

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday, 16th December, 2019

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday, 16th December, 2019, at 10.00 am Ask for: **Kay Goldsmith**
Council Chamber, Sessions House, County Telephone: **03000 416512**
Hall, Maidstone

Tea/coffee will be available 15 minutes before the start of the meeting

Membership

- Conservative (11): Mr P Bartlett (Vice-Chairman), Mrs P M Beresford,
Mr A H T Bowles, Mr N J D Chard, Mrs L Game, Ms S Hamilton,
Mr P W A Lake, Ms D Marsh, Mr K Pugh and Mr I Thomas,
(vacancy)
- Liberal Democrat (1) Mr D S Daley
- Labour (1): Ms K Constantine
- District/Borough Councillor C Mackonochie, Councillor J Howes, Councillor M
Representatives (4): Rhodes and Councillor P Rolfe

Webcasting Notice

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By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately.

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item	Timings*
1. Membership	10:00

To note that Mrs Chandler is no longer a member of this Committee.

2. Substitutes
3. Election of Chairman

4. Declarations of Interests by Members in items on the Agenda for this meeting.
5. Minutes from the meeting held on 19 September 2019 (Pages 7 - 16)
6. North Kent CCGs - Urgent Care Review Programme - Dartford, Gravesham and Swanley CCG (Pages 17 - 26) 10:10
7. Dermatology Services update (Pages 27 - 32) 10:40
8. Re-commissioning of Community Dental Care (written update) (Pages 33 - 36) 11:05
9. Work Programme (Pages 37 - 42)
10. Future meeting dates

Please note the dates and times of the Health Overview and Scrutiny Committee for 2020/21. All meetings will begin at 10am and will be held in the Council Chamber.

- 16 December 2019 (previously agreed)
- 29 January 2020 (previously agreed)
- 5 March 2020 (previously agreed)
- 29 April 2020 (previously agreed)

- Tuesday 9 June 2020
- Wednesday 22 July 2020
- Thursday 17 September 2020
- Tuesday 24 November 2020
- Wednesday 27 January 2021
- Thursday 4 March 2021
- Tuesday 8 June 2021

11. Date of next programmed meeting – Wednesday 29 January 2020

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

6 December 2019

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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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, 19 September 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr D S Daley, Ms S Hamilton, Mr K Pugh, Cllr M Rhodes, Patricia Rolfe, Mrs C Mackonochie and Mr R J Thomas

ALSO PRESENT: Mr S Inett and Dr J Allingham

IN ATTENDANCE: Mr T Godfrey (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS**156. Declarations of Interests by Members in items on the Agenda for this meeting.**

(Item 2)

Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent. He explained he would leave the meeting for Item 4, Healthwatch Kent Annual Report, as Engaging Kent managed the Health Watch contract.

157. Minutes from the meeting held on 23 July 2019

(Item 3)

RESOLVED that the Committee agreed that the minutes from 23 July 2019 were correctly recorded, and that they be signed by the Chairman.

158. Healthwatch Kent Annual Report

(Item 4)

Steve Inett (Chief Officer of Engaging Kent CIC) was in attendance for this item.

- (1) Mr Inett expressed his thanks to the Committee for the opportunity to present the Healthwatch annual report. He set the context and explained that Healthwatch Kent fit into a larger network of over 150 local Healthwatch organisations and Healthwatch England. He raised the positive work that had been done with HOSC with wheelchair service users and explained that talks had continued with Millbrook and the service user group had started its work. Amongst the other work Healthwatch had been involved in they had facilitated a patient presenting at the Board of Maidstone and Tunbridge Wells NHS Trust, and had done a lot of work around ensuring accessible information standards were being met and for which Healthwatch Kent had been shortlisted for an award by Healthwatch England.

- (2) Mr Inett went on to explain that much of the work of Healthwatch was around signposting and engagement activities including the 'Coffee Caravan' events. The importance of ensuring information about Healthwatch related events was discussed by Members, with several suggestions made.
- (3) The issue was raised of whether Healthwatch checked on systems to which patients were referred onwards for information or booking appointments. It was explained that Healthwatch were wary of mystery shopping exercises so as not to add additional burdens to services but did do them with prior arrangement with organisations. The enter and view power was the key one for Healthwatch and they had gone into GP practices and outpatients' departments and shared best practice. Appointment systems were a common area to be looked at.
- (4) In relation to the following item on the Committee's agenda, it was explained that Healthwatch had been involved with the families connected to the Frank Lloyd Unit. Mr Inett explained that carers had been feeling that they were not receiving enough feedback from the focus group, but this had been rectified.
- (5) RESOLVED that the report be noted.

159. Review of Frank Lloyd Unit, Sittingbourne

(Item 5)

Adam Wickings (Deputy Managing Director, NHS West Kent CCGs) was in attendance for this item.

- (1) Mr Wickings introduced the item and explained that there were really two related but separate matters to go over. These were communications and future service developments on the one hand, and the work ongoing with the directly affected families on the other. It was explained that the Frank Lloyd Unit was not intended to be a facility to deliver continuing care but had changed into one over time with patients having ever longer stays of up to 9 years. However, with the shift of focus more to care in community settings and nursing homes, there were fewer and fewer patients with only 5 now receiving care at the Unit. Working with the Trust who ran the Unit, it had been deemed unviable.
- (2) It was further explained that the continuing care team was working with the families to find the right solution for each one. As many had resided there for a long period, time was being taken to deal with each complex and intricate case. Each was different and would require a different solution. Not all the remaining patients were local to the area and some were originally from a further distance.
- (3) In response to questions from Members, it was explained that the drivers for change were not about financial savings but the viability of the service. Some Members reported that there was concern locally about the future of the Unit and raised whether there was the possibility of retaining it.
- (4) The query was raised as to whether any of the current patients would be disadvantaged by no longer qualifying under the criteria for continuing care. Mr

Wickings explained that he would include the criteria when he next reported on this issue to the Committee and provide assurances on this.

- (5) Due to the levels of local interest and the details requested by Members on the needs of the current patients, the Chair suggested that an informal briefing be arranged to which local Members would be invited. This suggestion was welcomed by the Committee and NHS representatives, and Officers were asked to undertake coordinating this.
- (6) Mr Wickings explained that it was the same team which was also managing the changes at St. Martin's, which the Committee had also discussed. There was a discussion of the pros and cons of having the public consultation for both at the same time.
- (7) RESOLVED that the Committee note the report and that an informal briefing be arranged to go into the detail concerning the Frank Lloyd Unit and that the NHS be invited to attend a future meeting when there was more information available on the new model of care being developed.

160. NHS Waiting Times for Cancer Care

(Item 6)

Rachel Jones (Director of Acute Strategy and Partnerships, K&M STP), and Ian Vousden (Kent & Medway Cancer Alliance Manager, NHS England South (South East)) were in attendance for this item.

- (1) Earlier in the year there had been media reports about cancer service performance across England, with some local Trusts not performing so well. The overall direction across Kent was in the right direction but there was still work to be done. The data in the papers provided to the Committee went to June, but the data for July had arrived the day prior to the meeting. The NHS were now able to report 80% for the target to begin treatment within 62 days and this was up from 76% but still not at the 85% national target. NHS representatives stressed that the local work was focused on ensuring sustainable improvement and so patients were not being treated out of turn and backlogs were being dealt with to ensure the figures would improve slowly and stay there rather than simply showing a short-term improvement.
- (2) Further local detail was provided on the 62-day target. Darent Valley Hospital was generally compliant and the most consistent. This Trust dealt with the smallest numbers and had good processes in place. East Kent Hospitals had the fifth highest number of referrals in the country and was making month on month improvements. At 55.6% in January, Maidstone and Tunbridge Wells Trust had been in the bottom four nationally but indicative figures for August suggested that they would be hitting the national target.
- (3) A network approach was now being taken across Kent and Medway with a Joint CCG Committee set up to drive improvements across the system. It was explained that cancer services are organised by tumour site and the focus of a lot of work was on the four areas of worst performance – lung, upper gastrointestinal, colorectal and urology (specifically prostate).

- (4) A new standard was being brought in across the NHS with a target of 28 days to get a diagnosis. Delays to cervical screening was a national issue, but delays in endoscopy was a specific problem locally and that contributed directly to the challenges in tackling upper gastrointestinal and colorectal cancers. There was a national target to diagnose 50% of cancers at stages 1 and 2, but in Kent and Medway only 25% were being identified then with 75% identified at stages 3 or 4. Cancer survival rates at 1 and 5 years were also tracked. Nationally, there was work on a quality of life metric for 1 year after treatment, but this was hard to measure.
- (5) Making the shift to more cancers being identified at stages 1 and 2 would rely on referrals from primary care. Public awareness campaigns and training for GPs was essential so that people went to their GP earlier and the GP identified a possible problem. The conversion rate of referrals to positive diagnosis was 3% and these referrals were vital but a straight to test model was being developed so that diagnostic services could be accessed directly by patients.
- (6) NHS representatives undertook to provide further data on quality and survival rates.
- (7) Karen Constantine, a Member of the Committee, was unable to attend but requested a statement on this issue to be read out to the Committee. The statement focused on the need to have the right workforce and expressed concern about the impact from staff shortages. NHS representatives explained that, in general terms, recruiting the cancer workforce did not have the same challenges as in other areas. Many of the roles, like endoscopy, were generic ones. However, there were challenges in some areas like radiology nurses. In response to the request that the Committee consider writing to the Secretary of State to request the restoration of bursaries for nurses, there were some comments of support. In order to approach this question from a strategic perspective the Chair asked the Committee if it would be helpful to arrange a discussion at the Committee on the acute sector workforce. The Committee supported this proposal.
- (8) RESOLVED that the report be noted.

161. Re-Commissioning of Special Care Adult and Paediatric Dental Services (written update)

(Item 11)

- (1) The Chair explained that this item would be considered earlier as item 6 had finished ahead of the scheduled time.
- (2) The Chair explained to Members that as no one was able to present the papers before the Committee, Members would be able to provide any comments to the NHS via the Clerk. The item would return to the Committee at a later date for a fuller discussion.
- (3) Members requested that further information be requested clarifying the geographical scope of the lots set out on p.133 of the Agenda. For example,

there were two entries for Faversham and three for Sevenoaks with different numbers for each.

- (4) AGREED that the Committee note the report.

162. Strategic Commissioner Update (written update)

(Item 12)

- (1) The Chair explained that this item would be considered earlier as item 6 had finished ahead of the scheduled time.
- (2) The Chair also explained that this was a written update and there would be a future opportunity to discuss this item with representatives from the NHS. She invited comments from the Committee.
- (3) Different views were expressed on the merits of moving to a single Clinical Commissioning Group across Kent and Medway. On the positive side, the view was expressed that it would be useful to have a joined up strategic approach and all the money coordinated in one place. On the negative side, concerns were expressed about how local needs would be represented by a larger CCG. The view was expressed that more assurances would be needed about the future of local hospitals and reassurance provided that the changes would not adversely affect primary care. Members were also interested in knowing what the impact would be on workforce development, the relationship with providers and how pathways of care would be guaranteed. The Chair explained these questions would be able to be picked up when the item returned to the Committee.
- (4) On behalf of Healthwatch, Mr Inett explained that they were in conversations with the NHS about their concerns, such as the potential for patients being disrupted by the move to Kent wide commissioning.
- (5) A representative from the Local Medical Committee (LMC) was able to fill in some background but said they had some reservations about the proposals. CCGs are membership organisations and each organisation would need to approve the plans with large majorities. These votes were ongoing. Concerns were expressed about the development of Integrated Care Providers as not all have been meeting with LMC involvement. Similarly, grass roots GPs were not represented on all Primary Care Networks.
- (6) AGREED that the Committee note the report and request the Kent and Medway STP to return in the new year with an update.

163. Work Programme

(Item 13)

- (1) The Chair explained that this item would be considered earlier as item 6 had finished ahead of the scheduled time.
- (2) RESOLVED that the draft work programme be agreed.

164. Single Pathology Service for Kent & Medway

(Item 7)

Miles Scott (Chief Executive, Maidstone and Tunbridge Wells NHS Trust), and Tess Jarrett (Executive Assistant to the Chief Executive, MTW NHS Trust) were in attendance for this item.

- (1) Mr Scott explained that he was attending as Chair of the Pathology Board. It was explained that the changes would bring pathology together into one service and one contract. The three labs at William Harvey, Darent Valley and Maidstone Hospitals would remain and would be the hubs. Spoke services would be provided in other hospitals. This would enable improved training and productivity and lead to the faster adoption of new technology across the county. The main parts of the service were the Laboratory Information Management System (LIMS) and the Managed Equipment Service (MES) and there would be common operating standards across the service.
- (2) It was further explained that approval would need to be given by the Boards of the four NHS Trusts involved. It was hoped a business case on equipment would go to the Boards in October and one for the operating standards in November.
- (3) The bulk of the work came from GPs and they, and patients, were not expected to notice any difference, except for a faster turnaround in results as demand was managed across the network.
- (4) From considerations around resilience, the option of a single hub had been ruled out but an open question for the future would be whether to reduce from 3 hubs to 2. The main driver here would be around ensuring the sustainability of the service. In addition, the intention was to repatriate work to the county that was currently sent to London.
- (5) The question of workforce and staff engagement was raised. NHS representatives explained that as the hubs were remaining in their current locations, there was not expected to be the requirement to ask staff to relocate. However, staff may choose to do so temporarily or permanently as more career development and training opportunities became available. It was hoped the changes would contribute to staff retention. There were dedicated staff engagement forums and the working groups established all had staff representatives.
- (6) As an example of the contribution of pathology to wider the wider health services, the Committee was informed that there was a thank you event that day at Maidstone Hospital to recognise the improvement in meeting cancer targets. Cellular pathology services were a key part of this. A lot of this work was being done by non-medical scientists doing some of the work that medical pathologists did. The first consultant scientist in pathology to be appointed in England had been appointed in Kent. Initiatives like this were making a huge difference as the incidences of cancer were rising but referrals were rising faster. This would also provide a career path into the NHS for locally trained scientists, retaining these skilled workers.

- (7) An attendee from the Local Medical Committee asked about the connectivity between pathology services and GP practices, which use a variety of information systems. The response was given that there would be no need for any GP practice to change their systems as all would be able to link in with it.
- (8) In response to a Member question it was explained that it was a coincidence that the three hubs were in the same location as the proposed hyper acute stroke units. Moving any of the hubs had a large capital implication due to the cost of the equipment.
- (9) Karen Constantine, a Member of the Committee, was unable to attend but requested a statement on this issue to be read out to the Committee. The statement commented on the possibility that the service could be taken over by a private company resulting in staff leaving and a downgrading of the service. NHS representatives responded by stating that the Boards of all four Trusts did not want an outsourced private option. They wanted to develop a robust NHS service by working together.
- (10) AGREED that:
 - a) the Committee deems that proposed changes to Pathology Services in Kent and Medway are not a substantial variation of service, and
 - b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

165. NHS North Kent CCGs: Urgent Care Review Programme - Swale CCG
(Item 8)

Stuart Jeffery (Deputy Managing Director, NHS Medway CCG), and Fiona Armstrong (Chair, NHS Swale CCG) were in attendance for this item.

- (1) In introducing the item, NHS representatives explained that when the Committee was last updated in January minimal changes were envisaged. But the affordability of the urgent care services across the current sites was not affordable and another review had been carried out. There was a need also to align with Medway CCG, the emerging Integrated Care Provider (ICP) and advent of Primary Care Networks (PCN). It was recognised that there were GP shortages in Swale but that the changes should alleviate GP workload. It was explained that currently most of the demand at the Walk in Clinic (WIC) and Minor Injuries Unit (MIU) were for primary care services and not urgent care - 9% of attendees at the WIC had urgent issues, and only half of the attendees at the MIU were genuine minor injuries. However, it was also recognised that these were valued local services.
- (2) In response to a question, NHS representatives stated that they believed the direction of travel would not change should there be a single CCG across Kent and Medway.
- (3) Members discussed the recommendation and felt they would require further information before making a firm decision as to whether the proposals constituted a substantial variation of service.

- (4) RESOLVED that the Committee note the report and that the NHS be invited to attend a future meeting when there was more information available on the new model of care being developed, at which time the Committee would be able to determine whether it would be deemed a substantial variation of service.

166. Kent & Medway NHS 111 and Clinical Assessment Service Procurement

(Item 9)

Stuart Jeffery (Deputy Managing Director, NHS Medway CCG), and Jacqui Sarakbi (Assistant Director for Integrated Urgent Care, Kent and Medway CCGs) were in attendance for this item.

- (1) A 2:38 minute YouTube video describing the difference between the old and new clinical assessment service was shown (<https://youtu.be/FIZZu4R6yEU>) at the request of the NHS attendees to introduce the item.
- (2) Following on from this, NHS representatives explained that the new 111 service was a step change to what had gone before and would allow patients to be directly booked into primary care or an urgent treatment centre. The contract had been awarded to the South East Coast Ambulance Service (SECamb) with IC24 as a partner to deliver the Clinical Assessment Service. The contract would go live from April 2020 and was currently in the implementation phase.
- (3) Four conditions which had been put on the contract had now been met. In response to a question it was explained that these were about having a workforce plan that reconciled with the financial modelling templates, assurance on a number of policies and subcontractors, a more developed communications and engagement plan, and a clear vision as to how the systems of the two organisations involved would come together.
- (4) Members raised several points. One related to the public perception of SECamb. It was explained that the Trust had recently been awarded a 'Good' rating by the Care Quality Commission and CCGs across Kent, Surrey and Sussex had invested in the service to improve performance, which had happened. In response to another question, it was explained that a GP recruitment campaign was not likely to be needed as IC24 already employed them.
- (5) AGREED that the Committee note the report.

167. NHS Winter Planning 2019/2020

(Item 10)

Ravi Baghirathan (Director of Operations, Kent and Medway STP), and Matthew Capper (Head of Seasonal Planning and Resilience, Kent and Medway STP) were in attendance for this item.

- (1) NHS representatives explained by way of introduction that during their previous attendance at the Committee, they went through the learning from last winter. This learning was coupled with the relevant workstreams going

forwards. Members were informed that the name had changed to system escalation planning in order to dovetail with five-year forward view plans and local transformation plans.

- (2) In response to a question, NHS representatives confirmed that planned orthopaedic surgery would be separated out from unplanned in order to prevent operations being cancelled and more generally hotter and colder sites would be used. This was an evolving piece of work more generally as part of the East Kent reconfiguration work. The operational elements of specific areas like stroke and cancer services were being looked at. Work around resilience and exiting the EU fed into this.
- (3) Members were also informed that the Council's public health team formed a part of winter planning with one area of work being around getting the flu vaccination to relevant Council workers.
- (4) The issue of ensuring plans were implemented equitably across the county. Members were informed that work at the STP level ensured there was a helicopter view of services and processes were put in place to ensure this happened. There was a common framework and template for recording and escalating matters. Some services, like the ambulance service, ran through everything, whereas some were appropriately more local and specific. Some of this work was one step below the traditional role for NHS England/Improvement but the regional team had naturally evolved into this role. It was further explained that previously there were CCG level bids for funding for winter plans, but now there was a single STP one.
- (5) AGREED that the report be noted and NHS England and NHS Improvement South East along with the Kent and Medway STP be requested to provide an update about the performance of the winter plans to the Committee at its June meeting.

168. Date of next programmed meeting – Tuesday 26 November 2019, 10am
(Item 14)

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Item 6: Urgent Care Review Programme – Dartford, Gravesham & Swanley

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 December 2019

Subject: North Kent CCGs: Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG

Summary: **This has been deemed a substantial variation of service by both Kent HOSC and Bexley Council's COSC.**

This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Dartford, Gravesham and Swanley and Swale CCGs.

It provides background information which may prove useful to Members.

1) Introduction

- a) Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) made the Kent HOSC aware of their Urgent Care Review programme in 2014. In line with NHS England requirements, the CCG proposes to bring urgent care services, currently located across a number of centres, together under one Urgent Treatment Centre (UTC).
- b) A public consultation ran from 12 August to 4 November 2019. The proposal is to create a new UTC at either Gravesham Community Hospital or Darent Valley Hospital by autumn 2020.

2) Previous monitoring by HOSC

- a) The Kent HOSC has received regular updates from DGS CCG on its Urgent Care Review programme since 2014.
- b) In January 2019, Kent HOSC determined that the proposed changes amounted to a **substantial variation** to the local health service.
- c) Since its last update, Bexley Council's Communities Overview and Scrutiny Committee (COSC) has also deemed the proposed changes to be a substantial variation to health services for residents of Bexley.
- d) In light of the above, there is now a duty on the two local authorities to form a joint health overview and scrutiny committee (JHOSC) for the purpose of the consultation with DGS CCG. Once established, only the joint overview and scrutiny committee may make comments, require the provision of information and the attendance at meetings by DGS CCG.

Item 6: Urgent Care Review Programme – Dartford, Gravesham & Swanley

- e) The Bexley COSC agreed the formation of a JHOSC on 16 October 2019. At Kent County Council, only the full Council can approve the establishment of a Joint Committee involving more than one local authority. A paper will be taken to County Council on 17 December about this, along with proposed Terms of Reference.
- f) As Kent County Council has not formally agreed the establishment of a JHOSC, Councillors from Bexley Council have been invited to attend this meeting of Kent's HOSC in order to receive the update from DGS CCG.
- g) The CCG will be updating members on the outcome of the public consultation.

3) Next Steps

- a) This meeting will be the final opportunity for Kent and Bexley Councillors to have *their* views fed into the CCG's Decision-Making Business Case prior to the NHS making a decision. The NHS decision will be reported to the JHOSC in January. The JHOSC will then determine what recommendation(s) to make to the home authorities.

4. Recommendation

RECOMMENDED that the report be noted and asks that the NHS take the HOSC's views into account in the CCG's Decision-Making Business Case.

Background Documents

Kent County Council (2014) 'Health Overview and Scrutiny Committee (10/10/2014)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4>

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (14/07/2017)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4>

Kent County Council (2018) 'Health Overview and Scrutiny Committee (23/11/2018)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4>

Contact Details

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**Dartford Gravesham
and Swanley**
Clinical Commissioning Group

Improving NHS urgent care services in Dartford, Gravesham and Swanley

Post Consultation Update for the
Kent Health Overview Scrutiny Committee

Submission Date: 04 December 2019

Compiled By: Gerrie Adler, Director of Strategic Transformation
Dartford, Gravesham and Swanley and Swale
Clinical Commissioning Groups

Introduction

- 1.1 This update has been prepared by Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) and updates the Committee following the completion of the full public consultation regarding potential site options for a future Urgent Treatment Centre within the CCG's boundary.
- 1.2 This update provides background to the consultation and details regarding the consultation process and the engagement carried out.
- 1.3 The consultation responses have been analysed by an independent third party organisation and a copy of the report is attached.
- 1.4 The consultation process, activity, and the independent evaluation report were considered by the Dartford, Gravesham and Swanley Governing Body on 28 November 2019. The Governing Body determined that the CCG had discharged its statutory obligation regarding the urgent care public consultation.
- 1.5 The independent evaluation report and attached information are presented to the HOSC to provide final assurance around the processes followed for the public consultation. In particular, the HOSC is asked to consider the following:
 - 1.5.1 Was the agreed 12 week timeframe for the public consultation a sufficient period to enable local people to feedback their views?
 - 1.5.2 Did the CCG exercise its best endeavours to consult a broad range of local people (including diverse groups)?
 - 1.5.3 Are the key issues from the public feedback clearly articulated in the post consultation report to enable consideration by the CCG Governing Body in early 2020?

Background

- 1.6 The review of urgent care services in Dartford, Gravesham and Swanley has been an iterative process, first considered in 2013 with the publication of NHS England's report on 'The Keogh Urgent and Emergency Care Review', but pursued at greater pace in mid-2016.
- 1.7 Since 2016, DGS CCG has carried out significant engagement activities with key stakeholders including patients, the public and key stakeholders from across health and social care in North Kent (including the Kent HOSC, Healthwatch, local councillors, and MPs), for their views about urgent care services in all its forms. The feedback received from the various engagement activities helped shape the programme going forwards.

- 1.8 Urgent care services in DGS CCG are well regarded but lack consistency in service provision, can be confusing to the public, and are not compliant with the national standards for urgent care.
- 1.9 The CCG plans to apply the national mandate for an Urgent Treatment Centre model which brings together the treatment of minor illness and minor injury.
- 1.10 The CCG's proposals for improving NHS urgent care services in Dartford, Gravesham and Swanley led to the identification of two potential site options and these were taken forward for public consultation:
- 1.10.1 **OPTION ONE** - To create an Urgent Treatment Centre at **Gravesham Community Hospital** by moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-In Centre) to join the Minor Injuries Unit at Gravesham Community Hospital
- 1.10.2 **OPTION TWO** – To create an Urgent Treatment Centre at **Darent Valley Hospital** by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet (White Horse Walk-In Centre) to Darent Valley Hospital
- 1.11 The consultation relates specifically to the urgent care services identified within the options and does not involve any other services provided at the same sites. Changes in urgent care are not however taking place in isolation; developments in primary and local care are also underway to improve and extend access to GP and primary care services.

Public Consultation

- 1.12 The public consultation commenced on 12 August 2019 and ran until midnight on 04 November 2019.
- 1.13 All consultation findings, both qualitative and quantitative, have been analysed by an independent third party and a report summarising findings is presented to the Committee for consideration.

Consideration of Consultation Activity and Responses

- 1.14 The consultation ran for the full 12 weeks. There were over 30 roadshows, 3 listening events (1 in each area – Dartford, Gravesham and Swanley), and a range of stakeholder briefings. We have engaged with the public, patients, staff, local authorities, local councillors, MPs, GPs, and members of the public from protected characteristic groups.

1.15 The consultation received almost 16,500 responses to the survey. All feedback has been collated and analysed by an independent agency.

1.16 The Governing Body determined that:

1.16.1 The consultation secured the involvement of key stakeholders and too reasonable efforts to encourage wide range of views (including those from diverse groups)

1.16.2 Having considered all available information, and heard the concerns of consultation respondents, mitigations for the issues raised would be developed as part of the Decision Making Business Case (DMBC) and implementation planning.

Critical Path / Timeline

#	Milestone	Date
1	Kent HOSC review of consultation process and independent evaluation report	December 2020
2	CCG Governing Body consideration of Decision Making Business Case	January 2020
3	CCG decision shared with Kent HOSC	January 2020
4	New urgent care model in place from July 2020 (supported by comms and engagement plan)	July 2020

Summary

1.17 This update is provided to the Committee following the completion of the full public consultation regarding potential site options for a future Urgent Treatment Centre within the CCG's boundary.

1.18 The consultation responses have been analysed by an independent third party organisation and the outcome of this analysis is also presented to the Committee for consideration.

1.19 The consultation process, activity, and responses were considered by the Dartford, Gravesham and Swanley CCG Governing Body on 28 November 2019 and that Committee found that the CCG had complied with its statutory responsibility regarding public consultation.

1.20 The HOSC Committee is similarly asked to consider, having reviewed the independent evaluation of the consultation, whether they also consider that the CCG has met its statutory responsibility.

1.21 In January 2020, the CCG Governing Body will consider the Decision Making Business Case (which will include HOSC comments), and the decision will be shared with the Committee in late January 2020.

1.22 The urgent care model will be in place by July 2020.

Recommendation(s)

1.23 The HOSC Committee is asked to consider the following questions, having reviewed the independent evaluation of the consultation, to determine if they also find that Dartford, Gravesham and Swanley CCG has met its statutory responsibility regarding the public consultation into the location for an Urgent Treatment Centre:

1.23.1 Was the agreed 12 week timeframe for the public consultation a sufficient period to enable local people to feedback their views?

1.23.2 Did the CCG exercise its best endeavours to consult a broad range of local people (including diverse groups)?

1.23.3 Are the key issues from the public feedback clearly articulated in the post consultation report to enable consideration by the CCG Governing Body in early 2020?

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Item 7: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 December 2019

Subject: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Medway CCG and Medway NHS Foundation Trust.

It provides additional background information which may prove useful to Members.

1. Introduction

- a. Dermatologists are specialist physicians who diagnose and treat diseases of the skin, hair and nails.¹
- b. During 2018 Medway, Dartford, Gravesham and Swanley (DGS) and Swale CCGs worked jointly to commission a provider of Dermatology services in North Kent. DMC Healthcare has been delivering this service from 1st April 2019.

2. Previous monitoring by the Kent HOSC

- a. In June 2019, HOSC received a written update on the procurement and subsequent performance of Dermatology Services in North Kent.
- b. Following a discussion, and feedback from a Healthwatch representative, Members resolved the following:
 - a. *Medway CCG provide a written update addressing Members concerns as soon as possible. This update should include:*
 - i. *further information on DMC Healthcare;*
 - ii. *the reasons behind the need for reorganisation;*
 - iii. *the cost of the reorganisation and procurement process;*
 - iv. *the impact on patients and how these were being addressed.*
 - b. *North Kent CCGs return to the Committee before the end of the year with an update on performance of the contract.*

¹ British Association of Dermatologists, What is a dermatologist? www.bad.org.uk

Item 7: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services

- c. The CCG provided a written update in response to part a) above, which was circulated to Members on 5 July 2019. This is attached as an Appendix to these papers and was also circulated with the 23 July 2019 HOSC agenda.
- d. In relation to recommendation b) above, HOSC are invited to consider the attached report from Medway CCG regarding the performance of Dermatology Services in North Kent under DMC Healthcare.

3. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/19)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (06/06/19)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8281&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/19)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4>

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North Kent Dermatology Service
Update paper for K&M HOSC

16th December 2019

Background

On 1st April 2019 DMC Healthcare became the sole provider of Dermatology services for the North Kent CCGs (Dartford, Gravesham and Swanley, Medway and Swale); providing a consultant led community based service for Level 1-4 conditions.

Due to the ongoing capacity issues at Medway Foundation Trust (FT) prior to the service end date when the service transferred DMC Healthcare inherited a significant caseload and backlog. DMC Healthcare has been actively working since the mobilised to address the backlog and schedule follow up appointments for the caseload of patients transferred.

Progress to Date

Since the service mobilised, DMC Healthcare prioritised appointing patients transferred from Medway FT alongside the long waiters and patients referred via the 2 week wait pathway.

The CCGs recognised that the inheritance of the backlog would impact on the provision of the new service and for a period DMC Healthcare would be unable to successfully deliver against the commissioned specification. Medway CCG has been working closely with DMC Healthcare to monitor progression since the service mobilised.

Backlog update

Of the 1133 referrals transferred from Medway FT without an appointment 92% have been seen and/or discharged; with 92 patients (8%) remaining unseen. The booking team continue to try and contact these patients as a priority and to ensure all patients are appointed as soon as possible letters are being sent to patients are not contactable by telephone.

52 Week Breaches

One patient breached at the end of November. At the end of March 2019 Medway FT reported 30 patients' breaches across all CCGs.

2 Week Wait Performance

In September DMC Healthcare achieved 94% against the national target; which is a significant improvement against the previous month and their highest performance to date. There is dedicated resource within the booking team to monitor 2 week wait referrals on a daily basis to ensure capacity can be adjusted to meet demand; DMC Healthcare has advised that the majority of breaches in recent months have been the result of patient choice (delaying appointment dates) and confirmed there is adequate capacity to offer appointments to all patients referred on the 2 week wait pathway.

The table below shows DMC Healthcare performance against the 2 week wait target between April and September 2019:

	Total	Within 14 days	After 14 days	% within 14 days
May-19	298	219	79	73.49%
Jun-19	320	244	76	76.25%
Jul-19	501	396	105	79.04%
Aug-19	403	340	63	84.37%
Sep-19	501	472	29	94.21%

Service Update

Since 1st April there have been 10,655 new referrals made to the North Kent Dermatology service. Currently 83% of patients waiting to be seen have been waiting less than 18 weeks. DMC Healthcare triages all referrals on receipt to ensure they were referred to the appropriate pathway and patients are treated in accordance with their clinical need.

The Tele-Dermatology app was launched in September and is anticipated to positively impact on service delivery; reducing demand and subsequently waiting times for face to face appointments. The CCGs are working with DMC Healthcare to promote the app and increase utilisation. To improve utilisation of this service model DMC Healthcare implemented Photo Clinics. The first clinic was held during the w/c 25th November and additional clinic locations have been identified across the localities to expand this service.

DMC Healthcare has confirmed that 5 complaints were received during Quarter 2 (July – September 2019); they have all been logged on their DATIX system and they are acting on the lessons learnt from this feedback. DMC Healthcare is facilitating a patient engagement event on 3rd December to update patients on the service including changes made and future intentions.

Next Steps

The CCGs will continue to work closely with DMC Healthcare during the ongoing transition to business as usual and monitor the impact of the service change once the service is in a stable position.

Dermatology Update for Kent Health and Overview Scrutiny Committee

24th June 2019

Following the recent update report submitted to the HOSC a number of additional questions were requested by the members. This report provides further detail on the queries raised.

1. DMC Healthcare – A brief introduction of the NK Dermatology service provider

DMC Healthcare is a privately owned healthcare provider delivering primary care, community based secondary care clinical services and remote radiology reporting services from a range of settings across the UK. DMC is contracted by a number of CCGs and has been working with the NHS for over 30 years.

The company is led by the DMC Group Medical Director, Dr Ravi Gupta and Managing Director Anil Gupta. DMC Healthcare employs a range of clinical staff enabling them to offer a multi-disciplinary approach to service delivery.

Further details are available at: <https://www.dmchealthcare.co.uk/>

2. The reason for re-organisation

Medway NHS Foundation Trust served notice on their dermatology service in September 2018 with an end date of 31st March 2019. To prevent a gap in service provision Medway CCG proceeded to procurement to identify a new provider who would be able to offer a service similar to that previously provided by Medway FT. The CCG were aware that Medway FT were experiencing difficulties delivering this service and despite working collaboratively to resolve these issues this was negatively impacting on patients who were experiencing significant waits to access local dermatology services.

As West Kent CCG had recently successfully reorganised their dermatology service, North Kent and Medway CCGs recognised an opportunity to address the issues in the system and improve the way in which dermatology services were provided in the future by adopting the same model of care. The North Kent service model is therefore based on the approach implemented by West Kent CCG in 2017 which has received positive feedback from services users and referrers and been successfully offering community based services to their local population.

The CCGs undertook engagement activities to obtain feedback from service users to identify what was important to them for the future service and incorporated this and the feedback we already had into the new service specification.

Revisions to the service model were also made to align the new service to local and national objectives to improve access to and increase care closer to home.

3. Cost of Re-Organisation and Procurement

The CCGs commission procurement support from Arden and Gem and the way in which the contract arrangements have been agreed it is not possible to calculate the individual costs of

procurement. However there was not an option for the CCGs to avoid procurement as this would have been a patient safety risk as it would have resulted in there being no local dermatology service which was not a viable option.

4. Impact on patients and mitigation

DMC Healthcare and Medway NHS Foundation Trust worked collaboratively during the mobilisation and exit phase to ensure that the impact of the service transition was as smooth as possible for service users. However with any major service change there will be issues which arise which we have sought to address these as soon as they became apparent. Around 7,000 patients were transferred to the new provider and while the CCG has received around 20 calls and emails from patients we have only received three formal complaints from patients.

The backlog of patients waiting for treatment has been reduced by over 1,000 since the new service mobilised on 1st April and this continues to progress well. Addressing the backlog remains a high priority for commissioners and DMC who continue to run higher volumes of clinics to appoint patients as soon as possible. The proportion of patients being seen within 2 weeks of urgent referral has risen significantly since the service transferred.

Stuart Jeffery
Deputy Managing Director
Medway CCG

Item 8: Re-commissioning of Special Care Adult and Paediatric Dental Services
(written update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 December 2019

Subject: Re-Commissioning of Special Care Adult and Paediatric Dental Services
(written update)

Summary: This report invites HOSC to note the information provided by NHS England/ NHS Improvement South East.

1) Introduction

- a) Community Dental Services are for those unable to get to their dental practice because of a disability or medical condition. NHS England South East is responsible for commissioning the service locally, and the current contract is due to come to an end on 31 March 2021.
- b) HOSC received a written update on the re-commissioning of the contract across the South East at its meeting on 19 September 2019. During that meeting:

Members requested that further information be requested clarifying the geographical scope of the lots set out on p.133 of the Agenda. For example, there were two entries for Faversham and three for Sevenoaks with different numbers for each.

- c) The response received from NHS England South East in relation to the above question is attached for information.

2) Recommendation

RECOMMENDED that the Committee note the response received.

Background Documents

Kent County Council (2018) 'Health Overview and Scrutiny Committee (19/09/19)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8283&Ver=4>

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Response to Kent HOSC questions on general dental services procurement

Members had the following question: Appendix A – clarification around catchment areas and locations. For example, there were two entries for Faversham and three for Sevenoaks with different numbers for each.

Response

Under the contracts they hold with NHS England, the providers of NHS dental services are commissioned to deliver care and treatment to patients as measured by units of dental activity or UDAs.

21,000 UDA contracts represent approximately three full-time NHS dentists and are likely to be brand new practices. In some areas we are planning to procure additional UDAs which do not require new practices but would equate to a whole or part-time NHS dentist which might then be delivered in addition to an existing contract.

Locations for contracts as part of this procurement have been proposed based on two factors:

- Taking into account where previous dental contracts have ended
- Additional dental services – locations are based on areas of the greatest need as identified through a dental needs assessment carried out by Public Health England

It should be noted that all dental services being procured are additional to existing services. There are no changes planned to current dental services as a result of the procurement.

As an example, a number of contracts of varying sizes have been proposed in Sevenoaks. This has been identified through the needs assessment as an area in Kent needing additional services. The contracts vary in size so those made up of 3,500 UDAs are likely to be additions to existing contracts or delivered on a part-time basis and the 21,000 UDA contract likely to be a new practice.



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Item 9: Work Programme 2019 - 2020

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 December 2019

Subject: Work Programme 2019 - 2020

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee (HOSC).

1. Introduction

- a. The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.
- b. The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Healthwatch and other third parties.
- c. The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.
- d. The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

The Health Overview and Scrutiny Committee is asked to **consider** and **note** the report.

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

29 January 2020		
Item	Item background	Substantial Variation?
Urgent Care Review – Dartford, Gravesham and Swanley	To receive the recommendation from the Bexley and Kent Urgent Care Joint HOSC	Yes
Procurement of Kent and Medway Neurodevelopmental Health Service for Adults	To receive information on the procurement of the new service	To be determined
Wheelchair Services	To receive an update on the provision of the service	-
Strategic Commissioner Update	To receive an update from the STP	-
CCG Annual Assessment – written update	To consider the latest CQC update and subsequent action plan	-
General Surgery Reconfiguration at Maidstone and Tunbridge Wells NHS Trust	To consider a report from the provider	To be determined
Moorfields Eye Hospital	To receive an update on the relocation of specialist eye services in London (which a small number of Kent residents use)	To be determined

5 March 2020		
Item	Item background	Substantial Variation?
South East Coast Ambulance Service update	To receive a general update, including an update on the procurement of the new 111 CAS service	-
East Kent Hospitals University NHS Foundation Trust - CQC Inspection of Children's and Young People's Hospital Services / general update	To receive a general update on the performance of the Trust	-
Children & Young People's Emotional Wellbeing & Mental Health Service	To receive an update on the CCG contract with NELFT	-
East Kent Orthopaedic services	To receive a general update on the provision of services	-
Kent and Medway STP – Publication of the Primary Care strategy	For information, following publication of the strategy	-
The Maidstone and Tunbridge Wells Stroke Service	To receive an update following the closure of the Tunbridge Wells stroke unit	-
Review of Frank Lloyd Unit, Sittingbourne	To receive an update on the proposed closure of the mental health unit	Yes
Transforming Health and Care in East Kent	To receive an update on the East Kent Transformation	Yes *
29 April 2020		
Item	Item background	Substantial Variation?
Medway NHS Foundation Trust - performance update	To receive a general update on the performance of the Trust	-

** Formal scrutiny lies with the Kent & Medway JHOSC, but Kent HOSC Members will continue to receive updates for their information*

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
East Kent CCGs Financial Recovery Plan	To receive an update on the financial position of the East Kent CCGs	-
Urgent Care provision in Swale	To receive greater clarity around the plans for Urgent Care provision in Swale	To be determined
Pathology Services	The changes were not deemed to be substantial, but Members wanted to receive updates on the move toward a single service	No
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Members requested an update at the “appropriate time” during their meeting on 1 March 2019	-
Publication on the local Workforce Strategy	To discuss the Strategy once published	-

Page 41

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

Kent and Medway Joint Health Overview and Scrutiny Committee		
Item	Item Background	Substantial Variation?
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes

Assistive Reproductive Technologies	Consideration of proposed changes to fertility services	Yes
Specialist vascular services	A new service for East Kent and Medway residents	Yes
Changes to mental health provision (St Martin's Hospital)	KMPT's plans for the St Martin's (west) former hospital site, under their Clinical Care Pathways Programme	Yes
Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee		
Item	Item Background	Substantial Variation?
Urgent Care provision in Dartford, Gravesham and Swanley	Plans for Urgent Care provision in the Dartford, Gravesham and Swanley area	Yes