

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd September, 2016

10.00 am

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





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd September, 2016, at 10.00 am Ask for: **Lizzy Adam**
Council Chamber, Sessions House, County Telephone: **03000 412775**
Hall, Maidstone

Tea/Coffee will be available from 9:45 am

Membership

- Conservative (7): Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE,
Mr A H T Bowles, Mr N J D Chard, Mr G Lymer and
Mr C R Pearman
- UKIP (2): Mr H Birkby and Mr A D Crowther
- Labour (3): Mrs P Brivio, Dr M R Eddy and Ms A Harrison
- Liberal Democrat (1): Mr D S Daley
- District/Borough Councillor N Heslop, Councillor J Howes, Councillor M Lyons, and
Representatives (4): Councillor C Woodward

Webcasting Notice

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UNRESTRICTED ITEMS

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

- | Item | Timings* |
|------------------------------|----------|
| 1. Election of Chairman | |
| 2. Election of Vice-Chairman | |
| 3. Membership | |

4. Substitutes
5. Declarations of Interests by Members in items on the Agenda for this meeting.
6. Minutes (Pages 7 - 18)
7. Patient Transport Service (Pages 19 - 26) 10:00
8. Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures (Pages 27 - 38) 10:30
9. Kent and Medway Sustainability and Transformation Plan (Pages 39 - 54) 11:00
10. East Kent Strategy Board (Pages 55 - 64) 12:00
11. Chemotherapy Services in East Kent & East Kent Cervical Screening Programme (Written Briefing) (Pages 65 - 70)

BREAK (13:00 - 14:00)

12. SECAMB: Update (Pages 71 - 92) 14:00
13. Healthwatch Kent: Annual Report and Strategic Priorities (Pages 93 - 118) 14:30
14. CCGs Annual Rating (Written Briefing) (Pages 119 - 126)
15. All Age Eating Disorder Service in Kent and Medway (Written Briefing) (Pages 127 - 134)
16. Dermatology Services in West Kent (Written Briefing) (Pages 135 - 146)
17. Date of next programmed meeting – Friday 7 October 2016 at 10:00

Proposed items:

- NHS England: Winter Preparedness 2016/17
- Medway NHS Foundation Trust
- Emotional Wellbeing Strategy for Children, Young People and Young Adults
- Future of Sevenoaks Hospital
- Kent and Medway NHS and Social Care Partnership Trust

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*

Peter Sass
Head of Democratic Services
03000 416647

24 August 2016

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 Friday, 3 June 2016.

PRESENT: Mr M J Angell (Vice-Chairman), Mr H Birkby, Mrs P Brivio, Mr A H T Bowles, Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr G Lymer and Mr C R Pearman

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer) and Mr A Scott-Clark (Director of Public Health)

UNRESTRICTED ITEMS**27. Vice-Chairman in the Chair**

- (1) In the absence of the Chairman, the Vice-Chairman, Mr Angell, assumed the chair for the meeting.
- (2) The Committee requested the Scrutiny Research Officer pass on their best wishes for a speedy recovery to Mr Brookbank on behalf of Members and Officers.

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

(Item 2)

- (1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Cllr Lyons declared an Other Significant Interest as a Governor of East Kent Hospitals University NHS Foundation Trust.

29. Minutes

(Item 3)

- (1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken since 8 April 2016:
 - (a) Minute Number 9 – NHS Swale CCG: Review of Emergency Ambulance Conveyances. At HOSC on 29 January, a Member enquired if the closure of the A249 (Sheppey) had had an adverse impact on SECamb. On 15 March SECamb confirmed that there were no adverse incidents with the closure of the A249 to Sheppey and the Trust utilised the lower road bridge crossing in the event of a A249 closure. At HOSC on 8 April, a Member stated that the query about the

closure of the A249 (Sheppey) was regarding the sinkhole and not the closure of the road bridge. Mr Davies, Interim Chief Executive, undertook to clarify if there had been an adverse impact on SECamb due to the sinkhole. A response was awaited.

- (b) Minute Number 23 – Better Care Fund. At HOSC on 8 April Mr Scott-Clark suggested a briefing to the Committee on public health datasets and how they helped to support health and social care commissioning. A Member briefing had been arranged for Tuesday 7 June at 13.00 in the Lecture Theatre.
 - (c) Minute Number 24 - King's College Hospital NHS Foundation Trust: Outpatient Services at Sevenoaks Hospital. At HOSC on 8 April a Member requested a breakdown of postcodes for patients who used King's College Hospital NHS Foundation Trust clinics at Sevenoaks Hospital. Patient activity was circulated to the Committee on 3 June 2016.
 - (d) The next meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee was scheduled for Thursday 30 June.
- (2) RESOLVED that the Minutes of the meeting held on 8 April are correctly recorded and that they be signed by the Chairman.

30. Review of winter preparedness and BMA Industrial Action in Kent 2015/16 *(Item 4)*

Matthew Drinkwater (Head of Emergency Preparedness Resilience and Response, NHS England - South (South East)), Pennie Ford (Director of Assurance & Delivery, NHS England – South (South East)), David Robinson (Lead Commissioning Manager - Urgent Care, NHS West Kent CCG) and Corrine Stewart (Assistant Director of Commissioning, NHS Dartford, Gravesham and Swanley CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Ford began by providing an overview of the two papers. She explained that preparations for winter in Kent had worked well; although the health and social care system was challenged, none of the systems moved into whole system Black escalation. She noted that the systems worked well together and were able to escalate and manage pressures locally which reflected the hard work undertaken behind the scenes. She reported that all systems including social care did escalation exercises in advance of winter to test their plans and further exercises were planned for the summer and autumn in preparation for next winter. She stated that NHS England had run Winter Resilience Rooms to monitor and support systems and manage data reporting. She noted that the spike in winter pressures was in February and March which was later than the spike before Christmas during the previous winter; work was being undertaken to prepare for next year's spike. She explained that she was very grateful to all Trusts' for their effective emergency planning and response during the periods of industrial action; the system had worked well. She noted that NHS England was waiting on the outcome of the BMA national ballot on the new agreement for the Junior Doctor contract.

(2) Mr Drinkwater explained that there had been a national Winter Resilience Room in London, a regional Winter Resilience Room in Reading and a local Winter Resilience Room in Tonbridge. He explained that the local Winter Resilience Room in Tonbridge monitored pressure being experienced across the South East and allowed NHS England to support systems as required particularly in Surrey and Sussex during spikes. Mr Robinson reported that NHS West Kent CCG no longer planned just for winter; they were constantly reviewing services with partners. The CCG and providers had come together to reflect on the previous year and completed exercise scenarios. The CCG had also updated surge plans, membership and risk register of the local Systems Resilience Group. Daily conference calls with providers had taken place and designated leads were assigned which had improved relationships and communication. Ms Stewart explained that in North Kent workshops had been carried out with all providers to ensure the necessary escalation plans were in place prior to winter. Daily telephone calls with providers took place during the winter to enable the CCGs to understand and deal with local pressures. Workshops to refine the plan for the upcoming winter were planned. She noted that there were significant challenges throughout the year and the system was continually under pressure.

(3) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about the SAFER bundle. Mr Drinkwater explained that it was an evidence based system to improve patient flow which included senior clinical review. He noted that during the industrial action patient flow was more efficient as consultants were able to use their clinical judgement to discharge admit or patients. Mr Robinson stated that SAFER stood for:

Senior Review

All patients would have an Expected Discharge Date

Flow of patients would commence at the earliest opportunity from assessment units to inpatient wards.

Early discharge

Review of patients with extended lengths of stay (over 14 days)

(4) A Member asked about the impact of the mild winter on NHS services. Mr Scott-Clark explained that the previous winter was the worst in 10 years and excess deaths were caused by the circulating flu virus and not the weather. He stated that the flu virus in 2014/15 particularly affected the elderly and was not covered by that year's flu vaccine. He reported that in 2015/16, the weather was warm until after the Christmas period and the circulating flu virus was H1N1 – Swine Flu which was more prevalent in younger people and did not cause them serious illness. Mr Drinkwater explained that a bad winter was defined by a number of factors including seasonal influenza and respiratory illness, cold weather and snow. He stated that, in the event of bad weather, he had high levels of confidence in the NHS emergency planning and support from organisations in the Winter Resilience Forum such as the Police, Fire Service and Environment in responding to the situation.

- (5) In response to a specific question about funding for winter pressures and the industrial action, Mr Drinkwater explained that year round surge money was included in CCG baseline budgets. Ms Stewart noted that in North Kent, the CCGs had invested in an integrated discharge team which was a multi-provider team based at Darent Valley Hospital including KCC care managers, community services and end of life specialists from the Ellenor hospices. She reported that the North Kent CCGs had also implemented an integrated primary care team to provide responsive out of hospital care. The team included colleagues from KCC, mental health and community services reviewed the top 2% of patients at risk of being admitted to hospital or who had comorbidities and put a care plan in place to support them. She highlighted that the North Kent CCGs had also rolled out the Single Health Resilience Early Warning Database (SHREWD) which enabled providers to upload performance data; this provided the CCGs with advanced notice of escalation and enabled them to plan and respond to it. Ms Stewart highlighted that the cost of the industrial action had been absorbed by the providers. Mr Robinson stated that in West Kent CCG four additional GP appointments per GP practice had been made available which had cost £6000.
- (6) A Member enquired about the sustainability of domiciliary care. Ms Ford explained that domiciliary care was challenged and needed to be included as part of short and long term planning across the health and social care system. She noted that early discharge was part of the SAFER bundle and it was important for frail and elderly patients to be discharged back home quickly as it reduced the amount of domiciliary care required. She stated that the career path for domiciliary carers into other roles such as Health Care Assistants and nursing was difficult. Mr Drinkwater reported that the availability of domiciliary care was an issue across the South East and innovative thinking was required to make it an attractive care path. He noted home care and integration would be part of the current sustainability and transformation plans to deliver the Five Year Forward View. Mr Robinson noted that West Kent CCG had a discharge to assess model to enable a timely discharge to home or a community setting for patients. Ms Stewart reported that in North Kent elderly and frail patients were assessed, using the primary care screening tool, at the earliest opportunity. The North Kent CCGs were working with voluntary organisations particularly Age UK to support elderly and frail patients to return to their homes.
- (7) A number of questions were asked about the dates for the winter resilience room, the review of communication plans, the impact of the industrial action on primary care and areas of improvement for next winter. Mr Drinkwater explained that the dates for the winter resilience room were set nationally; the winter resilience room was extended virtually until May due to pressures in Surrey and Sussex. He reported that there had been a series of reviews of the communication plans. He stated that as part of the post-winter debrief with the System Resilience Groups, A&E clinicians reported a positive impact of the media campaigns. He highlighted a quantitative review by the Department of Health which found that national media campaigns targeted at the over 65s had the greatest impact on over 75s. He noted that there had been a decline in A&E attendance during the industrial action which was attributed to media campaigns. He explained that there was a minimal impact on primary care as junior doctors were not able to work independently; they are shadowed by existing GPs. He highlighted that the unions were balloting ambulance staff for

industrial action. He reported an area for improvement for next winter would be the implementation of criteria for escalation using common language; this winter in Surrey and Sussex, there were occasions where hospitals with the same issues would move to different levels of escalation. He noted that the emergency planning process with cyclical and was constantly being reviewed and improved.

- (8) RESOLVED that the report be noted and NHS England be requested to:
- (a) provide an overview of the 2016/17 winter plans to the Committee at its October meeting;
 - (b) provide a written briefing on the SAFER bundle to the Committee.

31. Darent Valley Hospital: MRSA

(Item 5)

Susan Acott (Chief Executive, Dartford and Gravesham NHS Trust), Annette Schreiner (Medical Director, Dartford and Gravesham NHS Trust), Patricia Davies (Accountable Officer, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG), Richard Miller-Holliday (Interim Deputy Chief Nurse, NHS Dartford, Gravesham & Swanley CCG) and Nicola Jones (Head of Quality & Safety, NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Acott began by explaining that hospitals were high risk for infections as patients included those who were admitted due to an infection, those who were immunosuppressed or very unwell and those receiving treatment with side effects which made them prone to infections; in addition to infections which were antibiotic resistant. She highlighted the importance of infection prevention and control at the Trust; data relating to a number of infections including MRSA, E.coli, C. difficile and MSSA was publically published and monitored by the Trust's board as a measure of infection prevention and control.
- (2) Ms Schreiner explained that the Trust reported monthly to Public Health England on acquisitions of MRSA, E.coli, C. difficile and MSSA. She noted that 3% of the population carried MRSA on their skin and infection occurs if there is a break in colonised skin. She reported that E.coli was often linked to catheter acquired infections and C. difficile affected people recently treated with antibiotics. She stated that up until February 2015 there had been no MRSA acquisitions at the Trust for 12 months. In April 2015 the Trust moved from universal to targeted screening following advice published by Public Health England in 2014. In summer 2015 the infection prevention and control team had been affected by long term sickness and the teaching programme fell behind. She noted that there were 14 MRSA acquisitions at the Trust in 2015/16; five between the introduction of targeted screening in April 2015 and 19 December 2015 and nine between 20 December 2016 and 25 February 2016 which was outside of acceptable and expected levels. She reported that universal screening was reintroduced on 25 January 2016 and there had been no further acquisitions since 26 February 2016; a large number of MRSA

colonised patients were identified following the reinstatement of universal screening which was reducing. She reported that there had been no cases of C. difficile and MSSA since March 2016 and there had been a very low number of cases of E.coli.

- (3) Ms Schreiner stated that in March 2016 all of the infection prevention and control team had left the organisation due to retirement, long term sickness and personal reasons; NHS Dartford, Gravesham and Swanley CCG seconded an infection prevention specialist nurse to the Trust to stabilise the interim team whilst permanent staff were appointed. A taskforce met every two weeks to implement the action plan following the TDA inspection visit in March 2016. As part of the action plan, daily MRSA huddles took place every morning to coordinate work streams. The Trust had introduced a communication strategy for all staff and wards focusing on hand hygiene, cleaning and decontamination. The Infection Control Committee was now meeting monthly, instead of quarterly, to address the MRSA issues and a Non-Executive Director now attended this Committee on behalf of the Board. She highlighted that occupancy and infection rates were linked; infection rates rose when occupancy was over 85%. She stated that the Trust had had 100% occupancy since April 2015 and peaked at 107% in February 2016. She explained that the Trust was concerned about the occupancy rates, particularly due to the development of the Thames Gateway and Ebbsfleet Garden City.
- (4) Mr Miller-Holliday gave an overview of the CCG's response to the MRSA incidences at the Trust. He explained that the CCG had initially raised concerns about infection prevention in March 2015; a table top exercise in May 2015 was carried out which identified key recommendations. Due to a lack of consistent infection prevention team in 2015, no sustainable improvements were made. The CCG considered issuing a Contract Performance Notice but, as the Trust had gone two months without reporting a further case, it was not implemented. In January 2016 the CCG issued a Contract performance Notice and placed them under a Remedial Action Plan. He stated that the Trust Development Authority visited the Trust in March 2016 and implemented an improvement plan which was monitored weekly in a telephone conference call between the Trust, NHS Improvement (formerly the Trust Development Authority) and the CCG. He noted that monthly verbal updates were given to the North Kent HCAI Assurance panel meetings and bi-monthly quality assurance meetings with the Trust. He noted that the CQC and NHS Improvement would revisit the Trust in late June following their visit in May 2016.
- (5) Members of the Committee made a number of comments and asked a series of questions. A number of comments were made about acquisition and reducing occupancy. Ms Schreiner explained that a hospital acquired MRSA infection was an infection which was not present at admission or occurred more than 48 hours after admission. She stated that the Trust had undertaken interventions in three surgical and three medical wards including the implementation of a screening tool. She noted that if an area became MRSA positive, a deep clean of the area and additional screening for neighbouring patients was undertaken. She reported that in May there had only been 4 – 8 acquisitions in two wards. Ms Acott reported that the Trust's had plans to increase its clinical footprint to reduce occupancy and accommodate the new

housing growth. She explained that only 55% of the hospital building currently provided direct medical care; the Trust was looking to move administrative and clerical staff out of the hospital building to enable the installation of additional beds. The Trust was also looking to transfer elective surgery to Queen Mary's Hospital in Sidcup. She noted that the Trust had recently carried out a five year retrospective and had identified a number of factors which had led to delayed discharges and high occupancy rates including population growth with aging population and high fertility rate; increased activity following service changes at St Mary's Hospital; and greater patient acuity.

- (6) Members enquired about the Public Health England guidance which recommended targeted screening. Ms Acott stated that the guidance had seemed reasonable as the Trust had not had an MRSA acquisition for a year when implemented. She noted the Trust's intention to write to Public Health England to request a review of the guidance. She explained that the Trust had been caught off guard and it highlighted the need to evaluate the adequacy of its systems and processes. Ms Schreiner noted that the Trust was unlikely to revert to targeted screening if similar guidance was published in the future. Mr Scott-Clark stated that infection control was fundamental for providing quality care and this incidence had highlighted the importance of due diligence. Ms Davies stated that there had been recognition by the Trust of a lack of due diligence and the Trust had made significant improvements under the action plan. She was assured that it was not a wider culture issue.
- (7) In response to a specific question about the cost of reinstating universal screening, Ms Schreiner stated that it had cost around £30,000 in consumable materials, such as swabs, for universal screening since January 2016; in addition to staff time and lab costs. Ms Acott noted the costs would be ongoing as the Trust admitted over 200,000 patients per year. She explained that there had also been costs for targeted screening, there had been an individual cost to the 14 patients who had contracted MRSA in 2015/16. The Trust had also incurred additional costs for the antibiotics to treat the infections, increased length of stay for affected patients and deep cleaning services. The Trust had undertaken a review of the cleaning arrangements with its facilities management contractor. She stated that the MRSA incidences did not result in any cancellations.
- (8) RESOLVED that:
 - (a) the reports provided by Dartford and Gravesham NHS Trust and NHS Dartford, Gravesham and Swanley CCG be noted;
 - (b) Dartford and Gravesham NHS Trust be requested to provide an update to the Committee in six months;
 - (c) the Chairman write a letter to the Secretary of State for Health and Chief Executive of Public Health England requesting a review of the Department of Health guidance on targeted admission screening for MRSA.

After the meeting, the Vice-Chairman-in-the-Chair received clarification from the Trust regarding the guidance referred to in the meeting. The guidance was not by Public Health England, it was instead the Department of Health expert advisory

committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)'s 'Implementation of modified admission MRSA screening guidance for NHS (2014)'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34514/4/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf

32. North and West Kent Neurorehabilitation Service

(Item 6)

Ian Ayres (Accountable Officer, NHS West Kent CCG) and Dave Holman (Head of Mental Health and Children's Commissioning, NHS West Kent CCG) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Holman began by giving an overview of actions taken following the closure of the Knole Centre in Sevenoaks, provided by the Kent and Medway NHS and Social Care Partnership Trust, in December 2015. He explained that the CCGs had worked to develop a new community based model and pathway using external providers. He noted that there had been eight placements since 24 December which was in line with the predicted annual activity and financial envelope; the CCGs were not looking to reprocur the service. He reported that the CCGs were looking to engage with Healthwatch Kent to receive patient feedback. He stated that practitioners were pleased with progress and found the placements were meeting patients' needs; in some cases patients' length of stay had reduced.
- (2) A Member enquired about the South East Commissioning Support Unit (SECSU). Mr Holman explained that NHS West Kent CCG commissioned SECSU to deliver their assessment and placement process; the SECSU made recommendations to the CCG about placements which were ratified by panels made up of staff from both organisations. Mr Ayres noted that Commissioning Support Units (CSUs) were governed by NHS England; there had been speculation since the Health & Social Care Act 2012 that CSUs would become autonomous and self-sustaining entities but this had not yet happened.
- (3) RESOLVED that the report provided by NHS West Kent CCG be noted.

33. Kent and Medway Sustainability and Transformation Plan

(Item 7)

Ian Ayres (Accountable Officer, NHS West Kent CCG) and Michael Ridgwell (Programme Director, Kent & Medway Sustainability and Transformation Plan) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Mr Ayres began by giving apologies for Glenn Douglas, Chief Executive of Maidstone and Tunbridge Wells NHS Trust, who was the nominated lead for the Kent and Medway Sustainability and Transformation Plan (STP). He stated that Mr Ridgwell was working with Glen to support him in his STP role.

- (2) Mr Ridgwell began by highlighting that there were significant challenges for health and social care both locally, in Kent & Medway, and nationally due to population demographics, quality, performance and finance. He stated that those challenges were being addressed by a strategic solution, the Five Year Forward View (FYFV), and 44 Sustainability and Transformation Plans were being developed to create system leadership to enable the implementation of the FYFV. He noted that the four main areas of work in Kent and Medway were: self-care and prevention; strengthened primary care and integrated out of hospital care; acute hospital strategy including mental health; and cost reduction measures.
- (3) In response to a specific question about the financial position of the NHS in Kent and Medway. Mr Ridgwell explained that currently demand outstripped supply and would get worse due to an increasing elderly population; the forecasted financial outturn for the end of 2015/16 was £-105.9 million in Kent and Medway. He noted that quality of care and finance were linked and workforce was often the common factor. Mr Ayres stated that the deficit would remain in Kent and Medway until a plan of action through the STP process would be implemented to resolve the financial position. He reported that the NHS had not done collaborative planning like this for over twenty years and there was the opportunity to create integrated out of hospital care using primary care, mental health and social care. He stated that there would need to be an IT infrastructure to support integrated care and develop a single clinical record.
- (4) Members enquired about social prescribing and the commissioning of voluntary services. Mr Ridgwell explained that medicalised models of care were not always best for patients' health and wellbeing; social prescribing provided alternative models of care such as exercise and feeling part of a community. Mr Ayres stated that due to the ongoing financial position, the NHS would need to move away from giving grants to the voluntary sector to commissioning them to deliver care. He noted that a fully professionalised service was not sustainable in supporting complex community needs.
- (5) RESOLVED that the report on the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee in September.

34. East Kent Strategy Board

(Item 8)

Hazel Carpenter (Accountable Officer, NHS South Kent Coast CCG and NHS Thanet CCG) was in attendance for this item.

- (1) The Chairman welcomed Ms Carpenter to the Committee. Ms Carpenter began by outlining the work in progress as part of the East Kent strategy development. She explained that the Case for Change was being finalised and would be presented to the East Kent Strategy Board in early June prior to publication and stakeholder engagement. An assurance exercise with NHS England had recently been undertaken regarding options appraisal and planned consultation in late October and November. She reported that information for the options appraisal was being drawn from a wide range of

sources including clinical task and finish groups which had been established to look at best practice and set out clinical ambition for mental health, urgent care, frailty and paediatrics; the Clinical Senate report into co-dependencies; the Whitstable Medical Centre MCP Vanguard and the Accountable Care Organisations in Thanet and the South Kent Coast.

- (2) Members enquired about the patient pathway and engagement with the South Kent Coast Health and Wellbeing Boards. Ms Carpenter explained that the patient pathway would be developed as part of the options appraisal; technical documents had been developed to inform the Case for Change. Ms Carpenter stated that the CCG was represented on the South Kent Coast Health and Wellbeing Board and the views of the local Health and Wellbeing Boards were being feed back to the East Kent Strategy Board. She noted that both the NHS South Kent Coast CCG and NHS Thanet CCG were looking to integrate commissioning for health and social care.
- (3) RESOLVED that the report be noted and the East Kent Strategy Board be requested to present an update to the Committee at its September meeting.

35. East Kent Integrated Urgent Care Service Procurement (Written Briefing)
(Item 10)

- (1) The Committee received a report from the East Kent CCGs which provided an update about the outcome of the East Kent integrated urgent care service procurement combining NHS 111, GP Out-of-Hours and new care navigation service.
- (2) RESOLVED that the report on the East Kent Integrated Urgent Care Service Procurement be noted and the East Kent CCGs be requested to provide an update on the implementation of the new contract.

36. Date of next programmed meeting – Friday 15 July 2016 at 10.00
(Item 11)

- (1) The Scrutiny Research Officer advised the Committee that the two Agenda items scheduled for the next meeting were not time critical and could be postponed until a later date.
- (2) RESOLVED that the Health Overview and Scrutiny Committee scheduled for Friday 15 July be cancelled.
- (3) The meeting was adjourned at 12.30 and reconvened at 12.45.

37. Kent & Canterbury Hospital: Emergency Care Centre
(Item 9)

Matthew Kershaw (Chief Executive, East Kent Hospitals University NHS Foundation Trust) and Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust) were in attendance for this item.

- (1) The Chairman welcomed the guests to the Committee. Ms Shutler began by providing an update about the model of care at Kent & Canterbury Hospital's Emergency Care Centre. The Trust had worked with SECamb to reinforce the criteria for patients conveyed to hospital who were severely inebriated, had a primary mental health condition and had abdominal pain that may require a general surgical assessment. The revised conveyance criteria was implemented on 9 May 2016 and was expected to affect 9 patients a week; patient flow was monitored on a daily basis.
- (2) She reported that the Trust had been working to design a primary care led Urgent Care Centre where all patients who self-presented were triaged by a GP or nurse to the MIU, Urgent Care Centre or Acute Medical Unit; the Urgent Care Centre was due to be introduced on 6 July 2016. She stated that there had been a successful recruitment of GPs to cover during the day but acknowledged that the Trust was looking to use locums to cover the overnight period. She noted that the Trust had communicated changes to stakeholders; there had been less communication with the public as the service provided by the Kent & Canterbury Hospital would remain unchanged for the majority of the public. The Trust and NHS Canterbury & Coastal CCG worked with Healthwatch Kent and the University of Kent on the communication plan.
- (3) Mr Kershaw noted that he had met with Health Education Kent, Surrey & Sussex and the GMC. He stated that his understanding was that if the new model of care and GP led Urgent Care Centre was implemented; Health Education Kent, Surrey & Sussex and the GMC would continue to support the provision of medical trainees at the Kent & Canterbury Hospital site.
- (4) Members enquired about the sustainability of services and patient choice. Mr Kershaw explained that the changes to the Emergency Care Centre was linked to East Kent Strategy Board and wider Kent and Medway Sustainability and Transformation Plan as part of the Trust's developing clinical strategy. He stated that the Trust needed to take urgent action to ensure it continued to provide safe, sustainable and effective services. He highlighted the Trust's increasing challenge in maintaining the consultant rota with 20 consultant vacancies including 10 emergency consultants. He noted that the Trust may need to make changes outside of the STP process and requested to provide an update to the Committee in July. He stated that patient choice remained but running the same services at multiple sites such as vascular services was not sustainable and did not provide the best service for patients.
- (5) RESOLVED that:
 - (a) the East Kent Hospitals NHS University Foundation Trust report be noted;
 - (b) East Kent Hospitals NHS University Foundation Trust be requested to organise an informal briefing about their Clinical Strategy for the Committee in July;
 - (c) East Kent Hospitals NHS University Foundation Trust be requested to present an update to the Committee about its Clinical Strategy at its September meeting.

Cllr Lyons, in accordance with his Other Significant Interest as a Governor of East Kent Hospitals University NHS Foundation Trust, withdrew from the meeting following Liz Shutler's presentation and took no part in the discussion or decision.

Item 7: Patient Transport Services

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Patient Transport Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided on Patient Transport Services.

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

1. Introduction

- (a) The Committee has considered reports on patient transport services in Kent on 1 February 2013, 11 October 2013, 31 January 2014, 11 April 2014, 18 July 2014, 5 September 2014, 28 November 2014, 6 March 2015 and 29 January 2016.
- (b) At the end of the discussion on 29 January 2016, the Committee agreed the following recommendation:

RESOLVED that the report be noted and NHS West Kent CCG be requested to provide an update to the Committee about the mobilisation phase in September 2016 including details about patient experience.

2. Recommendation

RECOMMENDED that the report be noted and NHS West Kent CCG be requested to provide an update in six months including details about the patient experience to the Committee.

Background Documents

Kent County Council (2013) 'Agenda, Health Overview and Scrutiny Committee (01/02/2013)',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=23758>

Kent County Council (2013) 'Agenda, Health Overview and Scrutiny Committee (11/10/2013)',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=26033>

Kent County Council (2014) 'Agenda, Health Overview and Scrutiny Committee (31/01/2014)',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=27050>

Item 7: Patient Transport Services

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (11/04/2014)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=27878>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (18/07/2014)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=29193>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (05/09/2014)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5399&Ver=4>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (28/11/2014)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=30459>

Kent County Council (2015) '*Agenda, Health Overview and Scrutiny Committee (06/03/2015)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5838&Ver=4>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (29/01/2016)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=36911>

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Patient Transport Services Project Progress Report

A blue ribbon graphic with a white border, containing the date 'September 2016'.

September 2016

A large decorative graphic on the left side of the page, composed of overlapping curved shapes in various shades of blue and purple.

**Patient focused,
providing quality,
improving outcomes**

1 Purpose

The purpose of this report is to review the progress of the new Kent and Medway Patient Transport Service (PTS), procurement and mobilisation.

2 Background

The new and improved patient transport service was launched across Kent and Medway on 1 July 2016. Tough new measures to raise standards have been introduced, with greater emphasis on customer care and getting patient's home from hospital promptly.

Three separate contracts were let during the process to cover the specific geographical scope of Kent and Medway and journeys for renal patients.

The new services are provided by G4S which took over from NSL, whose contract expired on 30 June.

G4S's performance will be measured against a Patient Charter, developed by people who use patient transport services in Kent and Medway. There are tighter timescale targets for collecting and dropping off patients before and after their appointments or when going home after an inpatient stay.

The criteria for eligibility for patient transport services have not changed – these are set nationally.

The procurement and mobilisation of the new service was led by NHS West Kent CCG, and overseen by key stakeholders, which included representatives from all the Kent and Medway CCGS, Kent and Medway Acute and Community NHS trusts and patients. These key stakeholders worked intensively over many months with NSL and G4S to ensure a smooth handover for patients.

The patient transport service provides free transport for people whose medical condition means they cannot get to or from their place of care (a hospital, hospice or clinic) in any other way. Eligible patients can book transport to get them to and from outpatient and inpatient appointments.

For further information about the new patient transport service in Kent and Medway, including a leaflet, poster and feedback form, please visit www.km-pts.co.uk

3 Aims and objectives

Project Aim

The aim of the PTS reprocurement project was to procure a non-emergency patient transport service for Kent and Medway patients from July 2016 to a specification co-designed with stakeholders, that delivered a twenty four seven service with:

- A high level of reliability.
- A quality service for patients, service providers and commissioners.
- Efficient booking and control.
- Value for money.

The high-level objectives supporting these aims were:

- To specify service requirements ensuring that highly effective quality management information, contracting and management processes are put in place to support the service redesign.
- To ensure that the service redesign maximises opportunities for partnership working and is congruent with the whole system and the specific local health economies of West Kent, East Kent, North Kent and Medway including other PTS service providers.
- To ensure that governance, assurance and decision making processes, are transparent and effective.
- To re-procure and mobilise the service with the new operating model effective from the end of the current contract.
- To effectively manage and assure the mobilisation of the new contracts and move to a BAU state in a timely and robust manner.

4 Mobilisation overview

Given the size and complexity of the services commissioned and the considerable improvement in the service standards required, all three contracts mobilised successfully on 1st July.

It is not possible at this early stage to compare how well the G4S contracts are performing against that previously delivered by NSL particularly given the significant changes to service standards. Kent and Medway acute and community trust stakeholders have consistently reported that they feel there has been wide spread improvement since the contracts commenced on July 1.

The transfer of data from NSL was smooth and there were no material impacts to patient journeys.

Stakeholder engagement and communication particularly with acute hospital trusts has been strong throughout the mobilisation process.

The key performance issues of concern during mobilisation included:

- The allocation of a limited amount of resources and planning arrangements to meet some of the activity demand particularly in the west.
- Poor data quality, and some resource and planning arrangements for a number of renal journeys in the west of the county particularly journeys to and from Guys and St Thomas' hospital Trust (GSTT), sites in Tunbridge Wells and Sidcup.
- The availability of resources to continue with the good will transport arrangements previously in place with the Hospice in the Weald. These transports are not part of the core contract. It was agreed pre mobilisation that these transports would only be undertaken if there were sufficient resources available. This has often not been the case.

The factors that led to these issues have all been identified and have been or are actively being resolved.

There was some media interest during the first few weeks of the service that was mostly generated by the problems experienced by some dialysis patients in the west. These were all responded to in a timely way. All patients that were known to have received a poor service have received a letter of apology.

A review of mobilisation and lessons to be learnt has been undertaken by the Project Subject Matter Expert (SME). The report is being reviewed by the project board.

Formal contract performance arrangements have now commenced and plans are being developed for the first of the two planned "true up" exercises. The purpose of the true up exercise is to analyse actual active against that included in the data included in the tender and make contract adjustments accordingly.

5 Next Steps

NHS West Kent CCG, in partnership with the Kent and Medway CCGs and key stakeholders, will:

- Continue to assure the mobilisation of the service and support performance improvement to the specified Key Performance Indicators (KPIs).

- Ensure improvement of renal patient journeys to GSTT sites is consistently maintained.
- Ensure each of the three separate contracted services moves to a steady Business As Usual (BAU) state.
- Work with stakeholders to embed communication and escalation arrangements for BAU.

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Item 8: Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone & Tunbridge Wells NHS Trust.

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

1. Introduction

- (a) In July 2016 NHS Improvement introduced a new system of financial special measures for NHS trusts and foundation trusts. NHS England also introduced a regime of special measures for commissioners which encompassed financial issues alongside other aspects of their performance. Both types of special measures will now be used where there is a failure to meet the financial discipline expected of the NHS (NHS Improvement 2016).
- (b) Providers will be considered for financial special measures under the following circumstances (NHS Improvement 2016):
1. The provider has not agreed a control total and is planning a deficit for 2016/17;
 2. The provider has agreed a control total but has a significant negative variance against the control total plan and is forecasting a significant deficit for 2016/17; or
 3. The provider has an exceptional financial governance failure (e.g. significant fraud or irregularity).
- (c) The first cohort of providers to enter financial special measures are those that have not yet agreed a control total and are planning the most significant deficits for 2016/17 or have agreed the control total but have a significant variance from the control total and are forecasting the most significant deficits for 2016/17. The first five providers to go into financial special measures are (NHS Improvement 2016):
- Barts Health NHS Trust;
 - Croydon Health Services NHS Trust;
 - Maidstone and Tunbridge Wells NHS Trust;
 - Norfolk and Norwich University Hospitals NHS Foundation Trust;
 - North Bristol NHS Trust.

Item 8: Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures

- (d) There are a further 13 provider organisations who have not agreed their control totals and are planning for deficits (NHS Improvement 2016).
- (e) The agreed 'financial control totals' with NHS providers in Kent and Medway are detailed in Table 1 below. The financial control totals represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable by NHS Improvement (NHS Improvement 2016).

Table 1 - Financial control totals for NHS providers in Kent and Medway

Trust Name	Control total (CT) accepted?	Planned surplus/ (deficit) inc. STF where CT accepted (£k)	STF allocated and included in plan (£k)	STF allocated, but not accepted (£k)
Dartford and Gravesham NHS Trust	Yes	6,121	9,000	
East Kent Hospitals University NHS Foundation Trust	Yes	612	16,100	
Kent and Medway NHS and Social Care Partnership	Yes	(4090)	1,100	
Kent Community Health NHS Foundation Trust	Yes	2,710	1,810	
Maidstone and Tunbridge Wells NHS Trust	No	(22,927)		12,500
Medway NHS Foundation Trust	Yes	(43,686)	8,400	
South East Coast Ambulance Service NHS Foundation Trust	No	859		0

- (f) To support providers to reach financial balance, a Sustainability and Transformation Fund (STF) of £1.8 billion is being made available in 2016/17. The STF will be linked to the achievement of financial controls, with 30% of its value dependent on providers also meeting trust-specific agreed performance trajectories for A&E, Referral To Treatment (RTT) and 62 day cancer waiting standards (NHS Improvement 2016).
- (g) Where providers go into financial special measures, NHS Improvement has arranged a rapid and intensive on-site process to identify the key issues and agree a recovery plan. NHS Improvement will also establish whether other steps, including further regulatory action – such as removal of autonomy over key spending decisions or changes in leadership (executives, including the Accounting Officer and clinical

Item 8: Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures

and managerial leadership and/or non-executives) – are required (NHS Improvement 2016).

- (h) To exit special measures a provider must generally have, as a minimum, a robust recovery plan setting out the key changes required to remedy the provider's financial problems, approved by its board and by NHS Improvement, a detailed delivery plan and evidence of significant wins within two additional months of agreeing the initial recovery plan. In addition, NHS Improvement may, at its discretion, require evidence of demonstrable progress in implementing more fundamental change (during a further potential probationary period of up to three months) (NHS Improvement 2016).
- (i) Where a provider is both in financial special measures and special measures for quality there will be a joined up approach to deliver both quality and financial recovery, working with CQC as appropriate. Providers in financial special measures will be expected to maintain, and where possible, improve standards of quality during and after their financial recovery (NHS Improvement 2016).

2. Recommendation

RECOMMENDED that the report on the Maidstone & Tunbridge Wells NHS Trust: Financial Special Measures be noted and an update be presented to the Committee in six months.

Background Documents

NHS Improvement (2016) '*Strengthening financial performance & accountability in 2016/17 (21/07/2016)*',
https://improvement.nhs.uk/uploads/documents/Strengthening_financial_performance_and_accountability_in_2016-17_-_Final_2.pdf

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HOSC

Financial Special Measures

NHS Constitutional Targets

2nd September 2016

taking

p r i d e

PATIENT FIRST - RESPECT - INNOVATION - DELIVERY - EXCELLENCE

Agenda

- Financial Special Measures
- Sustainability and Transformation Funding
- NHS Constitutional targets

Financial Special Measures (1)

- Financial Special Measures was introduced in July by NHS England and NHS Improvement to help strengthen financial and operational performance. They are part of the “reset” of NHS finances designed to ensure the financial sustainability of the NHS.
- 5 NHS provider Trusts were identified to be part of the first cohort, with 8 CCGs also identified. We are one of the provider Trusts.
- NHS Improvement will work with Trusts in Financial Special Measures to construct a high level plan across the next four weeks to rapidly demonstrate that we can improve our financial performance while maintaining or improving the quality of the services we provide.
- A Financial Improvement Director from within the NHS has been appointed by NHS Improvement to work with us. They will be supported by staff from NHS Improvement.

Financial Special Measures (2)

- In simple terms, the reasons we are in Financial Special Measures are:
 - We are spending more money than we have coming in (i.e. a deficit)
 - Our deficit is higher than expected by NHS Improvement – we have not agreed our control total
 - Our pay bill has grown higher than others and higher than our activity has grown
- Trusts in Financial Special Measures must agree a financial recovery plan that demonstrates swift improvement in their finances this year, but also enables them to plan for a significantly improved financial position next year.
- Failure to deliver a robust plan or failure to deliver swift improvements in the financial position could lead to NHS Improvement taking further actions

Financial Special Measures (3)

- We remain absolutely committed to delivering high quality care for our patients, but we must do this within our financial means.
- In order to exit Financial Special Measures, we need to construct a robust plan that improves our finances immediately, and supports their sustainability going forward. We then need to implement that plan, delivering planned improvements in our financial position.
- Once NHS Improvement have assurance on the robustness of our plan, can see in our numbers the demonstrable improvement in our financial position and finally are confident in the lasting nature of our improvement, we will exit Financial Special Measures.
- A progress check meeting is being arranged towards the end of September when a first view of the emerging plan will be taken.

Sustainability and Transformation Funding (STF)

- As MTW has not agreed its control total, it will not be a formal part of the STF process.
- This means that the funding identified for MTW - £12.5m - will be held centrally and not released into the health economy in 2016/17.
- The purpose of the release of funding in 2016/17 would have been to improve the financial performance and sustainability of MTW. The funding remains available in future years, subject to future review by NHS Improvement, NHS England and the outputs of the STP process
- A further consequence of not being part of the STF process is that failure to deliver NHS Constitutional performance targets will result in MTW being fined under its contract with its CCG commissioners.

Performance Targets

- As part of the NHS planning process for 2016/17, all NHS health economies were asked to construct a performance improvement trajectory against NHS performance targets.
- These were designed to provide challenging, but achievable, trajectories of improving performance to achievement of NHS Constitutional targets e.g. 4 hour emergency access, RTT, cancer, etc. The goal remains delivery of the NHS Constitutional targets.
- Acceptance of a providers control total and delivery of these trajectories would ensure that the full amount of STF funding was available to health economies, but would ensure that Trust's would not be fined as per commissioned contract terms.
- Although not part of the STF process due to not accepting our control total, MTW has submitted an improvement trajectory. However, the Trust is not able to access STF funding and is subject to contractual fines.

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Item 9: Kent and Medway Sustainability and Transformation Plan

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Kent and Medway Sustainability and Transformation Plan

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided about the Kent and Medway Sustainability and Transformation Plan.

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

1. Introduction

- (a) NHS England, NHS Improvement (the new body which brings together Monitor and the NHS Trust Development Authority), the Care Quality Commission, Public Health England, Health Education England and NICE – the bodies which developed the Five Year Forward View in October 2014 - have come together to publish 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21', setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances (NHS England 2015).
- (b) To deliver these plans NHS providers, CCGs, local authorities, and other health and care services have come together to form 44 STP footprints. A Kent and Medway STP footprint has been established covering all eight Kent and Medway CCGs over a footprint population of 1.8 million (NHS England 2016).
- (c) On 3 June 2016 the Committee considered an update on the Kent and Medway Sustainability Plan. The Committee agreed the following recommendation:
 - *RESOLVED that the report on the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee in September.*
- (d) On 4 March 2016 the Committee considered an item on the East Kent Strategy Board which aligns and links to the Kent and Medway Sustainability and Transformation Plan.

2. Recommendation

RECOMMENDED that the report on the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee at the appropriate time.

Item 9: Kent and Medway Sustainability and Transformation Plan

Background Documents

NHS England (2015) '*NHS Shared Planning Guidance (22/12/2015)*',
<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>

NHS England (2016) '*Sustainability and Transformation Plan footprints (15/03/2016)*', <https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (04/03/2016)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6257&Ver=4>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (03/06/2016)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6259&Ver=4>

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Delivering the Five Year Forward View

- Brief recap
- Progress
- Next steps

What we need to achieve

In Kent and Medway, as across the country, health and social care must

- improve health and wellbeing
- transform quality of care and performance
- achieve and maintain sustainable finances and workforce.

The challenge

- Ageing population (by 2020 the over 65s will make up nearly 20% of our total population)
- Growth in population, including a significant increase in the number of new houses:
 - Dartford and Gravesend (e.g. the Ebbsfleet Garden City Healthy New Town development and around the Thames Gateway area) where the population is expected to increase by 57,000 in the next 15 years; and
 - in Medway where there are expected to be an additional 30,000 homes by 2035.
- Performance and quality challenges (such as stroke, A&E waits, cancer waits)

The challenge 2

- 2015/16 - £100million overspent. Gap set to grow every year if we don't take action
- Workforce pressures - high level of medical and nursing vacancies (it is increasingly hard to recruit to key health and social care roles, for example 10% of nursing posts are vacant)
- Significant inequalities across Kent and Medway and within local areas (in Thanet, a woman who lives in the best ward for life expectancy can expect to live 21.88 years longer than a woman who live in the worst ward for life expectancy)

Key dates

30 June submitted to NHS England and NHS Improvement first draft of our thinking on delivering Five Year Forward View locally

25 July whole-system presentation to NHS England, NHS Improvement and other national leaders: positive feedback and more work to do

Go-ahead for east Kent system to progress work already underway. Aim of moving to consultation by the end of 2016.

Our first priority is to transform out of hospital care as the cornerstone of our strategic vision

This will allow us to:

- meet rising demand
- improve care for all ages, especially frail older people, end of life patients and others with complex needs who need a team around them
- reduce health inequalities
- massively increase the amount of care delivered out of hospital (reducing pressure on the acute sector)

Out of hospital care as enabler

New “one team” approach is also critical to two of our other main priorities:

- delivering prevention at scale
- improving mental healthcare, treating both physical and mental health issues concurrently and effectively

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We anticipate it will significantly reduce demand for acute inpatient beds. Evidence from east Kent is that at any one time around 300 people in hospital beds could be discharged if the right support was available elsewhere.

How is development of out of hospital care happening?

- led at CCG level. Broad agreement around new model – with local variations
- extended multi-disciplinary teams including mental health and social care, based around groupings of GP practices – improving day to day access and care including at weekends
- some services – more specialist diagnostics and end of life and mental health care, plus out of hours services provided across wider area
- Build upon models of good practice (including the Encompass multi-specialty community provider Vanguard in Whitstable)

Acute care

We are exploring possibility of creating specialist centres for elective surgery. Experience from elsewhere in the country indicates this could achieve:

- significantly better patient experience and outcomes
- referral to treatment targets
- improved workforce expertise, rotas, retention
- elective income retained within the NHS
- improved use of estate

We also need to review and stabilise the acute emergency medical pathway in our hospitals where workforce pressures are making the current model unviable.

Acute care 2

We will also conclude the stroke and vascular reviews.

- Modelling work is going on for stroke review. Emerging option looks like three sites. Locations will depend on critical clinical co-dependencies.

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Vascular – decision to proceed with network model: single inpatient arterial centre supported by enhanced “spoke” sites. Medway FT and East Kent Hospitals collaborating to draw up a delivery model which will determine final sites.

Both of these will be consulted on as part of Five Year Forward View process.

Improving efficiency

Three elements:

- provider cost improvement programmes
- plan for how we can best achieve efficiencies through sharing services (including a shared pathology service)
- work with local authorities to develop the business case for integrated infrastructure developments (sharing and rationalising public sector estate and digital services).

Developing our plans with the public

We are committed to engaging with clinical, non-clinical and social care staff, public, patients, carers across Kent and Medway to achieve genuine improvements to care.

As a first step all health and care organisations will be using their established mechanisms this autumn to explore:

- Barriers to being healthy - how do we make every contact count?
- Emerging model of out of hospital care – any issues? How can we best meet local need?
- Criteria for change – what is most important to people?

Next steps

- East Kent Strategy Board: progressing clinically-led work to define and articulate model of out of hospital and acute care, develop evaluation criteria, undertake detailed financial, activity and workforce modelling, public engagement, assurance process

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Medway, north Kent and west Kent: developing case for change informed by public health data, and finalising clinically-led vision for out-of-hospital care.

Next steps for Five Year Forward View locally

- Setting up formal structure to lead work: PMO, four work streams led by chief executives supported by directors from across health and care
- Financial, activity and workforce modelling: does our emerging thinking close the gap?

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Strengthen governance

Widen clinical engagement

- Further submission to NHS England in October.

Item 10: East Kent Strategy Board

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: East Kent Strategy Board

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the East Kent Strategy Board.

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

1. Introduction

- (a) On 4 March 2016 and 3 June 2016 the Committee considered updates on the work of the East Kent Strategy Board. On 3 June 2016 the Committee agreed the following recommendation:
- *RESOLVED that the report be noted and the East Kent Strategy Board be requested to present an update to the Committee at its September meeting.*
- (b) On 3 June the Committee also considered an update about the Emergency Care Centre at the Kent and Canterbury Hospital. The sustainability of services at the Trust and its Clinical Strategy were discussed. The Committee agreed the following recommendation:
- *RESOLVED that:*
 - (a) *the East Kent Hospitals NHS University Foundation Trust report be noted*
 - (b) *East Kent Hospitals NHS University Foundation Trust be requested to organise an informal briefing about their Clinical Strategy for the Committee in July*
 - (c) *East Kent Hospitals NHS University Foundation Trust be requested to present an update to the Committee about its Clinical Strategy at its September meeting.*
- (c) On 13 July 2016 the HOSC group representatives met with Dr Sarah Phillips (Chair, East Kent Strategy Board), Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) for an informal briefing about the East Kent Strategy Board. At the briefing, it was confirmed that the East Kent Hospitals NHS University Foundation Trust's Clinical Strategy was part of the East Kent Strategy and the Trust would not be bringing a separate update to the Committee in September about its Clinical Strategy.

2. Recommendation

RECOMMENDED that the report be noted and the East Kent Strategy Board be requested to present an update to the Committee the appropriate time.

Background Documents

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (04/03/2016)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6257&Ver=4>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (03/06/2016)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6259&Ver=4>

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Overview and update

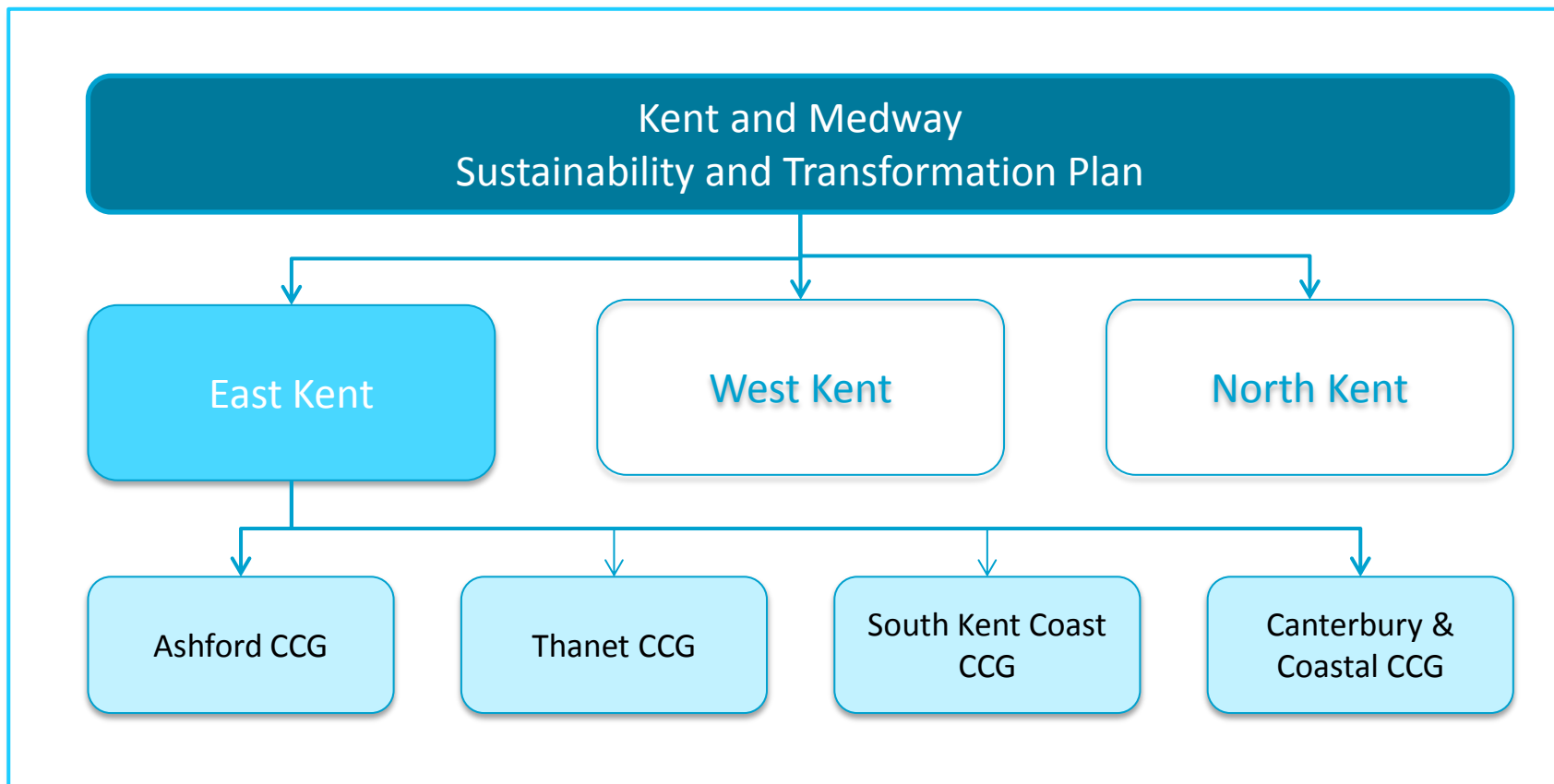
September 2016

The East Kent Strategy Board member organisations include:

NHS South Kent Coast CCG; NHS Canterbury and Coastal CCG; NHS Ashford CCG; NHS Thanet CCG; East Kent Hospitals University NHS Foundation Trust; Kent Community Health NHS Foundation Trust; Kent & Medway NHS and Social Care Partnership Trust; South East Coast Ambulance NHS Foundation Trust; and Kent County Council.

Delivering the *Five Year Forward View* in Kent & Medway – our Sustainability and Transformation Plan

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The East Kent Strategy Board

- Established in September 2015 to spearhead a new 'whole system' drive to transform health and care services
- Membership – all organisations involved in planning, provision and delivery of health and care services in east Kent and a Patient and Public Engagement Group
- East Kent are an early implementer of the K&M Sustainability and Transformation Plan.
- Key achievements to date:
 - Clear understanding of the demand, capacity and financial profile of health and social care in east Kent
 - Technical and narrative case for change for change agreed
 - Public case for change launched
 - 4 large clinical workshops have taken place to describe how care should look in the future.

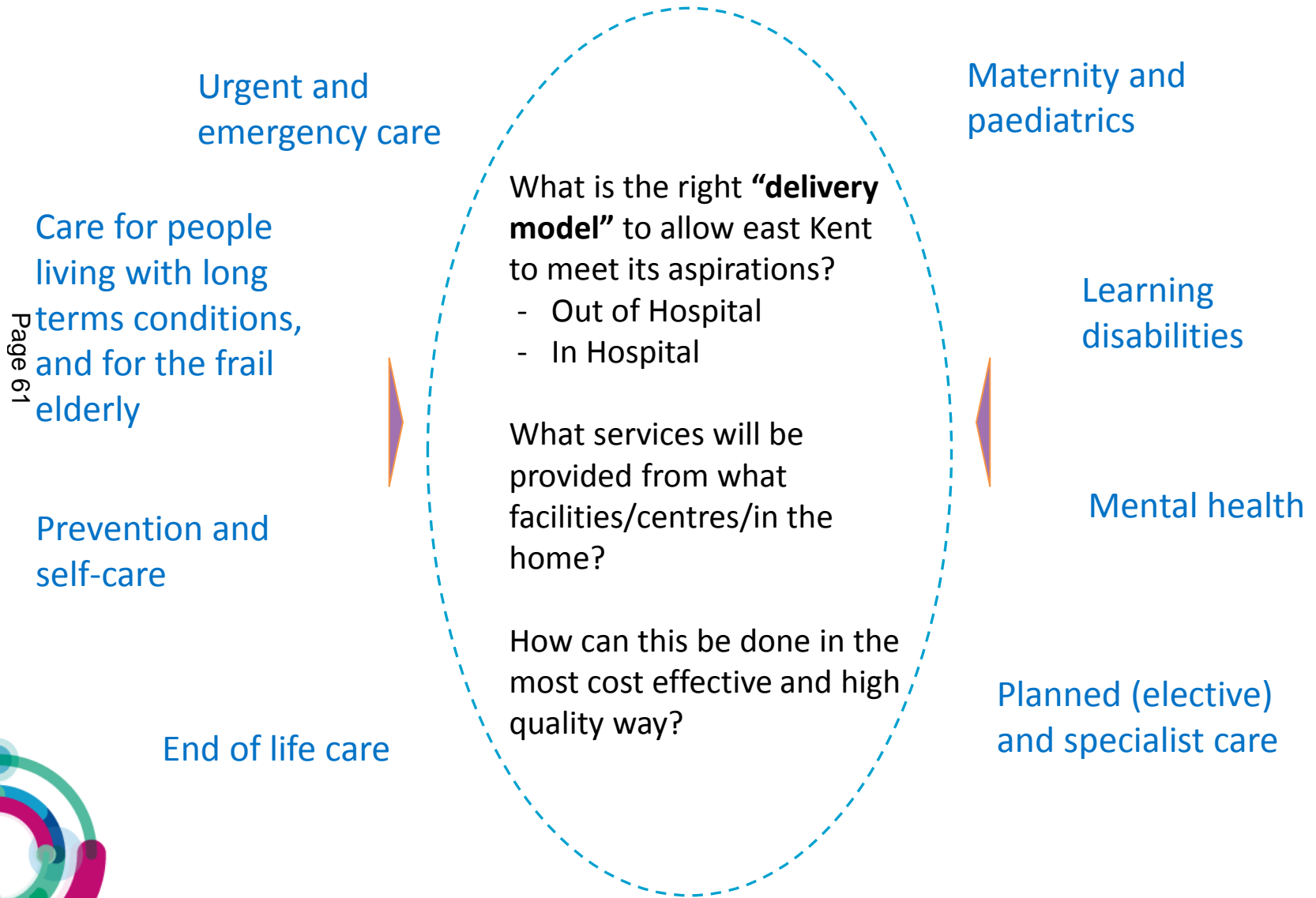


What does the future look like?

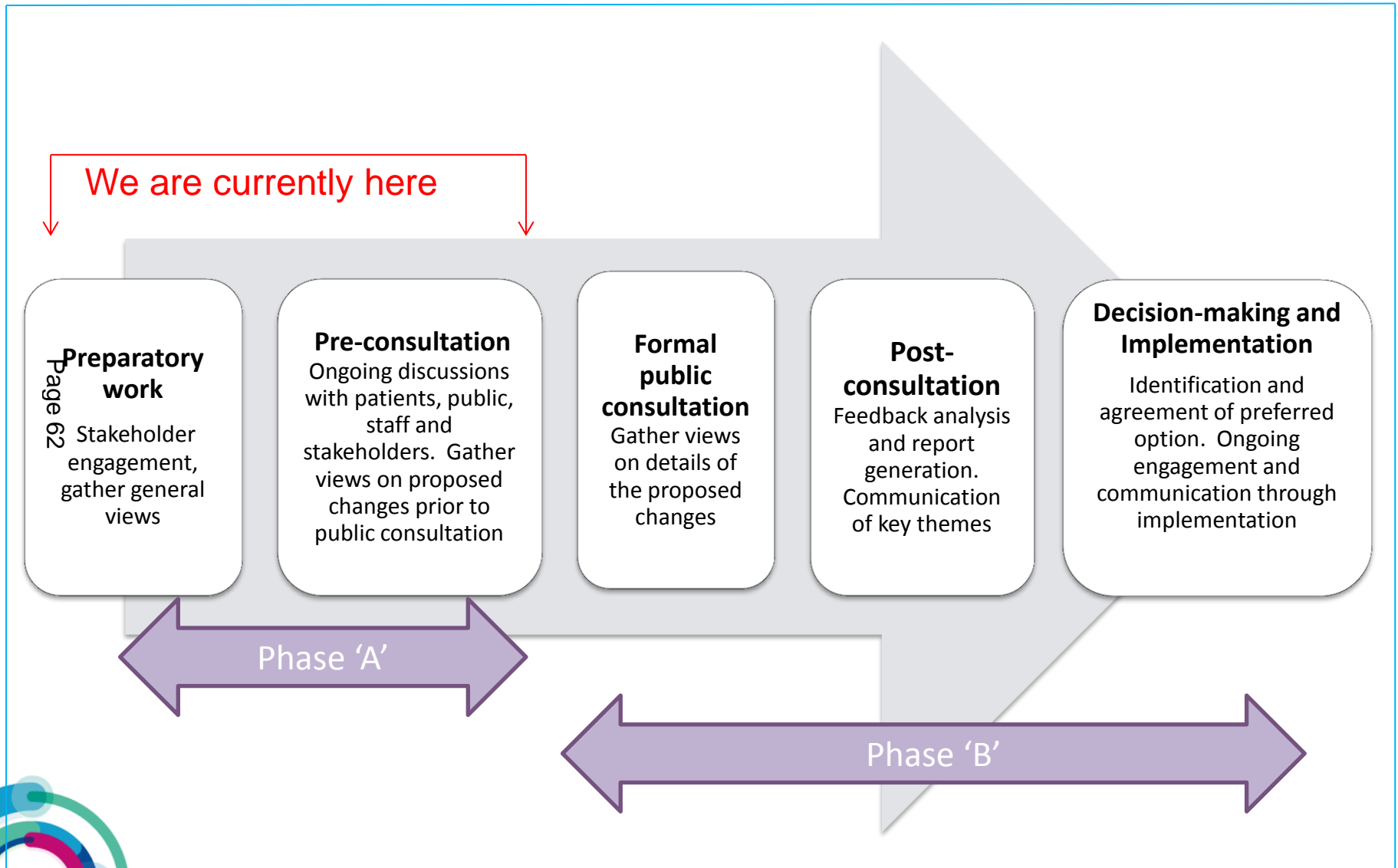
- **Out of hospital integrated health and care services:**
 - List based, grounded in primary care
 - Maximum scope for the team around the patient's GP
 - Social services, voluntary sector and NHS working together
 - Secondary care (physical and mental health) expertise to integrate with primary care out of hospital where this improves care and efficiency
 - Out of hospital provision through 'multispecialty community providers' and local 'hubs'
- **Smaller acute hospitals focused on specialist care:**
 - Safer, more specialist, secondary care services, with access conducive to decrease health inequalities



To deliver our aspirations for good care, the right delivery models need to be in place



Engagement process: an overview



Current work

- The East Kent Clinical Forum has now agreed the outputs of the 4 clinical workshops as the basis for the future models of care.
- Based on the outputs of the workshops, we are developing resource packs which will be used to engage with different staff groups across all organisations.
- We are engaging with the South East Clinical Senate to agree the terms of the review they will need to undertake at the end of October.
- We have had a positive follow up meeting with NHS England regarding the Stage 1 Assurance Process.
- Through August we have run several public focus groups focussing on discussing new models of care.



Next steps

- Using co-designed evaluation criteria we will move to a short list of possible options for the way we deliver services in the future across east Kent, with on-going engagement.
- We are developing a detailed understanding of the out of hospital models of care and the changes that will enable to the current model of in-patient care.
- We anticipate a formal consultation on the proposals at the end of this year (2016).



Item 11: Chemotherapy Services in East Kent & East Kent Cervical Screening Programme (Written Briefing)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Chemotherapy Services in East Kent & East Kent Cervical Screening Programme (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust.

It is a written briefing only and no guests will be present to speak on this item.

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

1. Chemotherapy Services in East Kent

(a) On 4 September and 9 October 2015, the Committee considered reports from East Kent Hospitals University NHS Foundation Trust (EKHUFT) which provided an update on Chemotherapy Services in East Kent. At the end of the discussion on 9 October, the Committee agreed the following recommendation:

- *RESOLVED that the report on the chemotherapy services in East Kent be noted and EKHUFT be invited to submit an update to the Committee at an appropriate time.*

2. East Kent Cervical Screening Programme

(a) Following the publication of the Public Health England Screening Quality Assurance Visit Report about the East Kent Cervical Screening Programme, a written briefing has been requested from EKHUFT.

3. Recommendation

RECOMMENDED that the report on the Chemotherapy Services in East Kent & East Kent Cervical Screening Programme be noted and the Trust be invited to submit an update to the Committee in January 2017.

Background Documents

Kent County Council (2015) 'Agenda, Health Overview and Scrutiny Committee (04/09/2015)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5842&Ver=4>

Item 11: Chemotherapy Services in East Kent & East Kent Cervical Screening Programme (Written Briefing)

Kent County Council (2015) '*Agenda, Health Overview and Scrutiny Committee (09/10/2015)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=35545>

Public Health England (2016) '*Screening Quality Assurance visit report: East Kent Hospitals University NHS Foundation Trust (12/08/2016)*', https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/541909/East_Kent_QA_visit_report_executive_summary_Jun_16.pdf

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HOSC Briefings (August 2016)

Chemotherapy Services in East Kent

Introduction

In September and October 2015, East Kent Hospitals University NHS Foundation Trust provided HOSC with an update about the Celia Blakey chemotherapy unit at the William Harvey Hospital in Ashford. The Trust reported to the HOSC that the chemotherapy unit was expected to reopen in July 2016.

The Vice-Chairman-in-the-Chair, Mr Mike Angell, had been made aware of an article by the Kentish Express which stated that work to refurbish the unit will not start until autumn 2016 and not reopen to spring 2017.

The short report outlines the work that the Trust has been doing to improve staffing levels for the chemotherapy service over the past twelve months and provides HOSC with assurance that the service will return to the William Harvey Hospital by the end of 2016.

Staffing pressures

In June 2015, the Celia Blakey Centre at the William Harvey Hospital, Ashford reported an emerging staffing risk which would see the unit down to 50% of its permanent workforce. This was as a result of a mixture of staff leaving the service, maternity leave and long-term sickness. Consequently, the Trust was presented with a patient safety issue and required the service to consider how it would safely continue to deliver care to patients.

A number of options were considered and discussed with the Divisional Leadership Team and Executives. There were two clear options. One involved using agency staff and the other involved extending the opening hours at Canterbury Cathedral Day Unit and using the Chemotherapy Mobile unit on the Ashford site for appropriate chemotherapy regimens for a temporary period.

Running a service using high levels of agency staffing is not recommended for a variety of reasons therefore, the alternative option was considered to be the better solution. Consequently, patients' appointments were moved to Canterbury and the Cathedral Day Unit extended its opening hours to 9pm Monday to Friday and it opened to patients on Saturdays. Alongside this, the Mobile Chemotherapy Unit was made available at Ashford three days per week. These arrangements were expected to remain in place for between nine and twelve months, when the service would move back to the Celia Blakey Centre.

Over the last year the Trust has been recruiting and training nurses so we have a new team to move back to the new chemotherapy unit at Ashford. As well as attracting and recruiting new staff, the nurses we have employed have been undergoing intense training to ensure they have the specialist skills involved in administering chemotherapy which can take up to 1 year. We have also been working closely with our Human Resources Team to offer a

retention scheme to reward these nurses once they are trained which matches Kent, Surrey, Sussex and London. We now have a full senior team in place, with 4 trained nurses, and a further 1.4 nurses who are continuing with the training. The 2 vacancies that we have are due to be filled in September. We have also recruited chemotherapy trained nurses from India (part of our overseas recruitment scheme) and are expecting them to start in December/January.

Timescales for returning to WHH

During the last year there have been a number of changes at the William Harvey Hospital. One of those changes has been the development of Hot and Cold Ambulatory Care services to support patients requiring emergency care. The Ambulatory Care service has been temporarily accommodated in the Celia Blakey Centre until suitable accommodation can be created elsewhere on site. This service needs to be located close to the emergency department. As a result, the Chemotherapy Unit has been offered new accommodation within the Arundel Unit which will provide the service with more space and addresses a number of issues the service was facing in its previous accommodation. Rather than move twice it has been agreed that the chemotherapy service would move to the Arundel unit towards the end of the year.

Plans are now in place to refurbish part of the Arundel Unit at the William Harvey Hospital to accommodate the chemotherapy service. Works are due to commence in October 2016 and are expected to take between 4 and 6 weeks. The chemotherapy service is planned to move back into the WHH in December 2016.

Cervical Screening Quality Assurance Visit 2016

In April 2016 a Quality Assurance review was undertaken in East Kent. QA visits are undertaken by Public Health England Assurance Service and the aim of the visit is to maintain standards and promote continuous improvement in cervical screening.

The East Kent cervical screening programme serves approximately 362,500 women and is provided by East Kent Hospitals University NHS Foundation Trust. The cervical cytology component is provided at the William Harvey hospital site along with the cervical histology service. The Cytology laboratory had a UKAS accreditation visit in 2013

The programme incorporated HPV testing (Triage and Test of Cure) into the cervical screening service in 2012 and this is provided by Maidstone & Tunbridge Wells NHS Trust at Maidstone Hospital. The programme offers further assessment and treatment at four colposcopy clinics at William Harvey Hospital (WHH), Buckland Hospital Dover (BHD), Kent & Canterbury Hospital (KCH) and Queen Elizabeth the Queen Mother Hospital Margate (QEQM).

The QA visits found one immediate concern and reported 6 high priority concerns.

The immediate concern related to business continuity; here it found the service relied on a single member of admin staff. The Colposcopy Co-ordinator provides essential colposcopy referral, clinic management and failsafe functions, but it was noted had inadequate trained

absence cover. This has been immediately addressed introducing a deputy colposcopy administrator and cover for maternity leave of a junior administrator.

The high priority issues are:

- 1) Fully implement national test of cure protocol, including discharge after treatment. Written protocols and practice should be updated.
The Clinical Colposcopy lead has actioned this and revised Trust protocols and practices to ensure compliance with national guidelines. These will be reinforced at our next Trust wide meeting in September
- 2) Kent and Canterbury Hospital accommodation should be reviewed and reconfigured to improve facilities and provide a recovery facility in accordance with NHSCSP 20. A full review of facilities at Canterbury has been undertaken with the estates department. Other options are being explored; these will be submitted for discussion at the Colposcopy Operational Group in September.
- 3) There should be a Trust wide lead Colposcopist to enhance a single approach to colposcopy across the Trust. The Trust lead will require a job description showing lines of accountability and sufficient allocated time within their job plan.
We have appointed a Trust wide Colposcopy Lead with clear lines of responsibility and the job plan will be due to be signed off by the Divisional Medical Director.
- 4) Implement changes in laboratory process and working practices to facilitate achievement of two week turnaround of cytology results
Cytology screening in pathology has improved from the 21 days to 11/12 days.
- 5) Formalise the East Kent Hospitals (EKHUFT) agreement with Maidstone and Tunbridge Wells Hospital for provision of HPV testing for triage and test of cure. A contract agreement with MTW and EKHUFT is due to be signed within the next couple of weeks
- 6) All histopathologists should use either a standard proforma or minimum dataset list for the reporting of cervical treatment specimens to ensure that all national required elements are included and an associated SOP detailing this should be devised.
- 7) A template has been introduced for reporting cervical biopsies and LLETZ procedure in line with QA findings.

An action plan had been developed and is on track to deliver against the immediate and high priority issues within the 6 month timeframe assigned in the QA report. A Colposcopy Operational Group has been agreed and is meeting to oversee the implementation of the action plan and the on-going monitoring of colposcopy against the national standards.

A Colposcopy Operational Group has been agreed and will meet monthly from September to oversee the implementation of the action plan and the on-going monitoring of colposcopy service against the national standards.

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Item 12: SECAMB: Update

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: SECAMB: Update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by SECAMB and NHS Swale CCG.

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

1. Introduction

(a) On 29 January 2016 and 8 April 2016 the Committee considered updates from the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) about a retriage pilot 'Red 3' which took place during Winter 2014/15 and the use of defibrillators in performance reporting. On 8 April 2016 the Committee agreed the following recommendation:

- *RESOLVED that the report be noted and SECAMB and Swale CCG be requested to share the findings of the Patient Impact Review and the principles of the ambulance response programme at the Committee's July meeting.*

(b) On 3 June the Committee agreed that the HOSC meeting scheduled for 15 July 2016 be cancelled. To date the Patient Impact Review has not been published. SECAMB have been asked to provide an update on:

- CQC Warning Notice
- Patient Impact Review
- Ambulance response programme

(c) SECAMB and NHS Swale CCG have asked for the attached reports to be presented to the Committee:

SECAMB Report pages 73 - 88
 NHS Swale CCG pages 89 - 92

2. Recommendation

RECOMMENDED that the report be noted and SECAMB be requested to share the findings of the Patient Impact Review and CQC Inspection Report upon publication.

Item 12: SECAmb: Update

Background Documents

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (29/01/2016)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (08/04/2016)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=37538>

Kent County Council (2016) '*Agenda, Health Overview and Scrutiny Committee (03/06/2016)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6259&Ver=4>

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Presentation to Kent HOSC

2 September 2016

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Geraint Davies, Chief Executive



Agenda

- + Unified Recovery Plan
- + CQC report and warning notice
- + 999 performance
- + Patient Impact Review update
- + Ambulance Response Programme



Unified Recovery Plan Approach

+ Aim

- + Deliver a high performing sustainable organisation over next two years
 - + Next six months - CQC actions, immediate operating and clinical performance improvements
 - + Longer term - strong foundations for sustainable, patient and safety focused organisation

+ Based on

- + Well Led, Responsive, Effective, Caring and Safe

+ Via delivery of

- + Operating performance trajectories (999 & 111)
- + National Clinical Performance Indicators
- + New EOC/HQ (Q4)
- + Make Ready (Tangmere & Gatwick Delivered, Polegate October 2016)
- + Operating Unit Restructure
- + Financial Sustainability
- + Governance
- + Culture

Why are we doing this?

To build a sustainable organisation, at pace and with energy

How are we going to do it? By being:

Well-led

Caring

Safe

Effective

Responsive

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What are we going to do? (Two-year plan)

Improve
our
culture

Be
financially
sustainable

Improve our
governance

Re-structure
our
operational
teams

Roll out
an ePCR

Move to a
new HQ &
create a new
EOC

Improve
our 999 &
111 perf

Meet our
national
clinical
targets

Underpinned by a whole-Trust 'Ownership Culture'

Clear responsibilities &
behaviours

Quality people & performance
management

Clear targets

Feedback & learning



CQC report and warning notice





CQC report & warning notice

- + SECAmb was inspected by the CQC during the week commencing 3 May 2016
- + We received initial feedback via letter and expect the full report in due course
- + On 18 July 2016 the Trust received a warning notice from the CQC
- + As a Trust, we are aware of the serious nature of the concerns raised and very clear that the CQC is seeking significant improvements to a number of our systems and processes.
- + Specific areas of concern raised by the CQ include:
 - + The management of risks, incidents and complaints and how we learn from these
 - + Lack of clarity and accountability in some senior management roles
 - + Safeguarding training and responsibilities
 - + Issues around medicines management
 - + Infection control issues relating to hand hygiene and waste disposal
 - + Staff not feeling cared for, alongside issues of bullying and harassment
 - + Issues with the Trust's Computer Aided Dispatch System (CAD)



CQC report & warning notice

- ✦ The Trust has until September to address the immediate concerns highlighted before the CQC publishes its full report
- ✦ Efforts to address the issues highlighted by the CQC are already underway with a comprehensive action plan in place, covering all of the areas where improvements are required
- ✦ Progress against delivering the plan is tracked by the Trust's Executive Team on a weekly basis and by the Board on a regular basis
- ✦ Actions include:
 - ✦ Improve operational performance, including increasing the number of staff deployed to provide patient care
 - ✦ Implement a new asset register for clinical equipment
 - ✦ Ensure medicines practice are understood and operated appropriately by staff
 - ✦ Look to establish a new patient safety and quality director role to bring together all aspects of patient safety, safeguarding and patient experience to ensure joined patient safety reporting mechanisms and clear identification and communication of learning
 - ✦ Increase staff recruitment in NHS 111 with the aim of performing against a new improvement trajectory agreed with service commissioners



999 Performance

+ The Trust has agreed an improvement trajectory to deliver the following performance standards by March 2017:

- + Red 1 75%
- + Red 2 70%
- + A19 95%

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+ Performance in July 2016 was as follows:

Performance Metric	Trajectory (July 2016)	Actual (July 2016)
Red 1	68%	62%
Red 2	59%	50%
A19	92%	89%



999 Performance – contd./

- + Red 1 performance has improved slightly from the June level of 59% and Red 2 performance has declined by 1% from the June level of 51%. A19 performance remains the same as in June.
- + Call answer is poor (60% vs target 95%). 40 EMAs in training
- + The Board has approved the implementation of the 999 improvement action plan. This plan has been externally validated and this third party assurance will be shared with the Board
- + Working with CCGs and wider system to identify/mitigate continued growth in demand with further development of the hospital handover policy to reduce delays



Key Risks

- + Recruitment and retention of key staff (both in Emergency Operations Centre and Field Operations)
- + Demand continuing to exceed **commissioned** activity (by 5.6% in July and 4.4% year to date)
- + Continued increases in hospital handover delays in excess of the agreed threshold on which the improvement trajectory was based.
 - + In July 2016 the Trust lost over 5,400 hours to hospital delays, which is an increase of 62% over July 2015



Patient Impact Review

- + Finalised draft received
- + Agreeing publication date with Dr Andy Carson, external lead
- + Key findings:
 - + No identifiable harm
 - + Some evidence of patient benefit
- + Next steps:
 - + Agree publication date and publish





Ambulance Response Programme (ARP)





What is the ARP?

- ✚ National programme that aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients
- ✚ The programme will deliver improved outcomes for all 999 patients, with a generally reduced clinical risk through:
 - ✚ The use of a new pre-triage set of questions to identify those in need of the fastest response at the earliest opportunity ('Nature of Call' - NoC)
 - ✚ Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need ('Dispatch on Disposition - DoD)
 - ✚ A new evidence-based set of clinical codes that better describe the patient's problem and response/resource requirement



Why change?

- ✦ Current time-based ambulance response standards, in the face of rising demand, have led to a range of operational behaviours that appear increasingly inefficient
- ✦ 60 seconds to triage and dispatch a resource isn't enough time
- ✦ Specific issues:
 - ✦ Dispatching resources to a 999 call, on blue lights and sirens, before it has been determined what the problem is, and whether an ambulance is actually required
 - ✦ Dispatching multiple ambulance vehicles to the same patient, on blue lights and sirens, and then standing down the vehicles least likely to arrive first
 - ✦ Diverting ambulance vehicles from one call to another repeatedly, so that ambulance clinicians are constantly chasing time standards
 - ✦ Using a “fast response unit” to “stop the clock”, when this provides little clinical value to a patient (e.g. stroke), who then waits for a conveying ambulance
 - ✦ Very long waits for lower priority (“green”) calls that nevertheless need assessment and conveyance to hospital



The aims of the ARP

- + Achieving faster dispatch to the most critical calls through the use of a pre-triage 'Nature of Call' (NoC) series of questions
- + Having resources more available (through less multiple allocations) to respond to life-threatening immediate calls
- + Utilising 'Dispatch on Disposition' (DoD) to allocate the most clinically appropriate resource to patients by taking a little more time to triage the call
- + Increasing the use of 'Hear & Treat' and 'See & Treat'
- + SECAmb will be implementing NoC and DoD in early October 2016

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Report to: Kent HOSC on 2 September 2016

From: NHS Swale CCG

Regarding: South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

1 Introduction

This briefing sets out the progress the lead commissioner for Kent and Medway, NHS Swale CCG have made in working with SECAMB following the discussion at the HOSC in April 2016. That discussion covered the issues raised in the Deloitte report on the unauthorised call handling project carried out by NHS South East Coast Ambulance NHS Foundation Trust (SECAMB) between December 2014 and February 2015.

A further independent review, to identify the impact the project had on patients, is expected to be published during September and at the time of writing this has not been seen by commissioners.

The Care Quality Commission inspected SECAMB in May 2016 and following the inspection issued a warning notice. This covered six main areas:

- The systems in place to ensure enough staff are employed and deployed appropriately are not effective.
- NHS 111 calls are not always responded to in a timely and effective manner.
- Processes to ensure that equipment is properly maintained and secured are not adequate.
- Safeguarding processes to prevent abuse of service users are not operated effectively.
- The systems in place for medicines management are not operated safely and effectively.
- Governance arrangements including systems to assess, monitor and improve the quality and safety of the services are not operated effectively.

The report is anticipated in September, and the grading given will help the health system to further focus on supporting recovery.

The proposals coming from the Ambulance Response Programme are also described below.

2 Commissioners approach to ensuring improvement – progress since last update

As commissioners of ambulance services across Kent, Medway, Surrey and Sussex, NHS Swale CCG's priority is to ensure a safe and high quality service for patients. We are working closely with the new Chair at SECAMB, and regulators, so that SECAMB is fully supported to deliver the necessary improvements with pace, in line with the findings of the reports.

SECAMB have been required to produce a Remedial Action Plan under their contract with the CCGs. NHS Swale CCG as lead commissioners have agreed with SECAMB, Surrey and Sussex co-ordinating commissioners, NHS England, NHS Improvement (formerly Monitor) and the CQC that this plan will be a 'Unified Recovery Plan' which covers all aspects of recovery, whether identified through commissioning process, the Deloitte report or from

the CQC inspection. This recovery plan is published in SECAMB board papers and the key elements are expected to be presented to the HOSC by the Trust.

This plan is being scrutinised by commissioners and the regulators formally through a single oversight group. This overarching Strategic Partnership Group includes the lead CCG Accountable Officers, NHS England, NHS Improvement, the CQC and SECAMB. This group is supported through fortnightly operational review groups on the specific issues of 999 and 111 performance and organisational governance. This scrutiny will include deep dives into specific areas and testing that changes have been operationalised. Three groups have been established and have met at least twice so far, with specific remits to monitor the detail of the plan, each group reports into the Strategic Partnership Group. The three operational review groups cover:

- Organisational governance and culture
- 999 performance
- 111 performance.

Workforce is a critical issue for all groups and a specific session is planned in September to consider all aspects of workforce with all the operational groups.

The Unified Recovery Plan continues to be developed and as such has not been formally approved under the contract requirements at this stage. It is however, being used as a working document. SECAMB have recently appointed a Turnaround Director and deputy, the head of their Performance Management Office and a new Company Secretary. In addition, they have identified an interim Director of Nursing and new deputy director of nursing post. To help address the concerns around information and performance, SECAMB have commissioned external support for reviewing their data validation and performance management systems and have agreed collaborative working arrangements with South Central Ambulance Service. This significant increase in Trust leadership is expected to enable a strong team to lead the recovery process.

3 Ambulance Response Programme (ARP)

There is increasing awareness that ambulance services are not measured on those aspects of the service that reflect a patient-centred organisation, user experience and clinical outcomes. As a component of the “Keogh Review” of Urgent and Emergency Care, NHS England is leading the Ambulance Response Programme (ARP). This clinically-led initiative is adopting a staged approach to the development and testing of a series of proposals to create a future model that will enhance patient outcomes, improve user experience and reduce mortality by prioritising those with the greatest need whilst ensuring that all those who contact the ambulance service receive an appropriate and timely clinical and transportation response.

The first phase of the ARP was a pilot project that allows ambulance call handlers additional time to assess 999 calls to ensure appropriate and efficient triage, applied to all but the most life threatening (Red 1) calls; this is called Dispatch on Disposition (DoD). Alongside

DoD the programme has also tested a system called Nature of Call (NoC), designed to ensure that the most serious calls are identified as soon as possible; this means that an increase in triage time is balanced by improved recognition of cardiac arrest and impending cardiac arrest. The two changes have been piloted in several ambulance Trusts around the country, with SECAmb acting as a control site. An independent academic evaluation of that project was undertaken by a team of researchers from Sheffield University and shows very positive results. This has led to the pilot being planned to be extended to other ambulance trusts, including SECAmb, over the next few months.

A further element of the programme is a review of the clinical coding of calls. This is currently being piloted in 3 ambulance Trusts (not locally) and will be reported on later in the year, prior to a decision being taken at national level.

4 Conclusion

Commissioners are optimistic that the changes that SECAmb are implementing for their Unified Recovery Plan and for the Ambulance Response Programme will support the ambulance service working as part of the wider urgent care system, allowing patients to be managed in their own homes with local services, wherever possible and with a timely and clinically effective response where needed.

SECAmb are currently working on their detailed plans, using the experience from other services and an increased level of senior leadership. These plans will be scrutinised by commissioners in the groups identified above as well as through the usual governance processes.

Once the CQC report and the findings from the review of the impact on patients are available, these will be considered by the Trust and by commissioners and incorporated into the Unified Recovery Plan to ensure a single focus continues.

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Item 13: Healthwatch Kent: Annual Report and Strategic Priorities

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Healthwatch Kent: Annual Report and Strategic Priorities

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Healthwatch Kent.

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

1. Introduction

(a) On 4 September 2015 the Committee considered Healthwatch Kent's Annual Report and Strategy 2015/16. The Committee agreed the following recommendation:

- *RESOLVED that the report be noted and Healthwatch Kent be requested to provide an update to the Committee annually.*

(b) Healthwatch Kent has asked for the attached reports to be presented to the Committee:

Healthwatch Kent 2015/16 Annual Report	pages 95 - 104
Healthwatch Kent 2016/17 Strategy	pages 105 - 118

2. Recommendation

RECOMMENDED that the report be noted and Healthwatch Kent be requested to provide an update to the Committee annually.

Background Documents

Kent County Council (2015) 'Agenda, Health Overview and Scrutiny Committee (04/09/2015)', <https://democracy.kent.gov.uk/mgAi.aspx?ID=32942>

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Our vision, mission and values



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Our vision

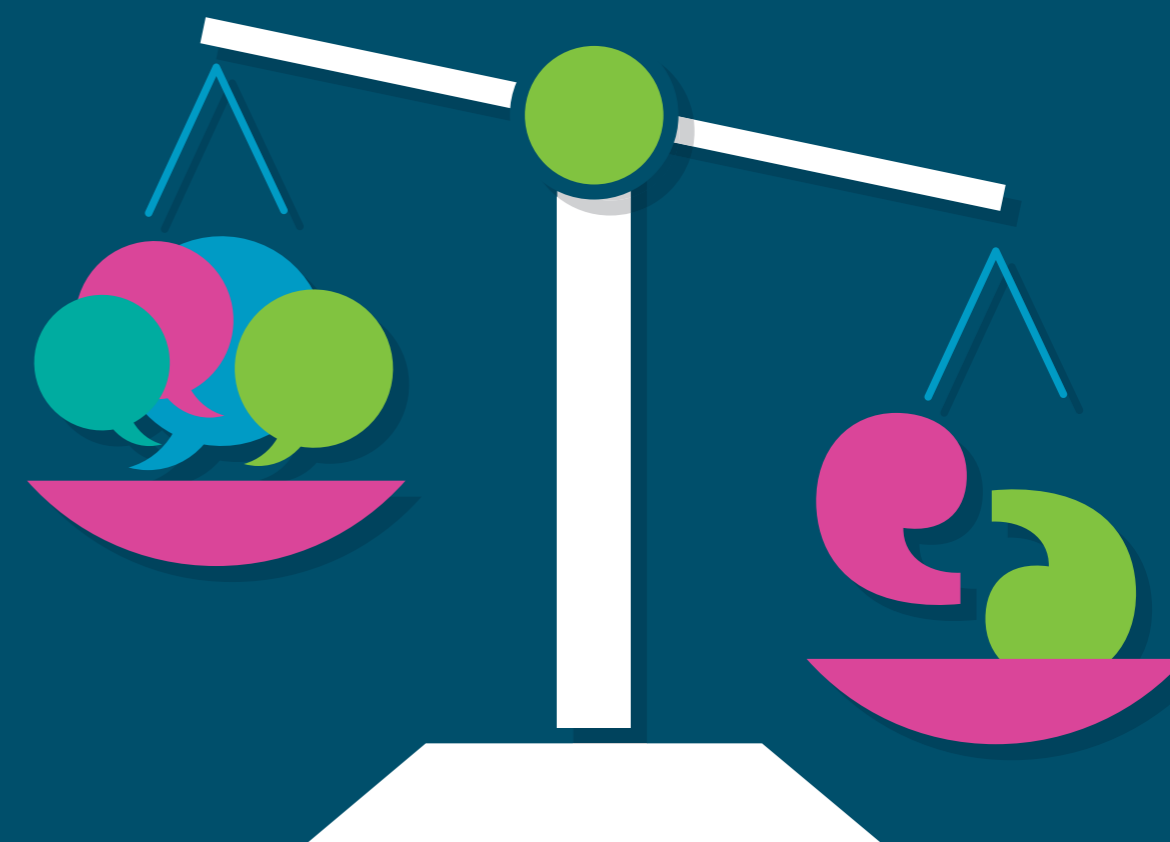
You, the public, are listened to, and involved in, improving our health and social care services in Kent.

Our mission

To raise the public's voice to improve the quality of local health and social care services in Kent.

Our values

- Open and transparent
- Volunteer led
- Objective and balanced



We achieve this by

Listening to you about your experiences of health and social care services and taking those experiences to the people who commission health and social care services in Kent.

- Working in partnership with organisations - no surprises
- Critical friend
- Balancing positive and negative, loud and quiet, many and few
- Truly represent residents of Kent



Foreward from our Chief Executive

This year we heard the fantastic news that our contract has been extended until April 2018.

Although this bought with it budget cuts it is testament to the hard work, dedication and commitment of our staff and volunteer force. Together they have developed an organisation that effectively and conscientiously listens to the public and acts upon their feedback. Thanks to our excellent relationships with the organisations that both commission and provide health and social care services we are then able to affect the change that is needed to benefit those people.

This year we have focused our efforts on listening more to people from all walks of life. Given the size of Kent, we focus on one District a month. Within each District we know and understand the communities that live there and proactively seek them out and visit them to hear about their experiences of local services. We've been welcomed into many different communities this year including travellers sites, homeless groups, a Chinese lunch club and a mosque. We've also worked with other organisations who are already working with groups that are often harder to reach such as the Roma community or people who suffer from domestic violence. We are committed to continuing this work in the year ahead and will continue to feedback everything we hear from the public about ANY health or social care service back to the organisations responsible to help them continue to improve services for the people of Kent.

At the of writing we've just finished our second Healthwatch Big Bus Tour. We visited every District in Kent stopping our double decker vintage bus in busy public places. We spoke to hundreds of people over eight days about their experiences of services. We're already planning the 2017 tour!

This report gives you an insight into our work, but if you are interested in finding out more do please get in touch. We are always looking for people to get involved in any way they can so take a read and give us a call if you want more information.

You can reach us anytime on 0808 801 0102 or email us on info@healthwatchkent.co.uk

Steve Inett
Chief Executive, Healthwatch Kent

The year at a glance

This year we've reached 1,434 people on social media



We've spent hundreds of hours on hospital discharge - one of our top priorities this year



Our volunteers help us with everything from booking meetings to making decisions about our priorities and resources



We've visited 20 of our local services



Our reports have tackled issues ranging from children's mental health, dentists to physical disabilities



We've met hundreds of local people through our work in communities





What we do for you?

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

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What do we do for you?

- Give you information about health and social care services and signpost you to the correct service, either statutory or in the community.
- Inform you about your rights as a patient/ service user, but also your responsibilities to manage your own health and support services to enable them to be effective
- Listen to your experiences and signpost you to where to make a complaint and what support is available with complaining
- Record your experiences and look at trends and themes across the county, using those trends as a basis for what we investigate further
- Escalate serious concerns to the appropriate authority and monitor the outcome
- Respond to enquiries on our Freephone line within one working day
- Endeavour to meet as many people face to face as possible, in particular contacting groups who do not contact us by other means. To do this we will visit a different district council area each month and visits priority groups in that district.
- Be open and transparent in how we work
- Publish the following on our website:
 - Our Strategic Priorities and Annual report
 - Our Project and Enter & View Reports
 - A monthly update of our work
 - Our workplan for the year
 - Records of our regular meetings that set our priorities

What do we do for commissioners and providers?

- Work in a spirit of partnership, sharing information, informing you about work we are undertaking and supporting work that improves patient/service user experiences.
- Meet with you quarterly to discuss shared areas of concern and monitor an action plan made up of agreed issues, Healthwatch report recommendations and CQC findings.
- Act as a critical friend for consultations you undertake

What do we offer our volunteers?

- Be clear about the requirements and expectations of you and be open with you if there are any concerns about how you carry out your role.
- Give you clear roles so you can understand your commitment and what you will achieve.
- Give you training and experience in working in health and social care at a strategic level.
- Reimburse your out of pocket expenses
- Be appreciative of your time and efforts.

For other stakeholders we will:

Voluntary Sector

- Offer the opportunity for someone in your organisation or group to become a Community champion where you will receive a monthly update on our work and have a mechanism to tell us the experiences of the people you work with.
- Involve you in our public voice programme when we are in your area.
- Involve you in our projects where relevant.

District Councils

- Inform you when we are working in your area.
- Support councillors to share experiences of local residents.
- Keep you updated of the outcomes of our work.

To fulfil our other statutory roles we will:

- Use the outcome of escalations, projects and Enter & View visits to make recommendations to Healthwatch England / Care Quality Commission to conduct special reviews or investigations.
- Use the database designed for the Local Healthwatch network to provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
- Work with CQC, NHS Improvements where there are significant concerns about an organisation.
- Continue to be effective participants of the Kent and local Health & Wellbeing Boards.
- Continue to be effective participants of the Kent Health Overview & Scrutiny Committee and escalate concerns to them.
- Provide feedback on the quality accounts of providers annually.



How do we bring about change?

The answer is simple...
By listening



We listen to people through a number of different ways:

- When people contact our Helpline directly
- By proactively visiting communities and groups especially those who are classed as seldom heard and may not share their feedback
- Through our regular Information stands at public places including libraries, gateways and hospital foyers
- By using our statutory powers to Enter & View any health or social care service and talk to patients and users about their experience
- On board our Healthwatch Big Bus which visited every Kent district

Through this work we have been able to listen to people from all ages from young to old. We've also heard from people who would be classed as 'seldom heard or vulnerable plus people who may not live within Kent but who use Kent's services.

Here's just a few examples of where we have been this year:

- Chinese Lunch club
- Several Travellers sites
- Deaf groups
- Young Mums groups
- Mind, mental health support groups
- Roma community
- The Wrinkly roadshow for older people
- Diabetic Association
- Black African Community Church
- Events with the Roma community
- Disability Groups
- Rural libraries

What we've learnt from visiting services

- We've learnt so much from talking to people but here are a few snapshots
- Services do not currently work as efficiently or as joined up as they could particularly in relation to hospital discharge
 - It's extremely confusing for people about how to complain about services
 - The misconception about lack of NHS dentists often means people don't seek an NHS dentist and therefore don't have any treatment
 - End of Life Care is not always what the patient or family wants it to be
 - People with physical disabilities want a platform in Kent to raise their voice and be heard
 - People want to be involved in decisions about changes to services (big and small) but they are so often not given the opportunity
 - Young people want to be respected by services

What difference have we made?

In our hospitals: Our trained volunteers have visited hospitals across Kent talking to patients about their experiences of Outpatients, Accident & Emergency and Discharge. Through that work we have improved communications for patients in the waiting rooms, ensured clearer signage to help patients and families find their way better as well as improving dignity for patients at Darent Valley and Tunbridge Wells Hospitals.

In our Care Homes: we have escalated four cases of concern for patient safety to the Care Quality Commission and Kent County Council this year. All of these involved residents of care homes in Kent. All of our escalations have been investigated and in one instance the care home was prevented from accepting new residents until measures were put in place.

For mental health patients and carers: we've worked closely with our mental health trust to drive through some of the changes we have recommended. Together with patients and carers, we have finally secured the launch of a single phone number of patients and carers to use when they need to access mental health services. That work has also seen the creation of a Carers Charter which sets out the rights and responsibilities of carers. In addition we have conducted return Enter & View visits to three mental health wards in Kent and will continue to work with the Trust on our recommendations following these visits.

Changes to our services: we monitor and where relevant scrutinise consultations that involve changes to our social care or health services in Kent. Through our scrutiny work we have ensured the voice of patients was clearly heard during the process of change to our stroke services and to hospital services in East Kent. We have escalated our questions around some particular social care consultations and we continue to work with the County Council to improve the way they involve the public in their decision making.

GP services: We've seen many GP practices close in Kent over the past year. This is an issue shared across the South East. Working together with our local Healthwatches we have escalated our concerns to both Healthwatch England and NHS England who commission GP services. We are working with NHS England to improve the communication and support given to patients when their local GP practice closes.

Dentists: Following our detailed report into NHS dental services we have made a number of recommendations. We will be working on these with NHS England and the Local Dental Practitioners Network to make the changes. We have also created two new leaflets for the public clarifying issues around dental charges and how to find an NHS dentist.

Physical Disabilities: In Kent there are many networks for older people, people with mental health or learning disabilities. There is not currently a platform for people with physical disabilities to make their voice heard and collectively discuss issues that matter to them. We are currently establishing a Kent wide network.

All of our reports and recommendations can be found on our website. We work with the relevant provider and commissioner to influence the recommendations that we have made. To date, no provider or commissioner has declined to work with us. All our intelligence and reports are also shared with Healthwatch England and the Care Quality Commission.



Our Volunteers

Our volunteers are central to everything that we do. They are involved in every level from administration through to decision making.

Here's just a few examples of what our volunteers do for us:

- Hold regular sessions in Kent hospitals talking to patients about their experiences
- Represent Healthwatch at key meetings including all seven local Health & Well Being Boards ensuring that patient voice remains on the agenda
- Work with us to shape the workplan for the Kent Health & Well Being Board
- Visiting services as part of our Enter & View remit to talk to patients about their experiences
- Visiting community and seldom heard groups to understand their experiences of services
- Read, distil and analyse reports and information

Our **Intelligence Gathering Group** is made up of volunteers

They review the intelligence we receive from the public, meetings and reports

They identify themes and trends for our future work

Our **Deliberation & Directions Group** is made up of volunteers

Together they agree our priorities and projects

They define and shape our project work and allocate resources



The year ahead?

Together with our volunteers, we have identified the following priorities based on what we have heard from the public.



This list is not exhaustive and we will continue to respond to issues brought to our attention.

Community Equipment
Equipment such as crutches, wheelchairs, hoists etc. This service has changed in 2015 and we plan to talk to people about their experience of the new service and work with the new provider to ensure patients views are used to improve the service.

Patient Transport
We plan to review the new non emergency patient transport service once it has changed to a new provider.

Health & Social Care Complaints
We will follow up our evaluation of complaints processes in health and social care with an evaluation of the improvements that have been made from complaints, and how those improvements are maintained.

Hospital Discharge
Continuing the work that we have already done this year in North Kent, we will turn our focus to improving the experience of people being discharged from hospital in both East & West Kent.

Children & Young Peoples Services
We will work closely with existing networks that gather feedback from young people and families. We will work closely with Children's Health & Wellbeing Boards to ensure that the voice of children, young people and their families are heard in setting strategic priorities and developing new services.

We will gather feedback on the challenges faced by children and their families in accessing health and social care services, in particular the experiences of schools referring children into services.

Carers
We will be asking Carers about the impact of the new rights they are entitled to through the Care Act

Integration of health & Social Care services
Healthwatch Kent has already been heavily involved in the plans for integrating services. We will monitor the impact of these plans and will gather the experiences of people, in particular older people, who are moving between services e.g.

1. From hospital to a care home
2. From hospital to the community
3. From the community to hospital

We will undertake this work where short term improvements in services can be made, without needing to wait for integrated services to become effective. We will employ our statutory power to Enter & View services to speak to service users, carers, family and staff about their experiences and feed this back to the organisations involved. These reports will have recommendations which the organisations are required to respond to.



Finances

Table heading showing statement of activities for the year ending 31 March 2016

Income	
KCC Contract	£448,793
KCC Business case projects	£166,220
Total income	£615,013

Expenditure	
Engaging Kent	£28,115
Staff employment costs	£225,793
Staff recruitment / training	£2,530
Staff and volunteer expenses	£17,217
Volunteer costs, expenses & training	£16,591
Grants	£98,505
Advertising and promotion	£13,679
Professional fees	£8,308
Office related costs inc Insurance	£30,241
Total expenditure	£590,550



Balance sheet as at 31st March 2016

Fixed assets	
Tangible assets	£2,050
Current assets	
Debtors	£203,367
Cash at bank	£241,298
Total current assets	£444,665
Creditors	(£396,545)
(amounts falling due within one year)	
Net current assets / (liabilities)	£48,120
Total assets less current liabilities	£50,170
Provisions for liabilities Deferred tax	(£410)
Net assets	£49,760
Capital and reserves	£49,760

Notes
 Tangible assets, based on ICT equipment purchases minus a depreciation charge.
 Cash at Bank - funds allocated to current activities
 Creditors - trade creditors, taxation and social security, deferred income and accruals
 Engaging Kent is a Community Interest Company which holds the contract for Healthwatch Kent

Your voice counts We want to hear from you

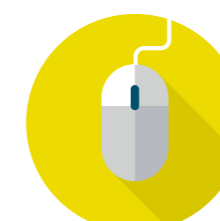
Tell us your experiences of health & social care services in Kent



By Telephone:
 Healthwatch Kent
 Freephone 0808 801 01 02



By Email:
[Info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)



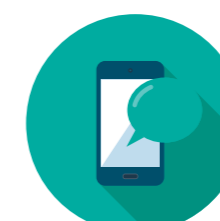
Online:
www.healthwatchkent.co.uk



By Post: Write to us or fill in and send a Speak out form. **Freepost RTLG-UBZB-JUZA**
 Healthwatch Kent, Seabrooke House,
 Church Rd, Ashford TN23 1RD



Face to Face:
 Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**.
 By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.

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Healthwatch Kent Strategy 2016/17

Chief Executive Officer's foreword

This strategy sets out how Healthwatch Kent works and how we intend to continue working in 2016-17.

We are funded via Kent County Council and March 2016 saw us come to the end of our original three-year contact term. Thanks to our effective performance we have secured a two-year extension and so will continue to deliver Healthwatch Kent up until April 2018. It will then be retendered. We have developed new ways of monitoring the outcomes we achieve, therefore want to be clear about the influence and impact we are having. We have developed a structure of Improvement Teams of volunteers to support and monitor changes in services.

There is no single method for delivering Healthwatch, and each of the 152 local Healthwatch across England works differently according to the needs of the population it serves.

Over the last three years paid staff and volunteers have learned a lot about how best to manage the challenges of working in such a large county as Kent. We are also supported by our umbrella body, Healthwatch England who have developed a quality framework to guide local Healthwatch.

We are described as the consumer champion for health and social care. This term conjures images of the excellent work organisations such as Citizens Advice do with utility companies on behalf of the public. However, the relationship between patient/service user and health and social care services is much more complex. Rather than being a passive recipient, health and social care services aim to empower people to manage their health and wellbeing, and increased empowerment means less reliance on services.

Therefore, our role must be about engaging with public health initiatives as well as services, and highlighting what patients and service users can do to support their health and wellbeing, and therefore the system.

Being a Kent-wide organisation with a statutory role to represent the public, we have regular access to discussions at a strategic level.

Our volunteers are becoming more knowledgeable about the strategic picture and understanding how organisations work and cooperate with each other.

We believe we work more effectively at this level. We have continued to develop our engagement with the public, more detail on this can be found on page 6. However, it is challenging for us to engage in detail with any local community, as we know that draws our focus from other areas of the county. We will continue to monitor issues across Kent, according to what the public are telling us.

Often we are asked to represent the views of the public, but are not given the opportunity to engage with patients and service users around that issue prior to representing them. Organisations often ask for our help in engaging with certain communities or groups.

Organisations need to better develop their own ongoing engagement processes so they have easy access to a range of people from their community. We are looking forward to supporting organisations with this which will allow us to focus our resources more effectively.

I would like to thank the volunteers for their time, commitment and energy in making Healthwatch Kent a success.

I would also like to thank the paid team for their hard work and positive approach in working with our volunteers, stakeholders and of course, the residents of Kent.

Steve Inett, CEO, Healthwatch Kent

About Healthwatch Kent

What is Healthwatch Kent?

Healthwatch Kent was established in April 2013 as the new independent consumer champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use health and social care services are taken into account.

What do we do?

Healthwatch Kent took over the role of Kent Local Involvement Network (LINK) and also represents the views of people who use services, carers and the public to the people who commission plan and provide services. Healthwatch provides a FREE signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission to take action.

Our Mission Statement

Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and social care services and take your voice to the people who commission health and social care services in Kent.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk

Our Values

- Partnership of volunteers and paid staff (over 70 volunteers, 11 staff)
- Information and Intelligence based
- Support and Guidance for services
- Two way communications
- Partnerships and relationships - achieving more in partnership than alone
- Honest, accountable and transparent

Our aims:

To improve services by:

1. Engaging with communities across Kent and hearing their views
2. Using feedback from the public and stakeholders to decide our priorities
3. Investigating issues by raising local improvement opportunities, undertake enter & view visits and detailed projects
4. Sharing our findings with commissioners and providers and publicly publishing our report and their response
5. Developing an action plan from our recommendations and meeting regularly with the organisation involved until the actions are completed
6. Publishing an update report on what has been achieved
7. Influencing commissioners and providers in strategic decision making
8. Ensuring high quality consultations and engagement with the public

What is the Healthwatch Kent offer?

For the Public we will:

- Give you Information about health and social care services and signpost you to the correct service, either statutory or in the community.
- Inform you about your rights as a patient/ service user, but also your responsibilities to manage your own health and support services to enable them to be effective

Where you tell us about a personal experience we will:

- Listen to your experiences and signpost you to where to make a complaint and what support is available with complaining
- Record your experiences and look at trends and themes across the county, using those trends as a basis for what we investigate further
- Escalate serious concerns to the appropriate authority and monitor the outcome
- Respond to enquiries on our Freephone line within one working day

Where you are part of a group telling us about a shared experience (a Local Improvement Issue) we will:

- Endeavour to meet as many people face to face as possible, in particular contacting groups who do not contact us by other means. Our Public Voice Programme will visit a different district council area each month and visits priority groups in that district.
- We will raise your Local Improvement Issue with the relevant organisation, ask them to respond to your group directly to advise you how they will address it, and confirm with you that we have done this.

We will also:

- Be open and transparent in how we work
- Publish the following on our website:
 - Our Strategic Priorities and Annual report
 - Our Project and Enter & View Reports
 - A monthly update of our work
 - Our workplan for the year
 - Records of our regular meetings that set our priorities

For Commissioners and Providers we will:

- Work in a spirit of partnership, sharing information, informing you about work we are undertaking and supporting work that improves patient/service user experiences.
- Share Local Improvement Issues with you that have been raised by communities in your area.
- Meet with you quarterly to discuss shared areas of concern and monitor an action plan made up of agreed issues, Healthwatch Kent report recommendations and CQC findings.
- Act as a critical friend for consultations you undertake
- Healthwatch Kent continues to get requests for input where there should be a local engagement process that can meet the need. As part of our quarterly liaison with commissioners and providers Healthwatch Kent will compare their engagement mechanisms against good practice requirements and support them with actions that will develop capacity for good quality in-house engagement.
- As Healthwatch Kent volunteers work more closely with commissioners and providers their understanding of the strategic picture grows. Healthwatch Kent can provide input in high level strategic issues where there is a need to start to look at how to work with the public or give a high level view. Further input should then be sought from local engagement processes.

For Volunteers we will:

- Be clear about the requirements and expectations of you and be open with you if there are any concerns about how you carry out your role.
- Give you clear roles so you can understand your commitment and what you will achieve.
- Give you training and experience in working in health and social care at a strategic level.
- Reimburse your out of pocket expenses
- Be appreciative of your time and efforts.

For other stakeholders we will:

Voluntary Sector

- Offer the opportunity for someone in your organisation or group to become a Community champion where you will receive a monthly update on our work and have a mechanism to tell us the experiences of the people you work with.
- Involve you in our public voice programme when we are in your area.
- Involve you in our projects where relevant.

District Councils

- Inform you when we are working in your area.
- Support councillors to share experiences of local residents.
- Keep you updated of the outcomes of our work.

To fulfil our other statutory roles we will:

- Use the outcome of escalations, projects and enter & view visits to make recommendations to Healthwatch England / Care Quality Commission to conduct special reviews or investigations.
- Use the database designed for the Local Healthwatch network to provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
- Work with CQC, Monitor and TDA where there are significant concerns about an organisation.
- Be effective participants of the Kent and local Health & Wellbeing Boards and influence decisions.
- Be effective participants of the Kent Health Overview & Scrutiny Committee and escalate concerns to them.
- Provide feedback on the quality accounts of providers annually.

Support from Healthwatch England and other local Healthwatch

We are part of a network of 152 local Healthwatch organisations. The network is supported by a national organisation; Healthwatch England. Healthwatch England (HWE) provide support to local Healthwatch and collate the work being done by them to look at the national picture.

We will continue to work closely with HWE and share the outcomes of the work we do.

Where an issue can only be addressed on a national level we will escalate it with HWE who have a direct relationship with the Department of Health, NHS England and Care Quality Commission nationally, and can also lobby parliament behalf of the public.

We have worked closely with neighbouring Healthwatch in East Sussex, Bexley and Medway and in 2015/16 continue to work closely on projects that affect our residents.

We will also continue to meet regularly with all Healthwatch in the South East to see what we can achieve on a regional level.

Having an impact, influencing and bringing about change

Because we cover such a large county, it can be difficult for us to support change in individual services or communities, which would be easy to evidence.

There are 309 parishes in Kent each with dozens of different communities and groups, it is impossible for us to understand the needs of all of them, and there are other organisations such as parish councils or community groups that do this.

By affecting larger change in services used by lots of people, we can benefit more of the population. These changes often take longer, are less easy to see and harder to communicate back to the community, until they experience a better service for themselves.

Our role gives us a unique position with commissioners and providers of health & social care services, but we will use this position to work in partnership for changes that will benefit the whole community.

Therefore, we believe we are best placed to work at a strategic level to improve services and we will do this by:

1. **Engaging with communities across Kent and hearing their views**
2. **Using feedback from the public and stakeholders to decide our priorities**
3. **Investigating issues by raising local improvement opportunities, undertake enter & view visits, and detailed projects**
4. **Sharing our findings with commissioners and providers and publicly publishing our report and their response**
5. **Developing an action plan from our recommendations and meeting regularly with the organisation involved until the actions are completed**
6. **Publishing an update report on what has been achieved**
7. **Influencing commissioners and providers in strategic decision making**
8. **Ensuring high quality consultations and engagement with the public**

1. Engaging with Communities

Feedback from people about their experiences of health and social care services is the information we use to do our job, so we make it as easy as we can to talk to us:

- The Information and Signposting freephone line is the easiest way to contact us on **0808 801 0102**, Monday to Friday 10am to 4pm. We work hard to ensure we immediately answer any call received in the opening hours but if you have to leave a message we will ring you back within one working day.
- You can email on info@healthwatchkent.co.uk and we will respond within two working days.

- You can text us on **07525 861639** and we will respond within two working days. You can request a British Sign Language Interpreter through our text service and we will arrange for them to meet you face to face, near to you.

The phone line cannot deal with complaints but can assist with how to complain to the relevant organisation.

However, we will continue to respond urgently to cases where people are potentially at risk or the quality of a service is extremely poor.

We will continue to have quarterly liaisons with the patient experience departments in the main providers to share anonymised feedback we have received from the public and ensure we can contact the correct person urgently if necessary.

To ensure we engage equally across the county, we visit a different district council area each month and aim to make at least eight visits to a range of venues; the local libraries, council offices, community centres, children's centres and community groups.

We have analysed each district and prioritise communities and groups that are seldom heard.

We aim to avoid duplication of engagement and so will link with charities and support groups working with those communities, so they can help us understand their needs.

To support this, we have over 200 Community Champions in various organisations across the county who share feedback from the people they work with. They are contacted when we are coming to their district. We will continue to grow the number of Community Champions.

Where a group raises a Local Improvement Issue we will inform the relevant organisation, ask them to respond to your group directly to advise you how they will address it, and confirm with you that we have done this.

Where engagement or campaigning is already happening we can offer support but will not do anything that will impede or duplicate them. We cannot partner with any campaigns about services as our role is to ensure the whole community is heard and not everyone may share the views of the campaign.

We work closely with many patient and public engagement networks and forums:

Patient Participation Groups (PPGs) are based in GP practices and are a vital network in listening to the public's views on health and social care services. We have met with many of them but we will ensure every PPG understands how to work in partnership with Healthwatch Kent.

Healthwatch Kent is an independent organisation and so does not take part in party political activities, however we recognise the importance of those who are democratically elected to represent the public and we will continue to develop our relationships with MPs, county, district and parish councillors. The feedback they receive from the public is valuable intelligence to understand their experiences of health and social care services.

We will continue to increase the activities our volunteers undertake in their local area to engage with the public such as information stands in hospitals and at events.

We will continue to raise awareness of Healthwatch Kent amongst the public; it is now a requirement for health services to display our information and we will be monitoring that this happens.

We are also touring with our big red bus in June 2016 which visits every district in Kent to raise awareness of Healthwatch Kent and gather feedback.

2. Using feedback from the public to decide our priorities

From the feedback we receive from the public we look at trends in services to see what issues are affecting people the most.

We also look at the issues being discussed with commissioners and providers around the county. Healthwatch Kent have a network of volunteer representatives who attend meetings and forums throughout Kent and report back the main issues that are being discussed.

We also respond to urgent issues such as the outcome of Care Quality Commission inspections and closures of services.

All these issues are brought to our Intelligence Gathering Group (IGG) each month which is made up of volunteer readers.

Once we have the issues, volunteers read and research to understand what work might already be done in those areas to avoid duplication. This involves looking at commissioning plans and speaking with commissioners and providers to understand the current situation.

If we feel the issue needs further investigation, and that the views of patients and the public have not been heard, the decision of whether it becomes a priority for further work is made by our Healthwatch Kent Steering Group, which is made up of volunteers and paid staff who consider the evidence. If it is agreed as a priority, Healthwatch Kent will undertake further work as described below.

3. Investigate issues via use of Local Improvement Opportunities enter & view visits and projects

Where a group tells us about a shared experience (a Local Improvement Issue), we will raise the Local Improvement Issue with the relevant organisation, ask them to respond to your group directly to give them the opportunity to advise you how they will address it, and confirm with the group that we have done this.

We will undertake Enter & View visits to speak to service users, carers, family and staff about their experiences and produce reports on our findings. These reports will have recommendations which the organisations are required to respond to and are published on our website.

We will continue to undertake more in depth work in certain areas and produce project reports that are robust and bring the patient or service user perspective. As well as highlighting where services need to improve, reports will also identify what patients can do to better manage their health and wellbeing and utilise services effectively. Project reports are published for the public to review what we have done.

Examples of reports completed in 2015/16 are:

Nursing Care at home

Dentists

Winter Pressures

Patient Participation Groups

Mental Health inpatient wards

4. Share our findings with commissioners and providers and publicly publish our report and their response

We always aim to work in partnership and in an open, transparent manner throughout a project to ensure we are a credible partner to organisations and stakeholders. We avoid duplication of the work of others and aim to understand and enhance that work.

However, when we raise a concern with a statutory organisation they are required to respond to us. As well as working with the organisation throughout the project or enter & view, we will send them the completed report and ask for responses. Afterwards both the report and the response are published.

We will also share the report with members of the public that took part in the project and those who raised the issue via our engagement with communities.

5. Develop an action plan from our recommendations and meet regularly with the organisation involved until the actions are completed

An action plan is produced from the recommendations in our reports.

In 2016/17 we will improve our follow up with organisations by creating Improvement Teams that will work with commissioners and providers, meeting quarterly and monitoring the actions that are completed. These actions will be reported each quarter, showing what changes to services have occurred because of our involvement.

6. Publish an update report on what has been achieved

After twelve months we will publish an update report on what has been achieved.

This will highlight the impact of our work.

7. Influencing commissioners and providers in strategic decision making

We will ensure Healthwatch Kent representatives at strategic meetings actively influence decisions and plans, by ensuring engaging with the public is a key part of the process and encouraging organisations to understand patient experience.

We will report on a monthly basis where we have actively influenced discussions at meetings.

8. Ensuring high quality consultations and engagement with the public

Healthwatch Kent acts as a critical friend to organisations undertaking consultations. To assist this we created a guide to best practice

The guide to consultation has been compiled to achieve the following:

- To encourage organisations to view the public as a vital resource who can help them solve the significant financial and other resource issues they face
- To provide guiding principles to help organisations deliver genuine and meaningful public consultations
- To help organisations understand best practice and the legal requirements around consultations
- To improve the quality of engagement in developing ideas and options, and improve the communication relating to public consultations in Kent
- To help avoid public money being wasted on consultations that could be challenged
- To understand what Healthwatch Kent will be assessing when it acts as a critical friend

We will continue to perform this critical friend role in 2016/17.

We have also shared this approach with the Healthwatch network and are becoming a go-to resource for other local healthwatch dealing with consultations.

Strategic priorities 2015/16

Below is a list of the priorities agreed by our DaDs group as described in the section **How we decide our priorities**.

This list is not exhaustive and we will continue to respond to issues brought to our attention as described in the same section.

We reviewed the feedback received via our Freephone line and undertook a poll during our Big Red Bus tour this year to identify the top three issues where we should undertake work. They were:

GP's - Getting an appointment
Referrals and Waiting Times
Community Mental Health Services

We will also be undertaking work on:

Carers - review of the impact of the Care Act

Equipment - review of the new service across Kent

Patient Transport - review of the new service across Kent

Health & Social Care Complaints

We will follow up our evaluation of complaints processes in health and social care with an evaluation of the improvements that have been made from complaints, and how those improvements are maintained.

Children & Young Peoples Services

We will work closely with existing networks that gather feedback from young people and families. We will work closely with Children's Health & Wellbeing Boards to ensure that the voice of children, young people and their families are heard in setting strategic priorities and developing new services.

We will gather feedback on the challenges faced by children and their families in accessing health and social care services, in particular the experiences of schools referring children into services.

Integration of health & Social Care services

Healthwatch Kent has already been heavily involved in the plans for integrating services.

We will monitor the impact of these plans and will gather the experiences of people, in particular older people, who are moving between services e.g.

1. From hospital to a care home
2. From hospital to the community
3. From the community to hospital

We will undertake this work where short term improvements in services can be made, without needing to wait for integrated services to become effective.

We will employ our statutory power to enter & view services to speak to service users, carers, family and staff about their experiences and feed this back to the organisations involved. These reports will have recommendations which the organisations are required to respond to.

Equality & Diversity

Healthwatch Kent recognises that many people in our society experience discrimination or lack of opportunity for reasons that are not fair.

Healthwatch Kent challenges discrimination and lack of opportunity in its own policy and practice and will encourage other organisations and individuals to do the same.

Healthwatch Kent aims to create a culture that respects and values each other's differences.

Healthwatch Kent sees these differences as an asset to our work as they improve our ability to meet the needs of the organisations and people we serve.

In 2016/17 we will continue to ensure we understand the communities and needs within Kent and ensure we proactively engage with them to understand their experiences of health and social care services.

We will continue to ensure all the information and services we provide are fully accessible to any resident of Kent.

We will complete an Equalities Impact Assessments for all our projects to ensure we hear the voice of those most affected.

We have a programme of gathering public feedback where we focus on a different district council area each month. Before carrying out our engagement with the public in a district, we will have undertaken an equalities impact assessment and prioritised the communities we want to ensure we speak to.

A partnership of volunteers and paid staff

Healthwatch Kent is not a membership organisation. It exists to serve the whole population of Kent regardless of whether individuals have signed up as a member. To be actively involved members of the public can sign up as a volunteer. There are a variety of roles volunteers can undertake, and the organisation could not achieve its aims without them.

Healthwatch holds a database of people who have asked to keep up to date or contribute to what we do. Networking with other voluntary sector groups or membership groups allows us to cascade Healthwatch information to a further group of people who may not wish to register with Healthwatch directly.

Healthwatch Kent ensures that volunteers represent the public and patients of Kent, supported and partnered by a small team of paid staff.

Volunteers are fully inducted and trained and understand that their role is to be the conduit for the feedback Healthwatch Kent receives, they do not use it as a platform for their own concerns.

Our volunteers are involved at every level of what Healthwatch Kent does. They:

- help agree priorities,
- gather intelligence and information
- plan and carry out Enter & View visits
- represent Healthwatch Kent at meetings and forums
- liaise with stakeholders
- gather feedback from the public
- promote Healthwatch
- work together in their locality to improve services

In 2016/17 we will undertake a targeted volunteer recruitment campaign to ensure our volunteers are representative of the localities and diversity within Kent.

We will develop our induction and training and provide regular updates on agreed topics.

We will continue to improve our internal information sharing systems to ensure volunteers feel informed and engaged.

Governance

The funding for Healthwatch is provided by the Department of Health and passed to local authorities to administer. Kent County Council (KCC) manage the funding and Engaging Kent CiC (Community interest Company) were awarded the contract to deliver Healthwatch Kent. KCC and Engaging Kent have agreed an outcomes framework to measure the performance of Healthwatch Kent.

There are two types of governance in relation to Healthwatch Kent:

Corporate Governance: A framework of rules and practices by which the Engaging Kent Board ensures accountability, fairness and transparency in its relationships and stakeholders with regard to Healthwatch.

Organisational Governance: is the process of overseeing of the direction, running and effectiveness of an organisation, in this case Healthwatch. This is undertaken by the Chief Executive Officer (CEO), and the Healthwatch Kent Steering Group.

Engaging Kent CIC role and function

Directors of the company are not directors of Healthwatch Kent. Their responsibility is to oversee the delivery of the contract and ensure the highest standards of quality and adherence to best practice. It is the employer of staff working within Healthwatch.

It has a duty to ensure that the governance structure and processes in place to deliver Healthwatch are robust and that the service meets its contractual and statutory obligations. This is done via the line management of the Healthwatch CEO and delegated areas of responsibility.

It provides assurance that Healthwatch Kent's priorities and activity cohere with the Outcomes Framework and local stakeholder and national bodies' expectations of best practice. It assesses and manages risks to Healthwatch Kent.

Healthwatch Kent Steering Group Role and Function

Formerly two groups; the Deliberations and Directions Group (DaDs) and the Intelligence Gathering Group (IGG), the aims of the group are:

- To ensure there is collective responsibility for the public (our volunteers) and paid staff in setting the priorities of the organisation
- To ensure Healthwatch Kent resources are deployed effectively
- To ensure Healthwatch Kent is acting appropriately to achieve its main aims

The group operates by discussion and consensus and is chaired by the CEO, who has the ability to veto any activities that they consider to be contrary to the Outcomes Framework, the Contract or best practice.

It is empowered to take agreed actions forward within the allocated budget lines and available resources and determine delivery timeframes.

Ensuring value for money

In 2016/17 Healthwatch Kent will continue to be open and transparent about the funding it receives and how it is spent.

We will publish our accounts each year in our annual report.

We will ensure funds are used effectively in the day to day operation of Healthwatch Kent.

We will undertake value for money evaluations of project work to demonstrate robust monitoring of the use of funds.

We will ensure volunteers are not left out of pocket by working with us and pay expenses according to our agreed policy.

If you would like any more information, do please contact us on our Freephone number 0808 801 0102 or email info@healthwatchkent.co.uk

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Item 14: CCGs Annual Rating (Written Briefing)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: CCGs Annual Rating (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent CCGs.

It is a written briefing only and no guests will be present to speak on this item.

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

1. Introduction

- (a) In July 2016 NHS England and NHS Improvement introduced new special measures which are being used with providers and commissioners that fail to meet the financial discipline expected of the NHS; nine CCGs have been placed in special measures (NHS Improvement 2016).
- (b) For CCGs, NHS England based its approach on the annual assessment of overall CCG performance. Using 2015/16 performance 10 CCGs have been rated 'outstanding', a further 82 'good', 91 were found to 'require improvement' and 26 CCGs were rated as 'inadequate' in July 2016 (NHS Improvement 2016).
- (c) CCGs rated as inadequate are required to develop and implement a performance improvement plan under legal Directions from NHS England. In addition, a range of other interventions are being applied under the new special measures regime. These include adjusting a CCG's area and membership practices, disbanding the CCG, requiring that a CCG shares a joint management team or creating an Accountable Care Organisation (NHS Improvement 2016).
- (d) All CCGs that are in the 'requires improvement' category will be required to produce an improvement plan, and NHS England's local teams will work with CCGs to ensure delivery of an improving trajectory (NHS Improvement 2016).
- (e) For 2016/17 onwards, NHS England is introducing a new approach to CCG ratings. CCGs will be rated in 29 areas, underpinned by 60 indicators, which will be made available on the myNHS website; 45 of these indicators have already been published. The new areas include the six clinical priorities matching those set out in the NHS Five Year Forward View: cancer, dementia, diabetes, learning disabilities, maternity and mental health (NHS Improvement 2016).

2. Recommendation

RECOMMENDED that the report be noted and the Kent CCGs be requested to provide an update to the Committee annually.

Background Documents

NHS Improvement (2016) '*Strengthening financial performance & accountability in 2016/17 (21/07/2016)*'

https://improvement.nhs.uk/uploads/documents/Strengthening_financial_performance_and_accountability_in_2016-17_-_Final_2.pdf

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Kent Health Overview and Scrutiny Committee Briefing

Annual assessment 2015/16 of Kent CCGs

September 2016

The assurance framework for 2015/16 assessed CCGs against five components set out in the CCG assurance framework.

The components are:

- Well led
- Delegated functions
- Finance
- Performance
- Planning.

For each component, CCGs were assessed in four categories: outstanding, good, requires improvement and inadequate.

CCGs were then given an overall headline assessment, based on their ratings in the five components of assurance.

An overall rating of **outstanding** means that at least one of the five components is outstanding and all others are good.

Good means that all components are good or at least four components are rated as good (or good and outstanding) and one component is rated requires improvement, unless requires improvement is in the finance, planning or well led component

Requires improvement applies if four components are rated as good (or good and outstanding) and the finance, planning or well led components are assessed as requires improvement or inadequate. Or, there is more than one requires improvement component rating and no more than one component is assessed as inadequate.

A CCG is **inadequate** overall if more than one component is rated as inadequate and it already has directions (under section 14.z.21 of the NHS Act 2006, as amended) in force.

CCG ratings

Nationally, 10 CCGs were rated 'outstanding', a further 82 'good' and 91 were found to 'require improvement'.

In Kent the headline rating for each of the CCGs is follows:

CCG	Headline rating
NHS Ashford CCG	Requires improvement
NHS Canterbury and Coastal CCG	Requires improvement
NHS Dartford, Gravesham and Swanley CCG	Requires improvement
NHS South Kent Coast CCG	Requires improvement
NHS Swale CCG	Good
NHS Thanet CCG	Requires improvement
NHS West Kent CCG	Good

A more detailed summary of ratings for Kent and Medway CCGs is included in Appendix 1.

CCG improvement plans

All CCGs have improvement plans in place and these are summarised below:

CCG	Key actions
NHS Ashford CCG	<ul style="list-style-type: none"> • Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP). • Address the entrenched poor performance against the A&E standard, the national referral-to-treatment standard and the national cancer standards in the East Kent system • Stabilise and improve the financial position such that NHS Ashford CCG delivers the required one per cent surplus in 2017/18 that business rules require • Deliver the new Early Intervention in Psychosis standards
NHS Canterbury and Coastal CCG	<ul style="list-style-type: none"> • Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP). • Address the entrenched poor performance against the A&E standard, the national referral-to-

	<p>treatment standard and the national cancer standards in the East Kent system</p> <ul style="list-style-type: none"> • Deliver the new Early Intervention in Psychosis standards
NHS Dartford, Gravesham and Swanley CCG	<ul style="list-style-type: none"> • Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution • Work with service providers and our partners to achieve our financial objectives in the forthcoming reporting year • Continue to make changes and improvements to ensure our assurance ratings improve year on year
NHS South Kent Coast CCG	<ul style="list-style-type: none"> • Work with providers to improve performance on constitutional standards by accelerating delivery of recovery plans and using appropriate contract levers • Ensure that work on building elective capacity translates into improved referral to treatment (RTT) performance and a stepped reduction of the backlog. • Deliver the new Early Intervention in Psychosis standards
NHS Swale CCG	<ul style="list-style-type: none"> • Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution • Continue to work hard in all areas of assessment to improve rating further
NHS Thanet CCG	<ul style="list-style-type: none"> • Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP). • Address the entrenched poor performance against the A&E standard, the national referral-to-treatment standard and the national

	<p>cancer standards in the East Kent system</p> <ul style="list-style-type: none"> • Stabilise and improve the financial position such that NHS Thanet CCG delivers the required one per cent surplus in 2017/18 that business rules require • Deliver the new Early Intervention in Psychosis standards
<p>NHS West Kent CCG</p>	<ul style="list-style-type: none"> • Work with providers to improve performance on constitutional standards, in particular on A&E waiting times • Deliver the national standard on dementia diagnosis rates

Appendix 1 Kent CCG ratings in full

CCG	Headline rating	Well led	Delegated functions	Finance	Performance	Planning
NHS Ashford CCG	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
NHS Canterbury and Coastal CCG	Requires improvement	Requires improvement	Good	Good	Requires improvement	Good
NHS Dartford, Gravesham and Swanley CCG	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
NHS South Kent Coast CCG	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Good
NHS Swale CCG	Good	Good	Good	Good	Requires improvement	Good
NHS Thanet CCG	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Good
NHS West Kent CCG	Good	Good	Good	Good	Requires improvement	Good

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Item 15: All Age Eating Disorder Service in Kent and Medway (Written Briefing)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: All Age Eating Disorder Service in Kent and Medway (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG.

It is a written briefing only and no guests will be present to speak on this item.

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

1. Introduction

- (a) NHS West Kent CCG has asked for the attached report to be presented to the Committee.

2. Potential Substantial Variation of Service

- (a) It is for the Committee to determine if this service change constitutes a substantial variation of service. Medway Health and Adult Social Care Overview and Scrutiny Committee considered the item on 23 August 2016. They determined that the proposals did not constitute a substantial variation of service.
- (b) If the HOSC deems the proposals as not being substantial, this does not prevent the HOSC from reviewing the proposals at its discretion and making reports and recommendations to NHS West Kent CCG.
- (c) If the HOSC determines the proposals to be substantial, a timetable for consideration of the change will need to be agreed between the Joint HOSC and NHS West Kent CCG. The timetable will include the proposed date that NHS West Kent CCG intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

3. Recommendation

If the proposals are *not substantial*:

RECOMMENDED that:

- (a) the Committee does not deem the proposals to be a substantial variation of service;
- (b) NHS West Kent CCG be invited to submit a report to the Committee at the conclusion of the procurement.

3. Recommendation

If the proposals are *substantial*:

RECOMMENDED that:

- (a) the Committee deems the proposals to be a substantial variation of service;
- (b) NHS West Kent CCG be invited to submit a report to the next meeting of the Committee.

Background

Medway Council (2016) '*Agenda, Health and Adult Social Care Overview and Scrutiny Committee (23/08/2016)*',

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3399>

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Procurement of an all age eating disorder service in Kent and Medway

September 2016

Patient focused,
providing quality,
improving outcomes

Procurement of an all age eating disorder service in Kent and Medway

Summary

This paper is being submitted to the HOSC to inform them of the agreement by Kent and Medway commissioners to procure an all age eating disorder service across Kent and Medway to commence from 1st September 2017.

Recommendation

Members of the HOSC are asked to note the contents of this report.

Members are reminded of their statutory duty to declare any conflict and have it properly resolved.

1.0 Definition of eating disorders

Eating disorders are serious, often persistent, mental health disorders associated with high levels of impairment to everyday functioning and development, and a high burden on families and carers. They can be associated with life-long physical, psychological, educational and social impairment and in some cases can be fatal.

The most common eating disorders are:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- 'Atypical' eating disorders

2.0 Introduction and background

The first designated eating disorder service (EDS) in Kent and Medway was developed in 2008. The Kent and Medway eating disorder redesign project, sponsored by NHS West Kent Clinical Commissioning Group (CCG), was set up in July 2014 in response to:

- The issue of a 'Preventing Future Deaths' report from the Coroner
- Concerns raised at the effectiveness of the current EDS delivery model
- Current delivery model not compliant with National Institute for Health and Care Excellence (NICE) guidance
- Patchy and inconsistent service provision across the health economies
- Difficulties faced by patients and carers at the interface between children's and adult services
- Unreasonable distances to travel to receive treatment
- Presence of a Body Mass Index (BMI) "screen" prior to GP referral, which is a barrier to currently recommended preventative and early intervention treatment
- Waiting times that are longer than the national standards.

3.0 Current service provision

Kent and Medway children's and adolescent services (Sussex Partnership Foundation Trust - SPFT)

Children and adolescent eating disorder services are delivered as part of a 'block contract' children and young people's mental health service with SPFT. Eating disorder cases are prioritised and there is no waiting list. However, the prioritisation of these cases increases the waiting times for patients requiring general children and young people (ChYPS) services. Currently children and young people with an eating disorder can only access services once the condition is established and moderately

advanced. The generic ChYPS service supports some children and young people with mild anorexia and bulimia.

There are links with the Primary Care eating disorder service managed by Kent and Medway NHS and Social Care Partnership trust (KMPT) to share good practice and discuss cases as needed. A transition protocol between ChYPS and adult mental health services is in operation and has improved transitional arrangements between the two services.

KMPT's Community Eating Disorder across Kent and Medway

KMPT's Primary Care service receives referrals from GPs and other primary care workers as well as other services supporting young people/adults such as schools and further education. The Primary Care service can accept referrals of patients aged 14 upwards across Kent and Medway for patients who have not had symptoms for more than 18 months and where there has not been a diagnosis of an eating disorder.

KMPT also provide secondary care services although the service does not support people requiring a secondary care specialist eating disorder service aged 17 years and under (this service is provided by SPFT). However, joint working practices are in place to provide information to 17 year olds before transition to adult services.

Kent and Medway NHS England/Tier 4 Admissions

In-patient treatment is commissioned separately, on a case by case basis, by NHS England and is 'out of area' as there are no in-patient beds for eating disorders in Kent and Medway. Following assessment by the community eating disorder team tier four providers are approached to determine bed status and put the patient on their waiting list if there are no beds available. The criterion is per NHSE guidance:

- BMI below 15 with physical issues
- Poor outcomes with community treatment.

4.0 Engagement with service users and professionals

Service user and professional engagement has been undertaken over the past few years to gather feedback on the current provision of eating disorder services across Kent and Medway and to make recommendations for improvements. The key recommendations are summarised below.

Early intervention is considered essential for eating disorders by patients, carers and health professionals. All respondents indicate that the specialist services need to be more responsive and that the waiting times need to be improved. Moreover, a number of issues were raised relating to the location of services with many suggesting there need to be more services available across the region to ensure they are 'closer to home'.

Furthermore, concerns were raised regarding the provision of separate children and adult services and the problems this can cause when a patient moves from one to the other, for example the need for a new referral, delays in getting continuing treatment, changes in the treating specialist. There are suggestions that there should be an 'all age' referral pathway to ensure smooth transition from one to another and to avoid unnecessary waiting times and duplication of assessments.

5.0 Proposed new service model for the Kent and Medway all age eating disorder service

Table 1 below outlines the differences in service provision between the current model and the new model which would deliver evidence based specialist intervention and will not have any transition issues between children and adult services:

The current model	The new model
Separate children's and adult service providers	All age (eight upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

6.0 Key components of the proposed new service are:

Key points of the new model for eating disorders include the following:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

The detail required to deliver the model will be contained within the national specification guidance and the service specification will inform the future contracts and the contractual framework required.

7.0 Service specification

- The draft service specification has been signed off by CCG committees across Kent and Medway
- A consultation event has been held to gather feedback on the draft service specification from specialists within the field of eating disorder services
- These documents will remain in draft format throughout the procurement process in order to be developed in partnership with service providers.

8.0 Financial envelope

The annual current financial envelope for eating disorder services across Kent and Medway is £2.6 million. The agreed annual financial envelope for the new model is £2.6 million.

9.0 Procurement process and contracting

- A contract procurement board is being established with representatives across Kent and Medway
- Commissioners have agreed to utilise the expertise of the South East Commissioning Support Unit (SECSU) to procure the service
- The procurement process is set to begin in September 2016 with a commencement date of the new service being 1 September 2017.

10.0 Next steps of the contract process:

- Refinement of outcomes and key performance indicators KPIs within the service specification
- Governance approval to begin procurement
- Implement procurement.

11.0 Recommendations

Members of the Kent Health and Overview Committee are asked to:

- (i) NOTE the contents of this report.

12.0 Appendices

Appendix 1 Draft service specification

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Item 16: Dermatology Services in West Kent (Written Briefing)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 2 September 2016

Subject: Dermatology Services in West Kent (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG and King's College Hospital NHS Foundation Trust.

It is a written update only and no guests will be present to speak on this item.

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

1. Introduction

(a) On 10 October 2014 the Committee considered an item about the redesign of dermatology services in North and West Kent. The Committee agreed the following recommendation:

▪ *RESOLVED that:*

(a) *The Committee do not deem this change to be substantial.*

(b) *The guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to submit a report to the Committee in six months.*

(b) On 19 July 2016 the Committee received a written briefing from King's College Hospital NHS Foundation Trust regarding the relocation of dermatology outpatient services from Orpington Hospital to Beckenham Beacon.

(c) On receipt of the King's College Hospital NHS Foundation Trust's briefing, the Vice-Chairman-in-the-Chair requested a written briefing from NHS West Kent CCG about provision for the West Kent patients affected by the relocation of dermatology outpatient services. The Vice-Chairman-in-the-Chair also requested an update on the redesign of dermatology services in North and West Kent.

(d) The following reports are attached for Members' information:

NHS West Kent CCG

pages 137 - 142

King's College Hospital NHS Foundation Trust

pages 143 - 146

2. Recommendation

RECOMMENDED that:

- (a) the report on the procurement of dermatology services in West Kent be noted and NHS West Kent be requested to provide an update following the mobilisation of the new provider.
- (b) the written briefing provided by King's College Hospital NHS Foundation Trust regarding the relocation of dermatology outpatient services from Orpington Hospital to Beckenham Beacon be noted.

Background Documents

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (10/10/2014)*',

<https://democracy.kent.gov.uk/mgAi.aspx?ID=29901>

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Dermatology services in west Kent

A large, abstract graphic on the left side of the page, composed of overlapping curved shapes in various shades of blue and purple, creating a sense of movement and depth.

September 2016

**Patient focused,
providing quality,
improving outcomes**

Dermatology services in west Kent

Summary

This paper is being submitted to the Kent Health Overview and Scrutiny Committee to update them on the provision of dermatology services in west Kent. This follows the withdrawal of outpatient services at Sevenoaks Hospital by King's College Hospital (KCH) NHS Foundation Trust and the recent procurement of Level 3 and Level 4 dermatology services carried out by the CCG.

Recommendation

Members of the HOSC are asked to note the contents of this report.

Members are reminded of their statutory duty to declare any conflict and have it properly resolved.

Background

In April 2016, NHS West Kent CCG and King's College Hospital (KCH) NHS Foundation Trust briefed the Kent Health Overview and Scrutiny Committee (HOSC) on the withdrawal of the trust's outpatient services at Sevenoaks Hospital.

As a result of this withdrawal, the CCG decided to recommission all of the clinics, so that patients in the Sevenoaks area could continue to receive treatment at their local hospital. In future the outpatient services would be provided from Sevenoaks Hospital by Maidstone and Tunbridge Wells NHS Trust (MTW), apart from dermatology services, as MTW were unable to provide this service

Care for people with skin conditions

People with skin conditions should have their care managed at a level appropriate to the severity and complexity of their condition, acknowledging that this may vary over time.

The principles of care are therefore described in relation to the level of care required:

- Patient Self-Management (Level 1)
- Primary Care (Level 2)
- West Kent Dermatology Service (Level 3)
- West Kent Dermatology Service (Level 4)

People with skin conditions who manage their conditions themselves (Level 1 care) should be supported with high-quality patient information.

People with skin conditions needing Primary Care (Level 2) support are managed initially through self-referral to their GP. Any patient whose skin condition cannot be managed by a generalist will need to be referred for specialist care (Level 3) and/or supra-specialist services (Level 4).

A more detailed explanation of the different service levels is included as Appendix 1.

Short term impact on patients currently receiving dermatology services from Kings College Hospital at Sevenoaks

In the short term, those patients whose care has transferred to Orpington Hospital can still choose to receive care there through a twice weekly clinic, though this may mean a slightly longer wait. These clinics will continue, even when the main dermatology site relocates to Beckenham Beacon.

If west Kent patients do not wish to travel to Orpington or Beckenham, they can also choose to be treated at Medway Hospital, Borough Green Medical Practice and Tonbridge Cottage Hospital (depending on the dermatological condition).

Wider provision of dermatology services in west Kent

NHS West Kent CCG currently commissions a variety of providers to deliver dermatology services in the local area, which is both community and acute care services. Acute Services up to level 4 have historically been provided by Medway foundation Trust (MFT), however, over the last year this service has deteriorated and is not deemed to be not fit for service by Commissioners.

A procurement exercise commenced for level 3 dermatology services in partnership with NK CCGs and Medway CCG on 7th January 2015. The process was halted, however, on 15 April 2015 as MFT served notice on the level 4 contract.

MFT continue to experience issues in coping with current levels of demand and are currently outsourcing circa 200 referrals a week to Concordia (not 2week wait).

NHS West Kent CCG currently commissions a variety of providers to deliver dermatology services in the local area, which include both community (Levels 1 and 2) and acute care services (Levels 3 and 4).

Level 3 and Level 4 services have historically been provided by Medway Foundation Trust (MFT). However, over time this service had deteriorated and was deemed to be not fit for purpose by commissioners. As a result, a procurement exercise commenced for Level 3 dermatology services in partnership with North Kent and Medway CCGs on 7 January 2015.

However, the procurement was halted on 15 April 2015 when MFT served notice on the Level 4 contract.

Following discussions with NHS West Kent CCG clinical leads and potential providers, the decision was taken to procure a single contract covering both a Level 3 and level 4 service exclusively for the west Kent area.

Outcome of the procurement

Sussex Community Dermatology Service (SCDS) have been awarded the Dermatology contract which will work on a sub contractual basis with Queen Victoria Hospital.

The new provider is expected to start service delivery on 1st April 2017 and MFT have agreed to work with WK CCG and SCDS during mobilisation of the new service to ensure a smooth transition for patients. All community contracts have been extended up until the end of March 2017 to ensure continuity of service.

Mobilisation of the newly procured service

SCDS are in mobilisation phase and have been meeting with current providers and local GPs. A Dermatology Project Board has been established to oversee the mobilisation and implementation of the new service.

SCDS are also due to attend the Kent and Medway Tumour Site Specific Group meeting in October to gain approval for the cancer pathway of the Dermatology service with Queen Victoria Hospital.

There is also potential that provision at Sevenoaks Hospital will begin earlier than planned, with the new provider looking to mobilise services earlier than April 2017 to minimise the impact on patients in the Sevenoaks area.

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Appendix 1 – dermatology service levels in west Kent.

<p>Level 1: Patient self-management/ support for self-care and advice to patients, carers and prevention.</p> <p>Case mix/ procedure: Benign Lesions Actinic Keratosis Precancerous- SCC in situ/Bowens</p>	<p>Potential Staff: GP Practice Community Nurses Practice Nurses Specialist Nurses</p>	<p>WKDS will support:</p> <ul style="list-style-type: none"> • Self-management with appropriate advice and educational materials. • Educational materials should be available electronically and in paper form • Effective sign posting • Effective support in managing long term conditions • Health promotion and early prevention of cancer
<p>Level 2: Primary Care Service (GP) Diagnosis, advice, treatment and referrals</p> <p>Case mix/ procedure examples: DES/LES list of BCCs (level 2a) Model 1 list of BCCs (level 2b)-see guidance below in the section on skin cancer in the community.</p>	<p>Potential Staff: GP Practice Community Nurses Practice Nurses Specialist Nurses</p> <p>Community practitioners working to the DES/LES model (level 2a or the model 1 service model 2b)</p>	<p>WKDS will support:</p> <ul style="list-style-type: none"> • Development and implementation of education and training programmes for GPs, specialist GPs, practice nurses and other community based clinical staff to maintain and develop skills in primary and community care. • Effective support in the management of chronic/long term conditions supported by a process that enables patients with acute exacerbations of their condition to be fast tracked back to level 3 care. • Dedicated email address/telephone number for GPs to access specialist dermatological advice (WK Kinesis*) regarding their patients in a timely manner. *WK Kinesis is a N3 secured email portal for advice and guidance between GPs & Specialist
<p>Level 3: West Kent Dermatology Service</p> <p>All skin problems that cannot be managed by a GP or</p>	<p>Potential Staff: GPwSI Dermatology Clinical Assistants GPwSI Minor Surgery</p>	<p>WKDS will provide:</p> <ul style="list-style-type: none"> • Triage services • Tele-dermatology service:

<p>conditions where GP may need advice including: -Skin lesions pre malignant or of an uncertain nature -Suspected BCCs- assessment, excision, onward referral</p> <p>Case mix/ procedure examples: High risk BCC SCC (other than categories below)</p>	<p>Nurse Practitioners Consultant Dermatologist</p> <p>LSMDT hospital staff core team member (may be core member of SSMDT acting as 'local' LSMDT) without mandatory individual case review by MDT.</p>	<ul style="list-style-type: none"> • Support pathways of care • Prevention, Self-Care and Patient and Carer Information- websites, leaflets, helpline • Clinical assessment and treatment function • Workforce development activities • Education and mentoring • Phototherapy • Light therapy • Treatment plans • Mentorship
<p>Level 4: West Kent Dermatology Service</p> <p>Services that can only be undertaken in secondary care setting to include: - 2ww pathway</p> <p>Case mix/ procedure examples: High risk BCC SCC } recurrent/ with +ve excision</p> <p>2 week wait clinics Rapid assessment cancer Triage Diagnosis of complex cases Review of complex cases Patch Tests Development of treatment plans Protocol development Training and audit</p>	<p>Potential Staff: -Consultant Dermatologist x 2 -Consultant Plastic Surgeon -Skin cancer CNS -Histopathologists -Radiologists -Clinical Oncologists -Medical Oncologists -Palliative care specialists -Multidisciplinary team -Clinical Nurse -Administration</p> <p>LSMDT hospital staff core team member(s), with mandatory individual case review by LSMDT (may be SSMDT and its core members acting as 'local' LSMDT).</p>	<p>WKDS will provide:</p> <ul style="list-style-type: none"> • 2ww cancer care path • Integration with L1, L2 and L3 • Consultant community clinics • Consultant to provide support in relation to continuing professional development/mentorship/support to GPwSI and other staff.

Briefing for: Kent Health Overview and Scrutiny Committee

Date July 2016

Subject **Increasing bed capacity and improving patient experience –
Relocation of Dermatology Outpatient Service to Beckenham Beacon**

Contents

1. Introduction - Our major operational challenges
2. Addressing our operation challenges – demand and capacity
3. Our proposals
4. Bromley Dermatology Outpatient relocation

This briefing sets out the demand and capacity challenges that the Trust is experiencing and proposals to address them which involve changes to some services and developments across King's College Hospital, Princess Royal University Hospital and Orpington Hospital. This briefing specifically focuses on the relocation of the Dermatology Outpatients Service from Orpington Hospital to Beckenham Beacon.

1. Introduction

In October 2013, King's College Hospital NHS Foundation Trust acquired the Princess Royal University Hospital (PRUH), Orpington Hospital, and some services at Beckenham Beacon and Queen Mary's Sidcup following the dissolution of South London Healthcare NHS Trust. Since this time King's has undertaken the complete refurbishment of Orpington Hospital and the redevelopment of the model of care on site has been ongoing.

Alongside this, we have experienced continual pressure on capacity across our main hospital sites. Therefore we have also been working to try to alleviate this pressure through integrating services across our expanded footprint. However significant challenge remains and we are working with our local partners to explore ways to overcome them.

Our major operational challenges

Like other NHS Trusts we are challenged with regard to our emergency performance and waiting times for planned treatment. The demand for our services is substantial and the current level of capacity across our main acute sites is not sufficient.

We are seeing record levels of attendance and admissions at both our Emergency Departments which has led to high bed occupancy levels, longer waiting times for patients and cancellations of planned operations due to the shortage of beds. These cancellations

have increased waiting lists for patients needing surgery as emergency patients are prioritised. The PRUH is further challenged by the large elderly population in Bromley who often experience longer stays in hospital than is needed and are often admitted due to situations which could be avoided.

2. Addressing our major operational challenges – demand and capacity

Without going further, through increasing capacity and improving patient pathways, our analysis tells us that we will have a greater and unsustainable shortfall of beds at both our main hospitals. This will mean the pressure on beds will continue as will the high rates of bed occupancy we continue to experience. We will not be able to improve on the number of patients being seen, treated and discharged from our emergency departments within the four hour target and waiting times for planned treatment will lengthen.

3. Our proposals

We need to make radical changes in order to ensure that our patients are being seen in a timely manner and in the right setting. We recognise the need to do this by working with our partners and have welcomed the approval from system regulators and commissioners to progress these proposals.

We have proposed addressing the problems outlined through providing additional beds and redesigning the operating models of some services across KCH, PRUH and Orpington Hospital. This includes the development of an Older People's Assessment and Frailty Unit to be based at Orpington Hospital and will offer a more suitable environment and specialist care to elderly and frail patients. We intend to have the new beds including those within the new unit operational by early 2017.

In order to create the new beds we need to free up sufficient space and therefore transfer the locations of some services between the three sites. The relocation of the Dermatology Outpatients Service is key to enabling the changes at Orpington Hospital to take place.

5. Bromley Dermatology Outpatient Service relocation

The Dermatology Outpatient Service is currently based at Orpington Hospital. The majority of patients using the dermatology service come from Bromley (68.38%) and patients from West Kent represent the second largest cohort (10.12%). Smaller cohorts of patients come from Bexley (6.67%) and other areas. In 2015/16, the service saw a total of 16,574 patients.

We plan to move our core service to Beckenham Beacon on 22 July 2016. Two clinics per week will continue at Orpington. At Beckenham Beacon we already provide a number of Outpatient services including dermatology clinics and as a site dedicated primarily to delivering acute, community and primary care this is a good location for us to continue caring for our dermatology patients. Beckenham Beacon is well regarded by the local community

and offers additional facilities such as a pharmacy for all outpatient clinics. As a Trust we are keen to make full use of our space allocation and this move will assist us to do this.

We know that changes to services can be difficult for some patients and their families. This is why we are discussing the move with patients that come into the clinic at Orpington before the move and carrying out some engagement activity to ensure that we are addressing any concerns. As a matter of course, we are contacting all patients with existing bookings to inform them of the move and providing information to support them with attending the new location.

To accommodate the move, some clinic appointments 22 and 25 July will be rearranged. These appointments will be rescheduled for the earliest available slots at the new location. New patients will be invited to attend Beckenham Beacon with patients having the choice of appointments at the smaller satellite service that will remain at Orpington Hospital.

The new location is served by public transport and has car parking facilities including a number of disabled bays. In line with current policy, access to our patient transport service will be available to eligible patients.

As described, this change is part of a system wide improvement plan that is supported by local our regulators and local commissioners as it enables much needed bed capacity to be created for the populations we serve.

Our priority is the continuity of care for patients and we are committed to ensuring a smooth transfer of the dermatology service.

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