

## KENT COUNTY COUNCIL

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### 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 Wednesday, 21 July 2021.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr A R Hills, Mr S R Campkin, Mr H Rayner, Cllr J Howes, Cllr P Rolfe, Cllr S Mochrie-Cox and Cllr S Coleman

ALSO PRESENT: Ms K Constantine and Mr R Goatham

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### **15. Membership**

*(Item 1)*

The Chair welcomed Mr Hills back to the Committee and Members noted the change in membership.

##### **16. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 3)*

Mr Chard declared that he was a Director of Engaging Kent.

##### **17. Minutes from the meeting held on Thursday 10 June 2021**

*(Item 4)*

RESOLVED that the minutes from the meeting held on 10 June 2021 were a correct record and they be signed by the Chairman.

##### **18. Covid-19 response and vaccination update**

*(Item 5)*

*Paula Wilkins, Chief Nurse (Kent and Medway CCG) was in virtual attendance for this item.*

1. Mrs Wilkins introduced the report and provided a verbal update on developments since the report was published. She confirmed that there had been a total of 2.25 million vaccinations in Kent and Medway (1.25 million first doses and 1 million second doses), with 57% of 18–29 year olds and 67% of 30-39 year olds vaccinated. She noted that vaccination centres had provided 20% of vaccines, whilst primary care had delivered 80%. She verified that 60 pop-up clinics had been operated in the week beginning Monday 12 July.

Hospitalisation rates were addressed, it was verified that rates had increased, though not to the level experienced in the second wave and that there were 62 Covid-19 positive patients in Kent hospitals with 4 in intensive care.

2. Mrs Wilkins informed the Committee that there had been 3,998 total deaths from Covid-19 in Kent and Medway at the time of the meeting.
3. A Member of the Committee asked what vaccination plans had been put in place for university cities. Mrs Wilkins confirmed that plans for pop-up vaccination sites had evolved. She noted that most university students would be offered the vaccine over the summer.
4. It was questioned whether there were plans to vaccinate under 18s and if so whether informed consent would be used. Mrs Wilkins confirmed that there were no plans to vaccinate under 18s as a general age group and that children were only vaccinated if they had, or lived with someone that had, a deficient immune system, which was in line with Joint Committee on Vaccination and Immunisation (JCVI) guidelines.
5. The Committee requested a written update on phase 3 (Autumn/Winter) of the vaccination programme be circulated to Members before the next meeting, as the phase would be underway before the September meeting. Mrs Wilkins agreed and expected this to be available mid-August.
6. Mrs Wilkins reassured the Committee that 'Hands, Face, Space' had been maintained in all clinical settings to protect vulnerable patients and staff, despite the conclusion of social restrictions.
7. RESOLVED that the report be noted.

## **19. Provision of Ophthalmology Services (Dartford, Gravesham and Swanley)** (Item 6)

*David Peck, Director of Dartford, Gravesham and Swanley ICP (Kent and Medway CCG) and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust) were in attendance for this item.*

1. Mr Peck gave a verbal overview of the report. He outlined the service options which were considered following the decision taken by Moorfields to cease operations at Darent Valley Hospital and confirmed that there had been a smooth transition of patients to the new service provided by the Maidstone and Tunbridge Wells NHS Trust. It was confirmed that an options appraisal would be undertaken.
2. Asked whether other services had been affected by providers issuing notice due to a lack of financial viability to provide services, Mr Peck confirmed that ophthalmology faced unique financial challenges and that similar financial risks did not exist in other services.

3. A Member raised the impact of the service development on public accessibility and asked if improvements had been considered, with a specific focus on public transport and the increased cost to patients. Mr Peck committed to improve public accessibility and recognised that service delivery had been the initial priority. Mr Peck added that as part of the Kent and Medway CCG's Strategic Estate Strategy it was the intention that ophthalmology services be returned to the Dartford, Gravesham and Swanley area as soon as was practical.
4. A Member asked whether Maidstone and Tunbridge Wells NHS Trust were able to operate a satellite ophthalmology service at the Darent Valley Hospital using the service's previous facility. Mr Peck confirmed that the previous facility at Darent Valley Hospital had been repurposed for other outpatient capacity and that the theatre space had been used to clear the Hospital's surgical backlog.
5. Asked what measures had been put in place to ensure that longer notice periods were adopted and standardised, Mr Peck confirmed that the notice period in future contracts would be increased from 6 to 12 months.
6. One Member, Councillor Mochrie-Cox, suggested that the change should be considered a substantial variation of service. However, the Committee considered that on balance it was not.
7. RESOLVED that:
  - a) the Committee does not deem the proposed changes to ophthalmology services to be a substantial variation of service.
  - b) the report be noted.
  - c) an update on the effectiveness of the service changes be received at the appropriate time.

## **20. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview** *(Item 7)*

*Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant cardiologist (Maidstone and Tunbridge Wells NHS Trust); and Mark Atkinson, Director of Integrated Care Commissioning - West Kent (Kent and Medway CCG) were in attendance for this item.*

1. Dr Jhund provided a verbal overview of the Clinical Strategy Overview report. He recognised Maidstone and Tunbridge Wells NHS Trust's strong performance throughout the pandemic and highlighted areas of sustained improvement, which included cancer services. Reassurance was given to the Committee that future service developments had been planned with patient needs, engagement and cooperation in mind.
2. RESOLVED that the Committee:

- a) agree to receive regular updates on Maidstone and Tunbridge Wells NHS Trust clinical strategy; and
- b) agree to determine on an individual basis if the workstreams constitute a substantial variation of service.

## **21. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology reconfiguration** *(Item 8)*

*Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant Cardiologist (Maidstone and Tunbridge Wells NHS Trust); Dr Paul Blaker, Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust) and Mark Atkinson, Director of Integrated Care Commissioning - West Kent (Kent and Medway CCG) were in attendance for this item.*

1. Dr Nunn outlined the proposed service changes set out in the report and addressed the challenges which affected the existing service. He broke down the key areas of cardiology and confirmed that under existing arrangements services were split or duplicated across the Maidstone and Tunbridge Wells sites. It was noted that patient travel between both sites was common and had caused delays to treatment which put services outside of national guidelines in particular instances. He verified that neither site had a specialist cardiology ward and that it had been proven that patient outcomes were better in specialist facilities. The benefits of the proposed staffing arrangement were detailed, Dr Nunn confirmed that a 24-hour service would be operated, which had not been previously possible with a split workforce. He added that service consolidation allowed scope for the future development of other specialist services.
2. Dr Jhund confirmed that three months of partner and community engagement had been planned and included a formal public consultation.
3. Following a question from the Chair, Dr Jhund gave assurance that there would be no service closure as a result of the proposed change, and provision for some services (such as outpatients) would remain on both sites.
4. There had been discussion within the Trust around whether the proposal was significant, and it had been decided that a 3 month consultation would be held. The Chair thought the public would appreciate an inclusion of the preferred site, from the Trust's point of view, in the consultation documents. Dr Jhund did not want to prejudge any outcome but offered that clinically the preferred site was Maidstone Hospital because of its adjacency to the planned hyper-acute stroke unit (HASU) and it benefited from better transport links. Dr Nunn noted that clinicians had recognised the transport and location advantages of a centralised service at Maidstone Hospital.

5. Members asked whether a public accessibility impact assessment had been undertaken. Dr Jhund confirmed that specialist and outpatient services would remain unchanged on both the Maidstone and Tunbridge Wells sites. He added that work had been undertaken to improve bus routes and car parking for patients and visitors.
6. Dr Maiden highlighted the quality of care and value for money benefits of the proposed service centralisation. A comparison was made with the service improvements at HASUs and ASUs. He argued that due to increased productivity (by having specialists on one site all the time) access to services would actually increase.
7. Dr Nunn noted that there was significant pre-existing patient travel between the Maidstone and Tunbridge Wells Hospitals, and that patients would be better off with the proposed re-location.
8. A Member was concerned that the community impact of service changes was not given enough weighting in decision-making, and asked that such impact be considered to a greater extent in future decisions.
9. Members asked what lessons had been learnt from previous consultations that could be applied to the upcoming one. Dr Jhund highlighted the importance of engaging early and widely, as well as understanding where there is a gap in expertise and going out to find it. He confirmed the public consultation pack would be more accessible than the pack included in the Committee's agenda and added that a bank of former patient stories had been maintained which would be drawn upon to provide context.
10. Members believed that whilst the proposed changes were significant, they were not substantial.
11. RESOLVED that:
  - a) the Committee does not deem the proposed reconfiguration of cardiology services across Maidstone and Tunbridge Wells NHS Trust to be a substantial variation of service.
  - b) the report be noted.

**22. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Digestive Diseases Unit**  
(Item 9)

*Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant Cardiologist (Maidstone and Tunbridge Wells NHS Trust) and Dr Paul Blaker, Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust) were in attendance for this item.*

1. Dr Jhund explained to Members that this proposal expanded on plans first brought to the Committee's attention in January 2020 (as part of the General Surgery reconfiguration at Maidstone and Tunbridge Wells NHS Trust).
2. Dr Maiden provided a verbal overview of existing digestive diseases services and outlined the planned changes. He confirmed that the service operated 7 days a week and cared for both general medical and gastroenterology patients, with the planned service change consolidating complex gastroenterology patients onto a single site (Tunbridge Wells). The current service configuration led to inefficiencies because specialists were split across two sites. He highlighted the benefits to service sustainability of the proposed model, in terms of the consolidation of workforce and improved service efficiency. Any service disruption was expected to be minor, and it was confirmed that the majority of acute gastroenterology services already operated from Tunbridge Wells. The foremost challenge anticipated from the proposed change was cited as the backfilling of the existing gastroenterology ward with general medical patients.
3. Dr Jhund addressed the staged engagement plan detailed in the report which included quality impact assessments; travel time analysis; and minor change justification. It was noted that the plan had been formulated in consultation with Healthwatch Kent. He confirmed that 1% of patients would be affected by the proposed service change. Reaffirmation was given that endoscopies and outpatient services would remain at Maidstone Hospital.
4. RESOLVED that:
  - a) the Committee does not deem the proposed reconfiguration to be a substantial variation of service.
  - b) the report be noted.

### **23. Dental Services in Kent (written item)**

*(Item 10)*

1. The Chair introduced the report and explained that a question had been received in advance of the meeting from a member of the public about service provision for homeless residents. The Chair confirmed the enquiry would be investigated.
2. A Member reported an apparent difficulty for residents in registering with an NHS dental practice. They were particularly concerned with the impact of poor dental health on young people and encouraged a greater focus on preventative dental work.
3. The Chair asserted that an update on Dental Services in Kent should be brought to the Committee following the embedding of new practices in Minster, Canterbury, Tonbridge and Swale. Following a request, the Chair agreed that the density of provision across age groups be included in the update.

4. RESOLVED that the report be noted, and an update paper be brought to the Committee once the cited new services have been established.

**24. Major Trauma Centre provision in Kent (written item)**

*(Item 11)*

RESOLVED that the report be noted.

**25. Follow up from previous meeting - the funding of community pharmacies**

*(Item 12)*

RESOLVED that the update be noted.

**26. Work Programme 2021**

*(Item 13)*

1. The Chair reminded Members that the provision of GP Services in Kent would be considered at the September meeting and invited the Committee to send specific areas of interest to the Committee's clerk for forwarding to the NHS. Members noted concern around:
  - The use of virtual instead of physical appointments.
  - Concern that the first point of contact with a Practice is not always a positive experience.
  - Apparent unaccountability of failing practices.
  - Who decides how the future of services will look – efficiency of provision isn't always the answer.
  - The progress with the rollout of hubs.
2. The Chair acknowledged that an update on Kent's integrated care system (ICS) was needed at the appropriate time to analyse the effectiveness of Kent and Medway CCG as the single health commissioning body for Kent.
3. A Member suggested a future item on the health and wellbeing of Gypsies and Travelers, citing poor health and low life expectancy as areas of concern. Mr Gotham (Healthwatch Kent) offered to provide information where available. The Chair agreed this would be looked into.
4. RESOLVED that the report be noted.

**27. Date of next programmed meeting – 16 September 2021 at 10am**

*(Item 14)*

(a) **FIELD**

(b) **FIELD\_TITLE**