

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 Wednesday, 2 October 2024.

PRESENT: Mr P Bartlett (Chair), Ms S Hamilton (Vice-Chairman), Mr P V Barrington-King, Mr N J D Chard, Mr A Kennedy, Mr J Meade, Mr S R Campkin, Mr R G Streatfeild, MBE, Cllr H Keen, Cllr K Moses, Cllr S Jeffery, Cllr J Kite, MBE, Mr D L Brazier and Mrs P T Cole

IN ATTENDANCE: Mr I Duffy (Chief Financial Officer - ICB), Ms M Hackshall (System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD), Mr V Singh (Chief Technology Officer - ICB), Ms C Thomas (Community Services Director - KCHFT), Mr C Tracey (Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent), Dr M Vibhuti (Chief Clinical Information Officer) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

186. Substitutes

(Item 1)

Apologies were received from Sir Paul Carter, CBE, Ms L Parfitt, Mr P Cole, Mrs L Wright and Ms K Constantine. Mr P Cole was substituted by Mrs P Cole, and Ms L Parfitt was substituted by Mr D Brazier. Ms Constantine joined the meeting virtually as a guest.

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

(Item 2)

1. The Chair declared that he was a representative of East Kent councils on the Integrated Care Partnership.
2. Mr Chard declared that he was a Director of Engaging Kent.

188. Minutes of the meeting held on 17 July 2024

(Item 3)

RESOLVED that the minutes of the meeting held on 17 July 2024 were a correct record and that they be signed by the Chair.

189. ICB Digital Transformation Strategy

(Item 4)

Mayur Vibhuti, Chief Clinical Information Officer ICB, Vivek Singh, Chief Technology Officer ICB and Ivor Duffy, Chief Financial Officer ICB were in attendance for this item.

1. Mayur Vibhuti (Chief Clinical Information Officer ICB) confirmed that there were no updates to the report, so the Chair invited questions from the committee. These included:
 - a. A Member asked about the role of technology in triaging patients, giving the example of SECAmb not being able to access patient data. Vivek Singh, Chief Technology Officer ICB, explained that the ICB was looking to build upon the data platform that was already in use (the Kent and Medway Care Record). The NHS Federated Data Platform (FDP) was also being adopted in partnership with provider trusts. A data Strategy had been published which brought the various strands together in a single document.
 - b. A Member asked about the benefits of digitalisation for those who struggle with technology and whether conversations had taken place about selling data to the private sector. Dr Vibhuti reported that the ICB wanted to enable individuals to access digital platforms but recognised there would always be those that needed access to the traditional contact methods. Mr Singh assured the Committee that no conversations had taken place regarding the selling of data to private companies, however there had been discussions of sharing data with research companies.
 - c. A Member questioned the time being taken to introduce the Kent and Medway Care Record (KMCR). Dr Vibhuti shared that the goal of the KMCR was to have a shared care record for use by clinicians across Kent and Medway. Currently, the KMCR allowed local clinicians access to significant medical issues, but this would be added to over time, eventually including test results such as pathology and radiology. The ICB were looking into working with the OneLondon data platform to create a wider shared data record.
 - d. A Member questioned whether there were safeguards in place for those who had concerns about the use of AI. Dr Vibhuti shared that the shift to digitalisation was necessary not only to create capacity in the system but to truly become an integrated system. Ivor Duffy, Chief Financial Officer ICB, reported that there was training available to support patients become more digitally enabled, but he recognised there would always be individuals that needed additional support.
 - e. A Member raised the issue of initial access to primary care services online. Dr Vibhuti shared that workforce training was in place for digital upskilling. There was a digital champions network, a peer ambassadors' group, as well as lunch and learn lessons from IT companies. Access had been recognised as an issue, and the Primary Care Strategy needed to work alongside digitalisation. There was a place for automated technology to increase efficiency but there must be an evolutionary and balanced approach.
 - f. Digital champions from the NHS and KCC were co-ordinating work so that together they had a much bigger impact. The social prescribing platform

had also been co-procured between the partners to improve integration and ensure better outcomes for people. Mr Duffy spoke about the importance of integrated working between the NHS and KCC, to ensure improved outcomes and prevent people's health from deteriorating. Population health management allowed resources to be targeted at those areas and groups most in need.

- g. A Member noted the importance of changing society's attitudes to appointments, recognising that help and support may be given from a professional other than a GP. Mr Duffy provided assurance that this work was underway.
 - h. A Member asked what evaluation had been carried out into digitalisation. Dr Vibhuti explained that there were frameworks of accredited technical solutions, and the ICB were ensuring methods met the relevant standards before being procured. Mr Singh added that a risk-based approach was taken for those services procured off framework.
 - i. Members asked about the identification of digitally excluded individuals and those with poor internet access. Mr Singh explained they used population health data to differentiate between cohorts of individuals and this data was used to inform the ICB's decision making.
 - j. A Member asked if financial incentives were provided to GP practices to encourage them to be more customer focused. Mr Duffy referred to GP practices that were more digitally enabled, explaining that their processes tended to be more efficient which freed up capacity and gave the workforce a better quality of life. Digital champions provided a way of sharing those skills and benefits. Dr Vibhuti added that there was a commitment from the ICB to redirect funding from acute trusts into primary care for this work. The use of data would allow the ICB to target those areas where outcomes needed to improve.
 - k. A Member asked what mechanisms were in place to mitigate the impact of technology failures. Mr Singh explained Business Continuity Plans covered such occurrences, as well as risk registers and incorporating solutions at the planning stage.
2. The Chair thanked the guests and requested they return with an update at the appropriate time.
 3. RESOLVED that the Committee consider and note the report.

190. Adult Autism and ADHD Pathway Development and Procurement *(Item 5)*

Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD was in attendance for this item.

1. The Chair welcomed Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD, to the meeting and invited questions from the Committee.

2. A Member asked how the re-procurement of the care pathway would access non-NHS providers, bearing in mind there were a number of partners involved in that pathway. Ms Hackshall explained that the interface with the third sector would be in pillar one (the self-support, self-management offer) which was being developed by the ICB as a digital offer. This would also link to the social prescribing “Joy Platform” that was jointly commissioned with KCC and linked to the primary care and voluntary sectors.
3. A Member questioned why the number of adult ASD and ADHD diagnoses had increased so significantly in recent years, and whether there were adequate self-support tools available to prevent the number of patients requiring clinical support from increasing. Ms Hackshall said the increasing demand reflected a national trend, which was present prior to the Covid-19 pandemic but had risen dramatically since (an increase of 600% in Kent and Medway since 2022). It was believed that this increase was due to increased awareness and social normalisation of neuro divergence and diagnoses, especially amongst females.
4. Ms Hackshall went on to say that the pathway was often the first point of contact for many individuals, and the NHS needed to improve how cases were prioritised. The importance of early support was recognised, and this was being frontloaded in the pathway.
5. A Member asked if the financial envelope for the service remained unchanged, and Ms Hackshall confirmed that was the case. However, she added that the diagnostic element of the service fell under the “right to choose” regime which allowed patients to select a provider from an accredited list – this created a financial risk to the ICB. She also confirmed an additional £1.3 million of funding was being directed to community support for those with autism.
6. A task force was being established by NHSE to understand the increased demand and how to manage it. Neuro-divergence could be addressed with a clinical or social model, and NHS Kent and Medway were taking the latter approach. The ambition was to implement an all-age pathway, but this was not yet possible.
7. A Member questioned whether integration was taking place with family hubs. Ms Hackshall reported that resources were being put into community resources and Family Hubs were part of that.
8. Ms Hackshall confirmed that the NHS did not see the proposal as a substantial variation of service because it was amalgamating current services into one pathway – although one Member noted the high demand and limited funds available. The Committee discussed the advantages and disadvantages of declaring the item a substantial variation of service. It was confirmed that there would be no delay in moving the proposals forward should the Committee decide the changes were substantial.
9. Following a question from Mr Goatham (Healthwatch) about listening to the voices of those with lived experience, Ms Hackshall confirmed this feedback was being fed into the service specification. There was a reference group of

20 people as well as wider engagement with those on waiting lists and the general population.

10. Mr Streatfield (MBE) proposed, and Cllr Jeffrey seconded, the motion that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

When put to the vote, the motion fell.

11. The Chair proposed, and Mr Chard seconded, the motion that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is not a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

The vote passed and the motion was carried.

12. Members requested a further update within a year.

13. Resolved that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is not a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

191. Learning Disability Services site move *(Item 6)*

Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent, KCHFT was in attendance for this item.

1. Clive Tracey, KCHFT's Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent, provided an update on the agenda paper, explaining that Dover Health Centre was to be fitted with a kitchen, to benefit those who came into the clinic. Additionally, a satellite service had been established in Romney Marsh to improve accessibility.
2. A Member questioned the benefit of having a kitchen in the clinic as it may differ to what the service user had at home. Mr Tracey explained that the provision of an assessment kitchen within the health centre allowed for closer supervision without as many distractions as in the home setting.
3. Resolved that:
 - a. The Committee deems that proposals relating to the Learning Disability services site are not a substantial variation of service.

- b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.
4. Cllr Jeffrey and Mr Campkin requested that their vote against be recorded in the minutes.

192. Temporary changes at Sevenoaks Hospital

(Item 7)

Clare Thomas, Community Services Director, KCHFT was in attendance for this item.

1. Clare Thomas, Community Services Director, confirmed that there were no updates to the report.
2. In response to comments and questions, it was said:
 - a. A Member asked for clarity regarding the estimated cost of the remedial work following the fire inspections. Ms Thomas offered to share the financial detail outside of the meeting, showing the split of the backlog maintenance from the fire maintenance work.
 - b. Asked why the target for bed capacity was not being reached, Ms Thomas explained the target ward bed capacity at Sevenoaks Hospital was between 92% and 95%. To temporarily replace the capacity, 15 beds had been opened in West View Integrated Care Centre. Work was underway to investigate whether there was further capacity in West Kent ahead of winter. There was a focus on a community first model of care to maximise the efficiency of the bed stock available in West Kent.
 - c. Looking to the future, Ms Thomas explained that KCHFT had taken the decision not to invest £6million in the backlog and fire maintenance work at the current time, until a wider review into community hospitals had completed. This was being carried out by the ICB and a timescale was not known.
 - d. A Member asked whether community voices would be listened to during the review. Ms Thomas assured Members that the Board worked closely with the League of Friends and shared information with the local population. A consultation would be carried out at the formal review stage.
3. RESOLVED that the Committee consider and note the report.

193. Kent and Medway Provider Collaborative

(Item 8)

There were no representatives available to present the item, the Chair welcomed questions:

1. A Member noted the importance of the patients' voices being heard but did not think this was reflected within the report. The Chair assured the Member he would raise this with the provider collaborative ahead of their next report.

2. RESOLVED that the Committee consider and note the briefing.

194. Work Programme

(Item 9)

1. Members requested updates on the following:
 - a. A paper on the review of community hospitals (discussed in item 7).
 - b. An update on maternity services in Ashford.
 - c. An update paper about access to primary care.
 - d. An update on the Adult Autism and ADHD Pathway Development and Procurement within a year.
2. RESOLVED that the report be considered and agreed.