

KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 6 February 2020.

PRESENT: Cllr D Wildey (Chair), Cllr B Kemp, Cllr T Murray, Cllr W Purdy, Mr P Bartlett (Vice-Chairman), Mr D S Daley, Mr K Pugh and Mr D L Brazier

ALSO PRESENT: Ms L Gallimore

IN ATTENDANCE: Mr J Pitt (Democratic Services Officer, Medway Council), Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Dr D Whiting (Consultant in Public Health, Medway Council)

UNRESTRICTED ITEMS

17. Membership

(Item 1)

Members noted the change in Membership as per the agenda. Sue Chandler was no longer a member of the Committee and was replaced by Bryan Sweetland.

18. Apologies and Substitutes

(Item 2)

Apologies were received from Mr Bryan Sweetland who was substituted by Mr David Brazier.

19. Election of Vice-Chair

(Item 3)

- 1) Mr Wildey proposed, and Mr Pugh seconded that Mr Bartlett be elected as Vice-Chair of the Committee. There were no further nominations.
- 2) RESOLVED that Mr Bartlett be elected as Vice-Chair of the Committee.

20. Declaration of Interests by Members in items on the Agenda for this meeting

(Item 4)

There were no declarations of interest from Members of the Committee.

21. Minutes from the Meeting held on 10 September 2019

(Item 5)

- 1) Dr David Whiting from Medway Council had been recorded as "Whiting" in the draft minutes. This had been amended.

- 2) RESOLVED that the minutes of the meeting held on 10 September 2019 are correctly recorded and that they be signed by the Chair.

22. Specialist Vascular Services Review

(Item 6)

In attendance for this item: from NHSE/I Specialised Commissioning: Fiona Hughes (Programme Lead), Su Woollard (Transformation Delivery Manager), Sue Whiting (Chief Operating Officer), Carol Wood (Deputy Regional Head of Communications and Engagement). From East Kent Hospitals University Foundation Trust: Simon Brooks-Sykes (Strategic Programme Manager), Noel Wilson (Lead Vascular Surgeon). From Medway Foundation Trust: David Sulch (Medical Director).

1) The Chair welcomed the guests to the meeting and asked that they introduce themselves and provide a brief synopsis of the service change.

2) Key points from the agenda papers included:

- a. The clinical need for change was driven by national standards set by the Vascular Society.
- b. The review covered East Kent and Medway.
- c. The broad clinical agreement was for an arterial centre to be situated in East Kent, though the exact location would be decided as part of the East Kent Transformation Programme.
- d. The proposed interim model, discussed at the previous JHOSC meeting, was for a single arterial centre to be housed at the Kent and Canterbury Hospital site.
- e. Since the last meeting, there had been an emergency move of the Abdominal Aortic Aneurism Repair (AAA) service from Medway Maritime Hospital to the Kent and Canterbury Hospital. This was required following staff shortages in December at the Medway site which led to concerns over patient safety. Patients would still receive their assessment at Medway Maritime Hospital, it would only impact AAA intervention and emergency surgery.
- f. The number of emergency patients had reduced over recent years, in part down to the success of the screening programme.
- g. There was no evidence that outcomes at Medway Foundation Trust were poor.

3) Members voiced their disappointment at the amount of time the proposed move had been underway – the process had begun in 2014. One Member commented that in its early stages, the evidence had supported Medway receiving the main arterial centre, but over time the numbers had fallen and that was no longer viable.

- 4) Dr Sulch explained that the county's population was not big enough to sustain two Main Arterial Centres. Two thirds of the population that accessed vascular services were nearer to East Kent than Medway. One of the benefits of the changes would be the standardisation of the patient experience, with service users receiving the same level of care regardless of where they are from.
- 5) Members noted a typing error on page 15 of the agenda. Ms Hughes acknowledged that the wording in the second paragraph should read "move the AAA service from Medway" as opposed to "to Medway".
- 6) Dr Wilson explained that the AAA Screening Programme was offered to all men when they reached 65 year of age. In Kent and Medway, around 11,000 men were screened per year, across 35 venues, with an up take of around 82%. Around 1% of those screened found a swelling in the aorta, down from 3-4% in the past. Dr Wilson felt that this was a positive sign the population was getting healthier.
- 7) Dr Wilson addressed Members' concerns about staffing levels by confirming that there was adequate staffing at both sites, with Medway consultants working from Canterbury, as well as providing support at the Medway and Maidstone sites. For the clinical team, emergency surgery was not their main source of work. There was a full-time specialist nurse at Medway and Vascular services would not be removed from that site. It was very much intended to create a strong system across all sites that would benefit all patients.
- 8) Members were informed that there were four Interventional Radiologists based at Medway. In addition, all new vascular surgeons were receiving training in that area of medical imaging, which added to the security of delivering the service.
- 9) Members noted the Equality analysis data from page 25 of the agenda. Referring to the increased risk of developing vascular disease if a person was from a black or ethnic minority community, members pointed out that the ethnic mix of the local population continued to grow and change as people moved into the area. A Member expressed a view that Medway had a relatively high ethnic minority population compared to many parts of Kent. A Member considered that the likelihood of increased prevalence made the possibility of Medway not having full vascular provision more concerning. Concern was also raised about the ability of the model to sustain day surgery in Medway and the availability of preventative support. Dr Sulch confirmed that those trends had been taken into consideration when designing the new service and that there would still be non-urgent vascular provision in Medway. It was considered that the model would provide a good level of vascular surgical support for other services.
- 10) A person's risk was also higher if they had diabetes. Dr Wilson acknowledged that on-going support would be required by those suffering with diabetes, and that support would continue to be provided locally. He highlighted the importance of prevention and primary care in trying to combat the rising numbers.
- 11) Dr Sulch referred to the general improvement in the management of public health. However, he warned that there was a risk for population growth to overtake those improvements.

12) A Member highlighted the continued push from central government to build more houses and questioned how that policy correlated with the NHS drive to make savings. Dr Wilson confirmed the NHS did factor population trends into their future planning. They were looking to develop their staff and resources in order to make the service sustainable for the future population.

13) In terms of pre-engagement, Members were disappointed to read that attendance at the patient and public events had been low. Ms Hughes said this was not through a lack of effort on the team's part. Over 200 letters had been sent out. Ms Wood explained that the service area did not generate the same level of engagement that other services might, especially if people accept the rationale behind the change.

14) During the next round of engagement, Ms Wood explained they would look to involve organisations in the third sector, such as Diabetes UK, the British Heart Foundation and Healthwatch. She was still expecting the events to be user focussed, drawing on the views of those who understood the risks and benefits. But the wider population, if interested, would be able to provide feedback via online consultation material.

15) The Chairman expressed a view that the Kent and Medway Stroke Review Consultation had not taken into account concerns raised and hoped that engagement in relation to vascular services would be a more positive experience. Another Member asked whether the planned engagement would take place across Kent and Medway or in specific areas and whether it would be possible to engage with those that had used the screening programme. Ms Wood said she would look into the idea of engaging with those that had accessed the screening programme. Two engagement events had been planned but locations had not yet been determined.

16) In terms of the next steps, Ms Hughes explained that the detailed proposal for the interim model was being worked through with the CCGs and STP. She hoped the next set of engagement would commence around April/May time and that they would come back to the JHOSC around that time. She agreed to circulate the dates of the engagement events once confirmed.

17) The Chair asked the Committee and its guests to note the content of an email from a member of the public regarding the proposed changes (appended to these minutes). There were no additional comments. NHS attendees undertook that a response to the questions raised would be provided to Members following the meeting.

18) RESOLVED that the report be noted.

23. East Kent Transformation Programme (Item 7)

In attendance for this item: Lorraine Goodsell (Deputy Managing Director, East Kent CCGs), Liz Shutler (Deputy Chief Executive, East Kent Hospitals University Foundation Trust), Tom Stevenson (Acting Director Communications and Engagement, Kent & Medway STP)

1) The Chair welcomed the guests to the Committee and asked them to introduce the item. Ms Goodsell summarised the development of the options

for the future of acute hospital services in East Kent. The two options included in the draft pre-consultation business case (PCBC) had been evaluated against five criteria and assessed against a “do-minimum” scenario.

- 2) The finalised PCBC would be submitted to NHS England in April 2020. A public consultation would follow taking any feedback into consideration.
- 3) Mr Stevenson advised that the consultation plan was in development, as per the report in the agenda pack. Multiple ways and styles of engaging the public would be used. He did not think a region wide mail drop would be used, because evidence suggested the recognition rate was low compared to its high cost. A Member asked that this be considered carefully as some residents relied on receiving information through the post. A final consultation plan would be shared with JHOSC before going public.
- 4) A Member asked about the hurdle criteria and its application to the Quinn Estate option (where Quinn Estates would provide the shell of a hospital building under option 2). Ms Shutler explained that commercial risk was assessed under a different set of criteria. The CCGs had subsequently commissioned a commercial risk assessment (CRA) around the Quinn Estates option which had resulted in a number of recommendations. Ms Shutler offered to ask the CCGs if this document could be shared with JHOSC Members.
- 5) A Member questioned the wording “there are no significant flows of patients from outside of east Kent” on page 57 of the agenda pack. Ms Shutler explained that the statement referred to patient flow for emergency services, not specialist services. The number of patients accessing specialist services from outside of East Kent accounted for a small number of their overall footfall, though they would still be consulted.
- 6) A Member felt that the two options under consideration were very different and would lead to polarisation during the consultation. Ms Shutler explained that there were common themes to both options:
 - a. A desire to split elective and non-elective surgery so that elective patients did not have their appointments cancelled during peak times;
 - b. Centralising the specialist services offered due to their clinical dependencies;
 - c. Non-A&E sites would become Integrated Care Hospitals and 86% of patients would still access services at their local hospital.
- 7) In relation to interaction with social care and Social Services, Ms Goodsell affirmed that NHS staff were working closely with those in social care. In addition, the move to Integrated Care Partnerships would see colleagues from mental health trusts, Kent County Council and other care providers working together as a whole system. The consultation would also consider the impact of each option on other services.

- 8) It was confirmed that the decision-making group “East Kent Sustainable Health Committee” would form part of the governance structure at the new Kent and Medway CCG.
- 9) The Chairman expressed a view that the outcome of the Kent and Medway Stroke Review had not sufficiently taken into account the public’s views. Mr Stevenson clarified that whilst the consultation was a way of seeking views from stakeholders, the feedback gathered was just one element of the decision-making process. The feedback would be evaluated by an independent organisation who would produce a feedback report for consideration by the commissioners, who would then make a final decision.
- 10) Ms Goodsell affirmed that feedback received over the previous years had already influenced the final two options. For example, travel times were given a greater weighting in the evaluation criteria due to the amount of concern about this. Also, midwifery birthing units had been added into the options, which they did not in earlier iterations. In time, the CCG would need to produce a report setting out how it responded to the consultation.
- 11) The Chair thanked the guests for their presence.
- 12) RESOLVED that the report be noted.

24. Provision of Mental Health Services - St. Martin's Hospital (Item 8)

In attendance for this item: Karen Benbow (Senior Responsible Officer, South Kent Coast CCG) and Jacquie Mowbray-Gould (Chief Operating Officer, KMPT)

- 1) The Chair welcomed the guests to the meeting. The KMPT and CCG were working together to improve mental health services across Kent and Medway. The mental health unit St. Martin’s was part of this review.
- 2) Since the previous updates to HOSC and HASC, the Cranmer Ward (in the west hospital site) had been temporarily shut with patients moving to the Heather Ward. That closure had resulted in a temporary reduction in the number of mental health beds available, though so far that had not had any negative impact on the provision of services.
- 3) Ms Benbow explained that a key part of the review was bed modelling, which was underway. The data would provide a clear evidence base for changes that may result.
- 4) A Member voiced her concern at the proposed reduction in the number of mental health beds at a time when the national press were reporting a shortage in such beds. She felt that stronger community services were not appropriate for all and inpatient care was still required and also that community services currently lacked resilience to cope with a reduction in acute beds.
- 5) Ms Mowbray-Gould confirmed that community services could be beneficial for those that were experiencing mental distress, but that inpatient provision was

absolutely still necessary for some. The review was an opportunity to look at reinvestment and looking at ways of working. For example, a signposting service had been introduced and was already having a positive impact on the number of patients accessing a bed for a short period of time (Kent's figure was higher than the national average). Feedback from those using the signposting service had been positive.

- 6) There were also additional resources available (or would soon become so) such as Safe Havens and the already established Crisis home teams.
- 7) A Member was concerned that individuals requiring support may be missed during the transitional arrangements. She also feared the additional community support may not come to fruition.
- 8) Ms Mowbray-Gould explained that the incumbent system had suffered from fragmentation across both commissioning and provision. But the national focus on mental health, along with the creation of Integrated Care Partnerships, had meant that the service was in a more positive and recognised position than it had been in the past. There was a genuine opportunity for change.
- 9) In answer to a question about patients with dementia, Ms Mowbray-Gould explained that there were no plans to close any dementia beds. St Martin's had four such beds (currently vacant), though they were only used when no other service was available. Partnership working, such as through the Kent & Medway dementia programme, was key in this area.
- 10) The Chair thanked the guests for their attendance at the meeting.
- 11) RESOLVED that the report be noted.

25. Date of Next Meeting: To Be Determined

(Item 9)