HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd March, 2018

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 2nd March, 2018, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Lizzy Adam**
Telephone: **03000 412775**

Tea/Coffee will be available from 9:45 am

Membership

Conservative (11):	Mrs S Chandler (Chair), Mr M J Angell, Mr P Bartlett, Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Mrs L Game, Ms S Hamilton, Mr K Pugh and Mr I Thomas
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
District/Borough Representatives (4):	Councillor L Hills, Councillor J Howes, Councillor M Lyons, and Councillor T Searles

Webcasting Notice

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UNRESTRICTED ITEMS

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

Item — Timings*

1. Substitutes

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

3. Minutes (Pages 5 - 12)

4. Children & Young People's Mental Health Services & All Age Eating Disorder (Pages 13 - 62)

5. Patient Transport Service (Pages 63 - 72) 10:30

6. Kent & Medway Integrated Urgent Care Service Procurement (Pages 73 - 78) 11:00

7. Medway NHS Foundation Trust: Update (Pages 79 - 86) 11:30

8. Kent and Medway Strategic Commissioner (Written Briefing) (Pages 87 - 90)

9. East Kent Out of Hours GP Services and NHS 111 (Written Briefing) (Pages 91 - 94)

10. Date of next programmed meeting – Friday 27 April 2018

    Proposed items:
    - Transforming Health and Care in East Kent
    - Financial Recovery in East Kent
    - Review of Winter Performance 2017/18

EXEMPT ITEMS

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

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

22 February 2018

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.

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, 26 January 2018.

PRESENT: Mr M A C Balfour (Substitute) (Substitute for Mr N J D Chard), Mr N J Collor, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Cllr L Hills and Cllr T Searles

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer)

UNRESTRICTED ITEMS

34. Membership
(Item 1)

The Chair informed Members that following Mr Whiting's appointment as Cabinet Member for Planning, Highways, Transport and Waste, he was no longer able to serve as a Member of the Health Overview and Scrutiny Committee.

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

Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of Canterbury City Council's Planning Committee.

36. Minutes
(Item 4)

RESOLVED that the Minutes of the meeting held on 24 November 2017 are correctly recorded and that they be signed by the Chair.

37. Transforming Health and Care in East Kent
(Item 5)

Hazel Smith (Accountable Officer, NHS South Kent Coast and Thanet CCGs) and Michael Ridgwell (Programme Director, Kent and Medway STP) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Ms Smith began by explaining that whilst there had been no substantive change since the update in November, the papers provided additional information on local care which had been requested. She acknowledged that further work was required, to demonstrate the model for local care was the same across East Kent, with GPs working together to develop primary and community care to support their local populations of 30,000 – 60,000. In terms of the potential Kent and

Medway Medical School (KMMS), confirmation regarding the bid's success would be received on 31 March 2018. If successful, the new undergraduate programme would begin in September 2020 with first year students undertaking placements in community hubs. She noted that the public listening events that had taken place last year were broadly supportive of the proposed transformation in East Kent; areas to address included the need to develop local care; transport and access; and specialist centres.

(2) Members enquired about the local care model in Herne Bay; the potential third option, proposed by Paul Carter, Leader of Kent County Council, with A&E services being provided on three sites; and the commissioning of an impact assessment. Ms Smith explained that the model in the Herne Bay area was the same as the Encompass vanguard but was run by a separate organisation of GPs and reflected the needs of its local population. She explained that the East Kent CCGs had met with Paul Carter to discuss his proposal; she noted the importance of looking at all the viable options. She stated that following the meeting the medical directors across Kent & Medway had written to Mr Carter stating that the provision of A&E services on three sites was not clinically deliverable. Mr Ridgwell noted that there had not been A&E services on all three sites in East Kent for 13 years. Mr Ridgwell advised Members that public consultation would be undertaken before any decision was made. Ms Smith committed to circulating the letter from the medical directors to the Committee. In response to a question about the impact assessment, Mr Ridgwell explained that an integrated Impact Assessment was being undertaken by Mott MacDonald; the final report would be shared with the Committee. He suggested that a Deloitte report into social-economic impact, referenced by a Member, was a historic document and would seek further information about it.

(3) Following a reference to option 2, the offer to build a new hospital in Canterbury from a developer, as a 'super hospital', Ms Smith stated that it was not a term being used by the East Kent CCGs. She confirmed that the CCGs were not looking to commission a tertiary hospital; where specialist tertiary services were required, they would be continued to be purchased from the London hospitals. The Chair stated the importance of clear terminology in the public consultation.

(4) Members asked about the planning for population growth, training programmes and the merger of CCG management functions. Ms Smith confirmed that predicted population growth had been used in the planning and review of the long list of options. She noted that there were a number of primary care facilities in East Kent that required refurbishment or rebuilding; the CCGs were seeking for investment to facilitate this. Ms Smith informed the Committee that training programmes were in place to help develop and train staff, including the Health Navigator Programme. She committed to bringing back the comprehensive workforce plan with the Committee later in the year. Mr Ridgwell confirmed that discussions were being undertaken around shared CCG management functions; he committed to providing a paper on this to the Committee at its next meeting.

(5) In response to a question about stroke services, Mr Ridgwell stated that the national view, which had been upheld by the South East Coast Clinical Senate, was that specialist stroke services should be co-located with other

specialist services. The proposal for East Kent was the provision of one specialist stroke unit at the William Harvey Hospital. He stated that whilst NHS funding was a national challenge, the stroke review in Kent & Medway was driven by quality and workforce rather than finance. Evidence from stroke services which had already been reconfigured indicated improved outcomes for patients and a societal benefit as patients did not require as much support as part of their recovery. The Chair noted that the concerns about accessibility particularly in East Kent had been raised at the JHOSC and requested that the JHOSC minutes be shared with the Committee once available.

(6) Members commented about workforce, services in Thanet, sub-acute provision in South Kent Coast, and public transport. Ms Smith reported the importance of evidencing a deliverable workforce as part of the business case. She highlighted the work of the Acute Response Team in Thanet, a group of GPs who were implementing enhanced primary care services to reduce hospital admissions; it was anticipated that when the team was fully operational, it could reduce attendances by 25%. She noted that development of primary care hubs in Cliftonville and Westwood Cross; local discussions were taking place about which GP practices would look to relocate, provide core services or extend services. As part of the development of sub-acute provision, Ms Smith noted that from 1 April 2018 patients in South Kent Coast CCG area would be able to access emergency GP appointments from primary care hubs; this would enable GPs to spend more time with patients with complex needs. She explained that direct conversations with bus companies would be planned. She noted that as part of the reconfiguration of outpatient services in East Kent, bus services to hospitals were initially funded by the NHS but now attracted enough business to run sustainably without subsidy.

(7) In response to questions about the viability of option 2 and the timetable for the identification of a preferred option, Ms Smith explained that the CCGs were working with KCC to understand if option 2 could be taken forward by the end of February.

(8) RESOLVED that:

(a) the report on Transforming Health and Care in East Kent be noted;

(b) a full update be presented to the Committee at the earliest opportunity but no later than April;

(c) the Committee be provided with the rationale as to why the provision of A&E services on three sites is not clinically deliverable.

38. Financial Recovery in East Kent
(Item 6)

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

(1) The Committee received a report on the financial recovery plan for the East Kent CCGs which expanded upon the report considered by the Committee in

September 2017 on the financial recovery plans for Ashford and Canterbury CCGs.

(2) Members enquired about the under delivery of contract management savings and the potential £18 million deficit. Ms Smith explained that in some cases the CCGs' ability to achieve change within the timescales had been optimistic. She noted that the deliverability of some initiatives only became apparent once operational; additional cost pressure relating to increased drug costs and sepsis cases, workforce and a national change to clinical coding had also impacted on the CCGs' financial position. Ms Smith assured the Committee that a consistent financial recovery programme was being applied across the four CCGs via weekly joint management meetings. Ms Smith acknowledged that the £18m deficit was a risk and stated the importance of service transformation in restoring financial balance in East Kent. She explained that the NHS did not want to save money but reduce waste. She noted that initiatives under consideration including infertility treatment and gluten free prescriptions were small in terms of their financial impact in comparison to the acute trust costs.

(3) In response to concerns raised around the reduction of MRI scans, Ms Smith explained that national data showed that GPs in East Kent had greater access to MRI scans than elsewhere which was impacting on access for urgent cancer patients. Ms Smith advised the Committee that this initiative was being led by a group of GPs who were looking to establish a service whereby patients could be assessed by professionals in the community with enhanced skills to determine whether they required an MRI scan or a referral into the acute trust. A new clinical pathway programme had also been installed to enable clinicians to identify appropriate referrals. She acknowledged that cancer targets in East Kent were not being met; a Cancer Recovery Plan had been developed to improve cancer performance. She committed to sharing CCG cancer performance data with the Committee.

(4) In response to a question about increased drug costs, Ms Smith explained that there were two cost pressures. The first was the increased cost of drugs in the category M drug tariff; the cost of these drugs were nationally set following negotiations between government and pharmaceutical companies. The second cost pressure on drugs was the impact of Brexit.

(5) RESOLVED that the report on financial recovery in East Kent be noted, and the East Kent CCGs be requested to provide an update in March 2018.

39. East Kent Out of Hours GP Services and NHS 111
(Item 7)

Hazel Smith (Accountable Officer, NHS South Kent Coast and Thanet CCGs) and Sue Luff (Head of contract) were in attendance for this item.

(1) Ms Luff introduced the report and began by updating the Committee about the successful implementation of the new contract by Integrated Care 24 (IC24) to run the NHS 111 and GP Out of Hours (OOH) service in East Kent on 1 December 2017. Ms Luff noted that the Christmas period had been challenging for NHS 111 and GP OOH providers nationally, initial performance

in East Kent was positive. She reported that the CCGs were working with IC24 to fully develop the service which included working towards the national workforce competency through staff training; developing the clinical advice service and extending the working group to include patient representation. She confirmed that the Folkestone OOH base had reopened and the bases in Deal, Herne Bay and Romney would reopen by the end of February.

(2) Members enquired about the provider, OOH signage and due diligence process. Ms Luff explained that IC24 was a not-for-profit organisation who was an experienced provider of NHS 111 and GP OOH services. She stated that signage regarding OOH services should not contain information about the provider; Ms Luff stated that she would investigate the signage at the William Harvey Hospital. Ms Luff explained that due diligence had been undertaken on the previous provider, Primecare. She stated that the concerns identified by the CQC replicated those that the CCGs had already raised with Primecare; the CCGs had issued a contract performance notice following a quality visit to Primecare's HQ in Wales. She noted that an external audit of the procurement and termination of the Primecare contract had been undertaken to identify lessons learnt for future contracts. She noted that Primecare continued to operate as a healthcare provider but was subject to scrutiny by NHS England and the CQC who undertook monthly quality visits.

(3) In response to a question about staff training, Ms Luff explained that there was a rigorous training programme to ensure all 111 staff were suitably qualified, competent, skilled and experienced. Once trained, staff were subject to a period of supervision and their calls were audited monthly; if staff fell below the expected level, they were required to re-complete the training programme. If staff failed the training programme twice, their contracts were terminated. She stated that staff who transferred from Primecare to IC24 were treated as new starters and were required to complete the training programme.

(4) RESOLVED that the report be noted, and the East Kent CCGs be requested to provide a written update in March to confirm that the Deal, Herne Bay and Romney Marsh bases had been re-opened by the 28 February 2018.

40. Assistive Reproductive Technologies (ART) Policy Review
(Item 8)

Stuart Jeffrey (Chief Operating Officer, NHS Medway CCG) was in attendance for this item.

(1) Mr Jeffrey introduced the report and welcomed Members questions and comments in relation to the review of Assistive Reproductive Technologies (ART) policies in Kent and Medway.

(2) Members enquired about the funding of donated genetic material for same sex couples, interventions prior to IVF and public consultation. Mr Jeffrey confirmed that donated genetic material for same sex couples would be funded going forward and public consultation would not be undertaken on this aspect of the review. Mr Jeffrey advised Members that there would not be any change to early interventions that would have an impact prior to IVF, the focus of the review was on the number of funded IVF cycles. Mr Jeffrey stated that a 12-week public consultation was planned and would include a survey, public

meetings across Kent & Medway and engagement with interested groups such as Fertility Fairness and Healthwatch Kent to target hard-to-reach groups. The launch of the public consultation was subject to sign-off by NHS England's assurance process.

(3) Members commented about the emotional impact on affected patients and gene screening. Mr Jeffrey stated that whilst the driver for the review was financial, he acknowledged that it was a sensitive subject and the consultation would seek to gather qualitative information around this to help the CCG better understand the emotional impact and ensure it could be taken into account. Mr Jeffrey committed to providing further information about the commissioning of gene screening.

(4) RESOLVED that:

(a) the Committee deems the proposed policy changes to be a substantial variation of service;

(b) a joint HOSC be established with Medway Council.

41. Kent and Medway Integrated Urgent Care Service Programme (Written Briefing)
(Item 9)

(1) The Committee considered a report about the procurement of the NHS 111 and Clinical Assessment Service telephony services across Kent and Medway and the procurement of face-to-face services in North Kent including out-of-hour services and urgent treatment centres.

(2) RESOLVED that the report be noted and Adam Wickings, Senior Responsible Officer for Kent and Medway Integrated Urgent Care Service Programme, be invited to provide a verbal update to the Committee on 2 March 2018.

42. Kent and Medway Emergency Care Performance (Written Briefing)
(Item 10)

(1) The Committee considered an interim update on NHS winter performance which focused on the emergency care performance over the Christmas and New Year period.

(2) The Chair noted the Committee's concerns about the interim performance data and requested that a review of winter performance be brought forward from the June to April meeting with clearer performance data.

(3) RESOLVED that:

(a) the report on emergency care performance over the Christmas and New Year period be noted;

(b) the NHS be requested to note the Committee's concerns about the interim performance data;

(c) the NHS be requested to provide a review of the 2017/18 winter plans and clear performance data to the Committee in April 2018.

43. SECAmb Regional Sub-Group (Written Briefing)
(Item 11)

(1) The Committee considered the notes of the SECAmb Regional Scrutiny Sub-Group held on 22 October 2017. The Chair invited Mr Angell to provide an overview of the meeting which included a presentation on the new Ambulance Response Programme and a tour of the Emergency Operations Centre at the Trust's HQ.

(2) Members requested that the following points to be raised at the next meeting of the Sub-Group:

- the difficulties in ambulances accessing new build sites or narrow roads
- an update on the fire service co-responding with the ambulance service.
- an update on the turnover of paramedic practitioners who go onto work in primary or secondary care
- an update on the Trust's public education programme to promote resuscitation and access to defibrillators.

(3) RESOLVED that the notes of the SECAmb Regional Scrutiny Sub-Group on 22 October 2017 be noted.

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Item 4: Children and Young People's Mental Health Service and All Age Eating Disorder Service

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: Children and Young People's Mental Health Service and All Age Eating Disorder Service

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

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

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1. Introduction

(a) On 20 September 2017 the Committee was formally notified that the new contracts for Children and Young People's Mental Health Services and All Age Eating Disorder service in Kent and Medway had commenced on 1 September 2017 with services being delivered by North East London NHS Foundation Trust (NELFT). The Committee agreed the following recommendation:

- *RESOLVED that the reports on Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service be noted and the CCG be invited to provide an update in six months.*

(b) NHS West Kent CCG has asked for the attached reports to be shared with the Committee:

2. Recommendation

RECOMMENDED that the reports be noted and the CCG be invited to provide an update in June on the mobilisation of the new service model.

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (20/09/17)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=45834

Contact Details

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Update on Kent Children and Young People's Emotional Wellbeing and Mental Health Services - March 2018

Kent County Council and the Kent Clinical Commissioning Groups (the Contracting Parties) have been working together since early 2014 to improve the quality and scope of universal provision to deliver a new whole system of support that extends beyond the traditional reach of commissioned services.

The new model, which has been developed alongside the principles and approaches articulated within Future in Mind, outlines a whole system approach to emotional wellbeing and mental health in which there is a Single Point of Access, clear seamless pathways to support ranging from universal 'Early Help' through to highly specialist care with better transition between services.

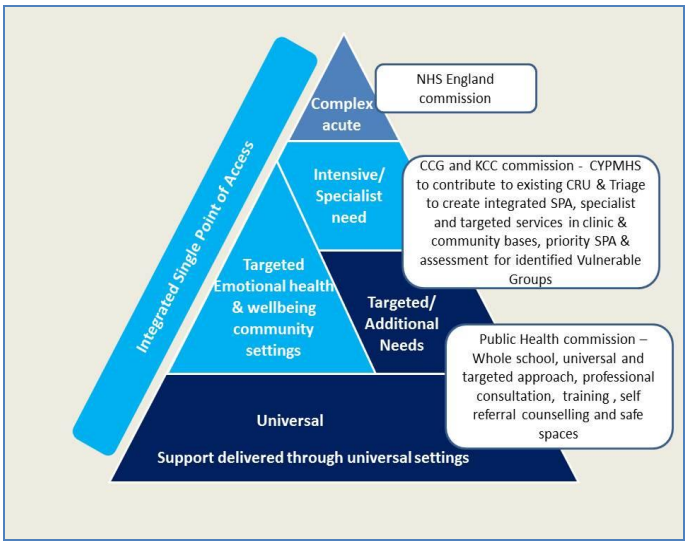

Diagram 1: The Emotional Wellbeing and Mental Health Services Model

This model represents a significant shift in the way that support and services are to be provided to children and young people across the system.

Over the lifetime of the contract there is an absolute requirement for the Providers to embed transformation of children's emotional well-being and mental health services. The service specification embraces this approach, introducing flexibility around delivery of mental health services for children.

North East London NHS Foundation Trust (NELFT) have been delivering mental health services to children and young people up to the age of 18 years since contract transfer from Sussex Partnership NHS Foundation Trust (SPFT) on 1st September 2017. Since that time, NELFT have been in a period of mobilisation overseen at a commissioning level by a Project Group for the operational aspects of service delivery and a Project Board (chaired by Ian Ayres) for the strategic delivery of the project to ensure a safe and timely transfer of patient care.

Project mobilisation ceased on 31 December 2017 after which the contract is being managed by Optum on behalf of the CCGs with West Kent CCG as the Coordinating Commissioner. Delivery against the contract is being monitored and challenged via a monthly Performance and Quality meeting which oversees a robust review of data. A number of complex contract items relating to East Kent ASC/ADHD waiting lists and prescribing could not be resolved in time for contract sign-off, therefore, they are being managed as 'long-stop' items overseen by a Strategic Performance Management Group. Until these long-stop items are addressed, NELFT will be unable to fully move to business-as-usual. The associated risks have been captured and mitigating actions have been put in place to ensure that sufficiently robust arrangements are in place to meet the needs of children and young people.

A three month period of transformation between the previous model and the new model of care is underway. The staff consultation process closed in January 2018 followed by recruitment to senior posts commencing on 29 January 2018 and completing by the end of February. NELFT staff have been appropriately supported during this difficult time including being given the opportunity to attend workshops and training. By 1 April 2018, the new model and subsequent service delivery will be implemented across Kent. Following this implementation, where vacancies are identified, a national recruitment campaign will be issued in addition to weekly pro-active vacancy management.

The Single Point of Access (SPA), for Children and Young People's Mental Health Services is now up and running, and is offering advice, referring to the relevant specialist team where appropriate, and signposting to other services where they can better meet the child or young person's needs (see Diagram 2). The SPA continues to evolve to ensure that children/young people/parent/carers and professionals have quick and direct access to mental health advice via clinical triage at point of contact. Staff at the SPA continue to work closely with surgeries to ensure that the most current contact details are provided on the referral letters that are being received and that GPs are supported in navigated the referral process.

SPA staff are also working with on-site clinicians based in locality teams to ensure urgent and non-urgent cases are clinically triaged in a timeous manner. Kent Community Health Foundation Trust (KCHFT) is commissioned by Kent County Council (KCC) to deliver the Schools Public Health Service. This service began on 1 May 2017. The Kent SPA is staffed by both NELFT

and KCHFT admin and clinical staff who are co-located at Foster Street Clinic in Maidstone. Joint service planning and ongoing review involving KCHFT and NELFT management has been undertaken to put into place processes for receiving new referrals for both school health and children and young people's mental health services. As of 1 February 2018, the SPA has a single email account for all electronic mail for both NELFT and KCHFT. As both NELFT and KCHT SPA staff are working toward a single SPA function they are able to have face to face discussions with their respective clinical colleague counterparts regarding transferring referrals between school health and children and young people's mental health services as appropriate.

Following consultation and implementation of the new service model by 1 April 2018, a combination of the care pathway approach, the integration of tiers 2 and 3, digital innovation and commitment to partnership working with relevant organisations, will ensure that NELFT continue to work at the cutting edge of new care models and systems, striving to achieve the delivery of high quality and innovative mental health care to children and young people across Kent.

Diagram 2: Accessing Emotional Health and Wellbeing Support for Children and Young People in Kent (please note this is an early draft of the diagram which will undergo some change as a result of consultation)

NHS
West Kent
Clinical Commissioning Group

EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES

Kent Targeted and Specialist level Mental Health Services for Children and Young People Project

FINAL Approved Project Closure report

March 2018

Patient focused,
providing quality,
improving outcomes

Content

Content

1 Background

Kent County Council and the Kent Clinical Commissioning Groups have been working together since early 2014, to increase universal provision and deliver a new whole system of wellbeing and mental health support that extends beyond the traditional reach of commissioned services.

The new Model, which was developed alongside the principles and approaches articulated within Future in Mind, sets out a whole system approach to emotional wellbeing and mental health for which there is a Single Point of Access, and clear seamless pathways to support ranging from Universal 'Early Help' through to Highly Specialist care with better transition between services.

Figure 1 demonstrates how the whole system will work together:

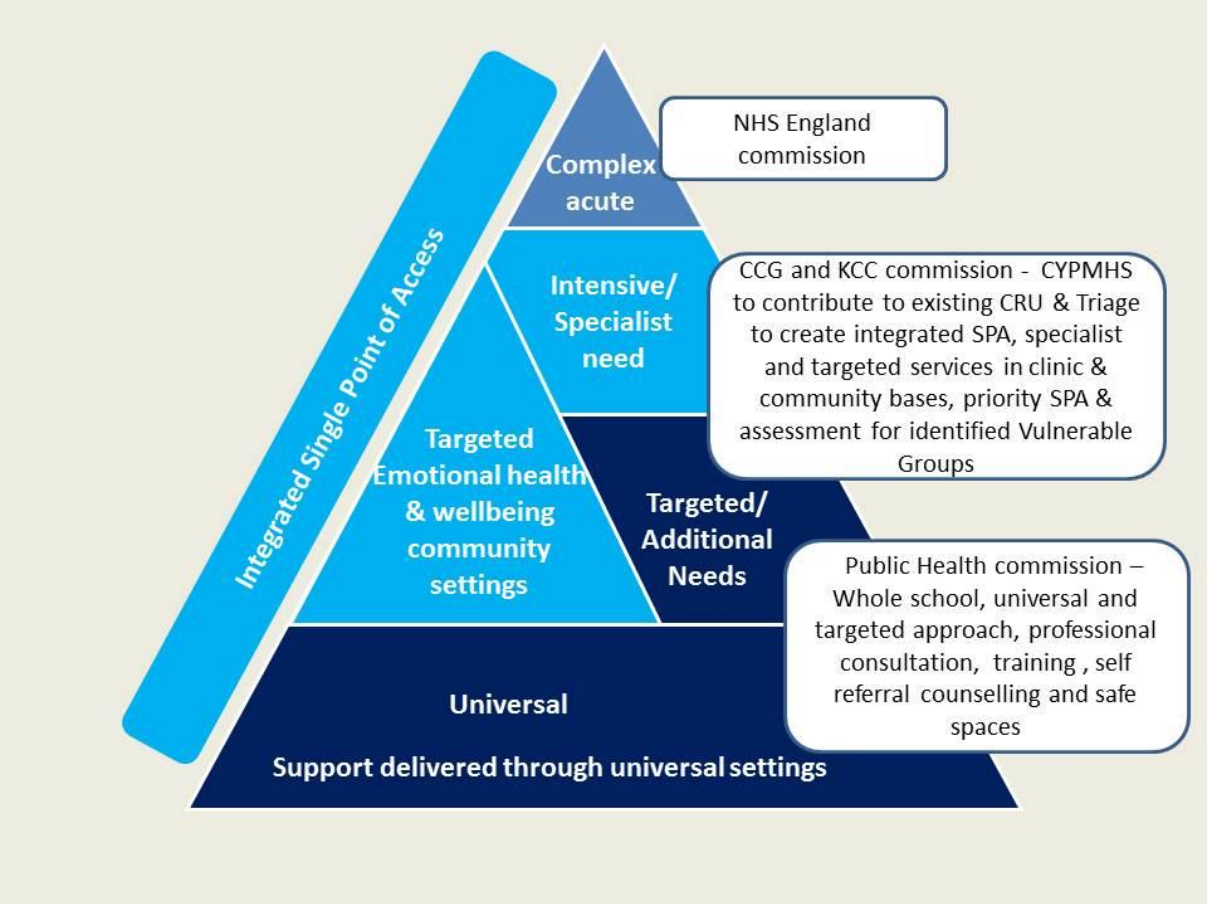

Figure 1: The whole system model

1.1 The new model for Kent

The new model represents a significant shift in the way that support and services are provided to children and young people across the Kent system.

It was agreed by KCC and the seven Kent CCGs, that two separate types of services would need to be procured to meet the diverse emotional health and wellbeing needs of children and young People across the system

The first service type was Universal provision, which promotes positive emotional wellbeing and provides a lower level service in Universal settings such as schools. The goal of this provision is to ensure that children and young people and their families are supported at the earliest opportunity, to prevent their needs escalating and requiring the intervention of specialist mental health services. These services are commissioned by KCC.

The second service element of provision would deliver Targeted and Specialist Mental Health Services for Children and Young People (CYPMHS), previously referred to as Tier 2 and Tier 3 of Child and Adolescent Mental Health Services (CAMHS). These services are commissioned by the seven Kent CCGs. The procurement and mobilisation of this element of provision was the core purpose of the CYPMHS project.

In order to ensure delivery of the required whole system improvements it was crucial to link these initiatives together throughout the procurement and mobilisation of these new services.

2 Purpose

The purpose of this report is to:

- Set out how the Kent Targeted and Specialist level Mental Health Services for Children and Young People(CYPMHS) Project met the objectives set out in the Project Initiation Document (PID)
- Set out any additional activities that will be required to give oversight and assurance until the service reaches a steady business as usual state.
- Make a recommendations regarding project closure

3 Project Structure

The project was led by West Kent CCG as the Coordinating Commissioner.

A Project Initiation Document (PID) that set out how the project aims and objectives would translate into milestones, work streams, and deliverables was agreed by the seven Kent CCG Accountable Officers and KCC in April 2016.

The procurement partner for the project was KCC. KCC was chosen as the procurement partner to ensure that the procurement of Targeted and Specialist level Mental Health Services for Children and Young People dovetailed with the emotional health and wellbeing services being procured by KCC.

The scope of the project was defined by the project deliverables set out in the PID.

3.1 Project Governance

In order to ensure that there was a single point of accountability, the governance arrangements illustrated below were established. This provided clarity of leadership and timeliness of decision making. It also helped to make the distinction between organisational governance structures, reducing the number of project decision layers.

The governance for this project was intrinsically linked to the wider whole system transformation programme.

CCG Governing Bodies
Health and Wellbeing Board
Collaborative Commissioning and Procurement Project Board
0 – 25 Project Board
Transformation Project Board
CCG Emotional Wellbeing and Mental Health services for Children and Young people Procurement Project Board
East Kent Transformation Implementation Group
North Kent Transformation Implementation Group
West Kent Transformation Implementation Group
CCG Emotional Wellbeing and Mental Health services for Children and Young people Procurement Project Group
Universal Emotional Wellbeing and Mental Health services Procurement Project Group
Work streams
Work streams
Work streams
Work streams
Work streams
Work streams

The functions of the key groups in the structure were as follows:

CCGs

Responsible for the CCG commissioned Emotional Wellbeing and Mental Health specialist services for Children and Young people procured through project. Gave authority to procure services and award contract/s.

Health and Wellbeing Board

Responsible for overseeing the strategic delivery of the new model of Emotional Wellbeing and Mental Health services for Children and Young people across the whole system.

Collaborative Commissioning Procurement Board

Responsible for overseeing the procurement of Emotional Wellbeing and Mental Health universal and specialist commissioned services for Children and Young people.

Project Board

Responsible for overseeing the strategic delivery of the project to procure CCG commissioned Emotional Wellbeing and Mental Health services for Children and Young people. Made Project Board delegated decisions on behalf of CCGs.

Project Group

Responsible for overseeing operational delivery of the project procure CCG commissioned Emotional Wellbeing and Mental Health services for Children and Young people. Made Project Board delegated decisions on behalf of CCG

Work streams

Work streams identified and led the delivery of actions required within work stream.

The roles and responsibilities for each element of this structure were set out in the Project Initiation Document. The terms and reference for the Project Board and Group were subsequently agreed at the respective inaugural meetings. In addition to CCG and KCC membership, both groups had strong stakeholder involvement, patient engagement was a strong focus throughout the project.

4 Project Aims

The aim of the project was to procure and mobilise Targeted and Specialist Mental Health services for Children and Young people in Kent from April 2017 to a specification co-designed with stakeholders that would deliver:

- The provision of high quality services in a timely, effective and patient focused way.
- Value for money

5 Project Objectives

The key project deliverables were:

1. To ensure that robust project governance, assurance and decision making processes, were put in place and that these arrangements are transparent and effective.
2. To ensure appropriate arrangements were put in place to engage patients, their parents and carers in the procurement project and ensure that their voice is heard.
3. To ensure that the service redesign maximised opportunities for partnership working and is congruent with the whole system and in particular that:
    a. the service redesign dovetails with services commissioned by KCC and
    b. the service provision is shaped to the needs and demographics of the three health and social care systems of East Kent, North Kent and West Kent.
4. To ensure that the specified service requirements were clear, transparent and met the objectives set out in commissioning plans. The service specification/s would include specified service standards and quality and performance criteria (KPIs) against which the provider will be measured and assessed, together with any sanctions that will be applied for performance beyond acceptable limits.
5. To ensure that contract data on which the procurement is based was validated and robust.
6. To establish a limit of affordability and make recommendations on how the procurement was structured to enable a bid to be selected that fell within this limit.
7. To procure through a comprehensive and robust process a service that would deliver the new operating model effective from 1st April 2017.
8. To mobilise the procured service effective from 1st April 2017.

9. To put in place a communications and engagement plan that covered the entire process from project commencement to post mobilisation assurance under the new contract/s.
10. Undertake post mobilisation activities for a period of three months that ensure service provision meets commissioner requirements.

6 Project Quality

6.1 Project Gateways

The project had five Gateways.

The purpose of the Gateway review was to act as a 'health check' for the project and to help increase the chances of successful delivery. The Gateway acted as a real-time assessment of project progress, ensuring that any issues or concerns that may have the potential to affect the objectives or projected benefits of the project were addressed.

The Gateway reviews also provided robust assurance to the relevant key stakeholders. Gateways were used as key points in the project pathway where progress did not continue unless the requirements and criteria of the Gateway are met.

The Gateways were as follows:

[Gateway 0, Project start]

A. Project initiation
    a. Approval of Proposal
    b. Approval of PID

[Gateway 1, Approval of Project Plan and Service Model]

B. Confirmation and sign-off of proposal and project plan.
C. Review and sign-off of the service specification/s (includes;
    a. SME review
    b. Patient and Stakeholder engagement
    c. Analysis of affordability envelope
    d. Inclusion of robust contract data
    e. Inclusion of robust KPIs
D. Approval of procurement plan and CCG approval to procure

[Gateway 2, Evaluation of submissions including affordability assessment]

E. Evaluation of submissions
F. Award recommendation

G. Approval of procurement recommendation of successful bidder/s

[Gateway 3, Appoint supplier]

H. Submission and scrutiny of exit and mobilisation plans from outgoing and incoming providers and approval of exit and mobilisation plans
I. Oversee, support and monitor delivery

[Gateway 4, Ready for Service Launch]

J. Exit and mobilisation plans approved
K. Exit and mobilisation plans delivery

[Gateway 5, Post Mobilisation Assurance]

L. Post mobilisation assurance
M. Project Close

7 Procurement

The procurement of the CCG commissioned Targeted and Specialist level Mental Health Services for Children and Young People services was run in parallel with the KCC commissioned services procurement. Both procurements followed a competitive dialogue route.

During the service specification development phase of the project it became apparent that that the procurement phase, would need to be extended. This was primarily due to:

- The number of stakeholders that needed to be actively engaged in the development of the specification and competitive dialogue process.
- The time required for each individual CCG to approve the decision to procurement and contract award.

As a result the procurement timetable for the Targeted and Specialist level Mental Health Services for Children and Young People services was extended to include sufficient time for these activities.

The deadline for service commencement was revised to 1 September 2017. This decision was approved by the Project Group and Board and each individual Accountable Officer on behalf of the respective Kent CCGs.

The emotional health and wellbeing services procured by KCC did not require a similar extension. The contract for the provision of the services commissioned by KCC commenced on 1 May 2017.

8 Contract structure and scope

It was determined during the contract scoping and defining phase, that the provision of Targeted and Specialist services would comprise two lots with a single service specification. The lots were intended to cover the CCG geographical areas of North and West Kent (lot 1), East Kent (lot 2).

However during the competitive dialogue process it became apparent that the provision of two separate contracts would create unforeseen challenges in the respect of services that needed to be delivered across the county as a whole specifically the Single Point of Access (SPA) and crisis services. It was subsequently agreed prior to the final invitation stage that a single contract would be let. This decision was approved by the Project Group and Board and each individual Accountable Officer on behalf of the respective Kent CCGs.

In addition to ensuring that the SPA and Crisis provision operated effectively this ensured that provision would be consistent across the county and maximised the potential efficiency benefits that could be gained from a larger scale provision

9 Contract Award

Following the process of competitive dialogue, the contract for the provision of Targeted and Specialist services was awarded to NELFT. NELFT consistently demonstrated throughout the procurement process that they were the best placed organisation to deliver the service required

The contract mobilised on 1 September 2017.

The contract is currently managed by NELCSU on behalf of the CCGs with West Kent CCG as the Coordinating Commissioner.

10 Contract Mobilisation

10.1 General

The new contract for Children and Young People's Mental Health Services in Kent commenced on 1st September 2017. In general there has been a smooth transition from Sussex Partnership Foundation Trust, (SPFT), to North East London NHS Foundation Trust (NELFT).

The single point of access (SPA), for Children and Young People's Mental Health Services is now up and running, and is offering advice, referring to the relevant specialist team where

appropriate, and signposting to other services where they can better meet the child or young person's needs.

Staff that transferred from SPFT, along with new staff recruited by NELFT, are working well together.

NELFT is now moving towards implementation of the full new model of care, set out in the specification that underpins the contract. The service specification was developed by the Kent clinical commissioning groups in conjunction with service users, their families and carers, and clinicians, including GPs.

The new model of care focuses on early intervention, joined-up working with the other elements of the Kent Emotional Wellbeing and Mental Health Services, and a flexible and responsive approach which "holds" children and young people until they are clearly being supported by a team or service.

This will involve some changes to working practices for staff and therefore NELFT has initiated a statutory period of consultation with staff.

In addition to the services that transferred from SPFT, mental health services previously provided for children aged 0 to 11 with ADHD and ASC in east Kent by EKHUFT (0 to 8 year olds), and PSCION (8 to 11 year olds) also transferred to the new contract.

Prior to transfer a number of issues emerged that meant NELFT were unable to transfer existing EKHUFT and PSCION patients or put in place effective arrangements to assess the needs of individuals that had been referred but whose needs had not been assessed by 1st September 2017.

Interim arrangements were put in place to ensure that the needs of patients already receiving treatment would continue to be met by the existing service providers until 1st April 2018. These arrangements were put in place to ensure that the information relating to the needs of this cohort of patients was better understood and robust transfer arrangements could been established.

Data relating to known waiting lists (provided by SPFT and PSCION but not EKHUFT), was included in the invitation to tender documentation. However subsequent to service transfer it has become apparent that this data was inaccurate and did not contain sufficient detail on which decisions about how best to assess and meet the needs of individuals that have been referred are managed. These issues relate to referral and waiting lists held by SPFT and the ADHD and ASC lists held by EKHUFT and PSCION.

In addition there is also a lack of robust information relating to patients currently being cared for by EKHUFT and PSCION that will impact on the development and delivery of plans to transfer these patients from 1 April 2018.

All new referrals made from 1 September 2017 are being managed through the SPA.

In addition prior to contract commencement it was identified that the financial envelope determined to meet the prescribing needs of children, particularly those in east Kent that are currently prescribed medication by PSCION and EKHUFT may not be accurate.

A full briefing on these issues was presented by Ian Ayres the Coordinating Commissioner, to CCG Accountable Officers in October. This is attached as **Appendix 1.**

The new service specification and operating model presented by NELFT in their final tender submission is significantly different from the service specification and model in place prior to September 2017. It will therefore take some time for the service to transform. This includes a period of formal consultation with transferred staff.
Transformation of the service to that set out in the specified service requirements is currently overseen by the Project Board. Arrangements need to be in place post project closure to ensure that the:

- Service model transformation plans are robust and well understood
- Timetable in place is agreed and understood by all stakeholders and
- Transformation timetable is delivered on time.

10.2 Conclusion of “long stop” items

As part of contract mobilisation planning, a number of matters, including those described in section 10.1, that required resolution post contract signature were included as “long stop” items.

A number of these long stop items are particularly complex. NELFT will not be able to mobilise the contract in full and move to business as usual, until these matters have been resolved. The issues underpinning these long stop items were not fully understood or articulated in the invitation to tender for the provision of CYPMHS in Kent. It unreasonable to expect NELFT to simply resolve these matters through business as usual processes and systems without there being a significant impact on patients.

The activities, oversight and assurance required to resolve these issues will extend beyond the current project governance arrangements that are due to end in December.

The issues requiring resolution after project closure are summarised below.

Table 1 Longstop contract items

Longstop Item	Lead Agency	Commissioning lead	Actions required
1. Prescribing – Sch 3A	East Kent CCGs	Deborah Frazer	Undertake review of prescribing for CYPMHS cohort. Make recommendations following review and revise contract accordingly. Implementation by 1st April 2018
2. ASD/ADHD – Sch 3A	NEL FT/east Kent CCGs	Andy Oldfield	Service for under-8s to transfer from EKHUFT to NELFT. Commissioners to confirm requirements and timescales with EKHUFT and NELFT. Proposal to transfer to be developed by NELFT and considered by commissioners. Implementation by 1st April 2018
3. ASD/ADHD – Sch 3A	NEL FT	Jane O'Rourke	NELFT to develop a proposal and trajectory to clear the backlog of historic PSCION referrals. PSCION proposal approved Nov 2017.
4. ASD/ADHD – Sch 3A	NEL FT	Andy Oldfield/Jane O'Rourke	NELFT to develop proposal to move to specified model of care for this east Kent ADHD/ASC patients – to be implemented in April 2018

10.3 Moving from mobilisation to business as usual

Until the issues set out in section 10.1 and 10.2 are fully understood and quantified, NELFT will be unable to develop proposals to expedite outstanding assessments for individuals that have been referred, and there will be a delay in the service moving to a business usual state. The associated timelines to develop the proposals required and date for business as usual operation can only be established once these matters have been addressed.

The risks relating to the issues described in sections 10.1 and 10.2, are captured in the CYPMHS Project and NELFT risk registers. Mitigating actions have been put in place to

ensure that sufficiently robust arrangements are in place to assess the needs of children and young people where it is identified that the referral is urgent.

11 Contract Management

11.1 Contract/Operational Management and Governance

The Coordinating Commissioner is the decision-making authority for this contract.

11.2 Operational Contract Monitoring Meetings

The following people (or their nominated representative(s)) are expected to attend regular Contract Monitoring Meetings between the Providers across Children and Young Persons Emotional Wellbeing and Mental Health Service, the Contracting Parties and any other relevant parties:

- The Coordinating Commissioner
- East, West and North Kent Coordinating Commissioners/Contract Managers
- Provider Contract Manager
- Provider Operational Lead/s (such as Single Point of Access Manager)
- Provider Performance Lead
- Other relevant stakeholders (such as KCC Commissioning representatives, KCC Early Help, KCC Specialist Children's Services, CIC etc.)

The Operational Monitoring Meetings are organised by the Provider with the Contract Manager.

Such topics to include at the meeting are, but not limited to:

- Review Monthly Operational Reporting
- Review KPI performance and applicable RAG status
- Effectiveness of the Interface Agreement
- Service Quality (including service issues such as complaints, serious incidents, service user feedback)
- Review of Risk Registers
- Dispute Resolution
- Finance and management of efficiencies savings
- Proposed contract variations
- Issues to escalate to the Strategic Quarterly Review meeting

11.3 Strategic Performance Monitoring

A Strategic Performance Management Group will be established during February 2017 to oversee and direct the strategic issues associated with the contract.

Items for discussion at these meetings will include but are not limited to:

- Facilitating a collaborative working relationship between key stakeholders
- Discuss demand related aspects of the Service in relation to recommendations around increase/decreases in demand management;
- Reviewing the performance of the Providers in delivering the service and achieving the required outcomes and agreeing Penalties if necessary;
- Reviewing and considering other relevant matters throughout the lifetime of the Contract;
- Reviewing and understanding the implications of the transformation agenda from a National and Local perspective;
- Reviewing performance and delivery of outcomes in line with the Interface Agreement;
- Developing, agreeing and where appropriate implementing improvements across the integrated Service;
- Developing and agreeing the key Outcomes to be measured across the service in relation to delivering the Outcomes payment required from year 2 of the Contract (September 2018, month 12 of the contract)

Due to the nature of these meetings representatives must hold senior positions or delegated authority within the Contract.

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12 Delivery of Project Objectives

Although most of the project objectives have been achieved a number will not be concluded prior to 31st December 2017.

A summary of the Project Objectives and how these were delivered is set out below.

Table 2.

Objective	How delivered	Comments
1. To ensure that robust project governance, assurance and decision making processes, were put in place and that these arrangements are transparent and effective.	Arrangements in place and consistently applied throughout the project. All Gateway reviews successfully passed. All approvals and decisions followed agreed route.	Objective achieved
2. To ensure appropriate arrangements were put in place to engage patients, their parents and carers in the procurement project and ensure that their voice is heard	Patients and their carers were actively engaged throughput the project including during, service specification development; the dialogue process, ITT evaluation, site visits and evaluation of submissions. Patient engagement also included the development of a service standard which is integral to the service specification. Included in the specification is the requirements of the provider to actively engage with patients.	Objective achieved

3. To ensure that the service redesign maximises opportunities for partnership working and is congruent with the whole system and in particular that: a. the service redesign dovetails with services commissioned by KCC and b. the service provision is shaped to the needs and demographics of the three health and social care systems of East Kent, North Kent and West Kent.	Service design coproduced with key stakeholders and robustly tested through procurement process. Service redesign dovetailed with KCC provision though not mobilised at same time as originally planned. Section 76 arrangements in place to assure partnership arrangements.	Objective achieved
4. To ensure that the specified service requirements are clear, transparent and meet the objectives set out in commissioning plans. The service specification will include specified service standards and quality and performance criteria (KPIs) against which the provider will be measured and assessed, together with any sanctions that will be applied for performance beyond acceptable limits.	Multiple stakeholders involved in the development and articulation of service standards into KPIs that form the contract performance requirements. Range of penalties attached to KPIs at varying levels to reflect standard required and tolerance of not delivering KPIs to the required standard. Performance standards apply at a CCG level.	Objective achieved. Service specification will take time to fully implement as a result of historic issues and lack of some baseline data.
5. To ensure that contract data on which the procurement is based is validated and robust.	Data gathered and validated prior to ITT. Data gathered and revalidated post contract award. Following mobilisation there has been some variance in actual from baseline activity this is largely due to historic	Objective not fully achieved at project close. Final data validation will take place as part of the conclusion of long stop items and resolution of waiting list issues.

	commissioning arrangements prior to September 2017.	
6. To establish a limit of affordability and make recommendations on how the procurement is structured to enable a bid to be selected that falls within this limit.	Financial envelope determined by CCG finance leads. Finance risks and mitigating actions managed through risk register.	Objective not fully achieved at project close. Some financial risks remain as a result of actual versus predicted activity and outstanding resolution of long stop items and waiting list issues. In addition to the resolution of long stop items a true up and rebasing exercise planned for end of year one to resolve outstanding issues and ensure contract is based on accurate data.
7. To procure through a comprehensive and robust process a service that will deliver the new operating model effective from 1st April 2017.	Procurement led by KCC procurement timetable extended by mutual agreement. Key objectives delivered on time and to required standard.	Objective achieved with mutually agreed revised deadline
8. To mobilise the procured service effective from 1st April 2017.	Mobilisation schedule delayed s consequence of extended procurement timetable. Mobilisation plans tested as part of tender submission. Mobilisation plan of appointed provider presented to and assured by the Project Board. Mobilisation progress against plan monitored regularly up to and during go live.	Objective achieved with mutually agreed revised deadline

9. To put in place a communications and engagement plan that covers the entire process from project commencement to post mobilisation assurance under the new contract/s.	Communication plan in place throughout the duration of the project and adapted as required.	Objective achieved
10. Undertake post mobilisation activities for a period of three months that ensure service provision meets commissioner requirements	Robust mobilisation plans in place and reviewed on a regular basis. Effective mobilisation impeded by historic issues. Issues that require resolution set out in long stop	Objective not fully achieved at project close. Plans in place to resolve long stop items overseen by Project Board. It is recommended that this oversight and assurance transfer to the Strategic Performance Management Group with plans to resolve issues being agreed by end of February 2018.

13 Risk Management

Project risks were identified, managed and mitigated through a risk register that was reviewed regularly by the Project Board.

Operational mobilisation and delivery risks were identified managed and mitigated post contract award by NELFT with regular reports to the Project Group and Board.

There are a number of outstanding project risks relating that will need to be actively managed until the contracted services meets a steady business as usual position. These are summarised below.

CYPMHS Procurement Project Risk Register Revision 14th December 2017

Risk Number	Project work stream	Status	Risk Description	Date reviewed	Current Probability	Current Impact	Probability Score	Impact Score	Current Status	Mitigation Actions	Date Closed
Contracting											
3.3	Contracting	Open	The range of prescribing practices and ownership for CYP prescribing across Kent is unclear and needs to be clarified. Prescribing budget allocated through cintract may not be sufficient to meet need. Prescribing review needed to understand issyes and propose way forward. Issyes more prevelant in east Kent due to historic arrangeme abd lack of shared care. Prescribing long stop item required.	14.12.17	Almost certain	High	4	4	16	Long stop item included in contract. Wording for long stop approved by all parties. Prescribing review being led by the east Kent CCGs. Resolution of long stop item being overseen by Project Board.	
3.4	Contracting	Open	SPFT waiting lists for assessment and treatment steadily increased since August 2016 (when commissioners went to market) particularly for east kent and west kent CCG areas. This increase is likely impact on new contract form 1st Sep	14.12.17	Almost certain	High	4	4	16	SPT waiting lists (including internal waiting lists) being triaged and reviewed by NELFT. Proposal to expedite assessment of patients waiting for referral and treatment to follow in January 2018 - included as long stop item.	
Communications											
	Communications	Open	The existence of large numbers of "hidden" patients - still to be quantified - needs to be understood and dealt with, and a significant amount of communications work will be required to support this, with patients and families, GPs and other health professionals, and stakeholders.	14.12.17	Almost certain	Moderate	5	3	15	Comprehensive communications plan by commissioners, strongly supported by providers, for all audiences.	
Commissioning											
7.1	Commissioning	Open	Historic ADHD commissioning issues in east Kent not fully articulated at ISFT stage. Mobilisation period did not then allow sufficient time for these issues to be worked through, impact to be understood and ensure there were resources in place to meet the needs of this cohort. This includes waiting lists being larger than expected for ADHD patients in east Kent. Significant waiting lists also transferred from SPFT.	14.12.17	Almost certain	High	4	4	16	Proposal to resolve historic PSICON referal lists has been accepted by EK CCGs. Similar proposal required to resolve other ADHD waiting list issues in east Kent and SPFT waiting list issuess once quantified.	

14 Transformation funds

The contractual position with regard to the allocation of transformation funding to the CYPMHS contract is set out below.

The allocation of transformation funding awarded to NELFT through the CYPMHS contract was earnt based on the scoring of submissions with the total maximum allocation available being 25% of the funding allocated to each CCG.

Following evaluation it was determined that the NELFT score equated to an allocation of approx. 18% of each CCGs total transformation fund allocation.

Within the ITT and the final contract finance schedule, the Single Point of Access (SPA), was identified as being funded from this allocation, because this was a pure transformation element that the contract would deliver. This was agreed pre and post tender and signed off as part of the final contract at Project Group and Board.

The total allocated sums included in the contract is summarised below.

2017/18	2018/19	2019/20
£338,000	£579,000	£579,000

Post contract award it was highlighted by NELFT, that they had included the funding of the SPA within their service model baseline costs and if commissioners preferred this could enable the allocation to be redistributed. This was subsequently highlighted in the side letter that was issued with the contract as follows;

"In addition, there is £1.496M of Transformation Money, linked to this contract that is to be used between 1st Sept 2017 and 31st March 2020. All parties agree that they will identify the best use of this resource by 31st March 2018"

In principle CCGs therefore have some flexibility with regard to the allocation.

Contractually all parties must agree to the reallocation of transformation funds with any reallocation being agreed by each respective CCG. The process of decision making must be coordinated by West Kent CCG.

Given that it was widely documented prior to and at contract award that the transformation funds aligned to the CYPMHS contract would be used to establish the SPA and that there are defined KPIs attached to this provision, the CYPMHS Project Board decided in November 2017 that the

monies released within NELFT from the allocation of transformation funds to the SPA, would be considered as operational efficiencies. These operational efficiencies can then be reallocated as commissioners require. Any such allocation can be agreed by each CCG system (West and East), with the support of the Coordinating Commissioner. Additionally given that CCGs are expecting a number of proposals from NELFT to address the issues set out in section 4, the Project Board also decided that CCGs only consider reallocation of such operational efficiencies to the resolution of these issues.

The east Kent CCGs have already aligned the sum of £420,229 for 17/18 and 18/19 to implemented the PSCION proposal which will rectify long stop item 3. This sum is equivalent to the total transformation sum allocated by the east Kent CCGs to the contract for 17/18 and 18/19. The additional sum required to deliver the proposal will be funded by the east Kent CCGs.

All CCGs and particularly east Kent need to be aware that further additional funding is very likely to be needed following to address the issues set out in section 4. This will need to be considered following the presentation of proposals following the conclusion of the waiting list and prescribing reviews.

15 Recommendations

The following sets out a number of recommendations that the Project Director considers essential in order to enable the contract to deliver the remaining project objectives and meet the specified service requirements.

1. It is recommended that conclusion of the long stop items set out in section 10 is overseen by the Strategic Performance Management Group that will commence meeting in February 2018. It is further recommended that a timetable and a plan that sets out the actions required to conclude each of the respective specified longstop items is presented to and agreed by the Strategic Performance Management Group by the end of February 2018. This should be led by the named commissioning leads in table 1. Any other matters relating to operational performance management and the service delivery improvement plan will be managed through operational contract performance management meetings. It is recommended that a proposal to rectify the historic previous provider waiting list issues set out in secton10 is presented the Strategic Performance Management Group by the end of February 2018.

2. It is recommended that any proposals regarding the allocation of operational efficiencies, (identified in section 14 as unspent transformational monies), should focus on the rectification of the long stop items and historic waiting list issues set out in section 10, prior to any consideration being given to allocating these sums to more transformational activities.

3. It is recommended that any proposals regarding the allocation of operational efficiencies or additional funding to rectify the long stop items and historic waiting list issues are presented for consideration to Strategic Performance Management Contract Group when it starts to meet in February 2018. Thereafter any proposals requiring additional funding (over and above operational efficiencies), will need to be agreed by the relevant respective CCGs

4. It is recommended that the risks highlighted in section 11 continue to be actively monitored by the Strategic Performance Management Group until they can be closed.

5. It is recommended that the Strategic Performance Management Group considers progress reports with regard to all of the above including the development and consideration of proposals to rectify historic issues in the same format as the Project Board.

6. Given that the transformation of the service to that set out in the specified service requirements and operating model presented by NELFT in their final submission, is currently overseen by the Project Board, arrangements need to be in place post project closure to ensure that the:

- Service model transformation plans are robust and well understood
- Timetable in place is agreed and understood by all stakeholders and
- Transformation timetable is delivered on time.

It is recommended that this is overseen and assured by the Strategic Performance Management Group.

As lead commissioner West Kent CCG will ultimately be responsible for ensuring that these matters are successfully concluded.

16 Project Closure

The CYPMHS Project Board approved the content of this report including the recommendations set out in Section15 on 20th December 2017. The Project Board also approved the formal closure of the project on 31st December 2017.

Author: Evelyn White

PTS Project Director on behalf of the Kent CCGs

17 Appendix 1

NHS
West Kent
Clinical Commissioning Group

Children and Young People's Mental Health Services in Kent briefing note
24th October 2017

Evelyn White CYPMHS Project Director

Patient focused, providing quality, improving outcomes

17.1 Background

The new contract for Children and Young People's Mental Health Services in Kent commenced on 1st September 2017. There has been a smooth transition from Sussex Partnership Foundation Trust, (SPFT), to North East London NHS Foundation Trust (NELFT).

The single point of access for Children and Young People's Mental Health Services is now up and running, and is offering advice, referring to the relevant specialist team where appropriate, and signposting to other services where they can better meet the child or young person's needs.

Staff that transferred from SPFT, along with new staff recruited by NELFT, are working well together.

NELFT is now moving towards implementation of the full new model of care, set out in the specification that underpins the contract. The service specification was developed by the Kent clinical commissioning groups in conjunction with service users, their families and carers, and clinicians, including GPs.

The new model of care focuses on early intervention, joined-up working with the other elements of the Kent Emotional Wellbeing and Mental Health Services, and a flexible and responsive approach which "holds" children and young people until they are clearly being supported by a team or service.

This will involve some changes to working practices for staff and therefore NELFT has initiated a statutory period of consultation with staff.

In addition to the services that transferred from SPFT, mental health services previously provided for children aged 0 to 11 with ADHD and ASC in east Kent by EKHUFT (0 to 8 year olds), and PSCION (8 to 11 year olds) also transferred to the new contract.

Prior to transfer a number of issues emerged that meant NELFT were unable to transfer existing EKHUFT and PSCION patients or put in place effective arrangements to assess the needs of individuals that had been referred but whose needs had not been assessed by 1st September 2017.

Interim arrangements were put in place to ensure that the needs of patients already receiving treatment would continue to be met by the existing service providers until 1st April 2018. These arrangements were put in place to ensure that the information relating to the needs of this cohort of patients was better understood and robust transfer arrangements could been established. These arrangements are set out in **Appendix 1.**

Data relating to known waiting lists (provided by SPFT and PSCION but not EKHUFT), was included in the invitation to tender documentation. However subsequent to service transfer it has become apparent that this data was inaccurate and did not contain sufficient detail on which decisions about how best to assess and meet the needs of individuals that have been referred are managed. These issues relate to referral and waiting lists held by SPFT and the ADHD and ASC lists held by EKHUFT and PSCION.

In addition there is also a lack of robust information relating to patients currently being cared for by EKHUFT and PSCION that will impact on the development and delivery of plans to transfer these patients from 1st April 2018.

All new referrals made from 1st September 2017 are being managed through the SPA.

NELFT have reported to commissioners that SPFT, EKHUFT and PSCION have engaged in service transfer and mobilisation discussions in a positive manner

17.2 Purpose

This briefing sets out the key issues relating to the full mobilisation of the new CYPMHS contract provided by NELFT, and in particular the resolution of a number of issues set out in the “long stop” contract items. A summary of the long stop items are listed below. This briefing note primarily relates to the items highlighted in yellow.

Longstop Item	Lead Agency	Update	Deadline
Interface Agreement – Sch 2D	NEL FT/KCHFT	Conference call with all parties 1/9/17. Providers to jointly write revised Interface Agreement Document NEL FT working with KCHT on an SLA, possibly reduce Interface Agreement Content. Expect to agree for end Dec'17.	Revised to December 2017
Exit Arrangements - Sch 2I	NEL FT	To confirm Exit Strategy	August 2018
Invoicing Schedule - Sch 3A	WK CCG		August 2017 Completed
Prescribing – Sch 3A	NEL FT	Submit proposal to undertake review of prescribing for ASD/ADHD in EK Deborah Frazer leading on behalf of CCGs. Proposal to include realistic implementation date in 2018.	November 2017
Longstop Item	Lead Agency	Update	Deadline
ASD/ADHD – Sch 3A	NEL FT	Service for under-8 assessments to transfer from EKHUFT	April 2018
ASD/ADHD – Sch 3A	NEL FT	Develop a proposal and trajectory to clear the backlog of referrals, which may include screening/triage of the current waiting list CCG/NELFT meeting on 12th Oct to set out key steps for development of plan which will include timescales for agreement and implementation.	Revised to October 2017
ASD/ADHD – Sch 3A	NEL FT	Develop a proposal for the new model of care for this	Jan 2018

		cohort of patients – to be implemented in April 2018 CCG/NELFT meeting on 12th Oct.	
CQUIN – Sch 4D	WK CCG	National CQUIN confirmed Completed	Sept 2017
Service Quality Performance Report (SQPR) – Sch 6A and 6B	NEL FT	To develop systems and processes to ensure that they are able to meet the national standard of 15 days	April 2018
S136 Arrangements	CCGs	Lead a system wide review of the existing S136 arrangements in order to agree a new model of provision. This will link to a wider review of Tier 4 provision across the south east which NELFT and CCG's colleagues are involved.	March 2018
Service User and Carer Surveys Sch 6E	NEL FT	To develop appropriate Surveys	March 2018

In addition the mobilisation plan agreed with NELFT prior to 1st September 2017, included an undertaking that following transfer SPFT referral waiting lists and waiting lists for treatment would be triaged with a view to developing a proposal to expedite assessment that would enable a business as usual state to be achieved as soon as was practically possible.

17.3 Referral waiting lists

17.3.1 SPFT

Following the transfer of the SPFT service to NELFT on 1st September 2017 it has become apparent that there are significant waiting time issues that need resolving. The key sources of concern are:

a) SPFT exported data to NELFT for patients that should no longer appear on caseloads i.e. they were formerly a patient of the CYP service, but should now have been discharged;

b) Many of the records transferred from Care Notes had not been 'sync'd' to the NHS spine therefore the data transferred to RiO is displaying incorrect personal demographic data;

c) There appear to be waiting patients not currently entered on any system –so called 'hidden waiting lists';

d) It is possible that not all progress notes have been successfully transferred between IT systems during transition and this needs investigating;

e) There is considerable inconsistency across the Kent teams in their methods of recording and reporting waiting patients;

f) Previous methods of reporting waiting lists externally used prior to 1st September 2017 do not seem robust and there is concern that historical data reporting is therefore inaccurate.

In addition;

g) Records held by PSCION appear to be either manual (non-computerised) or captured in spreadsheet form, and need to be entered on to RiO.

h) No patient data (waiting lists or current patients receiving care), has been shared with NELFT by EKHUFT.

In order to enable a better understanding of the impact of these issues, NELFT have put in place the following actions:

- A waiting list task and finish group is being established. Membership has been agreed and the first meeting took place on 26th September 2017. Meetings will be held weekly thereafter;
- The Kent business manager will act as the key contact point for the project and will liaise directly with the Director of Performance and BI and the Deputy Director for Integrated Care for all matters relating to waiting list management;
- NELFT performance team will employ a temporary member of staff (from NELFT bank) to work flexibly across the clinical team bases. This member of staff (directed by the performance team) will work with clinicians to cross check each caseload and ensure patient details for manual and RiO records are matched for accuracy.
- NELFT has appointed a Kent lead performance analyst who will fully participate in the project, providing guidance and reporting expertise;
- Weekly reports will be run (internally) to start analysing data. Reports will not be shared externally until such time as data accuracy is verified (as incorrect information will not be helpful in managing the situation);

- NELFT Business Intelligence tool (MIDAS) will be reviewed during October to consider rolling out to Kent teams (earlier than planned), in order to provide staff with a waiting list tool going forward;
- The performance team will provide training to each team in the management of waiting times. This will take place in October and November. A consistent methodology will be used throughout Kent for recording and monitoring waiting lists;
- As patient details are reviewed, consideration will be given to those patients who may not have received communication about the change of provider e.g. if their details had not previously been loaded on to Care Notes and thus may not have received an automated letter. If cases are identified, the performance team will liaise via Deputy Director of Integrated Care to ensure a refreshed communications plan is initiated;
- Regular updates on the progress will be provided to Kent commissioners through the project group.

Task	Descriptor	Who Responsible	By When	Comments
A waiting list task and finish group to be established. Membership: locality team leads, admin staff, performance team	To ensure clear process in place for reviewing waiting list backlog & data cleanse	Julie Price	26/09/17	Complete – group established and meeting weekly
Employ temporary bank admin worker	To work with performance & clinical teams to cross reference Excel waiting lists with RiO &check caseload data.	Julie Price/Jacky Hayter	Interviews 26/9/17. To be appointed by 11/10 17	Complete. Candidate appointed. Start date 12/10/17. Further admin support identified by

Task	Descriptor	Who Responsible	By When	Comments
	Review 'internal' waiting lists			locality teams.
Weekly data reports will be run (internally) to start analysing data	To understand the scale of the problem and ensure data cleansing tracked.	Jacky Hayter/Linda Joyce	9/10/17	Complete.
NELFT Business Intelligence tool (MIDAS) will be reviewed during October to plan rollout for RTT management in November	Tool cannot be used until data is cleansed	Keith Apperley/Jacky Hayter	31/10/17	
The performance team will provide training to each locality team in the management of waiting times.	Ensure protocols in place and consistent methodology across teams	Jacky Hayter/Linda Joyce/Michael Moffat	Training Schedule to be in place by 31/10/17 Training to be complete by 5/12/17	
Waiting list data cleanse complete and accuracy		Julie Price/Jacky Hayter	By 4/12/17	

Task	Descriptor	Who Responsible	By When	Comments
established				
Review of internal waiting lists to formulate next steps plan		Gill Burns/Julie Price	18/12/17	
Review waiting list and calculate additional clinical requirement needed to support patient throughput	Once data verified, additional clinical capacity will be required to work through the inherited backlog	Gill Burns/ Julie Price	18/12/17	

The requirement to complete these activities in order to fully understand the waiting list issues will mean a delay to the develop of the proposal to expedite assessments for individuals that have been referred, and delay the service moving to a business usual state. The associated timelines to develop the proposal and date for business as usual operation can only be established once the activities set out in the above table have been completed.

The risks relating to the issues described above are captured in the CYPMHS Project and NELFT risk registers. Mitigating actions have been put in place to ensure that sufficiently robust arrangements are in place to assess the needs of children and young people where it is identified that the referral is urgent.

17.3.2 EKHUFT and PSCION

EKHUFT

There is a currently no specialist provision for children aged 0 to 8 with mental health needs and ADHD and ASC in east Kent. Services for this cohort are provided through the EKHUFT community services provision as part of a generic community paediatric service. This gap

has been addressed through the procurement of the new CYPMHS, however the lack of robust data including care plans relating to this cohort means that it has been difficult to identify the patients concerned and therefore commence any meaningful discussion with EKHUFT to safely transfer information and care to NELFT.

The current arrangements present a potential clinical risk for children and families. This also adds to pressure on school teams and impacts longer term educational outcomes for these children. It is essential that discussions are progressed between EKHUFT and NELFT in order to identify the patients whose needs should be assessed and/or met by NELFT in order that plans can be developed to transfer waiting lists and patients as soon as possible. Initial dialogue has been positive but robust commissioning direction is required to move forward.

PSCION ASD/ADHD historical referral waiting list

The historical ASD/ADHD referral waiting list is held on an excel spreadsheet held by PSCION with hardcopy referrals. The referral list comprises approximately 800 referrals. Although the majority of referrals date from the middle of 2016 some are considerably older. There is also some evidence to suggest that some individuals have previously been referred to other services where the referral has been held for some time before an onward referral to PSCION was made.

In addition there are a further:

- 20 patients that have already been assessed for ADHD and now need an ADOS assessment to complete the ASD review. The completion of these assessments is being discussed between commissioners and PSCION
- 40 new referrals from 01/09/17 to 27th September- already moved to NELFT SPA for triage

NELFT, under the current CYPMHS contract, do not have the staff in place required to carry out a review and assessment of the historic PSICON referral waiting list. A proposal is currently being developed by NELFT for consideration by the CYPMHS Project Board and the east Kent CCGs to expedite the review and assessment of these referrals. The proposal will also include how long it will take NELFT to review and assess these referrals if managed within current resources.

A plan is also being developed to fully understand the needs of children currently prescribed medication by PSCION with a view to transferring the service by 1st April 2018. The care plans and information relating to this cohort is not sufficiently robust to enable NELFT to simply transfer patients without undertaking a care review for each individual patient.

Such a review will take time and require additional resource. NELFT will develop a proposal to address this issue but cannot do so until they have had sufficient time to work through the care plan information currently held by PSCION for each individual patient.

The clinical risks relating to the issues described in section 1.3 are included on the east Kent CCG risk registers. The Chief Nurses, Heads of Quality and Safeguarding Nurses for the east Kent CCGs have been involved in developing the actions that are required to mitigate the risks. Mitigating actions include; the inclusion of provision for this cohort of children in the CYPMHS contract, the interim arrangements put in place to manage the transition from current services to NELFT, and a review of community paediatric services in east Kent that was undertaken by the Royal College of Paediatrics and Child Health in June 2017. The recommendations from this review are currently being considered by the east Kent CCGs. The concerns relating to this cohort of children have also been escalated to NHSE who have refused the CCGS request for additional funding to put in place additional measures that would limit the level of risk. These issues have not been reported as a serious incident but this will be reviewed at the November east Kent CCG Governing Body meetings.

17.4 Prescribing

Prior to contract commencement it was identified that the financial envelope determined to meet the prescribing needs of children, particularly those in east Kent that are currently prescribed medication by PSCION and EKHUFT may not be accurate.

It was agreed as part of “long stop”, that by the end of December all parties will have agreed the principles, process and data sources required to review and understand the prescribing needs of children supported by the CYPMHS service and particularly those currently prescribed medication by EKHUFT and PSCION whose care should transfer to NELFT by 1st April 2018.

This will include a review of the financial arrangements that are in place to cover the cost of prescribing for this cohort for the period between 1st September 2017 and 1st April 2018.

The figure used in the NELFT tender submission of £836k for EK prescribing and £127,000 was provided by commissioners. Within the tender submission, NELFT indicated that £571k (pa) related to drug costs in east Kent and £86k in West Kent. Given that this figure has not been validated by NELFT it represents a potential financial risk. At the end of the review, agreement will need to be reached on the appropriate resource required to fund the prescribing associated with these services and the most appropriate financial arrangements.

A commissioner has been appointed by the east Kent CCGs to lead this review. The Project Group members have been agreed and an inaugural meeting at which an outline project plan will be developed is in the process of being arranged. It should be noted however that a full project plan must be developed with realistic and deliverable timescales before a date for the completion of the work is agreed. It is likely given that it takes three months to process and validate prescribing data that 1st April 2018 will be not be achievable for the completion of this work.

In addition to the above it should be noted that the circa 500 PSICON patients that will transfer to NELFT by 1st April 2018 do not receive any form of care or treatment for their mental health needs other than medication. There is evidence to suggest that there was a high conversion rate from referral to the PSCION service to prescribing treatment. Similar evidence suggests the same for patients currently treated and prescribed by EKHUFT. In addition to the potential clinical and wellbeing risks this presents, such a high number of children in receipt of often high cost medication presents a significant cost pressure on the contract. The development of the plan referred to in section 1.4 to fully understand the needs of children currently prescribed medication by PSCION and EKHUFT with a view to transferring the service by 1st April 2018 will be crucial to ensuring that children's needs are met in the most effective way. The prescribing review will need to include a specific element relating to the needs of this cohort of children that is informed by a clinical reassessment of their needs.

17.5 Conclusion

The issues set out above are historic and complex and will take time and resource to resolve. These issues were not fully understood or articulated in the invitation to tender for the provision of CYPMHS in Kent. It is not therefore reasonable to expect NELFT to simply

resolve through business as usual processes and systems without there being a significant impact on patients.

It is essential that sufficient resources are put in place to undertake the activities outlined above and ensure that the needs of these vulnerable individuals are met.

17.6 Appendix 1

Interim arrangements for patients with mental health needs and ADHD and ASC in east Kent.

11.08.17 Childrens ASC ADHD proposal f

NHS
West Kent
Clinical Commissioning Group

Eating Disorder Service Mobilisation Update

March 2018

Patient focused, providing quality, improving outcomes

Improving support for people of any age with an eating disorder service in Kent and Medway

Summary

This paper is being submitted to the HOSC to provide a briefing regarding the mobilisation of the Kent and Medway all age eating disorder service which commenced on 1 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 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 West Kent 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 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

Kent and Medway Clinical Commissioning Groups (CCGs) have procured a new service to deliver high quality, evidence based, early intervention and specialist treatment to service users with suspected or diagnosed eating disorder.

The service is required to achieve the national access standard for children and young people with an eating disorder. By 2020/21, 95 per cent of children and young people will access NICE concordant treatment within four weeks for routine cases, and within one week in urgent cases.

2.0 Key components of the new eating disorder service:

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
- Through an all age service the issues of transitioning at 18 years old to a different provider will no longer be experienced
- Staff have a greater breadth of skills and expertise for eating disorders – rather than generic mental health teams delivering this service.

3.0 Mobilisation

The mobilisation process has been managed through a robust project governance structure that includes key stakeholders from the three CCG systems (East, North and West), and service user representatives.

The legally required staff consultation period ended on 20 December 2017 and NELFT have now finalised the new all age service model staffing structure and are currently interviewing for the available posts. All posts will be allocated by 31 March in readiness for commencement of the new service model on 2 April 2018.

The governance is now focused on performance and contract management of the service which is monitored at monthly quality and performance meetings. These arrangements have been dovetailed with similar arrangements for the new Children and Young People's mental health service which also commenced on 1 September 2017.

NELFT inherited a significant waiting list for assessments and therapy. Additional staff have been recruited to address this issue and the waiting lists have now reduced considerably.

4.0 Delivery of service transformation

The transition and transformation of eating disorder services in Kent and Medway is now underway although we anticipate that the process of transformation will take a year from contract commencement. The process of transformation includes the development of care pathways and the development of systems, processes and technology. We will continue to provide updates to key stakeholders about the progress being made.

5.0 Performance

Monthly performance reports are currently submitted through UNIFY. A comprehensive dashboard has being developed by NELFT and is presented at quality and performance meetings.

Local quality contract indicators reveal a total of 4 complaints received from Sept – Dec 2017, 2 compliments received and no incidents or Serious Incidents reported. The dashboard is to be updated in March to include some more robust quality indicators.

6.0 New Models of Care

NHS England has developed New Models of Care in an approach to cutting the number of people travelling long distances for care. This aims to bring down the number of people who receive in-patient hospital treatment and for those who do need more intensive care, that this is available closer to home.

Collaboratives made up of NHS mental health trusts, independent sector and charitable organisations will be working together, sharing a local budget, to effectively reorganise services in their area to provide the best care for patients.

Local managers and clinicians will take charge of managing budgets and providing inpatient and specialised mental health services, including eating disorders, tailoring them to their area's individual needs.

Kent and Medway CCGs now have a member who sits on the local NMC Board, Surrey and Borders collaborative.

7.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

(i) NOTE the contents of this report.

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Item 5: Patient Transport Service

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: Patient Transport Service

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

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

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1. Introduction

On 20 September 2017 the Committee considered an update on the contract performance relating to Non-Emergency Patient Transport Service as provided by G4S on behalf on West Kent CCG as lead commissioner. The Committee agreed the following recommendation:

- *RESOLVED that:*

  (a) the report on Patient Transport Services be noted;

  (b) NHS West Kent CCG be requested to provide an update in six months with:

    (i) qualitative and quantitative data including the details about patient experience and areas of underperformance;

    (ii) feedback from the action plan regarding complaints.

2. Recommendation

RECOMMENDED that the report be noted and NHS West Kent CCG be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (20/09/17)',* https://democracy.kent.gov.uk/mgAi.aspx?ID=45835

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G4S Non-Emergency Patient Transport

Performance Summary Kent and Medway

Executive summary

The Non-Emergency Patient Transport Service (NEPTS) is provided by G4S.
This report gives an overview of contract performance relating to Non-Emergency Patient Transport Service (NEPTS) contracts as provided by G4S on behalf on West Kent CCG as lead commissioner.

- Contract Lot 1 (Kent and Medway patient journeys excluding transports to Dartford and Gravesham hospital trust site and renal transports)
- Contract Lot 2 (Renal dialysis patient journeys only)

It should be noted that due to the transfer of commissioning support services from NEL CSU to Optum, December data is currently unavailable.

Contract Overview

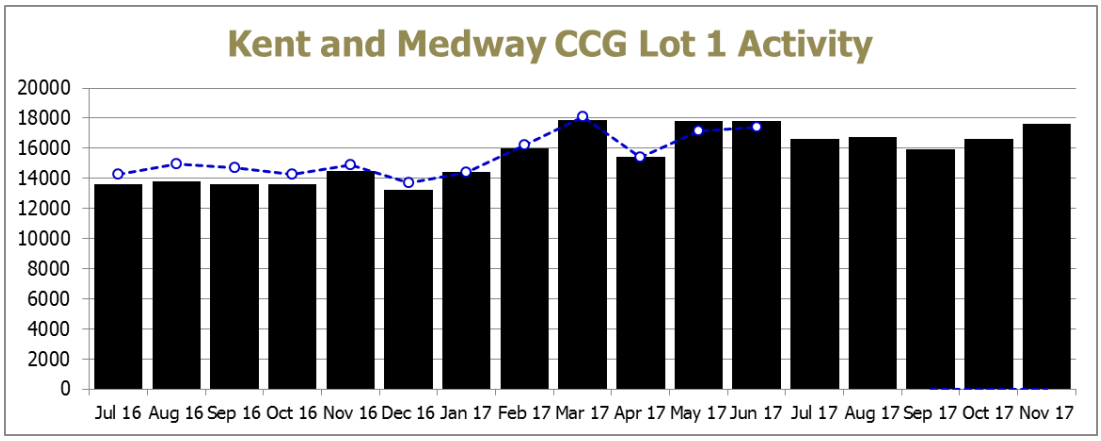
Activity under the contract has been lower than originally anticipated however there has been a greater demand for higher mobility and longer distance journeys. There has also been increased escort numbers which has impacted on the patient loading factor. Due to the vehicle and staffing pressures on the service G4S have been below many of their contractual KPIs but have maintained a low level of formal complaints. They have also made significant progress in their training compliance for staff and have been further developing their relationship and communications with local provider trusts.

Lot 1 Contract Performance Review

Activity Performance

The graph on the next page provides snapshot of activity volumes by plan and by actual activity for all non-urgent patient transport journeys provided by G4S (excluding transports to Dartford and Gravesham hospital site and renal transports) for both all Kent and Medway CCGs to the end of November 17.

Activity overall has increased from February 2017 following the mobilisation of further journeys to and from Kings and Guys and St Thomas' sites (estimated at around 32,000 journeys for Kent and Medway patients.



Please note that due to the rebasing of contract levels ("True-up") and the phased removal of London journeys (exc Kings and Guys) from the service, it was agreed to remove the monitoring of G4S activity against plan values.

Activity post February mobilisation for Lot 1 is now closer to expected levels than it was in the first few months of the contract. The type of activity and acuity level of patients is different to that included in the original plan, which was based on the data that was available prior to the tender. This means that the vehicle and personnel resources available are not always sufficient to meet the level demand. Additionally the journey mileage has also seen an increase from the commissioned levels.

KPI Performance

Performance against the core KPIs is running at 71 per cent of planned outpatients arriving within the expected time slot. Performance against planned discharges looks low however G4S have stated that a high proportion of this is due to patients not ready and the pick-up time being amended on the day. G4S are currently looking to resubmit a more accurate picture based on a new agreement that any booking changed by more than 60 minutes would be reclassified as an on the day booking.

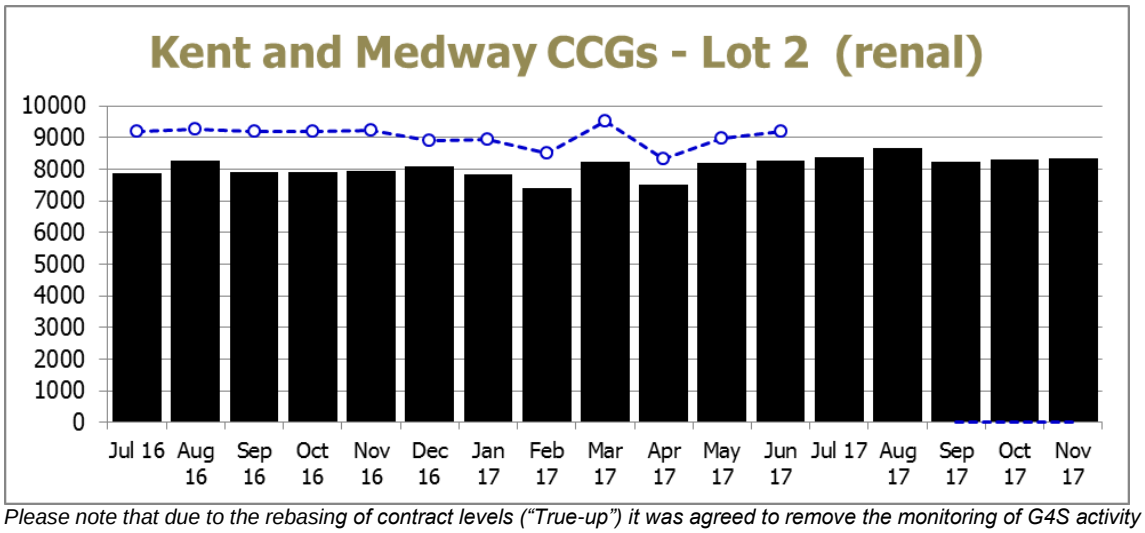
Due to the increased pressure from the variance from plan, G4S have found it challenging to improve performance to meet their contractual KPIs. Commissioners and CSU colleagues have met with G4S to discuss the additional resource needed in order to deliver the contractual KPIs with the new activity demands and discussions remain ongoing. Due to this there has been some discussion about the KPI regime and tailoring this to ensure that patient experience and safety can be at an acceptable and reasonable level. This work is expected to be concluded in late February 2018.

Reference and journey type	Required standard	Performance Threshold	Sep-17	Oct-17	Nov-17	Dec-17
1a - Journey booked in advance - outpatient arrival.	Patients to arrive on time and no more than 75 minutes prior to their appointment time OR no more than 60 minutes if it is the first appointment of the day for that clinic.	95%	78%	77%	74%	71%
1g - Outpatient return journey - all bookings.	Return journey patients to be collected within 60 minutes of the identified booked-ready time	85%	77%	80%	77%	78%
2a - Journey booked in advance - discharge.	Patients to be transported within 60 minutes of the identified booked-ready time	95%	33%	36%	36%	47%
2b - Journey booked on the day - discharges.	Patients to be transported within 120 minutes of the identified booked-ready time	90%	65%	65%	65%	64%
3a - Journey booked in advance - transfer of care.	Patients to be transported within 60 minutes of the identified booked ready time	90%	41%	43%	30%	52%
4 - Aborted/ cancelled journeys.	Journeys aborted/cancelled as a result of the PTS provider	0%	1%	1%	1%	0%
5a - Travel time (up to 10 miles)	Patients travelling up to 10 miles to / from their destination should not spend longer than 60 minutes on either an inward or outward journey	90%	81%	81%	79%	82%
5b - Travel time (more than 10 miles and less than 35 miles	Patients travelling between 10 to 35 miles to / from their destination should not spend longer than 90 minutes on either an inward or outward	90%	71%	74%	73%	76%
5c - Travel time	Patients travelling from 35 to 50 miles to / from their destination should not spend longer than 120 minutes on either an inward or outward journey	90%	59%	55%	48%	55%

Lot 2 Contract Performance Review

Activity

The graphs on the next page show a snapshot of transport activity volumes by plan and actual activity for patients receiving renal dialysis.



Please note that due to the rebasing of contract levels ("True-up") it was agreed to remove the monitoring of G4S activity against plan values.

As you can see from the chart below there has been underperformance in terms of number of journeys for patients requiring renal dialysis. In line with Lot 1, there has also been a material shift in the types of mobility for transport that is requested. There are also additional changes around the further development of twilight sessions that mean a change in working for G4S and further pressure on patients with a clinical need to travel alone which has reduced the utilisation rate of vehicles.

KPI Performance

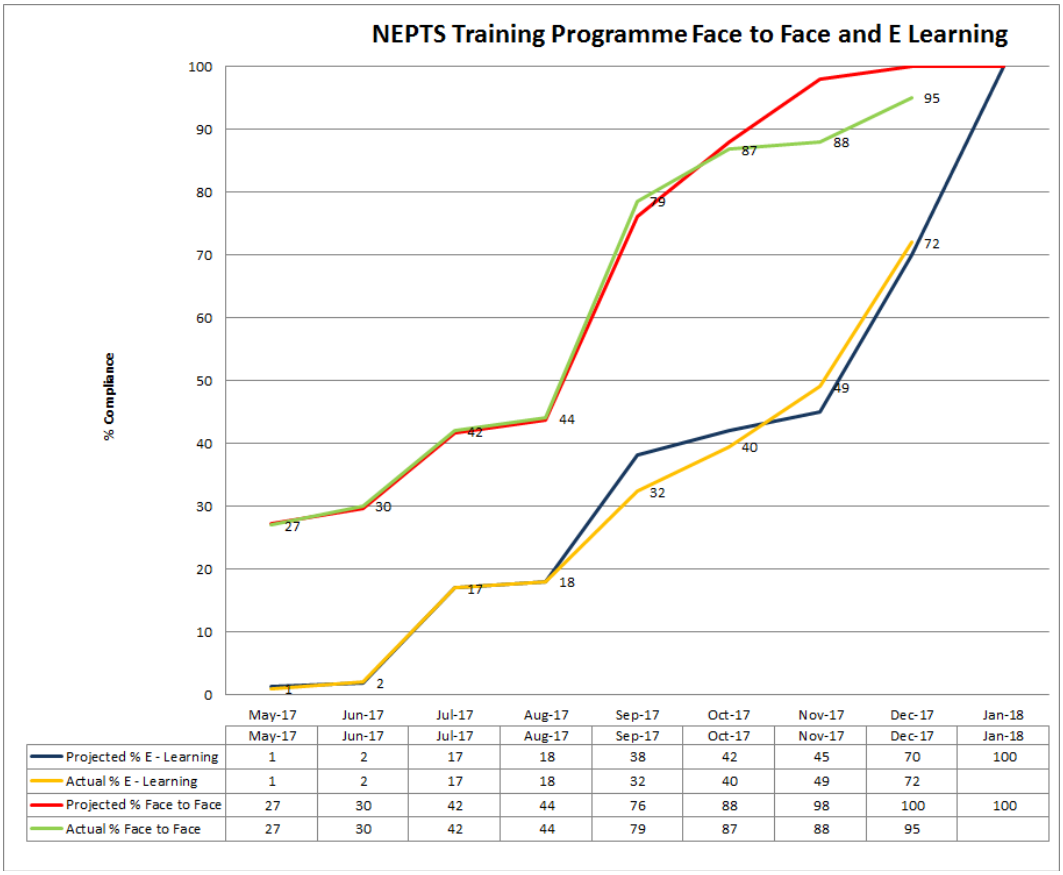
In line with Lot 1, KPI performance has been below expected levels since the mobilisation of the contract and commissioners and G4S have had an agreed rectification plan with trajectories in place for some time. Due to the challenges in levels and mix of activity it is understood that full achievement is not achievable with the current level of resource.

Reference and journey type	Required standard	Performance reporting threshold	Sep-17	Oct-17	Nov-17	Dec-17
1a - Arrival time	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment	95%	84.21%	87%	86%	85%
1b - Return Journey	Return journey patients to be collected within 30 minutes of the identified booked-ready time.	95%	83.90%	82%	77%	76%
4 - Aborted/ cancelled journeys.	Journeys aborted/cancelled as a result of the PTS provider	0%	0.03%	0.01%	0%	0%

Service Quality Review

Training

G4S had identified that training records for staff previously subject to TUPE were not complete as they had not been provided by the previous contractor. Therefore the decision was taken to retrain everyone to ensure consistency and provide assurance about both the level and delivery of training. This was shared with the CQC and levels of training have improved and are now fully compliant in February 2018.



	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Projected % E - Learning	1	2	17	18	38	42	45	70	100
Actual % E - Learning	1	2	17	18	32	40	49	72	
Projected % Face to Face	27	30	42	44	76	88	98	100	100
Actual % Face to Face	27	30	42	44	79	87	88	95	

Complaints

The challenges experienced by G4S in the delivery of the service resulted in an increase in critical feedback from both patients and stakeholders. There were previous concerns raised by commissioners via a Contract Query Notice (CQN) around the complaints process operational in G4S. G4S have since provided a comprehensive action plan and additional assurances around their processes and commissioners are in the process of reviewing this information with a view to close the CQN.

The total number of formal complaints received in December was 61 of 25,425 journeys. Most complaints are regarding timeliness of journeys for outpatient appointments.

G4S are currently working on a complaints trend analysis and providing feedback to providers and commissioners on lessons learnt.

Type	Jul	Aug	Sep	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Complaint	18	9	8	18	9	8	10	14	10	17	42	56	17	30	41	29	38	64	69	76	61	601
Concern	111	77	31	111	77	31	23	50	66	62	113	90	41	47	34	3	8	4	8	16	10	794
Service to Service/Datix	103	54	69	103	54	69	50	26	46	44	60	41	20	64	71	73	74	72	62	53	39	1021
Grand Total	232	140	108	232	140	108	83	90	122	123	215	187	78	141	146	105	120	140	139	139	100	2416

Patient engagement, communication and satisfaction survey December 2017

There were a total of 620 responses on the patient satisfaction for December (2.4 per cent of journeys). G4S acknowledges that the number of responses is lower than it could be and are working to increase their feedback rate. Analysis of the current feedback received across the contract is detailed in the table below and feels to be predominantly positive or neutral.

Question	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total responses
We would like you to think about your recent experiences of our service. How likely you are to be to recommend our service to friends and family if they needed to use a similar service?	408	141	54	9	6	2	620

Question	Strongly Agree	Agree	Neither agree or disagree	Disagree	Don't know	Total
When you booked the transport, your call was answered quickly and you were given a clear explanation of the eligibility process?	390	0	226	41	15	672
You were contacted prior to your appointment to confirm the transport?	473	0	140	14	8	635
You arrived at your appointment on time?	488	0	171	10	5	674
If not, someone informed you that your transport was running late?	90	0	83	5	7	185
The ambulance you travelled in was clean and tidy?	533	0	162	4	0	699
The member of staff driving you to your appointment was polite and courteous at all times, offering assistance where needed?	596	0	114	2	0	712
You felt safe and comfortable throughout your journey?	592	0	121	1	1	715

CQC Inspection

In October G4S was the subject of a full CQC inspection which had positive findings and is publically available. It comments on positive, caring staff and fleet procedures while recognising the work being undertaken to improve on training compliance. A link to this report can be found below.

http://www.cqc.org.uk/location/1-2921123651/inspection-summary#transport

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Item 6: Kent and Medway Integrated Urgent Care Service Procurement

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: Kent and Medway Integrated Urgent Care Service Procurement

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

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

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1. Introduction

(a) On 20 September 2017 the Committee was provided with an update regarding East Kent Out of Hours GP Services and NHS 111. As part of the Committee's deliberations, it agreed the following recommendation:

- *the Committee receives a report about the joint procurement of the Kent & Medway 111 service at its January meeting.*

(b) On 26 January 2018 the Committee considered a written report about the procurement of Lot 1 (NHS 111 and Clinical Assessment Service telephony services across Kent and Medway) and Lot 2 (face-to-face services in North Kent including out-of-hour services and urgent treatment centres). The Committee agreed the following recommendation:

- *RESOLVED that the report be noted and Adam Wickings, Senior Responsible Officer for Kent and Medway Integrated Urgent Care Service Programme, be invited to provide a verbal update to the Committee on 2 March 2018.*

(c) The Committee considered the changes to face-to-face services in North Kent (Lot 2) at its meeting on 14 July 2017.

2. Recommendation

RECOMMENDED that the report be noted and an update be provided to the Committee at the conclusion of the procurement.

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (14/08/2017)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=44860

Kent County Council (2017) *'Health Overview and Scrutiny Committee (20/09/2017)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7788&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (26/01/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4

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Update Report to Kent Health Overview and Scrutiny Committee

Kent and Medway Integrated Urgent Care Service Procurement

Briefing for the meeting on 2 March 2018

From Adam Wickings, Chief Operating Officer, West Kent CCG, Procurement SRO, on behalf of all Kent and Medway CCGs

Background

The HOSC has received a number of reports about various aspects of Integrated Urgent Care Service (IUCS) during 2017 and received an update in January 2018 with specific regard to the planned procurement across Kent and Medway. This nationally mandated procurement is for enhancing the current 111 service on the basis of a national service specification, with increased focus on integration of the 111 service with local urgent care in and out of hours.

Before January the HOSC received a number of briefings about more local urgent care programmes which included reference to this planned procurement.

- The previous reports included the 'Case for Change' from Swale CCG and Dartford Gravesham and Swanley CCGs about their urgent care programme in July 2017. This included the local face to face urgent treatment services and the telephony (NHS 111 and clinical assessment service).
- West Kent CCG described their future vision for IUCS in September.
- The East Kent CCGs joined into the programme for the telephony services and this was verbally reported to the September HOSC meeting and included within the report on East Kent OOH and NHS 111 in November HOSC.

The CCGs are jointly procuring the telephony element of an IUCS in line with the national specification. A considerable amount of engagement with the public about the planning for an IUCS has been taken in local health economies across Kent and Medway: a report of this can be provided on request.

This briefing is to update members on the IUCS procurement across Kent and Medway.

Service overview

The new integrated urgent care service brings together the current service fragmentation and aims to reduce confusion for patients. Our aim is to provide care closer to people's homes

and help tackle the rising pressures on all urgent care services (primary and hospital) and emergency admissions.

Our preferred choice of access to urgent care services is via the improved NHS 111 service, which will be enhanced with a Clinical Assessment Service (CAS). The CAS will include a wide range of clinicians, including GP's Nurses, Paramedics, and Pharmacists.

Locally within Kent and Medway, and nationally mandated, we will also see the establishment of Primary Care led Urgent Treatment Centres (UTCs), based at the front doors of Emergency Departments (EDs).

These two developments locally, supported by the national specifications, aims to drive a higher level of clinical intervention and thus a reduction in unnecessary ED attendances and hospital admissions.

There will be joint clinical governance arrangements across the services and an active collaboration with the developing GP cluster/federations and the more specialist providers such as mental health and local care closer to home.

The service overall will cover all 9 elements of the national IUCS specification: https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf

The face to face element will also meet the national Urgent Treatment Centre specification:

https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf

Procurement process update

Kent and Medway are working together to procure the IUCS. A programme board has been established, including clinical leads, CCG executive leads and Healthwatch colleagues. This board is steering the procurement programme, with the decision making remaining with individual CCG governing bodies. Since the January HOSC meeting, a business case has been approved at 6 of the 8 CCG governing body meetings and is due for consideration at the last two on 22 February. Procurement is due to commence immediately after the CCG governing body approvals are completed. Due to the commercial sensitivity of procurement, the case is being considered in Part 2 of the private GB meeting.

The service is being procured in two lots, the first being the current NHS 111 services, with an increased level of clinical support and across the Kent and Medway footprint. The second is for face to face UTCs and out of hours primary care services for Dartford, Gravesend and Swanley, Swale and Medway CCG areas. The specification closely follows the national requirements.

<table>
<tr><td>Telephony Services</td><td colspan="3"><u>LOT 1</u>

<u>KENT & MEDWAY CCGs:</u>
NHS 111 / ICAS – Commencing 1 April 2019</td></tr>
<tr><td></td><td colspan="3"></td></tr>
<tr><td rowspan="5">Face-to-Face Services</td><td colspan="3"><u>LOT 2</u>
<u>DGS/Swale/Medway CCGs:</u></td></tr>
<tr><td><u>DGS CCG:</u></td><td><u>SWALE CCG:</u></td><td><u>MEDWAY CCG:</u></td></tr>
<tr><td>Urgent Treatment Centre at Gravesham Community Hospital</td><td>Two Urgent Treatment Centres (+ mobile facility) at Sheppey Memorial Hospital and Sheppey Community Hospital</td><td>Urgent Treatment Centre at MFT</td></tr>
<tr><td colspan="3">P-led-out-of-hours (base site and home visits)</td></tr>
<tr><td colspan="2">Phased mobilisation:
GP-led OOH – 1 April 2019
UTC – 1 July 2019</td><td>Commencing
1 April 2019</td></tr>
</table>

Existing contracts for the relevant services are coming to an end in March 2019 and therefore the procurement is on a timeline to commence the redesigned services by 1 April 2019, with a phased implementation for the urgent treatment centres in Dartford, Gravesham and Swanley and in Swale.

Benefits of the Integrated Service model:

The Integrated Urgent Care service will simplify the system for patients. It will provide greater access to clinical advice, will allow direct booking for face to face appointments where required – in urgent treatment centres or with a local GP. It will reduce the current duplication and fragmentation between different parts of the system.

The combination of procuring a telephony provider (including clinical assessment) across the whole area, and having the local face to face services embedded within each community are significant:

- Economy of scale for telephony & CAS with resilience.
- Local integration for face to face services – front door of Emergency Departments (where possible), linking Primary Care Services and Urgent Treatment Centres, enabling booked appointments and 'walk in' urgent care.
- Able to work closely with developing primary care organisations
- Collaboration between providers through integrated governance
- Opportunities for formal provider partnerships and/or bids for several lots

There are challenges, not least the workforce and digital infrastructure to support the model. The potential providers will be asked to provide innovative solutions to the challenges and to demonstrate how they will respond to local needs.

Timescale and next steps

The specifications for the two lots have been developed over recent months with a wide range of engagement on the model with clinicians, local providers, patients and public. The specifications follow closely the national requirements for Integrated Urgent Care and for Urgent Treatment Centres with the emphasis on relationships and collaboration between the different parts of the system. The final CCGs are considering whether to approve the procurement on the 22nd of February with the intention of then initiating the procurement process in late February 2018.

The expectation is for evaluation of the providers and approval of preferred bidders by August 2018 to allow for almost eight months of mobilisation prior to going live April 2019.

Healthwatch, clinicians and the relevant specialists are working with the commissioners on the evaluation criteria and participating in the evaluation process.

Once the preferred bidder is identified and the contract awarded, a detailed mobilisation plan will be agreed and implemented, working with a wide range of partners in the system.

We will be happy to come back to HOSC to provide further updates in due course.

Item 7: Medway NHS Foundation Trust: Update

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: Medway NHS Foundation Trust: Update

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

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

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1. Introduction

(a) Medway NHS Foundation Trust is responsible for the single site hospital based in Gillingham, Medway Maritime Hospital, which serves a population of more than 405,000 across the areas of Medway and Swale. It provides clinical services to almost half a million patients a year, including 110,000 Emergency Department attendances, 62,000 admissions, 325,000 outpatients attendances and 5,000 births.

(b) The Trust was in special measures from 2013 - 2017; the Committee considered the Trust on nine occasions during this period. The Trust was last considered by the Committee in October 2016 and an update has been requested for this meeting.

2. Recommendation

RECOMMENDED that the report on Medway NHS Foundation Trust be noted and the Trust be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (07/10/2016)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4

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Improvement plan – Better, Best, Brilliant – progress report

1. EXECUTIVE SUMMARY

1.1. The Trust last provided an update to the HOSC in October 2016, shortly before our most recent inspection by the Care Quality Commission. At that stage we were rated 'inadequate' and had been in quality special measures for more than three years. However, we knew we had made great improvements and that the safety and quality of care was very much better.

1.2. We were therefore delighted when, in March 2017, our rating was moved to 'requires improvement' and we exited special measures. This was important for giving patients confidence in their hospital, but also welcomed by staff who had done so much to raise standards at the hospital.

1.3. The report gave many areas a 'good' rating, and for maternity and gynaecology there was an 'outstanding' in the 'caring' domain.

1.4. However, we recognised that there was still much to do, and we immediately set about addressing areas still requiring attention through a CQC improvement plan.

1.5. We also launched a 'Better, Best, Brilliant' programme, which aims to enhance and transform services across the Trust.

1.6. Nearly a year on from exiting special measures, we have seen services improve in a number of areas. But many challenges remain, particularly in relation to our financial sustainability.

1.7. We are also preparing for our next CQC inspection this spring.

2. TRUST-WIDE IMPROVEMENT PROGRAMME – BETTER, BEST, BRILLIANT

2.1. Within our Better, Best, Brilliant programme, 13 workstreams sit beneath our four strategic objectives:

- Integrated healthcare
- Innovation
- People
- Financial stability.

2.2. Work is taking place under each of these, but there has been particular focus on patient flow and financial recovery.

3. PATIENT FLOW

3.1. Under our patient flow programme we have sought to improve the number of patients being seen, treated and admitted or discharged from our Emergency Department. The national constitutional target for this is 95 per cent. However, in recent planning guidance it was announced that Trusts will be expected to be on a trajectory to meet 90 per cent by September 2018 and 95 per cent by March 2019.

3.2. We have improved on our past performance, but we are not yet consistently meeting the target. Performance has been in the high 80s and early 90s at times, however, the figure isn't yet stable or consistent, and over the winter period, in common with most Trusts, we experienced longer delays than we would like.

3.3. We have implemented a series of actions to standardise procedures so that flow is maintained and the four-hour performance within ED can be sustained.

3.4. Reduction in performance is often due to lack of internal flow from the main bed base to discharge, so we have instigated improvements in areas known to slow down the discharge process, such as by having a mobile pharmacy in the discharge lounge, and ensuring more patients are identified for discharge earlier in the day.

3.5. Throughout the winter we have held daily teleconferences with system partners – CCG, local government, community providers – to review the patients who are considered to be 'delayed transfers of care' (DTOCs).

3.6. This has provided greater visibility and focus and as a result we have seen a dramatic reduction in the numbers, and, importantly patients being transferred to where they will receive appropriate care.

3.7. We are now seeing DTOCs in single figures, compared with 49 this time last year – one of the best achievements in the country.

3.8. We have also conducted an audit of stranded patients with system partners (ie patients who have been in hospital for more than seven days where there is not a plan of ongoing care). The purpose of the audit was to review these patients, understand what the plan is for treatment and determine what they are waiting for – and then make it happen.

3.9. These actions have enabled us to close the escalation ward that had been open since December 2014. Having escalation space is a critical aspect of our winter planning, and we utilised the extra beds during the height of winter pressures but were able to close it again within weeks.

4. WORKFORCE AND VACANCIES

4.1. Historically the Trust has struggled to recruit, resulting in a higher number of agency staff than we would like.

4.2. Staffing levels and use of temporary/agency workers were identified as areas needing improvement by the Trust and the CQC.

4.3. Since the Trust has been seen to be improving, and particularly since we exited special measures, we have begun to recruit more permanent staff. We also have a very healthy nursing bank, meaning our reliance on agency staff has reduced and continues to do so.

4.4. The Trust continues its three pronged approach to recruitment, in particular to address nurse vacancies, via local, national and international routes. An international campaign in the Philippines continues with 197 nurses actively engaged in the process, with a cohort having started in January 2018.

4.5. Further collaborative regional procurement continues for international nurse recruitment with partner organisations processing 88 nurses to join us from April 2018 onwards.

4.6. Some shortfalls in medical and dental rotations from Health Education England result in vacancies in medicine. The Trust is actively recruiting to these posts, alongside Medical Trainee Initiative (MTI) recruitment and introducing the Trust's first appointment of a Physician Associate (PA) with a further seven at conditional offer.

4.7. Further new roles are being introduced including four Doctors' Assistants who were appointed in December 2017 and interviews for Discharge Liaison Officers being held.

4.8. The Trust's workforce profile continues to show a significant change from 2016/17 with a nine per cent increase to substantive staff as a percentage of total pay bill and a 15 per cent decrease in the use of agency staff (£17.3million reduction year to date). We have increased by six per cent the number of staff coming from our bank, as the Trust works to reduce and manage its temporary staffing expenditure.

5. FINANCIAL RECOVERY

5.1. The Trust's financial position remains very challenging, with a significant long-standing deficit.

5.2. Over the past year we have begun implementing plans to reduce our costs and increase efficiency.

5.3. Unfortunately we have not made enough progress, and as a result we have now reported a revised end of year financial forecast. This means our agreed control total – the figure Trusts agree with NHS Improvement as part of the budget setting process – will not now be met, and our deficit is equal to more than 20 per cent of the Trust's income.

5.4. This is a serious situation and we are taking steps to address the situation. We need to implement a number of transformational schemes that will reduce inefficiencies and tackle overspending on pay

5.5. We are also working closely with commissioners and other partners to provide services the community needs within the available budget. This may require some difficult decisions, but we will not compromise on the quality of patient care.

5.6. As a result of our worse than expected financial position, we are working closely with our regulator, NHS Improvement, to ensure our financial recovery plan is implemented.

5.7. We have continued to engage staff in our financial improvements by keeping them informed and by seeking their ideas for further cost efficiencies.

5.8. We have recruited senior leads to support some of the programmes; this includes using the Model Hospital and other benchmark data to identify where we have variation. We have also run programmes to support staff to lead improvement projects across the Trust.

5.9. We need to continue to focus on our own efficiency through our Better, Best, Brilliant improvement programme, and it is also important that we receive the right level of income for the services we provide. We will continue to work closely with commissioners and other partners as this is not just about the hospital but about the healthcare system across Medway and Swale.

6. FIRE SAFETY

6.1. In 2016 the Trust commissioned a fire safety report from Kent Fire and Rescue Service which identified a number of risks and actions required.

6.2. Following the report we produced a detailed action plan, and immediately set about addressing the concerns raised.

6.3. Since the tragic fire at Grenfell Tower, we have continued to review our fire safety plans and implement remediation works. We work in close liaison with Kent Fire and Rescue Service.

7. CONCLUSION AND NEXT STEPS

7.1. The Trust is in a very different position to when we last reported to the HOSC, shortly before our CQC inspection.

7.2. We have been keen to maintain momentum in our improvement, and ensure that the successes in key areas are maintained and spread throughout the hospital.

7.3. We also recognise that there are considerable challenges for the Trust, especially in addressing our financial deficit and making the hospital sustainable for our community.

7.4. It is vital that our staff remain connected with our Better, Best, Brilliant programme, and financial recovery, and we will continue to engage them throughout the challenges that lie ahead.

7.5. Improving healthcare for the people of Medway is not just the remit of the hospital – we are working closely with local partners as well as through the STP to deliver the best of care for our population.

7.6. Through the STP we are pursuing opportunities to build on services that are vital for our community. For example, we believe Medway is in an excellent position to become one of the Hyper Acute Stroke Units currently being consulted upon. Medway is included in three of the five proposed options and there is a strong case for one of the HASUs to be in our area to improve outcomes for patients.

7.7. We are now preparing for our next CQC inspection in the spring, when inspectors will visit our core services.

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Item 8: Kent and Medway Strategic Commissioner (Written Briefing)

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: Kent and Medway Strategic Commissioner (Written Briefing)

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

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.

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1. Introduction

(a) On 26 January 2018 during the Transforming Health and Care in East Kent agenda item, Michael Ridgwell (Programme Director, Kent and Medway STP) confirmed that discussions were being undertaken around the shared CCG management functions in Kent & Medway; he committed to providing a paper on this to the Committee at its next meeting.

(b) A written report on the development of a strategic commissioner function in Kent & Medway is attached for information.

2. Recommendation

RECOMMENDED that the report on the Kent and Medway Strategic Commissioner be noted and the Kent & Medway STP be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (26/01/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4

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Kent and Medway Strategic Commissioner Update

February 2018

The Clinical Commissioning Groups (CCGs) across Kent and Medway are looking at options for developing a strategic commissioner function that works across multiple CCGs. The aim is to strengthen how CCGs work together, where doing so can drive service improvements that our patients need and expect.

Making strategic commissioning decisions across multiple CCGs is good because it provides consistency and reduces duplication; both for ourselves and the hospital, community and mental health services we work with. It will help improve services for patients by reducing variation in quality and access to care and will drive up standards across all providers.

A formal proposal to establish a strategic commissioner and share a single senior management team with one accountable officer (chief executive) is being considered by CCG governing bodies at meetings in January/February 2018. Six of the eight CCGs have agreed the proposal. South Kent Coast will confirm their view following a meeting of their GP membership on the 22 February. Although Thanet CCG are not pursuing a path to be a part of formal arrangements, they will continue to work with the other CCGs on development of the strategic commissioner and on a range of strategic service improvement plans as they recognise that there are functions they currently undertake which could be usefully undertaken at a larger geography.

The strategic commissioner will be established in a shadow form from April 2018. To prepare for the new arrangements the accountable officers of the CCGs are taking on additional transitional roles from February. Details are outlined below.

	CCG Accountable Officer	**Transitional role**
Ian Ayres	West Kent CCG	Medway, North and West Kent Managing Director
Patricia Davies	Dartford, Gravesham and Swanley CCG, Swale CCG	Director of Acute Strategy
Simon Perks	Ashford CCG, Canterbury and Coastal CCG	Medway, North and West Kent Deputy Managing Director
Caroline Selkirk	Medway CCG	East Kent Managing Director
Hazel Smith	South Kent Coast CCG, Thanet CCG	Director of Partnerships

In the coming months the CCGs will be working together to design where the different functions of commissioning need to sit and how to ensure the local voice of clinicians and patients is heard at the strategic level, and how to ensure that local commissioning decisions are still taken locally where this is most appropriate.

We will be working with staff, member practices and lay-members of the CCGs and patient and public representatives to consider the scope and scale of future commissioning arrangements at every level, including how current functions should be split across a strategic commissioner and individual CCGs. This work will include exploring which CCG decisions might be delegated to CCG joint committees that could operate across areas.

Co-design process

During March, we will undertaking a co-design process to determine what responsibilities should sit with a strategic commissioner and what should stay locally in CCG areas, including what might need to be undertaken at a sub-system level (e.g. in East Kent or in North Kent / West Kent / Medway) or at an even more local level (e.g. GP federation). We are also considering the NHS England functions that might sit more appropriately with a strategic commissioner.

This process will include a number of workshops looking at both commissioning priorities, functions and responsibilities; governance and options for end state. We will also be issuing a survey as part of the on-going engagement we will be doing in the coming months to understand the views of senior colleagues and stakeholders. The results of this survey will be shared at a co-design workshop which will include CCG chairs, lay members, accountable officers and their senior management teams.

Could this lead to the CCGs merging?

A merger of CCGs is one potential option for the longer-term which we will be discussing in the coming months, but it is not the only option and no decisions have been made at this stage. A proposal to merge would require all the CCGs involved to engage and seek the views of their membership practices and other stakeholders, and NHS England would also have to approve proposals.

Item 9: East Kent Out of Hours GP Services and NHS 111 (Written Briefing)

By: Lizzy Adam, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 March 2018

Subject: East Kent Out of Hours GP Services and NHS 111 (Written Briefing)

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

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1. Introduction

(a) On 3 June 2016 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.

(b) On 25 November 2016 the Committee considered an update about the implementation of the new East Kent integrated urgent care service contract provided by Nestor Primecare Limited.

(c) On 20 September 2017 the Committee was provided with an update following Primecare being rated as Inadequate and being placed into Special Measures by the Care Quality Commission (CQC) on 3 August 2017.

(d) On 24 October 2017 the Committee was notified that Primecare had opted to exercise its right to serve an accelerated notice period of three months on Friday 29 September 2017. On 14 November the Committee was formally notified that Integrated Care 24 (IC24) would take over the contract from the beginning of December.

(e) On 26 January 2018 the Committee received an update about the implementation of the new contract by IC24. The Committee agreed the following recommendation:

- *RECOMMENDED that the report be noted, and the East Kent CCGs be requested to provide a written update in March to confirm that the Deal, Herne Bay and Romney Marsh bases had been re-opened by the 28 February 2018*.

2. Recommendation

RECOMMENDED that the report on the East Kent Out of Hours GP Services and NHS 111 be noted.

Background Documents

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

Kent County Council (2016) *'Health Overview and Scrutiny Committee (25/11/2016)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6263&Ver=4

Kent County Council (2017) *'Health Overview and Scrutiny Committee (20/09/2017)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7788&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (26/01/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4

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This document has been replaced with an updated paper. Please refer to the supplement below for the updated paper -
https://democracy.kent.gov.uk/documents/b19085/Supplementary%20-%20Item%209%20Updated%20CCG%20Paper%2002nd-Mar-2018%2010.00%20Health%20Overview%20and%20Scrutiny%20Commit.pdf?T=9

Health Overview and Scrutiny Committee Briefing

East Kent NHS 111 and GP out of hour's services

February 2017

Author: Sue Luff, Head of Contracts

Background

Integrated Care 24 Limited (IC24) took over the provision of the Integrated 111 and Out of Hours Service on 1st December 2017. This was as a result of the previous provider exercising its right to serve an accelerated notice period.

IC24 is a not for profit social enterprise and has more than 25 years' experience providing healthcare services, including GP OOH care and NHS 111 services across the east and south of England.

The mobilisation period of the contract was reduced due to the circumstances therefore the original Out of Hours bases provided by the previous provider were not utilised.

The Clinical Commissioning Groups within East Kent were challenged by HOSC and agreed that patients within the following localities need to have access to Out of Hours service provision.

The table below details the bases with their previous contracted opening

Base	Weekday Opening Mon-Fri	Weekend Opening Sat-Sun	Bank Holiday Opening	Grade of staff delivering service
Canterbury and Coastal – Herne Bay QVMH	None	08:00 – 18:00 Sat 09:00 – 18:00 Sun	09:00 – 18:00	GP
Deal	None	09:00 – 14:00 Sat and Sun	09:00 – 14:00	GP
Romney Marsh	None	09:00 – 16:00 Sat and Sun	None	Nurse Practitioner

Current situation

Following the last update to the HOSC where the committee was assured that there would be OOH presence in all localities the CCG has reviewed the sites in partnership with IC24 and the East Kent locality teams to ensure that patients have access to care within out of hours.

Within primary care there are a number of new services which impact upon the ability of IC24 as the OOH provider to deliver services with a full complement of the required GPs. The implementation of the various schemes has been driven by both national and local strategy and includes the following services.

Provider	Service Delivered
Invicta Health Care	GP within Accident and Emergency within William Harvey Hospital GP within Kent and Canterbury Hospital
Channel Health Care Associates (South Kent Coast GPs)	Extended Hours across locality hubs including Deal Increased home visiting service
Acute Response Team – (Thanet GPs)	GP within Accident and Emergency in Queen Elizabeth the Queen mother Hospital
Herne Bay Integrated Care LTD (Herne Bay GPs)	New MIU/Minor Illness service within Queen Victoria Memorial Hospital(QVMH)

Whilst the ambition was that the CCGs would work towards opening the remaining bases following discussion with the various providers it is recognised that the requirement to deliver the local and national strategy the development of the services will ensure that patients have access to a wider range of services to support their full range of care needs.

Therefore the above services will support access to care through partnership working with IC24 as the lead provider.

The impact of this is that for patients within Herne Bay the services within Queen Victoria Memorial Hospital will support access between 8am -8pm seven days per week.

Within Romney Marsh the provision of the service was delivered by a nurse practitioner therefore the site was utilised at 25% as patients needed review from a GP. Following review of the data IC24 have increased their ability to provide mobile access for GPs to review patients within their own homes where they have the greatest care needs to ensure that this cohort of patients do not need to travel where unnecessary.

Within Deal the locality is working towards support through the GP Forward View project which supports increased GP provision within the local practices. IC24 will support the provision of access with the locality team. In the interim the local MIUs will be able to support assessment for minor illness

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