

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, 20 July 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mr N J D Chard, Mr N J Collor, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton and Mr I Thomas

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer), J Kennedy-Smith and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

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

(Item 2)

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Ms Constantine declared an interest, in relation to her work with the Managers in Partnership which ends in August. She confirmed that she was not undertaking work in Kent.
- (3) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.
- (4) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of Canterbury City Council's Planning Committee. Mr Thomas declared a further interest in relation to the EKHUFT's mobile chemotherapy unit which had been funded by Hope for Tomorrow, a Freemasons' charity, which he had contributed too.

64. Minutes - 27 April 2018

(Item 3)

- (1) RESOLVED that the Minutes of the meeting held on 27 April 2018 are correctly recorded and that they be signed by the Chair.

65. Minutes - 8 June 2018

(Item 4)

- (1) RESOLVED that the Minutes of the meeting held on 8 June 2018 are correctly recorded and that they be signed by the Chair.

66. Transforming Health and Care in East Kent

(Item 5)

Louise Dineley (East Kent Programme Director, Kent & Medway STP), Liz Shutler (Deputy Chief Executive & Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Michael Ridgwell (Programme Director, Kent and Medway STP), Matt Jones (Consultant Anaesthetist, East Kent Hospitals), Upaasna Garharran (Consultant Geriatrician and Acting Medical Director for Urgent Care, East Kent Hospitals) were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Ridgwell briefly introduced the paper and summarised progress to date. He reported that NHS England had updated the assurance process that applied to reconfiguration programmes involving changes to bed numbers and schemes requiring capital investment; capital sources needed to be identified before public consultation to ensure that they were implementable.
- (2) He stated that the first draft of the pre-consultation business case is due to be presented to NHS England in October and November which will, once signed off, proceed to consultation. Senior colleagues from NHS England have visited to see the challenges being faced in East Kent.
- (3) Mr Ridgwell informed the Committee, that a further report will be presented on patient in-flows to East Kent. He noted that whilst services in East Kent largely supported the East Kent population; for some residents in East Sussex, their main hospital services were provided in East Kent in addition to more specialist services, such as coronary care, which were provided to the wider population. He noted that a Joint HOSC with neighbouring authorities may be required. The Chair welcomed a discussion on this as soon as possible.
- (4) A Member enquired about the establishment and membership of a Joint HOSC, engagement with community and voluntary groups and a major trauma centre. The Chair confirmed that the creation of a new committee was a decision for the local authorities involved and the power to make a referral to the Secretary of State would remain with the Kent HOSC.
- (5) Mr Ridgwell welcomed the opportunity to discuss engagement with community and voluntary sectors outside of the meeting. He noted the importance of the sector particularly in supporting local care. Dr Jones explained that the major Trauma Centre for Kent was King's College Hospital and there were no plans for a Major Trauma Centre in East Kent as it would not meet the national designation criteria set by NHS England.
- (6) A Member asked about the financial position, public consultation and implication on KCC's budget. Mr Ridgwell noted that a planning submission has been made to NHS England which outlined the costs of the East Kent reconfiguration;

all forms of capital opportunities were being explored. He stated that the NHS England assurance process would determine the start of public consultation. He anticipated that the delivery of local care, through the integration of and investment in health and social care, would have a cost implication to KCC.

- (7) In response to specific question about PFI, Mr Ridgwell stated that whilst there was preference for public capital, main objective was for better care which required better estate.
- (8) A Member expressed concerns about the length of the process and local care. Mr Ridgwell noted the importance of the process reaching of a conclusion and the delivery of local care as close to where patients live. He highlighted the ability of Encompass Vanguard in Whitstable to attract workforce; staff were attracted to the provision of modern services in modern facilities.
- (9) Dr Garharran concurred stating that she has been a Geriatrician for 6 years and had seen a lot of progress in that time with access now being available in the community with functioning care pathways. She added that there was enthusiasm to deliver service models akin to those at Encompass more widely.
- (10) In relation to questions on the scale of GP federations and accessibility, Ms Shutler informed the committee that it was inaccurate to assume that GPs would be in a single building, but rather that practices would be placed for easy accessibility, making sure that practices were fit for purpose, giving Whitstable as an example. Dr Garharran said that she has been talking to GPs and providers whilst looking at social mobility, identifying patients that need to access services in a different way through risk stratification. To reassure the committee Ms Garharran confirmed that this was high on everyone's agenda.
- (11) There was a discussion around ensuring that the final options that went to public consultation would be deliverable and NHS representatives explained that there were a series of assurance processes to look at this, particularly more complex options such as Option 2 which has more elements to it. This was underpinned by the new NHS England assurance process outlined earlier in the meeting.
- (12) A Member asked that reassurance was given to the public on the continuation of the GP-patient relationship as primary care hubs develop. NHS representatives explained that, depending on patients conditions, the planned developments would enable GPs and senior clinicians to have the named relationship that complex condition patients require and deliver a more appropriate service.

- (13) The Chair welcomed the engagement of primary care in the services as described in the paper and noted GPs appeared to be positive about the changes that are going to be made. She welcomed the clinicians presenting to the committee as they had made a difference to the discussions.
- (14) RESOLVED that:
- (a) the report on Transforming Health and Care in East Kent be noted;
 - (b) East Kent CCGs be requested to provide an update in September, with the risks articulated on finance and timetables specifically addressed in the update;
 - (c) A report detailing the patient inflow to East Kent to be presented to the Committee in September.

67. East Kent Hospitals NHS University Foundation Trust: Update

(Item 6)

Louise Dineley (East Kent Programme Director, Kent & Medway STP), Liz Shutler (Deputy Chief Executive & Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Michael Ridgwell (Programme Director, Kent and Medway STP), Matt Jones (Consultant Anaesthetist, East Kent Hospitals), Upaasna Garharran (Consultant Geriatrician and Acting Medical Director for Urgent Care, East Kent Hospitals) were in attendance for this item.

- (1) The Committee welcomed the viewing of the newly released NHS national nursing recruitment campaign filmed locally and showcasing local staff.
- (2) Ms Shutler presented the paper and informed the committee that preparations were underway for winter planning to ensure that the difficult winter would not be experienced again. Investment was being made in models of care, ambulatory care, investment in beds, extending and increasing resuscitations in A & E and work to improve waiting times.
- (3) Members enquired about funding for the Dementia Village.
- (4) Ms Shutler reported that the funding had already been approved and that there was no risk to that. It was an exciting project and would aid discharge through a different way of working. It was based on a European model and they visited an example in Holland. The proposed scheme was smaller in scale than some sites elsewhere in the country, but the aim was for it to be a long-term home, as well as offering respite services. The facilities will use existing buildings at the back of Buckland Hospital, Dover.

- (5) Members welcomed the news that a local nursery could potentially be on site as evidence had shown that there was a healing and calming effect on the mixing of ages was beneficial and that this should be encouraged across Kent.
- (6) A Member enquired about the impact of personnel changes, the CQC news on reviewing scans in radiology and the potential for exploring the Dutch ambulance model for stroke provision, currently available in Essex. In relation to the personnel changes question Ms Garharran confirmed that the Clinical Decision Unit Lead Consultant was not moving and that the evening out of numbers across William Harvey and the Queen Elizabeth the Queen Mother Hospital was completed successfully without moving substantive staff. Concerning the CQC news article Ms Shutler informed the committee that two issues were being confused, the issue in question is in relation to a picture archiving and communication systems and the radiology information system and that there was an issue across Kent and Medway with the information system. The backlog has been caught up on very quickly and any backlog was within normal parameters. Ms Shutler reassured the committee that there had been no patient harm arising from any delayed reporting of scans. Mr Ridgwell said that the pilot in Essex was part of the national stroke programme and was being reviewed by the Kent and Medway Clinical Reference Group for stroke.
- (7) A Member asked about Ophthalmology providers in Dover and the progress on Tier 2 services in Canterbury and Dover. Mr Ridgwell committed to provide an update to the committee. The Chair expressed disappointment that Ms Selkirk had sent apologies and was not in attendance to answer such questions.
- (8) A Member enquired about the financial position. Ms Shutler stated that the Trust's failure to meet the A & E target had resulted in it being unable to access Sustainability and Transformation Fund monies which in turn had made the underlying deficit position more challenging. She explained that in order to sustain the workforce across three sites, required to deliver the current services, there was a need to use agency and locum staff who were expensive. Mr Ridgwell explained that NHS organisation across Kent and Medway were looking to approach this problem collectively to avoid cost escalation.
- (9) RESOLVED that:
- (a) the report on East Kent Hospitals NHS University Foundation Trust be noted;
 - (b) the committee welcomes the progress on the Dementia Village;
 - (c) a written update be requested on the progress of the Ophthalmology Tier 2 Service in Canterbury and Dover, including the impact of follow up appointments;
 - (d) be invited to provide an update in January 2019.

68. Getting It Right First Time (GIRFT) Orthopaedics Pilot: East Kent Hospitals University NHS Foundation Trust
(Item 7)

Louise Dineley (East Kent Programme Director, Kent & Medway STP), Liz Shutler (Deputy Chief Executive & Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Michael Ridgwell (Programme Director, Kent and Medway STP), Matt Jones (Consultant Anaesthetist, East Kent Hospitals), Upaasna Garharran (Consultant Geriatrician and Acting Medical Director for Urgent Care, East Kent Hospitals) were in attendance for this item.

- (1) Ms Shutler introduced the item and stated that this proposal formed a critical part of winter planning in terms of getting the right number of emergency medical beds on sites and to be able to continue to operate and offer elective orthopaedic services. The Getting It Right First Time (GIRFT) programme was an important programme of driving quality across the country and as a way of challenging clinicians to focus on the clinical quality of care offered by benchmarking surgical specialities. Professor Briggs was the national lead and was keen to build up an evidence base and challenged the Trust to take part in a pilot in light of its experiences over the last winter. An early pilot in Gloucester has shown improvements in trauma.
- (2) Members welcomed the report and enquired about staffing. Mr Jones said that this was about relocating existing services with a small amount of recruitment potentially required; Ms Garharran explained that the pilot had been driven by staff. Ms Shutler informed the committee that overall it would bring better wellbeing to staff; consultation would take place with staff, with other opportunities available if the relocation was not suitable and their usual employment rights would be covered.
- (3) A Member enquired about the planning and financial process. Ms Shutler stated that the pilot was subject to the normal planning process and the Trust had had pre-emptive discussions with Canterbury City Council. Emergency capital funding had been applied for, with a business case submitted. A bid for Wave 4 Sustainability and Transformation Partnership (STP) funding had also been submitted. The outcome of this was awaited but consideration for bridging in the interim was also being looked at but that could potentially impact existing capital allocation and slow down other programmes.
- (4) The Chair enquired about timelines for funding bids to which Mr Ridgwell replied that the STP Capital bidding process was not due to take place until the end of the year, but they were exploring expediting this process.
- (5) RESOLVED that:
 - (a) the committee note the report on the Getting It Right First Time (GIRFT) Orthopaedics Pilot.

- (b) East Kent Hospitals University NHS Foundation Trust provide an update about the pilot as part of their general update in January 2019.

69. Wheelchair Services in Kent

(Item 8)

Ailsa Ogilvie (Chief Operating Officer, Thanet CCG), Professor Mike Oliver (Representative of the Kent Physical Disability Forum) and Adrian Halse (Thanet CCG) were in attendance for this item.

- (1) The Chair introduced the item by explaining that Healthwatch had made a request for the item to be looked at and welcomed Steve Inett and Professor Mike Oliver to the Committee.
- (2) Mr Inett explained that Healthwatch supported the Kent Physical Disability Forum, who had been proactive in raising concerns with Millbrook Healthcare, the current provider, and the CCG. The forum had collected feedback from its members on the issues being raised; a summary of those concerns was presented in the report.
- (3) Professor Oliver informed the Committee that he had used wheelchair services for 56 years and had a personal and professional connection with the service. He expressed significant concerns about the current service and outlined engagement between service users, the CCG and Millbrook. He stated that he did not accept the proposal for the CCG to continue working with Millbrook to resolve the problems. He noted that the forum had invited the CCG to come back in early August; the forum was also considering writing an open letter to CCG Clinical Chairs to express their view that the contract should not be continued.
- (4) The Chair invited the CCG to respond. Ms Ogilvie apologised to service users and welcomed the support of Healthwatch and the continued opportunity to work with the forum. She reported that the CCG and Millbrook had agreed additional funding to clear the backlog; discussions regarding additional investment from the eight Kent & Medway CCGs were being held. She noted that the audit had been undertaken to understand the extent of the backlog. Millbrook had been asked to develop an improvement plan to deal with the backlog at pace; the availability of additional staffing had been identified as a potential risk. Millbrook had also been asked to present improved data, to distinguish between the inherited and new backlog, to the CCG. She stated that further assurance was being sought from Millbrook about complaints, risk assessments and prioritising patients with the highest needs; a quality visit had found that patients were not being harmed as a result of their wait. Ms Ogilvie highlighted that she was taking personal responsibility to get the contract back on track.
- (5) Members expressed concerns about service user experience; the procurement of the contract and performance monitoring. The Chair enquired if terminating the contract had been considered. Ms Ogilvie stated that it had not been considered. She explained that the backlog was not known at the time of awarding the contract and since the contract began, there had been

significant requests for powered chairs that had exceeded procurement expectations. She confirmed that a further clinical audit, to understand the categorisation of referrals, would take place in August. In response to a specific question about wheelchair fitting, Ms Ogilvie stated that a full clinical assessment by a clinician took place to determine what equipment was required.

(6) RESOLVED that the Committee:

- (a) expresses grave concerns about the wheelchair services contract and its management by NHS Thanet CCG.
- (b) writes to all Kent CCGs to express its concerns about the wheelchair services contract and its management by NHS Thanet CCG.
- (c) requests that NHS Thanet CCG provide a written response to the Committee, within two weeks, as to whether it is considering terminating Millbrook Healthcare's contract and the reasons for that choice; and to provide an action plan detailing how the issues will be resolved in the interim.
- (d) upon receipt of the written briefing, determines whether to have an additional meeting of the Committee or to have an item at the September meeting of the Committee.

70. Kent and Medway NHS and Social Care Partnership Trust (KMPT): Update
(Item 9)

Vincent Badu (Director of Transformation, Kent and Medway NHS and Social Care Partnership Trust) was in attendance for this item.

- (1) Mr Badu began by stating that the report focussed specifically on the work that the Trust is undertaking to improve the quality of the community mental health teams for younger adults and general activities taking place across the Trust. Mr Badu wished to acknowledge the Trust's commitment to providing better services for the community in mental health services. Services overall were currently rated as 'good', but the community mental health teams 'required improvement.' To resolve this, caseloads were being reduced. Services were revisited in January 2018 and teams were inspected over a period of two days. Concerns related to variability of quality of planning for care and articulation of risks as people presented and how they planned to meet those risks. As a result, the CQC decided to issue a warning notice because of concerns. The Trust accepted the findings and were working robustly to make improvements on quality of care and to ensure that patients were safe and receiving care within agreed timeframes, ensuring those waiting have an active review of their needs so that if changes took place the care can be responsive to prevent deterioration.

- (2) One of the key indicators was to receive an assessment of need within 28 days of referral to the secondary mental health service. He reported that at the end of June significant improvements had been made by the three teams visited by the CQC with the highest performing team reaching 93% against a target of 95%. The lowest performing team was recorded at 62.3%; 20 people had not received an assessment within the 28-day period. Mr Badu acknowledged that they were working to improve this and accepted that there was a need to continue to improve.
- (3) Members asked about Section 136 activity and outcomes, partnership working and single point of access.
- (4) Mr Badu stated that overall, there had been a reduction in Section 136 activity. He explained that at the point when a person had a full mental health act assessment, they were either detained or supported in another way; less than 50% of people seen converted to formal or informal admission under the Mental Health Act. Mr Badu noted that that Section 136 was not the best way to support patients. Work was being done as part of the Crisis Care Concordat regarding detention. Mr Badu acknowledged that it was difficult for Police Officers to make assessments and that they are working to bring expertise together for early triage and identifying individuals known to existing services. He noted that Kent Police were able to use a dedicated contact line to speak with mental health practitioners about the available options.
- (5) Members asked about out of county placements and the single point of access. Mr Badu reported that whilst no one was currently placed out of area for acute adults or older people's mental health beds, women who required psychiatric intensive care were placed out of area as there was no local unit or provision in Kent and Medway.
- (6) In relation to single point of access, he noted that the Trust was committed to ensuring that the services were safe and effective, but had decided that support could be provided in a different way and agreed to restrict the operation of that service. Discussion has taken place with commissioners about reducing the service as activity after 10pm was lower and alternative pathways were in place to provide support. He stated that a 24-hour switchboard service was still available. He highlighted exploration of the NHS 111 service for lower level support needs, as well as crisis resolution and a review of the home treatment service for complex needs was being conducted.
- (7) Mr Inett informed the Committee that Healthwatch were collating patient experience feedback from various groups and they were meeting with the Trust regarding to share this.
- (8) The Chair asked about the reported improvements to staff supervision and its sustainability. Mr Badu confirmed that Trust was reviewing if robust

supervision trees were put in place and if protected time was given supervision. Quality of supervision was assured by clinical audit checks which looked at caseload numbers, record keeping, risk assessments and the quality of the offer to patients and relatives.

- (9) The Chair enquired about the Psychiatry Liaison Service. Mr Badu explained that the Mental Health Five Year Forward View set out the aspirations and requirements for such a service and that work was taking place across Kent and Medway with the CCGs and Acute Trusts to ensure that a service was available to provide the best support across acute care provision. Mr Badu continued that there might not be a Liaison Service across all sites, but it would be placed where there was a level of need, identified by admissions through A & E. This would allow services to be provided as quickly and as a swiftly as possible. Some services would be on a 24-hour basis, with increased support in East Kent, particularly in Queen Elizabeth the Queen Mother Hospital and this would continue to be discussed with partners. The key challenge is ensuring that the service in place meets the need of the local population but was commissioned to deliver an effective and robust service.
- (10) In conclusion, the Chair welcomed the introduction of the new specialist Mother and Baby Unit in Kent.
- (11) RESOLVED that:
- (a) the Kent and Medway NHS and Social Care Partnership Trust update report be noted;
 - (b) the Trust be requested to provide an update to the Committee in six months.

71. East Kent Out of Hours GP Services and NHS 111 (Written Update)
(Item 10)

- (1) The committee considered a written update report regarding out of hour bases in East Kent.
- (2) RESOLVED that the CCG report on out of hour bases in East Kent be noted.

72. Lizzy Adam, Scrutiny Research Officer

- (1) The Chair notified Members that this committee meeting would be the last attended by Lizzy and expressed thanks for all the help and assistance that she has provided during her time supporting the committee. The committee agreed and asked for these thanks to be recorded.