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 Tuesday, 28 March 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Mr A Kennedy, Mr J Meade, Mr A R Hills, Cllr P Rolfe, Cllr K Tanner and Mrs P T Cole

PRESENT VIRTUALLY: Ms S Hamilton, Cllr J Howes and Mr B Lewis

ALSO PRESENT: Mr R Goatham

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

UNRESTRICTED ITEMS

108. Chair's Announcements
(Item)

The Chair opened the meeting by paying respects to Mr Dan Daley, who had recently passed away. Mr Daley had served on HOSC since the committee was established in 2007.

109. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

Mr Chard declared he was a Director of Engaging Kent.

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

110. Minutes of the meeting held on 31 January 2023
(Item 3)

AGREED that the minutes from the meeting held on 31 January 2023 were a correct record and they be signed by the Chair.

111. Child and Adolescent Mental Health Services (CAMHS) tier 4 provision
(Item 4)

In attendance for this item: Nina Marshall (Interim Programme Director Adult Eating Disorder Provider Collaborative /CAMHS Inpatient Kent and Sussex, Sussex Partnership NHS Foundation Trust) and Gill Burns (Children's Services Director, NELFT)

1. The Chair welcomed the guests and invited them to highlight any changes since the report was prepared. Ms Marshall highlighted that the additional beds at Kent & Medway Adolescent Hospital (KMAH) had been completed and would come into use the next week following sign off.

2. A Member asked why the provision of beds appeared to have changed over time. Ms Burns explained that initial plans had been agreed pre-covid and there had been a fundamental change in the environment since then. There had also been a significant delay with building works due to availability of specialist materials.

3. In summary, NELFT had been commissioned to provide 11 beds at KMAH which would all be operational the following week. The Trust then agreed to provide another 3 beds designated for eating disorders, making a total of 14 beds for General Acute/Eating Disorder (GAU/ED). In addition, there would be a phased introduction of 3 short-stay beds (72 hours) and there was already an on-site section 136 bed.

4. A Member questioned whether the building works had been carried out in line with the original specification and listed some of the repairs that they understood had already been required to the recent renovations. Ms Burns explained that specialist building companies had been used who were experts in refurbishing in-patient wards. Numerous inspections had been carried out to certify the works. Undertaking work to in improve the ward's environment was an iterative process. In terms of the safety of the curtains/ blinds used in wards, the Trust received a national NHS alert about a potential safety issue and subsequently acted on that information. There was a balance between keeping a therapeutic environment and maintaining a hospital ward.

5. Asked whether all staff were aware of the Crest service, Ms Burns confirmed that the crisis service had been operating since 2017 though its name had changed last year which may have caused confusion.

6. A Member asked about the closure of beds at St Mary Cray. Ms Marshall explained they had not been advised which type of beds had closed but they presumed it was the low secure beds at Priory, which were a national resource and required by very few adolescents. Those beds were not within the footprint of the Kent and Surrey provider collaborative but provision was available from the neighbouring Sussex Partnership if required.

7. The 17 commissioned beds within Kent were determined by local need and were to be seen in the wider context of investment in rapid home response services to try and keep young people close to home and out of inpatient care. Specialist beds outside of the local footprint would always be required as a shared resource as there was not enough local demand for these.

8. Asked about the accessibility of the eating disorder unit at Hayward's Heath, Ms Marshall confirmed it was accessible by public transport though there was a change involved. However, most local young people accessed services at KMAH.

9. Discussing local care, a Member noted that psychiatric adolescent support was often viewed on a national basis. For example, if someone required intensive psychiatric care, they might go to a Psychiatric Intensive Care Unit (PICU) located in Sheffield because there were no such facilities in Kent. The Member felt there was a national issue of underfunding in the area of psychiatric care.

10. Asked for clarity about the maximum age of young people accessing services at the KMAH, Ms Marshall explained that adolescents between 12 and 18 could access the service but the restriction on 18 would be waived if the individual could finish their treatment in a timely manner without the need to transfer to an adult facility. Under 13s accessed a national resource. Ms Burns added that no patient would be discharged without an arrangement in place, and if transfer to an adult setting was required the two teams would work closely together for a smooth transition. In Kent there was a jointly funded post dedicated to such transitions.

11. Data monitoring showed a sharp increase in Kent referrals to the rapid response team. Ms Marshall explained that whilst that spike had been specific to Kent, that number had been reducing (whereas other areas nationally were increasing). The decrease was linked to reduced demand, but also reflected system wide collaboration and the introduction of various initiatives.

12. The Chair requested that the guests provide an update once the funding for the Psychiatric Intensive Care Unit (PICU) in Kent and Sussex had been resolved. He understood that NHS England had funded the revenue but the Kent & Medway and Sussex ICS's had yet to approve the capital. He offered the Committee's help in managing that situation, if required.

13. He also requested that the committee be provided with a written update once the posts of family ambassador and trust liaison nurse had been recruited to.

14. RESOLVED that:

    i) the update be noted;
    ii) the NHS attend for a further update once capital funding for the proposed Psychiatric Intensive Care Unit (PICU) in Kent and Sussex has been resolved;
    iii) the NHS provide a written update once the posts of family ambassador and trust liaison nurse have been recruited to.

112. Kent and Medway Integrated Care Board - update report
(Item 5)

In attendance for this item: Mike Gilbert (Executive Director of Corporate Governance, K&M ICB)

1. The Chair welcomed Mr Gilbert and asked about the PICU issue raised under the previous item, asking if he was able to comment from the ICB's perspective. Mr Gilbert offered to confirm the situation outside of the meeting, but his understanding was that the ICB/ ICS did not hold capital money other than for the buildings they were responsible for leasing.

2. The ICB had been established for 9 months. Decision making and influence were on a much wider scale than they were before the 2022 Act. The Integrated Care System allowed for much easier joint decision making – there were two Local Authority partners on the Board as well as voluntary organisations and GPs/ providers being represented on committees. Stakeholder from across health and social care were also represented. The work carried out to date focused on developing an interim Integrated Care Strategy as well as a Joint Forward Plan for the NHS over the next 5 years. Moving forward there would be a focus on drawing out efficiencies and ensuring funding achieved as much as it could. There was also a need to promote the role of the Health and Care Partnerships, in part by delegating resource and responsibility to them for their local areas. NHS Kent and Medway would be taking on joint additional responsibility for some specialist services during 2023-24, with full responsibility from April 2024.

3. Mrs Chandler, Cabinet Member for Integrated Children's Services, asked how the interests of children were represented on the Board. Mr Gilbert explained there was a lead for children services on the ICB as well as a children and younger people's integrated care board within the system. However, it was recognised that this area needed development, and it was being explored whether a shadow board could be established which would feed directly into the main Board. One of the Strategy's main priorities was to improve the start in life for young people and it was important that young people were involved in deciding how that would be achieved.

4. A Member asked how full system integration was possible until patient data could be shared. Mr Gilbert explained that whilst digital transformation was underway, there was a long journey ahead before completing the Kent and Medway Care Record (KMCR). Doctors in A&E could usually see a patient's GP record but not their social care one, and they were unable to add information to the record. Mr Gilbert would confirm outside of the meeting whether Trusts within Kent could share data – Trusts between counties could not do this. It was recognised that sharing data would have to be compliant with GDPR.

5. A Member asked how the ICB could ensure technology was fit for purpose, citing instances when systems such as E-Consult failed. Mr Gilbert confirmed the ICB was responsible for commissioning primary care ICT services and that team monitored the performance / looked to resolve issues when required.

6. The Chair requested a comprehensive briefing on the ICB digital transformation and its direction of travel.

7. Mr Gilbert offered to provide information outside of the meeting about how the ICB would lead on integrating social prescribing with health provision.

8. A Member asked how the ICB would work with local planning authorities to ensure there was adequate GP provision. Mr Gilbert explained that a Kent and Medway Estate Plan was in development, and this would be brought to HOSC once complete.

9. In terms of addressing GP workforce shortages, Mr Gilbert explained that an attraction scheme for GPs and primary care was underway and had already had some success. Whilst there was a national shortage of GPs, Kent was an outlier. There were opportunities to recruit other professionals to reduce the burden on GPs. The Kent Medical School would train GPs (which took 8 years), who then needed to be encouraged to stay in Kent – the Chair commented that Councillors had a role to play in that area.

10. A Member asked what action was being taken following the closure of Lloyds Pharmacies in Sainsbury's stores. Mr Gilbert offered to look into this and report back on this after the meeting.

11. A Member asked how many patients there were per doctor in Thanet. Mr Gilbert offered to confirm this outside of the meeting but recognised that Thanet did have particular issues with its primary care workforce. The Chair requested the GP to patient ratio be provided for areas across Kent, as well as an update on impact of the GP attraction package in Medway, Swale and Thanet.

12. The importance of preventative action was discussed, in order to keep people away from acute care where possible, and this included partnership working with adult social care. Mr Gilbert said the ICB recognised that social care was a system responsibility and that it was a transitional priority.

13. Members asked about primary care provision in growth areas, such as Ebbsfleet Garden City, where people were already living despite health provision not being in place. They also asked how decisions were made as to the location of new primary care provision. Mr Gilbert recognised that Dartford was in itself a growth area, not just Ebbsfleet, and that provision was needed throughout the area and not just in the Garden City. That would be picked up in the Strategic Estates Plan. He added that the locations of new primary care

facilities would be developed by the relevant Health and Care Partnership through local strategies.

14. Explaining the use of Section 106 funding for new services, Mr Gilbert said services were phased in once housing was in place. The funding contributed towards, but did not cover, the full cost.

15. The Chair thanked Mr Gilbert for attending the meeting.

16. RESOLVED that the Committee note the report.

113. Edenbridge Memorial Health Centre
(Item 6)

In attendance for this item: Clive Tracey (Community Services Director, KCHFT)

1. Mr Tracey summarised the journey over the last 6 years to create a new health centre in Edenbridge, that would bring GP and community services together under one roof. Points included:

    a. The centre would not provide x-ray facilities as there were 8 other options within a 15-minute drive. This would be kept under review.
    b. A trainee GP would be employed.
    c. Ways of delivering urgent care differently from the site were being explored.
    d. Engagement with residents was ongoing. Mostly positive, concerns had been raised in relation to changes to the MIU and public transport.
    e. The centre was due to open in November 2023.

2. Members were positive about the patient focus of the development and hoped the centre could be replicated in other areas of the county. Mr Tracey explained that a Social Value Coordinator had been recruited to work with the community and ensure provision met their needs. He was confident the project could be replicated in other areas.

3. The Chair thanked Mr Tracey for the update and requested that he return with an update after the summer once public engagement had concluded. He asked what improvements could be made to the process were it to be replicated, considering it had started almost 7 years ago.

4. RESOLVED that the Committee consider and note the report and invite KCHFT to provide an update after summer.

114. Work Programme
(Item 7)

1. For the GP development plan item, Members requested:

    a. That it be as detailed as possible as it was such a critical issue.
    b. It picked up ways in which GP practices were implementing practices to reduce avoidable GP appointments.

2. RESOLVED that the work programme be noted.

115. Date of next meeting – 10 May 2023
(Item 8)