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, 7 December 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Mr N J D Chard, Mrs P T Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Mr S R Campkin, Ms K Constantine, Cllr P Cole and Cllr S Mochrie-Cox

ALSO PRESENT VIRTUALLY: Mr R G Streatfeild, MBE, and Cllr H Keen

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

UNRESTRICTED ITEMS

149. Membership
(Item 1)

The Clerk noted that Sir Paul Carter had replaced Mrs Bruneau on the Committee. Mrs Wright was no longer a committee member.

150. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

1. The Chair declared he was a representative of East Kent councils on the Integrated Care Partnership.

2. Cllr Mochrie-Cox declared that he was a representative of North Kent councils on the Integrated Care Partnership.

3. Cllr Cole declared he was on the West Kent and Tunbridge and Malling Integrated Care Board Partnership Forums and the West Kent Elected Members Forum.

4. Mr Chard declared that he was the Director of Engaging Kent.

5. Mr Kennedy declared that he had been appointed to the Board of Directors of The Health and Europe Centre.

151. Minutes from the meeting held on 5 October 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 5 November 2023 were a correct record and they be signed by the Chair.

152. Kent and Medway cancer screening programmes
(Item 5)

Dr Faiza Khan, Consultant in Public Health Medicine, NHS England (South East) and David Selling, Head of Public Health (Kent, Surrey and Sussex), NHS England were in virtual attendance for this item.

1. Dr Khan provided a brief overview of the report including:
   1.1. There was a programme for genetic screening and additional capacity was being created in Kent and Medway to screen patients with genetic indicators such as Autoimmune lymphoproliferative syndrome (ALPS).
   1.2. Waiting times were an issue due to the increasing number of referrals, especially for colonoscopy and endoscopy, also bowel screening had been extended to younger age groups which meant that more people were being referred to the service.
   1.3. It was said that endoscopy services were particularly under pressure and work was ongoing to develop a fit test before referring to endoscopy services.

2. The Chair advised that Members could request any specific data they would like to receive via the clerk.

3. A Member raised concerns that a gender-based difference in outcomes was apparent and that without raising staffing levels the backlog would not come down.

4. Asked about the cervical screening mislabelling referred to in the report, Dr Khan said that if data such as surname or birth date was incorrect the laboratory would reject the sample. It was noted that the issue was national, and work was ongoing with the laboratories and primary care providers to minimise the instances of mislabelling and rejections. Individuals whose samples were rejected could get re-screened after 3 months. Dr Khan noted that when self-sampling is introduced it would likely reduce mislabelling errors as women would be more likely to complete their own details correctly.

5. A Member asked for further information on why cervical cancer screenings had seen a year-on-year drop over the past 10 years, while breast cancer screening had remained steady. It was noted that an uplift had been seen nationally between 2019-20 and 2021-22 but not in Kent. Dr Khan said that research had examined why cervical cancer screenings had dropped and several reasons had been identified including Covid-19, availability of screenings outside working hours, embarrassment, and lack of confidence in the sampling. It was noted that the process of screening had changed, and there was a now a two-stage process (HPV testing followed by cytology when there was a positive reading) which some women perceived as less accurate (which was not the case). Two projects were underway: the first was to offer more appointments outside of working hours and the second was researching barriers to cervical screening in the Gypsy, Roma and Traveller (GRT) communities. It was noted that the latest performance statistics (2022-2023) showed an improvement in the number of breast cancer screenings within the target timescale. Going forward staff recruitment and retention remained an issue. Mr Selling gave further details of upcoming work and research to support and encourage the uptake of cancer screenings. One such

project was increasing the use of text messages to remind women of their upcoming appointment and asking them for feedback if they failed to attend.

6. Mr Selling agreed to provide additional data in a future briefing on the forecasting and benchmarking of cancer targets against Key Performance Indicators (KPIs).

7. A Member asked about the communication process and follow-ups if individuals missed or did not respond to a breast cancer screening appointment. Dr Khan advised that smart screening was used in the breast cancer unit, which meant appointment slots were overbooked based on the probability of a number of patients not attending. Mixed appointments (fixed time versus wider time slot) were offered for convenience, and reminder texts sent out. 'Did Not Attend' (DNA) rates had reduced accordingly.

8. Mr Selling said work had been ongoing with Royal Mail to prioritise bowel screening samples sent via post and these were now being flagged as priority. The situation with delayed samples had stabilised in the last 6 months but was being closely monitored. He also noted that people were sensitive to traveling distance, and that the mobile units for breast cancer screenings reduced the risk of DNAs.

9. A Member asked for more detail on the use of text messaging, Mr Selling agreed to provide further information outside of the meeting.

10. The Chair asked for a written briefing on the outstanding questions to be provided at a future meeting.

11. RESOLVED that the Health Overview and Scrutiny Committee note the report.

153. East Kent Hospitals University NHS Foundation Trust - Maternity Services *(Item 6)*

Sarah Hayes, Chief Nursing and Midwifery Officer, Adaline Smith, Deputy Director of Midwifery and Tash Curtiss, Consultant in Obstetrics and Gynaecology were in virtual attendance for this item.

1. The guests provided an overview of the report. The Chair referenced an informal briefing held in October 2023 and noted that he had written to the Secretary of State, Victoria Atkins MP, on 14 November 2023 about capital funding constraints and would inform the committee when there was a response.
   1.1. The Singleton Midwife-led Unit at William Harvey Hospital was re-opening on 15 December 2023 after being closed for 3 years. This was a positive move for women, giving them more choice in their birthing options. All Members were invited to attend the opening with the details to be shared by the clerk. Improved facilities were also being opened for patients attending the triage service.
   1.2. A lot of work was being undertaken to listen to the views of women who would be or had already given birth at one of the East Kent Hospitals. The Maternity and Neonatal Voices Partnership alongside the Independent Senior Advocates would visit the maternity wards weekly to speak to women about their experiences.

1.3. There was a national target to reduce to stillbirth and neo-natal deaths by 50% by 2025 (from 2010 figures). East Kent had a 1.7 stillbirth rate per 1000 and 0.87 neonatal deaths per 1000.
1.4. Ms Curtiss acknowledged how well staff were working as a team, including across disciplines, and the positive effect this was having on culture. There was also increased co-production with women.

2. It was confirmed that the recently announced salary threshold for family visas did not apply to NHS workers. The committee would be updated if there were any further developments.

3. A Member asked to see more detail about stillbirths, including the role of health inequalities and variances in ethnicity data – this would be provided outside of the meeting. It was noted that such data helped the service target the most at-risk groups and drive improvements in care. Having been identified as a priority area, a Patient Voices Partnership had been appointed in East Kent to go into the community and support hard-to-reach women.

4. Asked about data on black and minority users of maternity services and the understanding of preventing any potential barriers to access, Ms Hayes said that there was work to do in this area but the data would be shared after the meeting.

5. In response to a question about training standards, Ms Hayes said that there were regular meetings with the Nursing and Midwifery Council (NMC) regarding placements. William Harvey Hospital welcomed the return of student midwives, with students from the University of Surrey on site. The chief nurses in Kent and Medway were working to re-establish links with Canterbury Christchurch University, and the progress was positive so far.

6. Much work was underway in relation to providing compassionate care. There had been a lot of positive feedback but there were still issues to be addressed. A patient experience midwife had been recruited and every woman who had used the maternity service would get a phone call 6-weeks after the birth to share their experiences. Support was in place for staff as well. The most recent Your Voice is Heard data showed that 92% of women would return to East Kent services and there would be a follow-up with those dissatisfied.

7. On governance, it was noted that there had been recommendations from the Care Quality Commission (CQC) on board oversight, which had been strengthened since. There had been a full review of governance across the department. Within the complaint response process, it was noted that families were invited to provide input on the report if one was required after an incident and face-to-face meetings were being arranged before the sending of a full written response.

RESOLVED that the Health Overview and Scrutiny Committee note the report

154. Kent and Medway People Strategy 2023 - 2028
(Item 7)

Rebecca Bradd, Chief People Officer, Kent & Medway Integrated Care Board was in attendance for this item.

1. Ms Bradd introduced and gave an overview of the report. The Kent and Medway People Strategy would complement local NHS organisation strategies, not replace them, and support the delivery of shared priorities.

2. A Member noted a lack of detail about engagement with staff, but Ms Bradd assured the Committee that there had been significant engagement with staff through the staff survey which engaged the entire workforce, as well as working groups sitting alongside the leadership team. In addition, all new starters were spoken to within their first year to understand their experiences and learn lessons to inform and prevent further instances of people leaving within their first year.

3. The Committee reflected on the cost-of-living crisis and its impact on recruitment and retention. Ms Bradd said that was recognised by the ICB as a major challenge and it was working with the Integrated Care Partnership and wider partners to develop plans. The Chair said that elected members had a role in supporting the provision of affordable housing within their divisions, and the Council had a role in ensuring the provision of quality childcare and education places. Dr Rickard (LMC) said that the GP attraction package pilot had been well received and the Committee asked for an update on this.

4. Members noted the importance of affordable housing and felt the provision of suitable housing options for the NHS workforce and other key workers needed to be a priority.

5. Dr Rickard said that Kent Local Medical Committee (LMC) data had shown that 44% of General Practices had stopped advertising vacancies due to estates and financial uncertainty. It was also noted that GPs faced difficulty in organising training for new staff. Ms Bradd said they did not hold data on primary care vacancy and turnover rates, but they had been working with local practices to understand their workforce needs. It was said that the focus had been on attraction and retention through the primary care training hub. Practices had been supported in becoming tier 2 employers and 30 practices were hiring Kent Medical School students.

6. Answering a question about staff involvement and attitudes, Ms Bradd said Trade Union representatives would be involved in the formation of local people plans. The ICB did not hold data on grievance complaints, staff disciplinaries or employment tribunals and these would be held at Trust level.

7. A Member said that there needed to be more communication with the public about the impact on GP provision of a growing population. They also felt there needed to be greater explanation of the different clinical roles on offer from surgeries. The Chair added that the NHS must be clearer on how population growth arising from new housing developments would impact their services and adequately reflect these in Local Plan discussions. Ms Bradd said she would take these points away.

8. A member sought further clarification on education and training. Ms Bradd said that the workforce already had a diverse range of skills and expertise and that

the education of new trainees would address future skills gaps (such as the use of artificial intelligence).

9. RESOLVED that the Health Overview and Scrutiny Committee note the People Strategy.

155. Maidstone and Tunbridge Wells NHS Trust - mortuary security
(Item 8)

Miles Scott, CEO Maidstone & Tunbridge Wells NHS Trust and Rachel Jones, Executive Director Strategy, Planning & Partnerships, Maidstone & Tunbridge Wells NHS Trust were in attendance for this item.

1. Mr Scott reiterated his apologies to the families affected by David Fuller's crimes and reassured the committee that support had been put in place for those families, and that the Trust's commitment to them was ongoing and open-ended. He provided an overview of the situation which lead to an independent inquiry chaired by Sir Jonathan Michael. The inquiry published its first report on 5 December 2023, looking at what happened in the mortuary at Tunbridge Wells Hospital. The second report would consider the wider implications for the NHS, public bodies and society. It was noted that the report had 17 recommendations, 16 for the Trust and 1 for Kent County Council and East Sussex County Council. Mr Scott confirmed that the Maidstone & Tunbridge Wells NHS Trust had accepted all the recommendations and that 11 had already been fully implemented, with the remaining 5 currently being worked on. All recommendations were expected to be implemented by March 2024 at which time they would return to the committee.

2. A Member asked how the Trust could foster greater professional curiosity. Mr Scott said that professional curiosity had to be part of the organisation's culture, as policies and procedures were not, in themselves, enough. Staff and managers had to be prepared to think the unthinkable.

3. A Member said there needed to be a culture where staff were encouraged to raise concerns and that the organisation would listen and investigate the concerns. Mr Scott agreed with the statement and noted that in this case no suspicions were ever raised despite numerous organisational changes and staff turnover.
4. It was asked if there could ever be adequate oversight considering the size and complexity of the Trust. Mr Scott acknowledged the concern and responded that policies and culture both needed to be right, with the leadership leading by example and engaging with staff throughout the Trust.

5. The Committee considered what could have prevented these crimes from taking place. CCTV had not originally been installed in the post mortem room so that distressing images could not be leaked. That had now been addressed, though the cameras were only pointed at fridge doors so bodies could not be removed and replaced without notice. Mr Scott did not think that Mr Fuller's contractual position with the Trust had significance because he had also committed offences whilst under the direct employment of the Trust. It was also the case that Mr Fuller had lied about having a criminal record and

once it was picked up on, no one questioned him about that. There was no evidence that any staff had raised suspicions about Mr Fuller. Mr Scott was not sure anything could have prevented Mr Fuller's crimes, and noted that such opportunistic crimes were not limited to hospital mortuaries (such points would be picked up in the second phase of the inquiry).

6. The Chair thanked Mr Scott and his team for their attendance and work on remedying the situation. The Chair said that the thoughts of the committee were with the families affected by the crimes committed at the Maidstone & Tunbridge Wells NHS Trust. The Chair invited Mr Scott to come back to the committee after the publication of the report from the second phase of the inquiry.

7. RESOLVED that the Health Overview and Scrutiny Committee note the response of the Trust to the interim inquiry report.

156. Maidstone & Tunbridge Wells Trust - Clinical Strategy - Repatriating Bariatric Care
(Item 9)

Rachel Jones, Executive Director Strategy, Planning & Partnerships, Maidstone & Tunbridge Wells NHS Trust was in attendance for this item.

1. Ms Jones introduced and provided an overview of the report, which explained the repatriation of the surgical elements of bariatric care from London to Kent. It was noted that overall patient feedback had been positive with many compliments. One informal concern had been raised regarding confidentiality in the outpatient department and changes would be implemented to rectify that in early 2024.

2. A Member asked about the types of surgery delivered, including whether there would be a future switch of focus from weight loss surgeries to injectables such as Semaglutide. Ms Jones said she would respond after the meeting.

3. RESOLVED that the Health Overview and Scrutiny Committee note the report.

157. NHS Kent and Medway Community Services review and procurement
(Item 10)

Mark Atkinson, Director of system commissioning and operational planning, Kent & Medway Integrated Care Board and Ivor Duffy, Chief Finance Officer, Kent & Medway Integrated Care Board were in attendance for this item.

1. Mr Atkinson introduced the report, explaining that the ICB had reviewed procurement options for Community Services following HOSC and HASC meetings in September. It was noted that specialist commissioning support had been sought from Arden&GEM and they had also sought legal support and guidance over the decisions taken. Mr Atkinson noted the upcoming winter period, combined with industrial action, which would cause operational challenges and likely result in some operational deadlines being pushed back. The NHS Provider Selection Scheme was due to come into practice in

January 2024 which would drive commissioning projects going forward. Mr Atkinson also noted that they were working with provider Chief Executives and Ben Watts, Monitoring Officer KCC, on the statement of concern made by the HOSC Chair in October.

2. Mr Atkinson said that following the comments made at HOSC and HASC a new contract extension would be made to the three existing community providers for up to two years with a six-month break clause. The additional time would allow for harmonisation of contracts while further engagement was undertaken with providers, stakeholders and patients to develop the new models of care and ensure the right services were offered in the right locations. It was noted that due to the change in commissioning approach the contractual obligation on the providers to transform would no longer be there however the ICB were working alongside those providers to begin transformation over the coming two years as per NHS England's expectations for community services.

3. A Member welcomed the change of approach and asked that the proposals on the future service return to the committee at the appropriate time so that a new decision could be made on whether they constituted a substantial variation of service. Mr Atkinson agreed and committed to keeping the committee fully engaged. Mr Duffy said that the transformation complied with the national guidance.

4. RESOLVED that the Health Overview and Scrutiny Committee note the report and invite colleagues from the Integrated Care Board to provide an update at the appropriate time.

158. Kent and Medway children and young people's mental health services procurement
(Item 11)

Sue Mullin, Associate Director for Children's Mental Health, Kent & Medway Integrated Care Board and Jane O'Rourke, Director of Children's Services, Kent & Medway Integrated Care Board were in attendance for this item.

1. Ms O'Rourke introduced the report and provided a summary of the procurement and engagement process. She referred to a pre-engagement event (which the Chair had attended) as well as an event attended by over 200 children. The Chair asked that the entire committee be invited to a future pre-market engagement event.

2. A Member noted that there was very high demand for mental health support amongst young people and getting them the care they needed could be difficult. Ms Mullin said that the ICB were looking at alternatives to clinical support, such as commissioning a UASC youth group. There were challenges with early intervention and prevention and those services would be actively targeted going forward. Ms Mullin recognised the importance of voluntary and community groups and the 13-year commitment proposed in the paper would provide long-term support to those organisations. Reducing waiting lists would be challenging but a collaborative approach would be hugely beneficial.

3. Prevalence data showed an increase from 18% to 20% over 12 months. Prevalence was a national statistic that looked at the 'possible' and 'probable' mental health disorder rate in children aged 8-16. In recent years the rate had increased significantly and more at-risk groups were identified such as adolescent girls. Prevalence and complexity had increased since the Covid-19 pandemic.

4. A Member said that although the quality of care was good, issues remained with capacity as many young people were unable to access the care they needed. They felt there was not parity of esteem between physical and mental health.

5. A Member said that much of the support was offered through schools but there needed to be an offer outside of school and in the community as part of a long-term commitment. Ms O'Rourke noted that there were several programmes in operation outside of this procurement including the introduction of 37 Children's Care Navigators across 41 primary care networks. She acknowledged more work in the community was needed, and the ICB were working with voluntary organisations to support this. Ms Mullin noted that internationally there was a lack of understanding about children's mental health, but a 13-year offer would move away from short termism and offer stability.

6. Ms Mullin said there was a robust digital offer delivered by Kooth which was used by a large number of young people, but it was only part of a wider offer that would be tailored to young people and children.

7. A Member reflected that the message about young people's mental health needed to be balanced, and she noted that there were alternative sources of support for young people, such as music and pet therapy. Ms O'Rourke confirmed the role of Care Navigators was to support young people to the appropriate type of care. To do this, they would look for innovative solutions, perhaps by using Personal Health Budgets. She assured the Committee they were in a strong position with education.

8. It was confirmed that at a future meeting information would be provided on the level and types of need, the gap between the level of demand and the resources available and the plan to address resulting capacity issues.

9. Mr Goatham (Healthwatch) complimented the ICB team for the engagement they had undertaken. Ms Mullin confirmed that parents and carers were a part of the engagement process to design the future of the services.

10. RESOLVED that the Health Overview and Scrutiny Committee note the report and invite colleagues from NHS Kent and Medway to return to a future meeting with more detail.

159. Kent and Medway Strategic Estates Plan
(Item 12)

Mike Gilbert, Executive Director of Corporate Governance, Kent & Medway Integrated Care Board was in attendance for this item.

1. Mr Gilbert introduced the report. It was noted that the NHS had historically been poor at working with district authorities around Section 106 funding but progress had been made and a robust team was now in place which worked closely with the districts. A more strategic approach would be taken on how to use Section 106 and Community Infrastructure Levy (CIL) funding in the future to ensure estates were built in the right way.

2. Mr Gilbert confirmed that all Section 106 funding would stay in the local community from which it was generated. There had to be a consistent approach on how the funding was used going forward, and if used effectively it would reduce revenue costs for the NHS.

3. A Member asked about the £250 million maintenance backlog and the £123 million backlog in East Kent maternity services and how this would look in 5-10 years. Mr Gilbert said that Section 106 funding would not be used to fund backlog maintenance. It was noted that all providers were required to have rolling 3-year plans on how they would manage their backlog maintenance. However, funding from NHS England for backlog maintenance was not sufficient for the level of need. A prioritisation programme would be implemented to identify and channel funds to the most critical areas. Mr Gilbert said that the £250 million was unlikely to fall as the level of demand would only increase but the most critical issues would be dealt with.

4. Members spoke about the impact of new housing developments on public services.
   4.1. The planned new facility at Greenhithe was due to open in 2025 though did not yet have planning permission. Negotiations were ongoing and they were close to submitting the application.

   4.2. In Ebbsfleet, a strategic outline business case was going through the final stages of ICB approval and was due to be published in the new year, and it would set out what the requirements and gaps were. A mixture of capital and revenue funding would be available for health and community services.

5. Dr Rickard noted that the results of a recent LMC survey showed many GP practices were frustrated and confused about the complicated and protracted processes in place for GP expansion. They also reported that they were unable to access Section 106 funding and were concerned by the developments going on in their areas.

6. RESOLVED that the Health Overview and Scrutiny Committee note and the Strategic Estates Plan.

160. East Kent Transformation Programme
(Item 13)

1. The Chair provided the background to the report and the reason behind the Kent and Medway NHS Joint Overview and Scrutiny Committee's (JHOSC) decision to return formal scrutiny of future East Kent transformation proposals to Kent HOSC and Medway HASC.
2. There were no questions.

RESOLVED that the Health Overview and Scrutiny Committee:

1. Note the decision of the Kent and Medway NHS Joint Overview and Scrutiny Committee to return formal scrutiny of the East Kent Transformation of the Kent HOSC and Medway HASC.

2. That colleagues from the NHS Kent and Medway and EKHUFT be invited to return to the Committee with amended proposals once available.

161. Work Programme
(Item 14)

1. Members proposed items that the committee could consider at future meetings:
   1.1. An update from South East Coast Ambulance Service (SECAmb).
   1.2. A paper about how local NHS bodies are reducing waste and becoming greener.

2. RESOLVED that the Work Programme be noted.

(a) **FIELD**
(b) **FIELD_TITLE**