she highlighted the investment in the physical surroundings as well as increasing staffing at both QEQM and William Harvey. The Trust had invested in middle grades as well as improving the on-call rota and providing additional training for all staff. Daily safety checks had been introduced with the aim of giving assurance that the fundamentals of care were being delivered.

5. The Chair thanked the guests for their update.

6. RESOLVED that the report be noted.

30. East Kent Hospitals University NHS Foundation Trust - Maternity Services
(Item 9)

In attendance: Liz Shutler (Deputy Chief Executive), Dr Paul Stevens (Medical Director), Dr Ciaran Crowe (Consultant Obstetrician), Dr Abigail Price (Consultant Paediatrician) and Hannah Horne (Deputy Head of Midwifery) from East Kent Hospitals University Foundation Trust.

1. The Chair welcomed the guests to the meeting and invited them to introduce themselves.

2. Ms Shutler began by saying that in 2015 the Trust recognised that it needed to improve care under its maternity services. They commissioned the Royal College of Obstetricians and Gynaecologists to review the service and following that a number of improvements were put in place. However, the Trust recognised that those improvements were not put into place quick enough or at the scale required.

3. Around 7,000 babies were born under the Trust's care in any one year and Ms Shutler asserted that one preventable death was one too many. The Trust recognised it had not always provided the standard of care it should have for every woman and baby, and Ms Shutler wholeheartedly apologised on behalf of the Trust to the families who should have received a different experience whilst in their care.

4. The Trust fully accepted the coroner's conclusions and recommendations from the January 2020 inquest. To address those recommendations the Trust had established an externally chaired Board (a sub-committee of the main Board) which in turn had seven task and finish groups each with its own area of focus.

5. The Minister for Patient Safety had also announced an independent review being led by Dr Bill Kirkup. The Trust were committed to participating in that review and taking on board any recommendations.

6. Mr Inett explained that Healthwatch had attended one of the review meetings and would continue to be involved. He said the Trust appeared to be clear on the action required from the Royal College report and the coroner's recommendations. He did not feel the Trust were sidestepping the issues or trying to come up with excuses. He also pointed out that some actions were required by the Trust as a whole, not just the maternity services.

7. A Member asked why things had gone so wrong despite there being a Royal College review in 2015. Dr Stevens explained that themes from that report had been repeated in subsequent reports which suggested any changes that were made failed to be embedded. The seven task and finish groups would be reviewing all the recommendations in a bid to understand where actions had not been strong enough.

8. Asked how East Kent residents could be assured that the Trust's Board was adequately monitoring the implementation of best practice, when they failed to do so in 2015, Ms Shutler explained that the chair of the new Board was independent in order to provide external opinion as well as assurance. The seven workstreams were overseen by clinicians which Dr Price felt demonstrated a real shift. Ms Shutler also felt it was important that the Trust accepted the additional clinical support on offer. Dr Stevens also pointed out

that each of those present was an East Kent resident and therefore had a vested interest in making the services the best they could be. Dr Crowe felt, as a relatively new employee of the Trust, that the employer was recruiting different skillsets in order to build their workforce and that they were being open about the challenges being faced.

9. A Member questioned why QEQM did not use the workforce planning system Birthrate Plus. Ms Horne responded that a tabletop exercise of the tool was undertaken in 2018 and it was decided it was not as sensitive as they would like for East Kent. Instead, they had appointed an external senior midwife who used the Birthrate Plus methodology.

10. A Member asked for a staffing update on the appointment of Speak Up Guardians and the Duty of Candour. Dr Stevens explained that three Speak Up Guardians had been formally appointed as well as a number of champions on each site, and their feedback would feed directly to the Director of HR. For the Duty of Candour, which all Trusts as well as the CQC were trying to drive forward, Dr Stevens explained that women and children were the core care group in terms of this and he understood that the service was completely up to date with initial letters sent to that cohort.

11. In response to a question about any public communications regarding where families could go for advice, Ms Shutler said that a helpline had been set up and publicised but the take up was low. Instead, she felt the most effective method for communication was between a woman and her lead midwife. They were encouraging women to contact the service directly and those calls would be triaged by a midwife.

12. In terms of timescales, Ms Shutler explained that no reorganisation would take place in the next 12-18 months and it would likely be 4-5 years until changes were implemented after consultation and any capital investment secured. However, Ms Shutler also recognised that the Trust didn't move quickly enough in 2015 and that whilst a number of reviews were underway, they would not be waiting for the recommendations before implementing necessary changes.

13. Dr Crowe acknowledged that there were lots of things to be done, and they were having to be prioritised. Examples of actions that had been, or were being, taken included:

    a. remote foetal monitoring (where consultants could monitor a foetus from any location).
    b. further investment in training and development for both technical and non-technical skills;
    c. implementing controls to ensure increased consultant presence on the wards;
    d. appointment of three specialist midwives (one specialising in the Better Births agenda and two in foetal wellbeing);
    e. a piece of work to scope out continuing care and what that means for women and families in East Kent;
    f. Out of hour safety huddles to ensure ward leads had a helicopter view of the service at that time;

g. investing in and expanding the Getting it Right First Time (GIRFT) programme; and
h. the Chief Nurse holding “floor to board” meetings to gather intelligence and ensure staff feel listened to.

14. In terms of measuring service satisfaction, Ms Horne explained that all women were offered the “Friends and Family” test in order to provide feedback, as well as the “birth after thought” service. Feedback was triangulated and lessons learnt shared – both positive and negative. Dr Crowe added that Healthwatch sat on the oversight committee, as does the MVP Chair. It was important that the woman and family voice be part of every decision the Trust made.

15. A Member asked if a midwife sat on the Trust’s Board of Directors. Ms Shutler responded that nursing and midwifery representatives were on the Board as well as relevant sub-committees. The Director of Nursing was also an ex-midwife.

16. The Chair thanked the guests for attending, and on behalf of the Committee he offered his deepest sympathies to the families affected. He summarised the three key pieces of work that HOSC would want to receive updates on, and what the timescales were:

a. Healthcare Safety Investigation Brach (HSIB) which looked into certain categories of incidents in maternity units across the country. The Trust received quarterly reports and met with HSIB to review the findings and themes.
b. NHS England independent review led by Dr Bill Kirkup. The timescales were unclear at that point in time.
c. The Trust’s sub-committee with its seven workstreams. The Trust’s Chief Executive had set an expectation that initial conclusions would be available by the end of April.

17. RESOLVED that the report be noted and that the Trust be requested to provide an update at the appropriate time.

31. Work Programme
(Item 10)

1. In light of today’s meeting, the following would be added to the work programme:

a. Frank Lloyd Unit – decision around any possible referral to the Secretary of State to come to the next HOSC meeting.

b. EKHUFT maternity services.

2. RESOLVED that the work programme be noted and updated.

32. Date of next programmed meeting – Wednesday 29 April 2020
(Item 11)