HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 20th September, 2017

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 20th September, 2017, 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 (12):	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, Mr I Thomas and Mr M Whiting
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

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

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

UNRESTRICTED ITEMS

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

Item Timings*

1. Substitutes

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

3. Minutes (Pages 7 - 16)

4. Children and Young People's Mental Health Service and All Age Eating Disorder Service (Pages 17 - 48) 10:05

5. Patient Transport Service (Pages 49 - 58) 11:00

6. West Kent CCG: Out of Hours (OOH) GP Relocation (Pages 59 - 70) 11:45

7. West Kent CCG: Gluten Free Services (Written Briefing) (Pages 71 - 76)

8. West Kent CCG: Financial Recovery Plan (Written Briefing) (Pages 77 - 88)

9. West Kent CCG: Dermatology Services (Written Briefing) (Pages 89 - 94)

BREAK (12:30 - 13:15)

10. CCG Annual Rating (Pages 95 - 110) 13:15

11. East Kent Out of Hours GP Services and NHS 111 (Pages 111 - 114) 14:00

12. Local care in East Kent (Pages 115 - 140) 14:30

13. Ashford CCG and Canterbury & Coastal CCG: Financial Recovery Plan (Pages 141 - 146) 15:00

14. Mental Health Rehabilitation Services in East Kent (Written Briefing) (Pages 147 - 152)

15. SECAmb Regional Scrutiny Sub-Group (Written Briefing) (Pages 153 - 160)

16. Date of next programmed meeting – Friday 24 November at 10:00

    Proposed items:
    - STP
    - GP Workforce
    - Winter Resilience

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*

John Lynch
Head of Democratic Services
03000 410466

12 September 2017

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.

This page is intentionally left blank

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, 14 July 2017.

PRESENT: 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, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas, Mr M Whiting, Cllr L Hills, Cllr J Howes and Cllr T Searles

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

2. Membership
(Item 1)

(1) Members of the Health Overview and Scrutiny Committee noted the membership.

3. Election of Vice-Chairman
(Item 2)

(1) The Chair proposed and Mr Pugh seconded that Mr Angell be elected Vice-Chair of the Committee.

(2) RESOLVED that Mr Angell be elected as Vice-Chairman.

4. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 4)

(1) Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

(2) Mr Bartlett stated that he used to be a Governor at East Kent Hospitals University NHS Foundation Trust; he confirmed that he had recently resigned from this role.

(3) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.

(4) Mr Pugh declared an interest as a non-voting member of NHS Swale CCG's Primary Care Committee.

(5) Mr Whiting declared an interest that his wife was an employee of the Kent Community Health NHS Foundation Trust.

5. Minutes

(Item 5)

(1) RESOLVED that the Minutes of the meeting held on 3 March and 25 May 2017 are correctly recorded and that they be signed by the Chairman.

6. EKHUFT Operational Issues

(Item 6)

Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust), Natalie Yost (Director of Communications, East Kent Hospitals University NHS Foundation Trust), Lesley White (Divisional Director, East Kent Hospitals University NHS Foundation Trust) and Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. She began by reminding Members that the Committee did not consider individual complaints relating to health services and acknowledged receipts of letters from Concern for Health in East Kent (CHEK), Faversham Health Matters, Helen Whately MP and Rosie Duffield MP.

(2) The Chair invited Ida Linfield, Elected Member for Canterbury City South, to address the Committee. Ms Linfield stated that the Kent & Canterbury Hospital was located in her division and she had been contacted by staff, residents and politicians with their concerns regarding the emergency transfer of services. She raised concerns about recruitment of consultants, disciplinary action against staff who made public statements and the introduction of an additional 20 ambulances. She requested that the Committee establish a Task and Finish group to look at the operational issues in more detail.

(3) The Chair reminded the Committee that the focus of the item was the operational issues being faced by the Trust and its response to it. The longer term strategy would be contained with the STP item and the Chair asked that Members consider this when asking their questions.

(4) Ms Shutler began by highlighting the key issues with regards to the Trust's operational issues. She stated that the decision to remove 38 junior doctors from the Kent & Canterbury Hospital site was taken by Health Education England (HEE) and the General Medical Council (GMC) in March 2017. In June 2017 the Trust decided to temporarily move emergency medicine services from the Kent & Canterbury Hospital site as it was not able to safely provide those services without the junior doctors. The emergency transfer of services was scrutinised and overseen by the Trust's commissioners and regulators. In order for services to return to the Kent & Canterbury Hospital site, the Trust must be assured the services can be provided safely which would require the return of the junior doctors. A decision to return the junior doctors by HEE and GMC could only be taken once they were satisfied that the Trust could adequately train and supervise of the junior doctors. She noted that the Trust was continuing to recruit consultants across the Trust to fill vacancies and provide the required support to junior doctors. She reported that the Trust was encouraging staff to talk to the senior management team

directly about their concerns and denied that staff had be warned about disciplinary action if they made public statements. She concluded by explaining that an investigation into a transfer of a patient, following the implementation of the emergency transfer of services, did not delay their treatment.

(5) Mr Perks provided clarification regarding the transportation of patients; he reported that CCGs were commissioning an additional 30 conveyances of patients who would have previously transported to the Kent & Canterbury Hospital site at a cost of £450,000 a month. The number of additional ambulance and crew would vary from day-to-day.

(6) Members then proceeded to ask a series of questions and make a number of comments. Members enquired about the impact of the emergency transfer on the Trust's capacity and other sites. Ms Shutler confirmed that an oversight group had looked at all of the options before a decision was made to move services from the Kent & Canterbury Hospital site. She stated that all the sites were very busy particularly with the heat and number of elderly and frail patients but stated that this was not related to the transfer of services. The Trust was looking at ways to improve patient flow and bed capacity and was listening to staff suggestions for improvements.

(7) Ms White reported that consultants from the Kent & Canterbury Hospital were being used to provide additional emergency cover at other sites but were continuing with their elective work at the Kent & Canterbury site when not providing cover. She reported that the Trust had worked closely with partners to create additional capacity into the system. A new medical model had been implemented which meant that there was seven-day consultant input onto the wards for the big five specialities and eight hour gastroenterology consultant cover on a Saturday & Sunday which had helped to improve discharge and capacity. She stated that she was recently on call at the William Harvey Hospital and 45 patients were discharged on a Sunday; the Trust had previously discharged approximately 15 patients from the site on a Sunday . She noted that the introduction ambulatory care unit, led by acute physicians, were managing low risk medical patients as day cases which was also leading to improvements to patient flow.

(8) Mr Perks stated that the Trust was making significant operational improvements to manage its capacity; measures to enable early discharge such as additional support for patients in their own homes and care homes and partnership working with SECAmb to reduce handover delays had been implemented. He confirmed that the roadworks between Ashford and Canterbury had not interfered with SECAmb conveyances.

(9) In response to a specific question about the impact on junior doctors, Ms Shutler confirmed that the junior doctors, moved from the Kent & Canterbury Hospital site, were helping to cope with the additional workload at the two other acute sites following the emergency transfer of services. Ms White stated that the Trust had ensured that the junior doctors had been able to continue in the medical speciality of their rotation if they wished too; four junior doctors had opted to move to the Accident & Emergency departments, two had moved to the Intensive Care Unit (ITU) and two had moved to Paediatrics. Ms White reported that there had been no junior doctor resignations following

their transfer to the other sites and the preferences of nurses who wanted to remain or move sites had also been accommodated. Five Senior House Officers (SHO) and Specialist Registrars (SPR) remained on the site for patient safety in addition to the consultants; none of these doctors had resigned but a number were leaving to go onto training posts. She noted that a new cohort of junior doctors would join the Trust in August which would include rotations at the Kent & Canterbury Hospital.

(10) Members asked about engagement with the public and recruitment. Ms Shutler stated that the Trust had been engaging with the public over the last two years and held a series of public events prior to the removal of the junior doctors and emergency transfer of services. The decision to remove the junior doctors by HEE and GMC was not expected and the Trust had to respond immediately to enact the changes by 19 June deadline. Mr Perks stated that the Trust had to take emergency action to respond to the regulatory demands; before the decision was made by the HEE and GMC, the Trust did give advanced warning of this possibility including at a CHEK event in April. He stated that consultation would take place on the longer term proposals which would be led by the CCGs. Ms Shutler stated that the Trust was finding it difficult to recruit staffing due to its current configuration as staff were required to be on call more frequently due to its three sites. Ms White explained that the Trust was actively recruiting staff from the UK and abroad to fill vacancies. Ms Shutler highlighted national recruitment campaigns in the BMJ and a website to promote East Kent as a place to live and work as measures which had been implemented as part of its recruitment strategy.

(11) Ms Shutler confirmed that the Trust was still actively seeking a solution to reinstate services and return the junior doctors to the Kent and Canterbury Hospital site.

(12) RESOLVED that the reports be noted and East Kent Hospitals NHS University Foundation Trust be requested to:

(a) provide an update to the Committee on its response to regulatory action and emergency transfer of services;

(b) present an update to the Committee about its long term strategy for acute sustainability in East Kent.

7. Kent and Medway Sustainability and Transformation Plan
(Item 7)

Michael Ridgwell (STP Programme Director), Liz Shutler (Director of Strategic Development and Capital Planning, East Kent Hospitals University NHS Foundation Trust) and Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury & Coastal CCG were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Ridgwell began by explaining that service models and hurdle criteria had been developed; the long list of options would be identified using the service models. The long list options will be evaluated using the hurdle criteria to get the preferred options which would be submitted to NHS England for review and assurance before going out to public consultation.

(2) Mr Perks stated that feedback from the public had been reflected in the development of the service model for local care which included more joined up services and better access to primary care. He noted that there were 300 patients in East Kent hospital beds who did not require acute care and would be more appropriately cared for by the proposed local care model. He reported that this was particularly important for the frail and elderly as hospital stays could lead to loss of muscle tone and make it more difficult for them to return home.

(3) Ms Shutler reported that the proposed model for hospital care included the creation of centres of excellence with access to specialist teams; evidence showed that access to specialist services, rather than the time taken to access the services, led to improved outcomes for patients. She noted that stroke services were currently provided in seven sites across Kent and Medway and did not have as good outcomes as centralised stroke centres. Similarly the centralisation of orthopaedic services reduced infection rates and patient stay and improved efficency and patient outcomes. Emerging thinking as part of the STP in East Kent included a proposal to have an emergency care hospital with an A&E and specialist services; an emergency care hospital with an A&E and a planned care hospital. She stated that all the options were being considered and a second round of engagement events was scheduled.

(4) Members then proceeded to ask a number of questions and make a number of comments. A Member enquired about the impact of growth, capital investment, the lessons learnt from the potential closure of Faversham minor injuries unit in 2013 and the management of chronic conditions. Mr Ridgwell explained that growth was challenging but had been factored into the planning and the NHS was working with KCC to ensure the models were kept up-to-date. Mr Perks stated that primary care in Ashford, as one of the major growth areas, had some of the best facilities in the county including an extension to the New Hayesbank Centre. Mr Ridgwell stated that there was an ongoing dialogue with NHS England regarding capital investment required to make changes. Mr Perks noted that the key lesson learnt from Faversham minor injuries unit was the importance of working with the local community and GPs in developing future models of care. Mr Perks reported that the integration of primary and community care, as set out in points A - E in the table on page 25 of the Agenda, would enable the proactive local management of chronic conditions by working with the patient to develop their care plans. He stressed the importance of providing a consistent service across Kent and Medway. He acknowledged that there were similar workforce challenges with GPs as there were with hospital consultants.

(5) In response to a specific question about the centralisation of services, Ms Shutler explained in terms of stroke services that there was a significant challenge in providing these across seven sites and performance was variable and inconsistent. There was a proposal to centralise stroke services to a fewer number of sites with a maximum travel time of 60 minutes to improve patient outcomes. She confirmed that travel times to all seven sites were being reviewed. Mr Ridgwell clarified that a 120 minute call to needle standard was recommended for thrombolysis. In terms of elective surgery, Ms Shutler explained that planned surgery was currently carried out on the same sites as emergency surgery in East Kent which resulted in cancellations of elective surgery due to emergency cases; this would be prevented if elective services

were centralised and located on a different site from emergency and specialist services.

(6) A number of comments were made about the Estuary View Medical Centre. Mr Perks stated that the Estuary View Medical Centre was a national vanguard pilot and provided integrated community healthcare. There was small scale evidence to demonstrate that through the delivery of local care at the Estuary View Medical Centre, it had reduced the number of patients attending hospital. The CCGs in Ashford and Canterbury were planning to scale up their local care models from autumn which was expected to significantly reduce hospital attendance. He stressed that the local care model did not require an Estuary View Medical Centre in every locality. The local care model was looking to deliver as much care as possible to people's home and provide support to enable the population to stay well and manage their own care.

(7) A Member asked about the development of a medical school and a new hospital in Canterbury. Ms Shutler commented that the Trust was supportive of a medical school and would help to recruit and retain staff. She confirmed that the Trust had been approached by a developer and local landowner with the offer to build a shell of a hospital in Canterbury. She reported that the cost of a new hospital would be £600 million if supported by a successful local care model or £750-800 million without; it could take 4-5 years to fund and 4-5 years to build but may be able to take less time depending on the offer from the developer and planner. She stated that the Trust was undertaking a due diligence process to determine if it is a viable option. Mr Thomas declared an interest as a Member of Canterbury City Council's Planning Committee and took no part in the discussion.

(8) Members enquired about the implementation of care navigators, GPs support of the care model and public consultation. Mr Perks explained that the care navigators would most likely be clinicians and in Canterbury & Coastal CCG would be part of a community hub so that they had an overview of all services provided locally. Mr Perks stated that GPs were supportive of the care models but had concerns about the resources required to implement the new model. Mr Perks reported that public consultation was due to take place in spring 2018 but there was a possibility that this could be brought forward following the emergency transfer of services in East Kent and requests by NHS England and NHS Improvement.

(9) RECOMMENDED that the report on the service models and hurdle criteria for the Kent and Medway Sustainability and Transformation Plan be noted and an update be presented to the Committee at the appropriate time.

8. North Kent CCGs: Urgent & Emergency Care Programme
(Item 8)

Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) and Gerrie Adler (Portfolio Programme Director (Consultant), NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Ms Adler began by explaining that the papers covered two different clinical models for NHS Dartford, Gravesham and Swanley CCG & NHS Swale CCG. The models included nationally mandated changes to include the provision of a 111 service supported by an Integrated Clinical Advice Service (ICAS) and the requirements of the Five Year Forward View to extend primary care access. She highlighted the range of engagement events which had taken place including Patient and Clinician Reference Groups in 2015, GP engagement event in November 2016; urgent and emergency care whole systems event in November 2016 which brought together over 80 patient representatives, voluntary sector organisations, hospital clinicians, GPs and commissioners. Three further listening events were held in February 2017 in Shorne for NHS Dartford, Gravesham & Swanley CCG residents and Sittingbourne & Sheppey for NHS Swale CCG residents. She stated that feedback from the events had helped to shape the case for change and emergent model of care.

(2) Ms Davies explained that feedback from Swale residents was that they liked the existing services but would like them to be more responsive and coordinated and this was reflected in the CCG's proposals. She stated that Dartford, Gravesham & Swanley was a growth area with an expected 26% gorwth over the next 7 years. She reported that the CCG was looking to form an urgent care centre at the Gravesham Community Hospital site which would include the existing minor injuries unit and relocation of the walk-in centre from the Fleet Healthcare Campus located 1.3 miles away. She noted that the Gravesham Community Hospital was located near to the train station and had good bus services. She stated that the four GP practices at the Fleet Healthcare Campus were looking to merge, consolidate nursing and back office staff and extend primary care access.

(3) Mr Pugh encouraged the CCGs to work with the planners in growth areas to develop and implement services prior to residents moving in. Cllr Pugh, in accordance with his Interest as a as a non-voting member of NHS Swale CCG's Primary Care Committee, then withdrew from the meeting for this item and took no part in the discussion or decision.

(4) In response to a specific question regarding the recommissioning of the 111 service, Ms Adler explained that the reprocurement would include an enhanced ICAS which would assess and advise on the most of appropriate course of action including self-care and onward referral to a clinician; call handlers would be able to refer up to 60% of calls to clinicians from the current 25%. Ms Davies noted that the current service was provided by the South East Coast Ambulance NHS Foundation Trust (SECAmb) and there were some issues with call handling and onward referral and the new model would look to address this.

(5) A Member enquired about the relocation of the walk-in centre from the Fleet Healthcare Campus to Gravesham Community Hospital. Ms Adler explained that the CCG had taken advice from the Consultation Institute who had recommended that a community impact assessment be carried out; telephone interviews and face-to-face engagement with 85 people wasundertaken in June 2016 and the feedback was detailed in Appendix 4. She noted that 71% of the respondents thought the move to Gravesham Community Hospital was positive particularly due to its co-location with the minor injuries unit. She

noted that there were some concerns about parking but she reported that the site was in a town centre location and located two minutes from the train station with good public transport links.

(6) Members asked about services in Swanley, the CCGs' confidence levels in the proposals and the opportunity for Swale residents to comment on proposed changes at Medway Hospital. Ms Davies noted that there was a significant patient flow from Swanley using the walk-in centre at Queen Mary's Hospital in Sidcup. She reported that the Oak and Cedar GP practices in Swanley were looking to develop a virtual hub which would include extended opening hours. Ms Adler reported that the CCGs were confident about the proposals as they were supported by the engagement feedback and were within the financial envelope. Ms Davies states that the changes were required to make primary care sustainable and was confident that the proposals would address growth and workforce challenges.

(7) Ms Davies reported that NHS Medway and Swale CCGs were working together to ensure that Swale residents had the opportunity to comment on the proposed changes at Medway Hospital. She noted that 99.5% of Swale residents accessed services in Sittingbourne and Shepway areas and 0.5% accessed services in the Medway area.

(8) RESOLVED that:

(a) the Committee does not deem the proposed changes to urgent and emergency care by the North Kent CCGs to be a substantial variation of service.

(b) the North Kent CCGs be invited to submit a report to the Committee in six months.

9. West Kent CCG: Edenbridge Primary and Community Care

(Item 9)

Adam Wickings (Joint Chief Operating Officer, NHS West Kent CCG) was in attendance for this item.

(1) The Chairman welcomed Mr Wickings to the Committee. Mr Wickings began by explaining that the Committee had previously determined that the proposals were not a substantial change but had asked for an update to be brought to the Committee following public consultation. Three public engagement events were held as part of the public consultation and there was strong support for bringing the GP practice and community hospital together on a new site. He stated that the GP practice and Kent Community NHS Foundation Trust were reviewing the consultation feedback and the CCG's Governing Body would be taking a decision on 25 July. He reported that the CCG was committed to maintaining the same level of funding in the Edenbridge area and was looking to appoint a Project Manager who would produce a business case, on the basis of the final CCG decision, to explore funding opportunities. He noted that the community hospital site was owned by NHS Property and the CCG had requested that the site be released to the CCG as an asset.

(2) In a response to a specific question about partnership working, Mr Wickings explained that the CCG had created a West Kent Partnership Board which was enhancing partnership working between providers and commissioners. He noted that if a new build was developed, it would be designed with maximum flexibility so that rooms could be used by both primary and community care services. He stated the CCG was committed to keeping an minor injuries unit which would become GP led and be supported by day beds, outpatient services and a range of diagnostic services.

(3) Members enquired about the withdrawal of inpatient beds in Edenbridge. Mr Wickings explained that the preferred option was to build on a new site without inpatient beds; at present the community hospital had 14 inpatient beds, with two or three beds being used by Edenbridge residents if available, which was not sustainable. The preferred option would include day care beds; the CCG was considering a range of options to support day care beds including improvements to enablement services; increasing the number of community beds in larger facilities and working with the independent sector to provide additional capacity in nursing homes.

(4) RESOLVED that:

(a) the Committee does not deem the proposed changes to primary and community care in Edenbridge by NHS West Kent CCG to be a substantial variation of service.

(b) West Kent CCG be invited to submit a written report to the September meeting of the Committee to notify them of the decision taken by the CCG Governing Body on 25 July.

10. Mental Health Rehabilitation Services in East Kent (Written Briefing)
(Item 10)

(1) The Committee considered an update report by Kent & Medway NHS and Social Care Partnership Trust (KMPT) and East Kent CCGs about the transformation of mental health rehabilitation services in East Kent including the closure the Davidson ward at St Martins Hospital, Canterbury.

(2) RESOLVED that:

(a) the report on mental health rehabilitation services in East Kent be noted;

(b) the Chair write to the Trust to request information on outcomes of patients moved from the Davison Ward to other inpatient rehabilitation units in East Kent and the anticipated outcomes for patients who will be supported by the developing rehabilitation community team.

This page is intentionally left blank

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

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

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

---

1. Introduction

(a) On 4 March 2016 the Committee considered the new service specification of the Children and Young People's Emotional Wellbeing and Mental Health Service. The Committee agreed the following recommendation:

- *RESOLVED that:*

  (a) the Committee deems the new service specification in relation to the NHS commissioned aspect to be a substantial variation of service;

  (b) the Committee supports the procurement of the new service specification;

  (c) NHS West Kent CCG be invited to attend a meeting of the Committee in six months;

  (d) a working group be established to monitor the performance of the new contract and provider at the appropriate time.

(b) The former Chair agreed to a request from NHS West Kent CCG to postpone the item until the conclusion of the procurement.

(c) On 2 September 2016 the Committee received a report regarding the procurement of an all age eating disorder service for Kent and Medway and agreed the following recommendation:

- *RESOLVED that:*

  (a) the Committee does not deem the proposals to be a substantial variation of service;

  (b) NHS West Kent CCG be invited to submit a report to the Committee at the conclusion of the procurement of an all age eating disorder service for Kent and Medway

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

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

Children & Young People's Mental Health Services	pages 19 - 44
All Age Eating Disorder Service	pages 45 - 48

2. Recommendation

RECOMMENDED 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.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (04/03/16)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6257&Ver=4

Kent County Council (2016) *'Health Overview and Scrutiny Committee (02/09/16)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6261&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

Approval to Award Report

Contract Name: SS16 11/12 Emotional Wellbeing and Mental Health Services (Lots 1 & 2 CYPMHS East, North and West Kent CCGs)	**Date:** 20/04/2017
To: CCG Governing Bodies (Part 1) HOSC	**From:** KCC Procurement acting on behalf of the Kent CCGs

Contract Award

The decision to award the contract for the provision of Targeted and Specialist mental health services for Children and Young People in Kent was approved by each of the respective individual CCG Governing Bodies for approval during April 2017. This report sets out the process undertaken to procure the service and the rationale for awarding the contract to the appointed provider.

1 Executive Summary

Kent County Council Care Procurement team, in collaboration with Kent's Clinical Commissioning Groups was commissioned to manage the procurement for Children and Young People's Mental Health Service. The contract with the incumbent Provider is due to expire in August 2017, following an agreed extension. It is imperative that the new service commenced in September 2017 to align with transformation of mental health services for children and young people in line with 'Future in Mind'.

This report provides information relating to the decision to award a 5 year contract (with a further 2 years option to extend) for this service.

Driving the selection of a new Provider was their ability to transform the service and include within their solution a Single Point of Access that improved access for CYP and their families. The new model is required to deliver a "No Wrong Door" approach with the SPA responsible for signposting Children and Young People and Families to other services within the system.
To support the implementation with the whole system model, the Procurement also included two further Lots for KCC services;

- Lot 3 - Primary School Public Health Service
- Lot 4 - Adolescent Health and Targeted Emotional Wellbeing.

One of the core reasons for the procurement of 4 lots under one collaborative process was the strong desire from KCC and CCG's to ensure the new provider's had a commitment to early intervention and preventative services. Based on the complexity of the requirement, it was also agreed that the procurement route for the project would be a Competitive Dialogue process.

The procurement launched in June 2016 with a Market Engagement event where key stakeholders outlined our intentions around the new service, the project timeline and objectives for the system change, as well the procurement structure and process.

Interested parties were then invited to submit a Pre-Qualification Questionnaire (PQQ), followed by an Invitation to Submit Outline Solution (ISOS), participate in competitive dialogue sessions (CD) and finally submit an Invitation to Submit Final Tender (ISFT). At each stage of the process, evaluation criteria was set and providers could be down selected, removing them from further participation at each stage, if the threshold set was not met.

There were no restrictions within the process for how many Lots the providers could bid for.

The process started with seven providers and the final ISFT stage resulted in three providers participating. Prior to ISFT publication, the CCG's agreed that the most effective contract to deliver the new service, would be to combine Lots 1&2 together. This decision was made following dialogue with the providers reducing the potential for some key services being duplicated. .

Patient representative participation

During 2016, the opportunity for young people, parents and carers to get involved in the procurement process was publicised among community, peer support, statutory and voluntary sector networks. This work resulted in the development of a set of service standards that form part of the contract awarded to the appointed provider. and the involvement of four representatives in the procurement process. With tailored support where necessary, the group contributed considered, probing and much valued feedback throughout the process, dedicating time to read the submissions, view the Competitive Dialogue videos and in o the process has been invaluable/ to participate in the three site visits over a week in February requiring extensive travel and an over-night stay. The commitment and involvement of service user representatives in the process has been invaluable. The involvement of service user representatives culminated in one nominated patient representative participating in the final presentation and interview stage; the group will continue to be involved in the mobilisation process.

Conclusion

The conclusion of the procurement process resulted in the recommendation to CCG Governing Bodies that the contract for the provision of services be awarded to North East London Foundation Trust (NELFT)

NELFT successfully passed both the Selection stage and reached the minimum score (60%) required for the ISOS and ISFT (award) stage. This Provider achieved the highest quality score (85%) and the highest price per quality score.

This recommendation was considered and approved by each of the seven CCG Governing Bodies during March and April.

2 Procurement Summary

The overall Procurement consisted of four Lots, conducted using a Competitive Dialogue (CD) procedure, concerning itself with the provision of a county wide Children and Young People Emotional Wellbeing and Mental Health Service.

Originally the procurement was for 4 Lots:

- Lot 1 – CYPMHS North & West Kent CCGs
- Lot 2 – CYPMHS East Kent CCGs
- Lot 3 – Primary School Public Health Service KCC
- Lot 4 – Adolescent Health and Targeted Emotional Wellbeing Service KCC

A **Prior Information Notice (PIN)** was published on **29th May 2016** alerting the market that a procurement process and market engagement process was to be undertaken.

A **Market Engagement** event was held in the Masonic Hall, Tovil on **10th June 2016** advising potential providers on the proposed process, timeframes and key drivers behind the whole project.

The **OJEU advert** Ref 2016/S 110-196491 was placed on **8th June 2016**.

2.1 Procurement Timetable

Publication of Advert and Pre-Qualification Questionnaire (PQQ) Documentation on the Kent Business Portal	24th June 2016 (Tender period 30 days)
Deadline to submit requests for clarification via the Kent Business Portal Discussion facility	12:00 (noon) one week before the deadline for responses, 15th July 2016
Deadline for PQQ Responses	12:00 (noon) 22nd July 2016
PQQ Evaluation Period (including notifying Providers of outcomes)	23rd July 2016 – 8th August 2016
Publication of Invitation to Submit Outline Solution (ISOS)	3rd August 2016
Deadline for ISOS Responses	31st August 2016
ISOS Evaluation Period (including notifying Providers of outcomes)	1st September 2016 – 16 September 2016
Competitive Dialogue	28th September 2016 – 17 November 2016
Publication of Invitation to Submit Final Solution (ISFT)	17th January 2017
Deadline ISFT Responses	26th January 2017
Evaluation for Award (including post tender clarifications and moderation)	27th January 2017 – 1st March 2017
Project Board Contract Award Recommendation Report	15th March 2017
CCG Governing Body approval West Kent CCG DGS CCG Swale CCG Canterbury Thanet CCG South Kent Coast Ashford	 28th March 2017 28th March 2017 31st March 2017 6th April 2017 11th April 2017 12th April 2017 13th April 2017
FINAL DATE FOR CCG APPROVAL	**13th April 2017**
STAND STILL PERIOD AND END DATE	**27th April 2017**
Schedule of Agreements Meeting	28th April 2017
Publication of Decision to Award	28th April 2017
Contract Award	**8th May 2017**

Mobilisation Period	8th May to 31st August 2017
Contract Commencement Date	1st September 2017

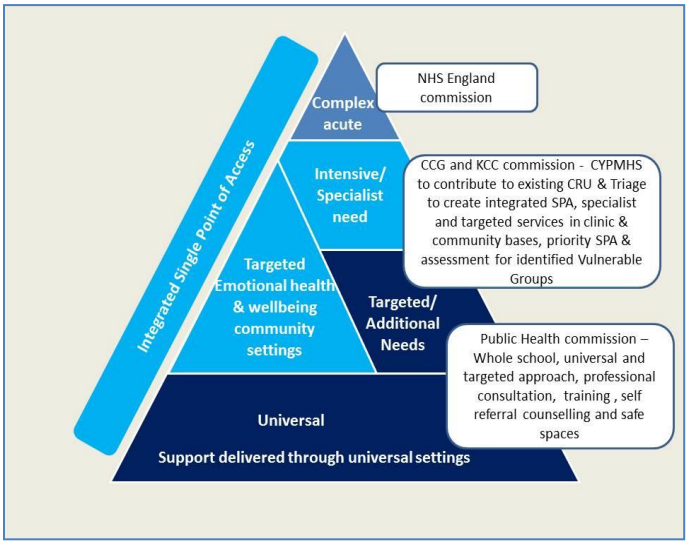
3 Background

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.

As partners in Kent, the Contracting Parties want to support children, young people (CYP) and their families as they make their journey through life, and work together in helping them respond to and overcome specific challenges that they may face. Enjoying positive emotional wellbeing and mental health opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to adult independence.

The new service model and commissioning approach aims to redress the current gaps and blockages in the pathway that children, young people and their families tell us they experience when accessing mental health services in Kent.

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.



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.

The Emotional Health and Wellbeing (EWB) Programme envisages all Providers working together to achieve common outcomes for the benefit of CYP:

a. It obliges Providers to use their expertise to establish, with children, young people and families, the most appropriate intervention for their current need.
b. A key element in achieving these outcomes are the interfaces or linkages created and maintained to ensure CYP receive appropriate treatment, in the right place, at the right time.

c. The Agreement defines how the Contracting Parties expect Providers to work together in a climate of mutual trust and support to ensure that the required service deliverables are achieved and CYP gain the required outcomes.

d.

e. All Providers will ensure the values and behaviours detailed in the contract apply to any subcontractors used in the delivery of the services.

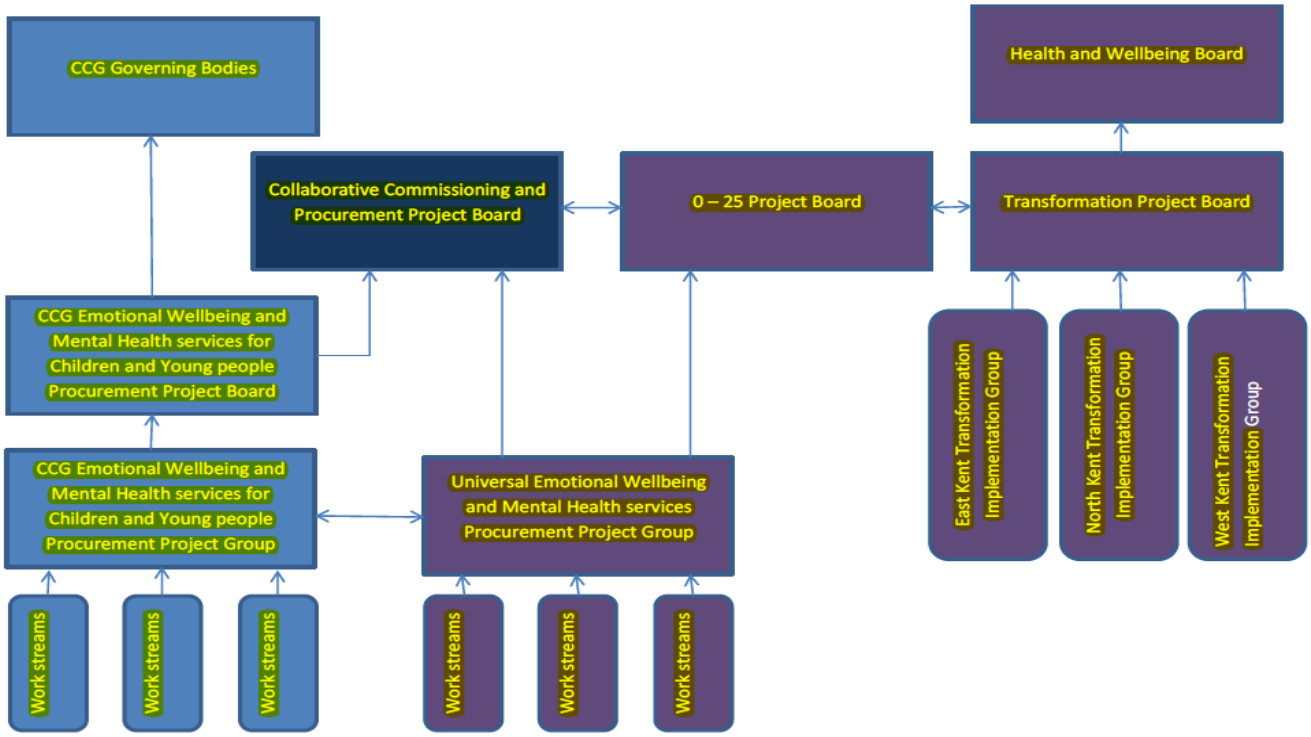
The Provider of these services will act as the Strategic Partner for the programme and will operate the Single Point of Access.

Year 1 is part year funded due to the parallel service throughout mobilisation with the incumbent Provider. It is recommended that the contract is awarded for a 5 year term with an option to extend for up to a further 2 years.

3.1 Project Organisation and Responsibilities

Prior to the commencement of the procurement a Project Initiation Document (PID) was developed. The PID outlined a number of key principles around the project and most importantly the project governance and approval mechanisms in place for the project.

The diagram below shows the structure of Project Governance and Approval Process.



4 The Procurement Process

The procurement process was facilitated using the online ProContract facility on the Kent Business Portal:

The **Pre-Qualification Questionnaire** stage (PQQ) closed on 22nd July 2016 with 7 providers having submitted a response. The evaluation resulted in 2 providers failing, 2 Opt outs and the remaining 3 proceeding to ISOS, through CD, ISFT and finally considered for award.

4.1 Evaluation Process

Providers that expressed an interest in this opportunity were automatically invited to participate in the PQQ and in subsequent stages of ISOS and ISFT, if successful at each stage. The same scoring methodology was applied across PQQ, ISOS and ISFT:

Score	Assessment	Interpretation
4	Excellent	Response is completely relevant and provides an excellent understanding of the issues. The response is comprehensive, unambiguous and provides above requirement details of how the requirement will be met. Offers significant beneficial added value
3	Good	Response is relevant and good. It demonstrates a good understanding of the requirement and provides additional details on how the requirements will be fulfilled. Offers additional beneficial added value
2	Acceptable	Response is relevant and acceptable and meets the requirement. The response addresses a broad understanding of the requirements and addresses the need
1	Poor	Response is partially relevant but lacks sufficient detail. The response addresses some elements of the requirement but contains insufficient or limited detail or explanation on how the requirement will be fulfilled.
0	Unacceptable	Nil or inadequate response. Fails to demonstrate an ability to meet any of the requirements. Does not have any understanding of the need.

Some questions within the ISOS and ISFT stages also had minimum threshold scores set. Providers were required to achieve these scores to be considered for the next stage. Had a response not met a minimum score during the evaluation process, the Contracting Parties reserved the right to disqualify a tender submission. NELFT, SPFT and Virgin Care achieved all the necessary minimum scores throughout the PQQ and ISOS evaluation to be considered for award.

4.2 PQQ Selection

Following a structured 'Meet the Market' event and advertising the CD, providers were able to express an interest in the opportunity. Those that did were automatically issued with a PQQ. Providers had to submit compliant answers and pass all pass/fail questions and score a minimum of 50% in each area to progress to ISOS.

The PQQ questionnaire consisted of the following sections;

Pre-Qualification Questionnaire: the questionnaire is a standard compliance document for providers to complete, which consisted of

- Section 1 – Supplier Information;
- Section 2 – Grounds for Mandatory Exclusion;
- Section 3 – Grounds for Discretionary Exclusion;
- Section 5 – Economic and Financial Standing;
- Section 6 – Technical and Professional Ability
- Section 7A – Insurance;
- Section 7B – Equality Legislation;
- Section 7C – Environmental Management;
- Section 7D – Health and Safety;
- Section 7E – Safeguarding
- Section 8 – Declaration

Technical and Professional Ability: this part tests the provider's previous experience around service delivery. This part is weighted and providers had to achieve a threshold score to continue to the next stage.

Case Studies:
(1) Service Delivery
(2) Partnership
(3) Mobilisation
(4) Service User

Case Study Appendices
- Appendix 1 – Case Study evaluation criteria and weightings
- Sub-Contracting Arrangements (if applicable)
- Consortia Arrangements (if applicable)

4.3 PQQ Evaluation

This section had agreed predetermined criteria which was developed with commissioners and published as part of the PQQ.

A broad range of stakeholders, including service user representatives were involved in the evaluation process

Evaluation took place between 26th and 28th July 2016.

Each section was evaluated by the relevant subject matter experts.

5 Invitation to Submit Outline Solution (ISOS)

Following the PQQ, successful Providers were invited to respond to an outline specification and answer a series of 14 questions across 5 sections, this was to determine the provider's capability and capacity for delivering the service and to prepare commissioners for dialogue stage of the process: A vision document outlining commissioning intentions was issued as part of the ISOS.

The 14 questions covered the below areas;

1. Strategic Management and Oversight
   - Integration
   - Capacity
   - Social Value
   - Service User Engagement
2. Service Delivery
   - Resource
   - Service Model
   - Communication
3. Single Point of Access
   - Setup and Management
   - Interfaces and Referrals
4. Mobilisation and Transition
   - Mobilisation Planning
   - Transition
5. Quality and Performance
   - Quality
   - Contract Management and Performance

Providers were required to score a minimum of 2 (acceptable) per question and achieve a minimum threshold of 60% overall to be successful and move onto the CD stage of the process.

A Pricing Schedule was also required at this stage. Although it was not evaluated, it was essential for the Contracting Parties to understand whether the new service model was affordable.

A caveat was included to mitigate the risk of too many providers proceeding to CD, if this had happened the project would have potentially exceeded the timeline. This caveat outlined that Providers who score within 20% of the highest scoring tenderer will be guaranteed to proceed to CD and the remaining would be down selected at this stage. However, as only 3 Providers submitted an ISOS response this was not required.

5.1 ISOS Evaluation

This section had agreed predetermined criteria which was developed and published as part of the ISOS.

Evaluation took place between 2nd and 13th September 2016.

A broad range of stakeholders, including service user representatives were involved in the evaluation process

Each section was evaluated by the relevant subject matter experts. Full details of evaluators can be found in Appendix B.

6 Competitive Dialogue

A competitive dialogue strategy was produced and agreed by the project board. Seven separate CD sessions covering the following areas were set up;

1. Single Point of Access (SPA)
2. Strategic Partner Interfaces/delivery network and innovation and pathways
3. Outcomes, KPIs and Activity Data
4. Mobilisation, Transition & Transformation
5. HR, TUPE and Pensions
6. Technology & Infrastructure
7. Price, Payments & Commercials

All 3 providers took part in the seven Competitive Dialogue (CD) sessions from 28 September to 17 November 2016.

Feedback from the Providers during the CD resulted in Lots 1 and 2 combining into one contract, this was agreed by commissioners and the project board to become 'Lots 1 & 2 CYPMHS East, North and West Kent CCGs'.

This was a crucial stage of the process for commissioners and providers to shape and co-design the future service, ensuring the new service was affordable for CCG's and enabled transformation of the current service.

This stage was not evaluated. As all Providers who submitted an ISOS were successful they were invited to participate in the CD.

The CD allowed the Contracting Parties to develop the final specification through a series of discussions with the providers.

The dialogue topics consisted of:

1. Single Point of Access (SPA), the SPA was deemed as the fundamental component for the new service which underpin and drives how the rest of the service would operate and transform, whilst maintaining business as usual (BAU).

2. Strategic Partner Interfaces/delivery network and innovation and pathways – this session focused on the whole system model and the provider's appetite to work together collaboratively. The project board were looking for the new provider to act as a Strategic Partner to innovate, transform and change the service. The output of this was a design and distribution of an interface agreement across all Emotional Wellbeing procured contracts.

3. Outcomes, KPIs and Activity Data – this session was to understand how and when outcomes for CYP realistically could be measured and linked to an outcomes payment. The session also looked to embed common KPI's across the EWB procured contracts.

4. Mobilisation, Transition & Transformation – this session was for commissioners to understand how they could mitigate any risks around transition of services from one provider to another. Understanding key constraints around mobilising a large scale contract within a short mobilisation period and key stages and areas that should be considered to transform the services.

5. HR, TUPE and Pensions – this session was for commissioners to understand if potential bidders foresee any issues and risks (operationally and commercially) in relation to this area.

6. Technology & Infrastructure - this session was for commissioners to fully understand how and when the use of technology for both service users and staff could enable transformation of the service.

7. Price, Payments & Commercials – this session was for procurement and finance leads to propose how we would like to structure price and payment for the future contract.

As a result of CD, the Providers advice, input and influence was collated to help inform the final specification. Additionally a 'You Said We Did' document was published to capture and advise how any recommendation/changes had been used to influence the future service model.

'You said we Did' document is available for view on request.

7 Invitation to Submit Final Solution (ISFT) Strategy

The remaining 3 providers were invited to Submit Final Solution (ISOS) by 26th January 2017.

In collaboration with commissioners, the procurement team developed the following strategy for the ISFT stage.

All providers had to reach a 60% quality threshold against the quality and capability questions.

- Quality and Capability Questions
- Commercial Model and Payment Mechanism
- Site visit and verification process
- Presentation stage

A broad range of stakeholders, including service user representatives were involved in the evaluation process.

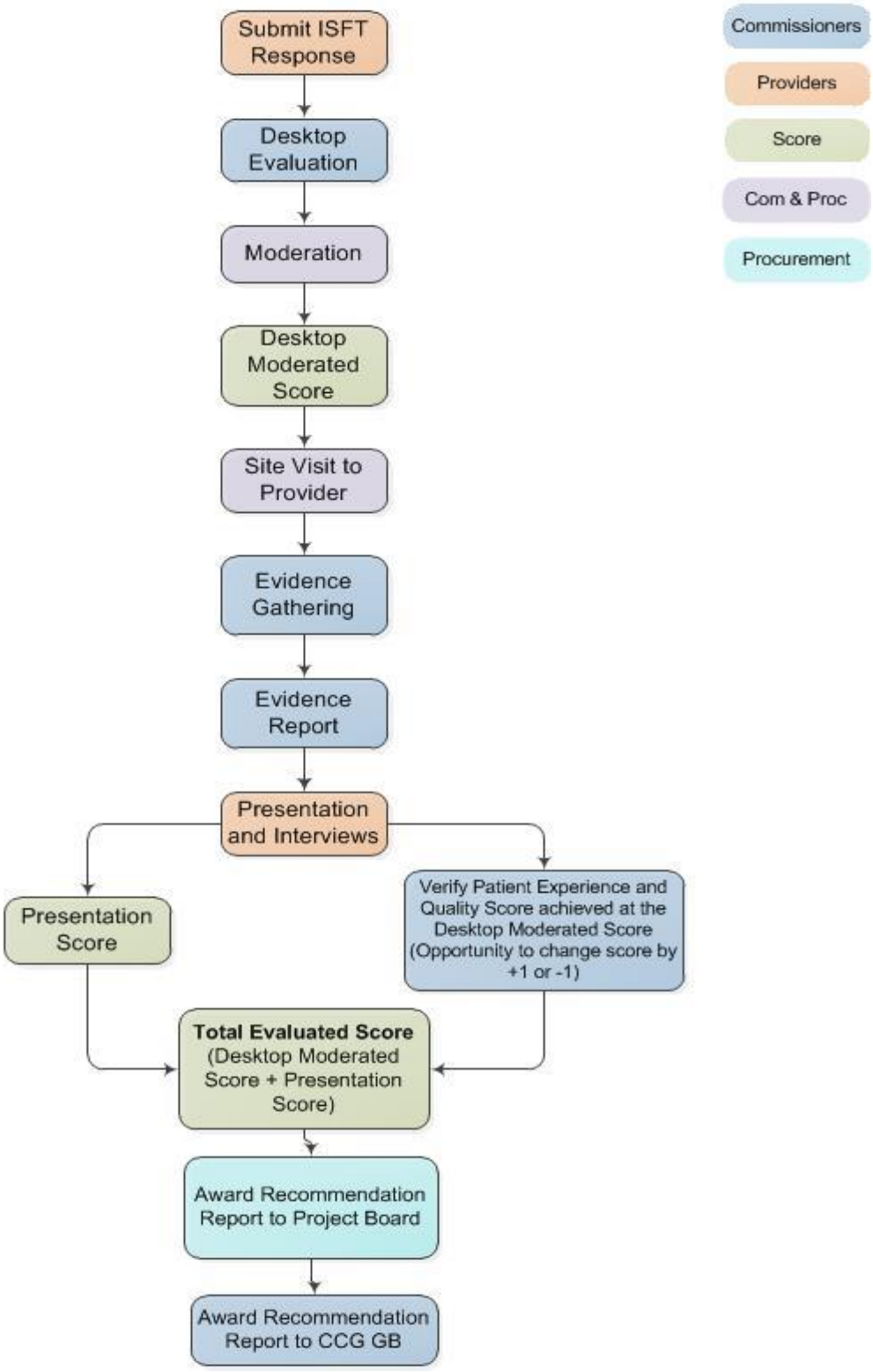
Appendix A outlines the quality and capability questions which were asked of the providers, some of which had minimum thresholds applied.

Patient representatives attended all site visits and a patient representative posed questions on the site visit to providers at the presentations/interview stage.

8 Invitation to Submit Final Solution Evaluation Strategy

An evaluation strategy was produced and approved by the project board prior to ISFT issue. This was to ensure that all key stages of the evaluation process were sufficiently detailed and properly understood by key evaluators and stakeholders.

ISFT Evaluation Process



The strategy for the evaluation of this element of the procurement was split into 3 parts detailed in 8.1 – 8.3 below. All evaluation was undertaken by the relevant subject matter experts and a broad range of stakeholders, including service user representatives. Further detail can be found in Appendix B of this document.

8.1 Desktop Evaluation – Quality & Capability

Provider's had to respond to questions across 7 sections:

1. Single Point of Access
    - Service Delivery
    - Access
2. Service Model
    - Targets and Specialist Services
    - Governance
    - Medicine Supply
    - Crisis
3. Technology
    - Information Management & Technology
4. Commercial
    - Add Value
    - Integration
    - Mobilisation
5. Patient Experience
    - User Centred
6. Workforce, Training & Quality
    - Organisational Structure
    - Quality Assurance
7. Leadership & Service Transformation
    - Strategic Partner
    - Escalation

Each question had an appropriate weighting that contributed to the overall quality threshold score of 60%. It was documented within the ISFT that providers would have to reach this threshold in order to be taken forward to be evaluated on price. Each of the core criteria sections contained sub criteria questions to ensure the detail and evidence required by commissioners were tested sufficiently.

All questions were weighted, evaluated and scored. These acted as the opportunity to capture the correct solution to be in place for contract award and to form part of the resultant contract.

Providers were asked to respond in two parts:

ISFT Questions Section 4, part of the quality and capability section.

8.2 Pricing Schedule

Providers submitted a pricing schedule to demonstrate the cost of delivering the service over the contract lifetime for each component. Commercial evaluation looked to link the Providers written response with the costs on the Pricing schedule.

8.3 Site Visits and Verification Evaluation

Following submission of ISFT responses, a verification process was undertaken through visiting a site nominated by the Provider. This stage was not weighted or scored. The purpose was to verify the tender

submissions and review the approach taken to quality and service user engagement at a local level. Areas of verification included:

- Eligibility
- Needs Assessment
- Care Planning
- Outcomes
- Complaints
- Training plans and records
- Service User Engagement

A conference call with a local commissioner, meeting service user representatives and viewing accommodation used in clinical treatment were all requested as part of the verification process.

As a result, a report containing feedback, from all those that attended, was collated and produced by the commissioning leads;

Commissioner Report Lead	Provider
Sandra Leverick	Virgin Care
Martine McCahon	NELFT
Caroline Potter Edwards	SPFT

8.4 Moderation of Quality and Capability Questions (Desktop)

The Procurement Team were responsible for management of all moderation sessions. All evaluators had to independently asses their allocated questions; provide a score and record notes to justify them. Following this, the scores were subject to moderation to ensure that the scoring methodology were robust and that the scores represented a complete and objective analysis of the submissions. This process applied at both ISOS and ISFT to result in an agreed consensus score for each question.

Due to the vast number of specialists and clinicians involved in the evaluation not all could attend moderation on the same day. Therefore, the lead commissioner for each CCG acted as a facilitator.

The lead commissioners, met with all specialist evaluators, who could not attend moderation, to discuss and fully understand their scores and commentary in advance. Procurement also collated a record of all discussions and had an option to contact evaluators directly during moderation if necessary.

All other sections, where this was not necessary, required all the evaluation team members to attend the moderation sessions they scored. This rationale ensured the evaluation process was inclusive and consistent, it also supported validation of evaluator opinions which are summarised below, and a final score being agreed at moderation by all representatives.

8.5 Presentations and Interviews

Presentations and interviews took place on 1st March 2017. Each provider was given the same question on arrival and then had one hour to prepare a presentation on the subject.

Only attendees at the presentation, who had already been part of the desktop evaluation for section 7, could score this element.
The question posed was:

How will you in your role of Strategic Partner support the implementation of the Kent and Medway Sustainability and Transformation Plan at both a local (CCG and health economy) level and across Kent as a whole? In your presentation you should include (but not be limited to), the key elements of the plan that you as the CYPMHS provider will have the greatest opportunity to influence and what are the aspects of the plan that will pose the greatest challenge.

The provider presented on this for 15 minutes followed by 15 minutes of questions from evaluation panel.

This resulted in a 'Presentation Score', which contributed up to 10% of the overall score and was added to the Stage 1 Desktop Evaluation score. A minimum score also applied. The same scoring criteria of 0 - 4 was applied to this section of the process.

The report created at Stage 2 Site Visits was used at this stage to verify any point of clarification surrounding the Patient Experience and Quality sections of the Desktop Evaluation.

This verification could have resulted in the adjustment of Providers Patient Experience and Quality Score increasing or decreasing by 1.

The results of the presentation were as follows;

	Presentation Score
NELFT	3
SPFT	1
Virgin Care	2

	Quality Question 11	Workforce Question 12	Patient Q10
NELFT	4 (+1)	4 (+1)	4 (+1)
SPFT	2 (no change)	1 (no change)	1 (-1)
Virgin Care 000	1 (-1)	2 (-1)	1 (-1)

Final scores were amended following the immediate moderation of the Presentations and verification interview questions. Scores were increased or decreased by one as indicated in the table above by +1 or -1.

8.6 Results ISFT:

		NELFT	SPFT	Virgin Care
Section	Weighting	Score	Score	Score
1. Single Point of Access	15%	11.25%	7.5%	7.5%
2. Service Model	25%	18.75%	14.06%	10.63%
3. IT	10%	5%	5%	5%
4. Commercial	20%	15%	5%	12%
5. Patient Experience	10%	10%	2.5%	2.5%

6. Workforce, Training & Quality	10%	10%	3.75%	3.75%
7. Leadership & Service Transformation	10%	7.5%	4.13%	5.88%
8. Presentation Score	10%	7.5%	2.50%	5%
	Total weighting 110	85	44.44	52.25
	Rank	1	3	2

The evaluation strategy proposed that a Price per Quality methodology was used for award.

8.7 Commercial and PQP Evaluation

To be evaluated at this stage, Providers must have achieved a minimum score of 60% for quality. It is recognised that 2 of the providers SPFT & Virgin Care, did not meet the quality threshold, however, it was agreed by the project board following the final presentation stage of the process that PQP would still be carried out for all three providers.

Commercial and cost evaluation was split into 2 sections, Section 4 Commercial within the quality and capability questions covered this area, and also Providers were required to include as an attachment a completed pricing schedule which outlined all costs to provide the service. This section was evaluated by CCG Finance leads, WK CCG Commercial Lead and KCC procurement.

The pricing schedule broke the costs down in the following way;

- **Core Cost**

  Core Cost; this is broken down into two elements:

  - One off costs, which are the cost associated with setting up service, (mobilisation) for both the service and single point of access (SPA).
  - Operating costs for the SPA for life of the contract term, this cost will be fixed for year 1 and managed through Contract Management for subsequent years in accordance with demand and capacity within the service for the SPA following baseline.

  Service Cost; this is the fixed and variable costs associated with operating the Children's Emotional Health and Welling Service. These elements are identified below:

  - Targeted
  - Specialist
  - Early Help Support
  - Enhanced Priority for Looked After Children (LAC)
  - Specialist Neuro
  - Transformation
  - Prescribing
  - Overhead costs

The model also required providers to provide percentage amounts for each contract year for the following areas;

Inflation Assumptions

Efficiency Assumptions
Demographic Growth Assumptions

The maximum Financial Envelope (FE) available under this agreement is **£82,504,982.00** for the 5 year contract period; this is dependent on service performance. The FE includes national CQUIN potential of 2.5%.

Over the life of the Contract the Provider will be required to deliver the stipulated volumes against the service cost and outcome within the annually agreed financial envelope.

The payment mechanism will reflect the potential increase/decrease in demand volumes after the baseline has been set in year 1.

A full year price (Year 2), as submitted in the pricing schedule, was then divided by the quality score to calculate the Price per Quality Point:

Price per Quality Point = Total Evaluated Price / Providers Quality Score

9 Contract Management

9.1 Contract Management, Approval and Governance

Contract management principles were discussed with providers during CD stage of the procurement and a contract management schedule was issued as part of the ISFT document. The contract management schedule outlines the commissioners/contract leads expectations from the key stakeholders and providers.

9.2 The Project Board

The role of the Children and Young People's Mental Health Services Project Board will continue until the project closes. The Project Board is accountable for the success or failure of the project and has responsibility and authority for the project within the remit set by the CCG Governing Bodies.

Project closure is currently scheduled for December 2017, three months after mobilisation.

The Project Board will oversee and assure the mobilisation process.

The Kent CCGs have one representative per system that sits on the Project Board (East Kent, North Kent and West Kent). These representatives act on behalf of all the CCGs within each of these systems and ensure that progress reports and any actions requiring agreement by individual CCGs are undertaken accordingly.

The membership of the group will change to include NELFT and other members as necessary. The Procurement team will cease to be part of the Board following contract award.

A project closure report will be prepared recommending the closure of the Project Board when the mobilisation phase is complete. The report will include:

- A review of how successful the project delivered the core project objectives
- Lessons learnt
- Recommendations.

The project closure report will also set out the arrangements for the completion of any outstanding actions relating to full mobilisation that are in addition to business as usual activities. This will include the baselining exercise that will be led by the CSU contracting team.

9.3 Contract Management

In line with the specification NELFT will be the Strategic Partner and as such will be responsible for ensuring synergy between operation and strategic contract management.

Within the Contact Management Schedule and the subsequent Operations Manual, contract management occurs at two levels; Operation and Strategic.

<u>Operational Contract Monitoring Meetings</u>

The following people (or their nominated representative(s)) will be 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:

- 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, etc.)

The Operational Monitoring Meetings will be organised by NELFT with the Contract Manager's.
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

9.4 Strategic Contract Management

In line with the Interface Agreement, throughout the life of the Contract, Providers and the Project Board across the Children and Young Persons Emotional Wellbeing and Mental Health Service (including all relevant stakeholders) must meet quarterly. The Strategic Partner, NELFT, is responsible for organising and facilitating this with the objectives of:

- Facilitating a collaborative working relationship between the Contracting Parties, Clinical Commissioning Groups and all Providers;
- Discuss demand related aspects of the Service in relation to recommendations around increase/decreases in demand management;
- Enabling an open and transparent exchange of information and views to encourage the identification of issues and their resolution;
- 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)

Additionally, the Interface Agreement document outlines the key principles of the strategic partnership working across the contracted parties.

Appendix A – ISFT Quality Questions

Section	Question	Sub Criteria Weighting
1) Single Point of Access **15%** Minimum threshold score required.	**Service Delivery** 1. How will your service model deliver the outcomes for this contract?	60%
1) Single Point of Access	**Access** 2. How will you ensure the SPA enables CYP to access emotional wellbeing and mental health services in a timely and appropriate manner?	40%
2) Service Model **25%**	**Targeted and Specialist Services** 3. How will you deliver the Targeted and Specialist Mental Health Services element of the Service?	50%
2) Service Model	**Governance** 4. Please outline your Governance for Medicine Management	5%

2) Service Model	**Medicine Supply** 5. Please provide details on how you will supply medication?	20%
2) Service Model	**Crisis** 6. How will you ensure CYP in crisis are treated in the right place at the right time and as close to home as possible?	25%
3) Technology **10%**	7. Please describe the Information Management & Technology Systems you will use to deliver the Service	100%
4) Commercial **20%**	**Add Value** 8. a) How will you drive operational and service efficiencies to manage costs and add value?	40%
4) Commercial	**Integration** 8. b) Please outline efficiencies created by integration of Lots 1 and 2.	40%
4) Commercial	**Mobilisation** 9. What is your approach to mobilisation and transition to implement the service specification in order to deliver safe and high quality services?	20%

5) Patient Experience **10%**	**User Centred** 10. Please describe how your approach to service delivery will provide a service user centred and needs led service	100%
6) Workforce Training & Quality 10% Minimum threshold score required.	**Organisational Structure** 11. Please provide your proposed organisational structure for the management of the overall service	50%
6) Workforce Training & Quality	**Quality Assurance** 12. Please describe your organisational approach to quality assurance	50%
7) Leadership & Service Transformation 15% Minimum threshold score required	**Strategic Partner** 13. How, in your role of strategic partner, will you seek to develop transformation plans and drive forward changes across Kent for the health economy?	65%
7) Leadership & Service Transformation	**Escalation** 14. How will you manage performance and underperformance and escalation routes including governance?	35%

Appendix B – Full List of Evaluators for whole procurement process

Evaluators

The evaluators divided into groups of subject matter experts. The evaluation teams were stakeholders who represented a common understanding of the area of service delivery they were evaluating and had the correct level of clinician/expertise input as required.

Patient representatives were invited to express an interest in becoming involved with the evaluation of this procurement. There were three people in total who were involved with scoring the ISOS and ISFT submissions as well as attending the site visits and the presentations.

Kent County Council

- Bhavin Mistry, Procurement Trainee;
- Carol Infanti, Commissioning Officer
- Flavio Walker, Health and Safety Operations Manager;
- Jane Blenkinsop, Projects Manager;
- Kellie Pettet-Steele, Procurement Officer;
- Mark Thorn, Assistant Area Director – North Kent
- Nick Moor, Head of Service 0-25 – North Kent
- Sam Hatton, Procurement Officer;
- Samantha Bennet, Consultant in Public Health
- Theresa Barwell-Ward, Procurement Manager;

Clinical Commissioning Group Representation

- Adam Cooper, Associate Partner – Contracting, Procurement and Business Intelligence, South East CSU
- Adrian Halse, Senior Business Analyst
- Allan Petchey, Senior Contracts and Provider Delivery Manager
- Andrew Brownless, Chief Information Officer, Senior Business Analyst, NHS West Kent CCG
- Andy Oldfield, Head of Adult MH Commissioning – EK CCGs
- Antonia Knifton, Interim Senior Associate CSU Patient Engagement
- Bethan Haskins, Chief of Nursing and Quality for NHS Ashford CCG
- Caroline Potter-Edwards, Commissioning Project Manager, NHS Swale, Dartford, Gravesham and Swanley CCGs
- Celina Grant, Designated Nurse for Safeguarding Children, Ashford and Canterbury & Coastal CCG
- Clara Wessinger, Head of Performance, South Kent Coast CCG
- Clare Rolfe, Financial Commissioning Manager, NHS Ashford and Canterbury & Coastal CCGs

- Dan Campbell, Head of IM&T, NHS Dartford Gravesham and Swanley and NHS Swale CCGs
- Dave Holman, Head of Mental Health and Children's Commissioning, NHS West Kent CCG
- Denise Pepper, Senior Management Accountant, NHS Thanet CCG
- Dr Chesover, Clinical Lead for Mental Health & Vice Chair West Kent CCG
- Dr Grice, GP East Kent
- Dr Martin, GP East Kent
- Dr Pillai, GP East Kent
- Dr Wolny, GP East Kent
- Evelyn White, Programme Director CYPMHS Graham Tanner, Programme Lead – Targeted Services, Medway Council & Medway CCG
- Ian Ayres, Chair & Accountable Officer
- Jagdeep Minhas, Senior Prescribing Advisor, NHS West Kent CCG
- James Gibbons, Contracting Lead, NHS West Kent CCG
- Jane O'Rourke, Head of East Kent Children's Commissioning Support, NHS Thanet CCG
- Kim Solly, Commissioning Programme Manager, NHS Swale, Dartford, Gravesham and Swanley CCGs
- Lisa Barclay, Head of Commissioning – Mental Health, Ashford CCG
- Martine McCahon, Senior Commissioning Manager – Mental Health, NHS West Kent CCG
- Michelle Whitham, Commissioning Project Manager, Thanet CCG
- Nicola Jones, Head of Quality and Safety, North Kent CCG
- Rebecca Gibson, Senior Finance Manager, NHS West Kent CCG
- Sandra Leverick, Commissioning Support Manager (Mental Health Lead,) East Kent CCG
- Dr Sarah MacDermott, Clinical Advisor in Mental Health, Dartford, Gravesham and Swanley CCG
- Sheila Brown, Head of Medicine Management, Canterbury and Coastal CCG
- Sue Mullin, Commissioning Support Manager (Looked After Children), East Kent Children's Commissioning
- Tracey Creaton, Acting Deputy Chief Nurse, West Kent CCG
- Verinder Bhoombla, Finance Lead, North Kent

Patient Representation

- Shelley Sharman, Service User Representative
- Steph Shellock-Wells, Service User Representative
- Bradley Young, Service User

Appendix C –Clarification Summary

Specification and Process (Provider)

Throughout all stages of the Procurement, Providers were allowed specified time periods for asking questions relating to the service specification and the procurement process. The responses to these clarifications would help inform their submissions and were therefore made available to all Providers involved, regardless of which Provider had posed the original question. This ensured fairness and transparency as all Providers received exactly the same information.

All clarifications were sent to Procurement, via the Kent Business Portal, and no clarifications were given verbally.

Clarifications were managed by Procurement, with all service related questions, sent to commissioners for responses. Questions concerning commercials as well as the procurement process were dealt with directly by Procurement.

The main areas that required clarification were:

- Prescribing - costs and shared care arrangements
- TUPE – specifically concerning EKHUFT
- Section 136 suites – provision and expectation around the specification for future contractual arrangements
- Anticipated levels of demand across the service
- Pricing queries including mobilisation costs, transformation funds and settlement of redundancy costs

All clarifications were answered and resolved with Providers receiving responses' in a timely manner.

Commercial clarifications

On receipt of the Providers financial submissions, Finance Leads and Procurement sent a number of clarifications to Providers. In general, all three commercial submissions lacked detail and commentary to support their financial offer prompting a number of clarifications to be sent.

In this instance Provider specific clarifications were sent relating to their individual pricing schedules.

This page is intentionally left blank

NHS
West Kent
Clinical Commissioning Group

The all age eating disorder service in Kent and Medway – contract commencement briefing

September 2017

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 commencement of the Kent and Medway all age eating disorder service from 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 Engagement with service users and professionals

Service user and professional engagement has been undertaken across the commissioning cycle, including during the procurement and mobilisation of the new service. We have developed a person-centred approach to commissioning, which enables service users and families to maximise choice and control and enhance recovery. We will continue to engage with service users and other stakeholders throughout the duration of the contract.

4.0 Mobilisation assurance

The procurement and 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 governance will now focus on performance and contract management of the service which commenced 1 September 2017. This will include service users and family/carer experience, any near miss or never events and delivery against the national standards.

In addition to the established governance arrangements, bi-weekly mobilisation update teleconferences have been arranged for the first two weeks of mobilisation with each CCG and representatives from NELFT. The focus of these calls is for NELFT to give assurance, seek guidance and direction and report matters for escalation. Any issues requiring escalation to CCG Directors on call will be communicated by the relevant CCG lead.

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.

5.0 Delivery of service transformation

The transition and transformation of eating disorder services in Kent and Medway will take some time to be realised. The process of transformation includes the development of care pathways, formal consultation with staff and the development of systems, processes and technology.

We will continue to provide updates to key stakeholders about the progress being made. We anticipate that the process of transformation will take a year from contract commencement.

6.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

(i) NOTE the contents of this report.

Contact: Dave Holman
Head of Mental Health and Children's programme area
NHS West Kent CCG
Dave.holman@nhs.net

Author: Martine Mccahon
Senior Commissioning Manager
NHS West Kent CCG
martinemccahon@nhs.net

Item 5: Patient Transport Service

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

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.

---

1. Introduction

(a) On 2 September 2016 the Committee received an update regarding the mobilisation of the new Patient Transport Service contract with G4S from 1 July 2016. The Committee agreed the following recommendation:

- *RESOLVED that the report be noted and NHS West Kent CCG & G4S be requested to attend the Committee in March and provide an update including qualitative and quantitative performance data with details about the patient experience and areas of underperformance.*

(b) The former Chair agreed to a request by West Kent CCG to postpone the item to enable the report to include London activity which was mobilised in early 2017.

2. Recommendation

RECOMMENDED that the report be noted and NHS West Kent CCG be requested to provide an update in six months.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (02/09/16)',* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6261&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

This page is intentionally left blank

NHS
West Kent
Clinical Commissioning Group

Non-Emergency Patient Transport

Ian Ayres

September 2017

Patient focused,
providing quality,
improving outcomes

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)

Activity Review

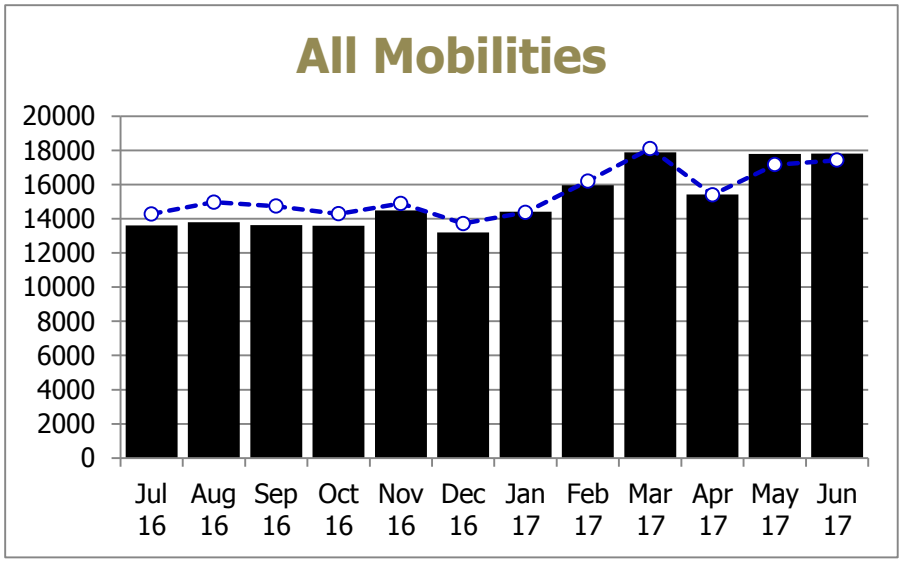
Lot 1 - Activity Review at June 2017

The graph below provides snapshot of activity volumes by plan and by actual activity for all Kent and Medway journeys (excluding transports to Dartford and Gravesham hospital site and renal transports) in the contract.

Overall, activity volume is in line with planned activity levels (see graph below). From February 2017, the activity report includes London (Guy's and Kings) activity. Activity is now closer to expected levels than it was in the first few months of the contract. However, 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.

A review of journeys broken down in miles, show that 0-10 mile distance is under profile however the over 60 mile journeys (from pick up) are over profile.

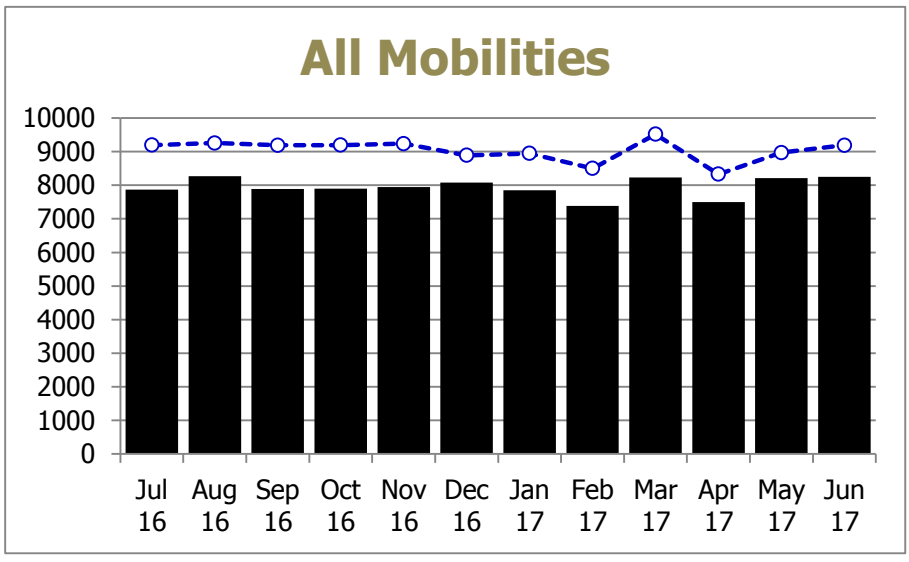
Because of the shift in journey distances, there has been a corresponding shift in the type of vehicles required (mobilities). This activity and profile have been factored into the rebasing of the contract values following the recent contract evaluation, True Up, exercise. The purpose of the True up exercise is to ensure that the contract accurately reflects the levels and type of activity expected. It is necessary because the data sources used to construct the tender are not necessarily reflective of the levels of activity that is actually required.



Lot 2 – Renal Transports - Activity Review

The graphs below show a snapshot of activity volumes by plan and actual activity for all Kent and Medway journeys.

Activity levels continue to underperform against planned activity; however, there is evidence to demonstrate that the type of activity required has changed significantly from that included in the original tender documentation. This includes a much higher than planned level of patient acuity that requires ambulance 2 person crew and wheelchair 2 person crew. This activity and profile have been factored into the rebasing of the contract values following the recent contract evaluation, "True Up", exercise.



KPI Performance Improvement Trajectories

Commissioners are concerned about G4S performance against contractual KPIs in both contracts.

Most of the KPIs within the contract are linked to the timely arrival, discharge, collection or transfer of patients. Each KPI has a performance threshold and the contract management process begins when G4S are outside the threshold and not for individual breaches.

Contract Lot 1 KPIs include:

Journey Type / Standard	No of KPI standards	Required Standard	Performance Threshold
Journeys to and from outpatient appointments	7	Expected time of arrival and collection depending on journey	85% - 95%
Discharges	4	Expected time of collection and arrival	90%- 95%
Transfers	5	Expected time of collection and arrival	90%-95%
Travel Time and Distance	3	Maximum time for journeys of distances (from 10 miles to in excess of 120 miles)	90%

Contract Lot 2 KPIs are particular to renal care and include:

Journey Type / Standard	No of KPI standards	Required Standard	Performance Threshold
Journeys to and from dialysis appointment	3	Expected time of arrival and collection depending on journey Very time sensitive - 15 minutes prior to appointment for arrival and within 30 minutes of booked ready time for collection	95%

Travel Time	1	Patients should not spend more than 60 minutes in the vehicle	95%

The Commissioners have agreed improvement trajectories with G4S against a selection of contract KPIs. There has been a small improvement in performance against Lot 1 trajectories, however, trajectories for the Lot 2 contract has shown a significant improvement and are now reporting an overall 86% achievement against a target of 95%.

During contract mobilisation and until the evaluation/True up process has been completed, it has been agreed that performance against KPIs would be monitored but the financial penalties for breach of thresholds would not be applied.

Service Quality Review

CCG Quality Leads have worked hard with G4S to improve the reporting against a Local Quality Reporting Framework. They have carried out on site visits and provided guidance and advice on the level of reporting required. G4S has developed an updated Quality report to be reviewed in the monthly Contract Performance Meetings. The report includes but is not limited to:

- Workforce - staffing, recruitment and training
- Patient experience – complaints, concerns, compliments, surveys
- Audit
- Compliance – infection control, safeguarding,
- Safeguarding
- Incidents – clinical incidents, serious incidents, positive interventions

Complaints – at July 2017

The challenges experienced by G4S in the delivery of the service resulted in an increase in critical feedback from both patients and stakeholders.

The total number of complaints received in July was 115, a small improvement from the previous two months. Most complaints are regarding timeliness of journeys for outpatient appointments.

Booking Type	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total
Admission				1	1		2	1	7		1	2	1	16
Discharge	6	6	3	2	5	9	3	17	30	4	14	20	2	121
N/A				3	2		5	5	3	1	5	3	1	28
Outpatient	146	92	43	27	61	79	74	177	140	66	120	108	37	1170
Transfer	1	1	1		1	3		1	2	1	1	1		13
Unknown	79	41	61	50	20	31	39	14	5			12	74	426
Grand Total	232	140	108	83	90	122	123	215	187	72	141	146	115	1774

Contract Performance Notice

A Contract Performance Notice was issued in July 2017 regarding the Provider's Complaints Process.

The CCG are concerned about the unprecedented levels of complaints regarding the service and the way in which G4S are handling and responding to complaints. The commissioners sought urgent action to rectify the common themes emerging from complaints and to improve the complaints process so that complaints are managed in a timely, professional manner.

A remedial action plan has been drawn up and will address issues including:

- Review of G4S complaints policy
- Review and revise complaints process
- Improve reporting and response times
- Identify themes and learning

Progress against the action plan is being monitored in the Contract Performance meetings. As at 21 August 2017, 60% of the actions have been completed and the remaining actions are expected to be completed by October 2017. Ongoing monitoring of complaints in the Contract Performance Meetings will demonstrate whether the levels of complaints reduce.

Patient Journeys to Hospices

The Commissioners have recently been asked to respond to a number of enquiries regarding the transport of patients to the Hospice in the Weald.

The Kent and Medway PTS contracts provide for Kent and Medway patients that need non-emergency patient transport to access NHS funded healthcare, there are also specific provisions for End of Life Patients.

End of life transport is a journey of significant importance and where it is vital that the patient's pathway and experience at this time in their continuing treatment is as stress

free and as fluid as possible. The patient's journey must be allocated in a timely manner and be monitored once allocated to a resource to ensure that the journey is carried out without delay or cancellation.

G4S are required to ensure that End of Life transfers to hospices (this includes journeys between hospice and home where end of life) are not suspended for any reason, including during periods of major incidents, adverse weather, staff shortages, industrial action, fuel disputes or other emergencies (except where exempt under GC28 "Force majeure".):

Patients requesting transport must meet the defined eligibility for the service set out in the contract, which follows Department of Health guidance. The eligibility criteria is based on the health and mobility needs of the patient. Automatic eligibility applies to patients travelling for radiotherapy/chemotherapy sessions two or more times per week, for the duration of their treatment. Transports to Hospices where the purpose of the journey is social, to attend an art class for example, are excluded from the contract. This follows Department of Health PTS eligibility guidance.

Conclusion

This report provides an updated position statement on the performance of the contracts with G4S for the provision of non-urgent patient transport. The report has been based on data available up to June 2017 and was reviewed between commissioners and G4S at the Contract Performance Meeting held on 11 August 2017.

Commissioners are actively working with G4S to ensure that the contract accurately reflects the level and type of activity required and that the operational structure of the service is robust. We anticipate that the exercise to rebase the contract will be complete by the end of October.

Further contractual levers may be applied once this exercise is complete.

This page is intentionally left blank

Item 6: West Kent CCG: Out of Hours (OOH) GP Relocation

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: West Kent CCG: Out of Hours (OOH) GP Relocation

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

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

---

1. Introduction

(a) On 10 October 2014 the Committee considered a report and service specification regarding the reprocurement of out-of-hours service, an enhanced rapid response service, and GPs working in A&E to see and treat primary care type patients into a combined contract. The Committee agreed the following recommendation:

- *RESOLVED that:*

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

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

(b) The 2014 service specification stated that the "service must provide out-of-hours primary care medical services; based at primary care medical assessment units, co-located within the two A&E units in West Kent".

(b) NHS West Kent CCG has asked for the attached report to be presented to the Committee. The CCG is proposing to:

- relocate GPs who currently see patients out of hours at Tonbridge Cottage Hospital and Cranbrook to be a co-located primary care service working within the Emergency Department at Tunbridge Wells Hospital.

- review the Sevenoaks OOH activity following a pause after the re-location of Tonbridge Cottage Hospital and Cranbrook. The CCG is proposing to re-locate the Sevenoaks OOH base by March 2019.

- retain the roving OOH GP car to visit patients at home who are unable to travel in Cranbrook, Sevenoaks and Tonbridge areas.

2. Potential Substantial Variation of Service

(a) It is for the Committee to determine if it agrees with the Committee's original decision, regarding the co-location of out-of-hours services within an emergency department, that it is not a substantial variation of service.

(b) Where the HOSC deems the proposal as not being substantial, this shall not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the CCG.

(c) Where the HOSC determines the proposed changes to be substantial, a timetable for consideration of the change will need to be agreed between the HOSC and CCG after the meeting. The timetable shall include the proposed date that the CCG intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

3. Recommendation

If the Committee **agrees** with its original decision that the co-location of out-of-hours services within an emergency department, is *not substantial:*

RECOMMENDED that:

(a) the Committee agrees with its original decision that the co-location of out-of-hours services within an emergency department is not a substantial variation of service.

(b) West Kent CCG be invited to submit a report to the Committee in six months including an update about the relocation of the Sevenoaks OOH base

If the Committee **disagrees** with its original decision and deems the co-location of out-of-hours services within an emergency department to be *substantial:*

RECOMMENDED that:

(a) the Committee deems the co-location of out-of-hours services within an emergency department to be a substantial variation of service.

(b) West Kent CCG be invited to submit a report to the Committee at its November meeting.

Background Documents

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

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

This page is intentionally left blank

NHS
West Kent
Clinical Commissioning Group

NHS West Kent Clinical Commissioning Group

Integrated Urgent Care

(OoH GP re-location)

Report prepared for:	**Kent County Council (KCC), Health Overview and Scrutiny Committee (HOSC) 20 September 2017**
Reporting Officer:	**Adam Wickings, Chief Operating Officer, NHS West Kent Clinical Commissioning Group**
Report Compiled By:	**David Robinson, Lead Commissioning Manager, NHS West Kent Clinical Commissioning Group**

1. Introduction

1.1. A paper describing improvements to urgent care services in West Kent was presented to the Committee on 10 October 2014. The paper described phase one of the proposals towards integrated urgent care in West Kent.

1.2. The paper gave an overview of the three core primary care services commissioned by NHS West Kent CCG (WK CCG) to deliver urgent and emergency care; an out of hours (OoH) service, an enhance rapid response service to support patients with acute medical conditions in the community (known as the Home Treatment Service) and GPs working in A&E to see and treat primary care type patients.

1.3. The short term proposal was to procure the three core services within one contract for two years (2015 – 2017) with the long term proposal to integrate health and social care services: acute, community, emergency and social services. The committee agreed that they did not deem this change to be substantial and to provide an update at the appropriate time.

1.4. The next phase of the West Kent integrated urgent care proposals includes the mandated re-procurement of an enhanced NHS 111 service supported by an enhanced Integrated Clinical Advice Service (CAS) and local urgent face to face service improvements. The improvements to urgent care services in West Kent are in line with NHS England's Urgent and Emergency Care Review led by Sir Bruce Keogh.

1.5. This paper focuses on the proposal to co-locate the current GP OoH bases within West Kent.

1.6. The Committee is asked to note the report.

2. Case for Change and GP OoH relocation in West Kent

2.1. The proposal for an integrated model of care was defined in 2014 by WK CCG 'Mapping the Future' blueprint, which included the redesign of traditional OoH services so that it becomes an integral part of new primary care integrated with urgent care, rather than two separate elements.

2.2. In 2014 WK CCG combined three primary care services into one core service, made up of OoH GP services, a Home Treatment Service (to support a reduction in emergency admissions) and a GP in A&E service to treat primary care type patients.

2.3. As part of the new core primary care service WK CCG proposed to re-locate the GP OoH bases to be co-located within the two Emergency Departments (ED) at Maidstone and Tunbridge Wells NHS Trust (MTW) hospital sites. At the Maidstone site this was achieved, with the GP in A&E and GP OoH service co-located within Maidstone ED.

2.4. Due to estate and capacity issues at Tunbridge Wells Hospital full co-location was not achieved, with the GP in A&E co-located within the ED but the GP OoH base remaining at Tonbridge Cottage Hospital.

2.5. WK CCG is currently engaging with patients and the public around plans for an improved integrated urgent care model. As part of this proposal WK CCG intends to have Urgent Treatment Centres (UTC) at the front doors of the two EDs at Maidstone and Tunbridge Wells hospital. Having primary care clinicians at our local EDs, both in and out of hours will help direct patients to the right care, first time, reducing repetition of assessment, delays to care and unnecessary duplication of effort.

2.6. This approach is in line with NHS England's Urgent and Emergency Care Review led by Sir Bruce Keogh, and with further national guidelines, including Urgent Treatment Centres – Principles and Standards, and GP Streaming guidance. These UTCs will include GPs who will be available 24 hours a day to see and treat patients who turn up at ED with conditions suitable to be treated by primary care and also patients who contact NHS 111 and are identified as needing an out of hours GP appointment.

2.7. It is important for the CCG to centralise OoH GP care at the hospital sites to ensure people can access safe, high quality care. The main driver is workforce: fewer GPs than previously are willing to work for the out of hours service and the fact that it is provided from a number of bases increases the challenge. A significant benefit of the centralisation of the GP OoH services will be the ability to provide safe and prompt assessment and escalation of care, where needed, into hospital care, providing clinical support and effective governance to the OoH GP.

2.8. In West Kent in recent months this has proved to be a particular problem with real difficulties providing clinical cover at some of the current OoH bases. This has been exacerbated in recent years by the spiralling cost of OoH GP indemnity cover.

2.9. The current OoH bases are open at the following times:

Base	Weekday (Monday to Friday)	Weekend	Roving Car retained in area
Cranbrook	CLOSED	09:00 - 14:00	YES
Sevenoaks	CLOSED	09:00 - 14:00	YES
Tonbridge Cottage	19:00 – 08:00	08:00 – 08:00	YES

2.10. To deliver the new model and given the need for the NHS to make best possible use of the GP workforce available while providing safe and effective care and a service which delivers the best value for money, WK CCG is proposing to relocate GPs who currently see patients out of hours at Tonbridge Cottage Hospital and Cranbrook to be a co-located primary care service working within the ED at Tunbridge Wells hospital where they would both see more patients and assist in relieving pressure on the ED. It is important to note that a roving OoH GP car will still be retained within the areas identified above to visit patients at home who are unable to travel.

2.11. WK CCG will review the Sevenoaks OoH activity following a pause after the re-location of Tonbridge Cottage Hospital and Cranbrook. The CCG is proposing to re-locate the Sevenoaks OoH base by March 2019 in line with the national timescales.

2.12. To achieve these changes, WK CCG has been working with the system leaders from a range of stakeholders and providers to develop the new model. This model has been successful in securing £650,000 capital investment from NHS England and NHS Improvement as part of the national £100million capital investment in EDs. This investment is required to alter the physical structure of the Emergency Department on both sites to accommodate the additional GPs and nurses which will then allow the relocation of the current Tonbridge and Cranbrook OoH bases.

2.13. At the same time, WK CCG are working to improve access to GP services across West Kent in line with the NHS England General Practice Forward View (April 2016). By April 2019, GP surgeries should include sufficient pre-bookable and same day appointments at evenings and weekends to meet locally determined demand alongside effective access to urgent care services.

2.14. WK CCG are in discussions with GPs and local stakeholders about the details of how these extra routine appointments will be provided but the CCG are assured that the service will be available to the people of Tonbridge, Cranbrook, Sevenoaks and its surrounding area, along with rest of West Kent. The expectation is that this increased local capacity will still allow the majority of patients to be treated locally by a GP who may be known to them and who will have access to their medical records.

3. Stakeholder Engagements

3.1. As part of the development of the proposed model significant stakeholder engagement has been undertaken between December 2016 and September 2017 with a range of local stakeholders, including current providers, Healthwatch, public, patients and carers. Feedback was sought regarding the key elements of the proposed model including development of UTCs and the re-location of current OOH bases.

3.2. During July and August 2017 the CCG undertook further engagement through the local Sustainability and Transformation Plan (STP) listening events.

3.3 Feedback from the listening events has helped to shape the emerging models of delivery within West Kent. The final design will incorporate outputs and feedback from the STP listening events and the other engagement meetings with the Public, Patients, Carers, Healthwatch and the Patient Participation Group (PPG) chairs group. The engagement undertaken within West Kent can be found within the appendix.

4. Conclusions and Recommendation

4.1. The proposed model of integrated urgent care in West Kent is in line with national requirements.

4.2. The proposed model includes the re-location of current out of hour GPs at Tonbridge Cottage Hospital, Cranbrook and Sevenoaks where they would both see more patients and assist in relieving pressure on the ED.

4.3. As part of the development of the proposed model WK CCG have undertaken significant engagement with patients, the public, carers and other key stakeholders.

4.4. The Committee is requested to note the content of this report.

David Robinson

Lead Commissioning Manager Urgent Care | West Kent CCG

Appendix

2014 – September 2015: Prior to the procurement of the one core primary care service stakeholder engagement with patients, public, carers and other key stakeholders, including Health Overview Scrutiny Committee was sought.

October 2016: The STP need of a vision for a responsive local care and urgent care system, led to a decision within the CCG to co-design an 'Integrated urgent care system' for West Kent. A multi-stakeholder meeting with provider senior management and clinical representation agreed to explore this with an aim to put in place an integrated urgent care system for West Kent. It was agreed that the remit would exclude urgent care work streams being done at the STP level (e.g. Stroke, vascular, major trauma etc.) to avoid any duplication and synchronise the strategic Kent-wide changes with local systems for the benefit of the west Kent population.

October 2016 - March 2017: The current providers agreed to contribute clinicians and operational managers into a clinical design group to undertake the modelling. These were further divided into 3 work streams to cover various aspects of urgent care. A parallel public engagement was to be undertaken and representation from 'Healthwatch' was sought in the 'Clinical design group'

October 2016 – March 2017: As part of the development of integrated urgent care the CCG were keen to ensure that patient and public opinion was captured and used to develop the model. The Participation and Insights team, part of South East Commissioning Support Unit (SECSU), was asked to gather feedback on the model via a variety of different mechanisms, including online surveys, workshops, meetings and direct surveying. The engagement aimed to:

- Determine level of support for the current version of the strategy
- Identify areas that need to be strengthened
- Identify possible areas that are missing

December 2016 – March 2017: Patient engagement in ED. The rise in ED attendances in West Kent is a significant issue. In order to understand the decision making process patients took prior to their attendance, direct surveying of patients waiting in ED at either Maidstone or Tunbridge Wells was carried out. In addition to direct surveying at ED, engagement staff spoke to parents of young children informally in familiar community settings. In March 2017 we undertook further direct surveying at both EDs at Maidstone and Tunbridge Wells to further understand the decision-making process patients took prior to their attendance.

March 2017: In March two listening events were held in West Kent, one in Maidstone and one in Tonbridge. These events were designed to give people the chance to hear about the initial Kent and Medway Health and Social Care Sustainability and Transformation Plan, which was published in November 2016 and update attendees on how the STP fits with local plans, including the blueprint

(Mapping the Future) for the future which NHS West Kent CCG developed with the public and partners three years ago. The events also asked for views on what is most important when decisions are taken about services for the future, so that the criteria that will be used are robust and work for each and every community.

July – August 2017: Throughout July and August, five further listening events have taken place in West Kent, offering patients and the public the chance to have their say on the future of health and social care services in west Kent. In addition to the listening events in July the CCG presented the proposals to West Kent Patient Participation Group Chairs

This page is intentionally left blank

Item 7: NHS West Kent CCG - Gluten Free Prescriptions (Written Briefing)

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: NHS West Kent CCG - Gluten Free Prescriptions (Written Briefing)

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

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

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

---

1. Introduction

(a) On 25 November 2016 the Committee considered proposals by NHS West Kent CCG to stop the routine prescription of gluten-free products for people with coeliac disease in West Kent. The Committee agreed the following recommendation:

- RESOLVED that:

  (a) the Committee deems the withdrawal of gluten free prescriptions by NHS West Kent CCG to be a substantial variation of service.

  (b) West Kent CCG be invited to attend a meeting of the Committee in two months.

(b) On 3 March 2017 the Committee considered the feedback from the public consultation and agreed the following recommendation:

- *RESOLVED that NHS West Kent CCG:*

  (a) take into account the views expressed by Committee Members when forming recommendations for the Governing Body;

  (b) submit a report to the Committee when a final decision has been made by the Governing Body.

2. Recommendation

RECOMMENDED that the CCG's decision to no longer routinely prescribe gluten-free food for people with coeliac disease in West Kent be noted.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (25/11/2016)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=42583

Kent County Council (2017) *'Health Overview and Scrutiny Committee (03/03/2017)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7508&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

NHS
West Kent
Clinical Commissioning Group

CONSULTATION ON GLUTEN-FREE PRESCRIPTIONS

Ian Ayres

20 September 2017

Patient focused,
providing quality,
improving outcomes

1. Introduction

1.1. This paper builds on a report submitted to the Kent County Council (KCC) Health overview and Scrutiny Committee in March 2017 following the results of a public consultation.

1.2. At the March meeting the HOSC asked NHS West Kent Clinical Commissioning Group (CCG) to:

(a) take into account the views expressed by Committee Members when forming recommendations for the Governing Body;

(b) submit a report to the Committee when a final decision has been made by the Governing Body.

1.3. Following consideration of feedback from HOSC members and the consultation report, the Governing Body decided at its 25 July meeting that from 1 September 2017, gluten-free food will no longer be routinely prescribed for people with coeliac disease in west Kent.

1.4. The CCG will continue NHS funding for gluten-free products only for people with Phenylketonuria (PKU) who need specific low protein food.

2. Background

2.1. For the past 30 years, the NHS has been prescribing gluten-free products to patients who have been diagnosed with coeliac disease. NHS West Kent CCG spends over £130,000 a year on these prescriptions. Prescriptions started when gluten-free foods were not as readily available as they are today and food and diets were not so widely understood and documented.

2.2. Even with much greater availability of gluten-free products in shops and online, NHS West Kent CCG has to date continued giving prescriptions for a limited number of standard gluten-free items per month for patients with coeliac disease. These standard products include: fresh and long-life bread, flour mix, plain savoury crackers, pasta and pure oats breakfast cereal. Depending on age, a patient can receive up to 18 items per month, with extra items allowed for breastfeeding women and women in the third trimester of pregnancy.

2.3. The NHS faces a very challenging financial situation. With a limited budget and an increasing demand for services, NHS West Kent CCG is evaluating every service it

pays for and making decisions about the best value for all its patients. In that context it has proposed stopping prescriptions of gluten-free products. The CCG undertook a consultation to understand if West Kent residents agree with the proposals, if there are any groups who would be particularly impacted by the change and, if so, how that impact could be reduced.

3. Consultation

3.1. The CCG Governing Body launched consultation at its meeting of 29 November. A two month consultation was undertaken from 29 November 2016 to 29 January 2017. The consultation comprised a survey, a public meeting, attendance at two local Coeliac UK coffee mornings and stands at five public roadshows in shopping centres across the west Kent area. It was broadly promoted through a press release, which led to coverage on BBC Radio Kent, and emails to West Kent Health Network members, Healthwatch Kent, children's centres, care homes, children's clubs, community centres, councillors, education contacts, faith groups, churches, Gypsy and Traveller sites, leisure centres, libraries, MPs, opticians, parish councils, community pharmacies and patient participant group (PPG) chairs. A poster promoting the consultation was sent to local government gateways, GP practices and hospital waiting rooms.

3.2. During the consultation process, NHS West Kent CCG received 505 responses through the online or paper survey. Another 41 people were engaged with at a public meeting and local Coeliac UK coffee mornings. Three letters and emails were received from the public and three from organisations.

The consultation document outlined the proposed changes and the rationale for the change. It asked a series of questions about the level of support for the proposal and if any exemptions should be made if the proposal is accepted by Went Kent CCG. It also explored whether those respondents with coeliac disease or caring for those with coeliac disease would have problems affording and accessing gluten-free products if prescriptions were to cease.

3.3. Of the 505 people who responded to the survey, 43 per cent had coeliac disease, eight per cent were the parent or carer for a child with coeliac disease, two per cent the parent or carer for an adult with coeliac disease and six per cent were responding on behalf of someone with coeliac disease. Forty one per cent neither had coeliac disease nor were carers for someone with the condition. Overall, the survey was answered by more people with/caring for someone with coeliac disease than people without.

3.4. Overall, 55 per cent agreed at least in part with the CCG's proposal to stop the routine provision of gluten-free products on prescription: 29 per cent of respondents agreed routine prescriptions should be stopped completely; 26 per cent thought there should be some exemptions if the proposal is accepted by the CCG. Just under half of respondents (46 per cent) did not agree with the proposal.

4. Governing Body decision

4.1. Following consideration of feedback from HOSC members and the consultation report, the Governing Body decided at its 25 July meeting that from 1 September 2017, gluten-free food will no longer be routinely prescribed for people with coeliac disease in west Kent.

4.2. The CCG will continue NHS funding for gluten-free products only for people with Phenylketonuria (PKU) who need specific low protein food.

Item 8: NHS West Kent CCG: Financial Recovery Plan (Written Briefing)

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: NHS West Kent CCG: Financial Recovery Plan (Written Briefing)

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

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

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

---

1. Introduction

(a) On 3 March 2017 the Committee considered NHS West Kent CCG's Financial Recovery Plan. The CCG had been requested to provide an update after its Governing Body agreed the following proposals in December 2016: a review of compliance with referral and treatment criterial; the cessation of male and female sterilization; and reduction in the number and value of non-urgent planned care surgery until April 2017.

(b) The Committee agreed the following recommendation:

RESOLVED that the Committee:

(a) expresses disappointment about the lack of prior notice and consultation by the CCG with the Committee about these proposals;

(b) is notified, in good time, as any further proposals are developed by the CCG.

(b) An update report regarding the Financial Recovery Plan is attached for Members' information.

2. Recommendation

RECOMMENDED that the Committee:

(a) note the report regarding the Financial Recovery Plan;

(b) is notified, in good time, as any further proposals are developed by the CCG

Item 8: NHS West Kent CCG: Financial Recovery Plan (Written Briefing)

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (03/03/2017)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7508&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

NHS
West Kent
Clinical Commissioning Group

Financial Recovery Plan – West Kent CCG

HOSC

September 2017

Financial overview

- National context is that NHS England is viewing systems as a whole rather than judging individual organisations
- The local health system has operated in a challenging financial context for some while, in common with other areas within the NHS and other parts of the public sector
- The needs of the population are changing (e.g. age profile) and so is the demand
- The 'internal market' system within the NHS over the past decade or so has in part stimulated service provision and cost
- All members of the local health system have struggled to live within their means, and have often relied on non-recurrent measures – not sustainable

Approach to contracting and system based working

- Previous approaches to contracting within the NHS internal market were not always conducive to collaborative approaches being taken between members of the local health system

- We have moved towards new style agreements – 'Aligned Incentive Contracts', designed to encourage new behaviours and facilitate system transformation

- Already in place with Maidstone and Tunbridge Wells NHS Trust (MTW)

- Potential to extend approach into Kent Community health NHS Foundations Trust (KCHFT) and the wider system from next year.

2016/17 outturn

Across the West Kent system:

- The 2016/17 plan was to achieve a combined surplus of £4.3m, representing - 0.7 per cent of the total CCG allocation. This is part of a national requirement to deliver an underspend s that we can contribute to a national risk pool to secure the overall position of the NHS

- The 2016/17 outturn position was a deficit of £5m

- This meant a total shortfall of £9.3m

2017/18 control totals and plans

- The 2017/18 plan across the whole health system is a surplus of £6.6m, representing just over 1 per cent of the CCG allocation
- This is far more challenging than in 2016/17
- To achieve this will require £11.7m of non-recurrent sustainability & transformation funding (STF) being made available
- We will also need to make significant cost savings
- **The CCG is under an obligation to balance the various competing demands on the NHS locally, while living within the budget parliament has allocated**

How do we aim to achieve cost reductions?

Identify and reduce unwarranted clinical variation

Manage demand – thresholds, pathways

Disinvest – cessation or reduction in services

Eliminate or defer discretionary investment

Secure unit price efficiencies

Other – including management costs

…and provider efficiencies

Challenge is to secure best possible value from our investments. So for example this could mean…

- More of:
  - Community staff supporting the proposed model of 'Local Care' in West Kent
  - Identifications to identify and treat people with atrial fibrillation
  - Promotion of activity among people with long term conditions
  - Prevention of second fractures in people with fragility fractures
- Less of:
  - Polypharmacy
  - Knee ligament arthroscopy
  - Unnecessary hospital follow ups
  - Non generic prescribing

In line with our strategic vision of healthcare services in West Kent

In the past year, the CCG has…

- Implemented new pathways hip and knee replacements
- Introduced criteria for spinal injections
- Suspension of non-urgent surgery
- Restricting access to hearing services to people with moderate or severe hearing loss
- Introduced new criteria for access to orthotics
- A new service for helping manage repeat medications (Prescription Ordering Direct)
- Cessation of male and female sterilisations
- Restrictions for GP direct access to certain MRI referrals
- Restrictions in gluten-free prescribing
- Initiated a review of over the counter medicines
- Implementation of a frequent attenders services
- Invested in elements of the Home First pathway

Looking forward…

- The CCG can expect to be confronted by an increasing number of such decisions
- Where appropriate, we are keen to introduce changes on a Kent and Medway basis
- Some of these decisions may well be difficult, and include changes in thresholds for accessing services
- Such changes should be seen in the context of the CCG wanting to pursue its overall vision of healthcare – including Local Care, and exchanging lower value for higher value interventions

This page is intentionally left blank

Item 9: NHS West Kent CCG: Dermatology Services (Written Briefing)

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: NHS West Kent CCG: Dermatology Services (Written Briefing)

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

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

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

---

1. Introduction

(a) On 2 September 2016 the Committee received a report from NHS West Kent CCG which provided an update about the procurement of dermatology services in West Kent and a written briefing from King's College Hospital NHS Foundation Trust regarding the relocation of dermatology outpatient services from Orpington Hospital to Beckenham Beacon. The Committee agreed the following recommendation:

- *RESOLVED that:*

  (a) the report on the procurement of dermatology services in West Kent be noted and NHS West Kent CCG be requested to provide an update following the mobilisation of the new provider.

  (b) the written briefing provided by King's College Hospital NHS Foundation Trust regarding the relocation of dermatology outpatient services from Orpington Hospital to Beckenham Beacon be noted.

(b) An update report regarding the mobilisation of the West Kent Dermatology Service is attached for Members information.

2. Recommendation

RECOMMENDED that the report on the mobilisation of the West Kent Dermatology Service be noted.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (02/09/16)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6261&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

HOSC Briefing September 2017: West Kent CCG Dermatology Services

Background

An update was submitted to Kent Health Overview and Scrutiny Committee (HOSC) in September 2016 to advise that NHS West Kent Clinical Commissioning Group (WK CCG) had awarded the contract for West Kent Dermatology Service to Sussex Community Dermatology Service (SCDS) as lead provider.

Queen Victoria Hospital NHS Foundation Trust (QVH) is subcontracted by SCDS to help deliver some of the cancer pathways through joint working in community locations.

Care for people with skin conditions

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

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

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

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

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

Mobilisation of West Kent Dermatology Service

West Kent Dermatology Service commenced in April 2017, and prior to this, from January 17, in Sevenoaks to provide dermatology services for Sevenoaks residents who had previously received dermatology services from King's College Hospital.

Dermatology services were previously provided by Medway Foundation Trust (MFT), Kent Community Health NHS Foundation Trust, and by GPs with Special Interest (GPSI).

The mobilisation phase was overseen by the Dermatology Project Board, made up of representatives from the provider, the CCG, and patient representative. Patients were transferred in a phased approach, and were given the choice to remain with MFT if they wished (very few opted for this).

The full clinical team consists of eleven Consultant Dermatologists, four Consultant Plastic Surgeons, one Maxillofacial & Oral Surgeon and one Associate Specialist. There is also an additional four GPs with Specialist Interest in Dermatology (GPSI), nine Dermatology Surgical Practitioners and two Trainee GPSIs.

West Kent Dermatology Service provides clinics in 14 locations across the West Kent CCG area.

West Kent Dermatology Service provides a full skin cancer service, including two week rules and treatment for all grades of skin cancer. The service is provided jointly by SCDS clinicians and QVH clinicians working alongside each other.

West Kent Dermatology Service provides post-graduate education events for all interested GPs within the West Kent region. The meetings are aimed to provide local GPs with a forum for learning and discussion relating to dermatology. It is also aimed to increase the quality of the referrals received.

Quarter 1 Review

The CCG reviewed the performance of West Kent Dermatology at the end of Quarter 1.

Performance:

- 100 per cent compliance with 31-day and 62-day cancer waits
- Waiting list inherited from MFT has been completely cleared (approximately 2000 patients transferred)
- Six week wait for a first appointment (significantly shorter wait than previous provider)

Activity:

- Activity in Q1 is significantly higher than plan
- The CCG is reviewing whether this activity is “new”, or whether it is due to patients now being referred to West Kent Dermatology Service who would previously have been referred to out of area providers due to the long waiting time of the previous service.

Contact: James Ransom
Programme Lead for Surgical Elective Care
NHS West Kent CCG
James.ransom@nhs.net

Author: Sara Shaikh
Commissioning Manager
NHS West Kent CCG
sara.shaikh@nhs.net

Approved: Ian Ayres
Accountable Officer
NHS West Kent CCG
I.ayres@nhs.net

This page is intentionally left blank

Item 10: CCG Annual Assessment 2016/17

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: CCG Annual Assessment 2016/17

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

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

---

1. Introduction

(a) NHS England has a statutory duty to undertake an annual assessment of CCGs. The annual assessment is derived from the CCGs' performance against 60 indicators across 29 policy areas including performance, delivery, outcomes, finance and leadership.

(b) Out of the 209 CCGs in England, 23 were rated as Inadequate, 66 rated as Requires Improvement, 99 rated as Good and 21 rated as Outstanding.

(c) The seven Kent CCGs have been asked to provide the key actions from their improvement plans to the Committee for infomation. NHS Dartford, Gravesham & Swanley CCG, which was rated as Inadequate and has been placed in Financial Special Measures by NHS England, has been invited to attend the meeting to provide an update about their financial recovery plan.

2. Recommendation

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

Background Documents

NHS England (2017) *'CCG Annual Assessment 2016/17 (21/07/2017)',* https://www.england.nhs.uk/publication/ccg-annual-assessment-201617/

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

This page is intentionally left blank

Kent Health Overview and Scrutiny Committee Briefing: Annual assessment 2016/17 of Kent CCGs

September 2017

1. Introduction

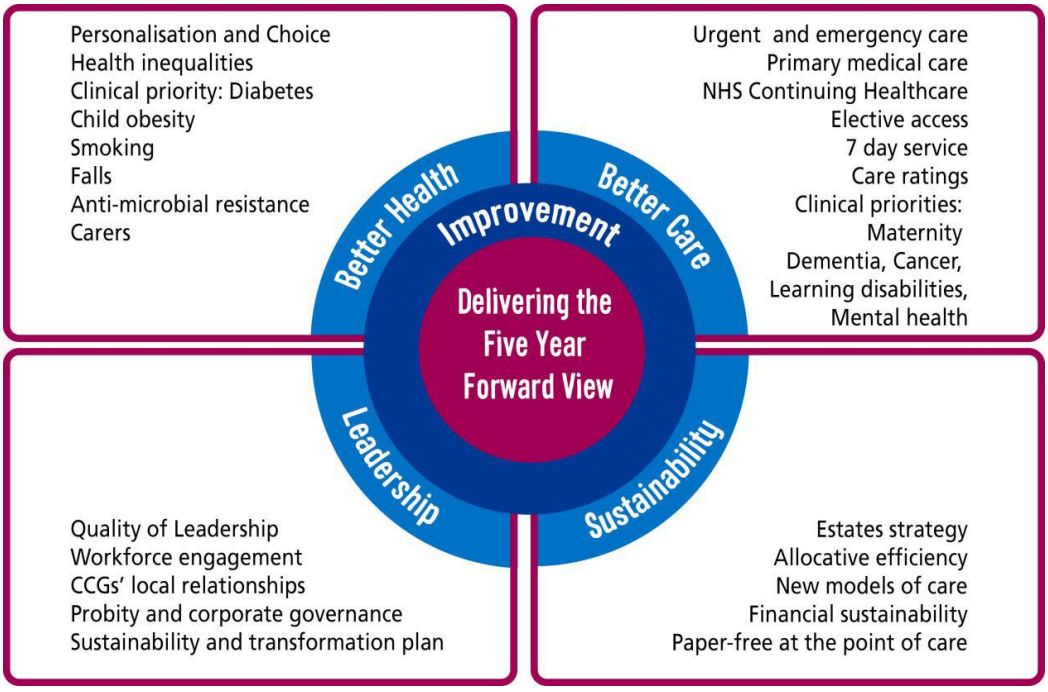
For 2016/17 NHS England introduced a new CCG Improvement and Assessment Framework to replace both the existing CCG assurance framework and CCG performance dashboard. This new framework provides a greater focus on assisting improvement alongside our statutory assessment function.

It aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

The framework is intended as a focal point for joint work and support between NHS England and CCGs, and was developed with input from NHS Clinical Commissioners, CCGs, patient groups and charities. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and will play an important part in the delivery of the Five Year Forward View2016/17 assessment

The assurance framework for 2016/17 assessed CCGs against 29 indicators across four domains, including an assessment of CCG leadership and financial management.

The diagram below summarises the framework:



2. Kent CCG ratings

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

Full details of an individual CCG's performance against each of the framework's indicators are available on the MyNHS website.

The headline rating for each of the CCGs were as follows.

CCG	2016/17 headline rating
NHS Ashford CCG	Requires improvement
NHS Canterbury and Coastal CCG	Good
NHS Dartford, Gravesham and Swanley CCG	Inadequate
NHS South Kent Coast CCG	Good
NHS Swale CCG	Requires improvement
NHS Thanet CCG	Good
NHS West Kent CCG	Good

All CCGs have improvement plans in place and progress against these plans is summarised in Appendix 1

.

Appendix 1 - Summary of key actions in CCG improvement plans

CCG	Key actions	Current status
NHS Ashford CCG NHS Canterbury and Coastal CCG NHS South Kent Coast CCG NHS Thanet CCG	• Address the entrenched poor performance against the A&E standard, the national referral-to-treatment standard and the national cancer standards in the East Kent system	The four east Kent CCGs are working collectively to improve performance across the health economy and have an improvement plan in place. Immediate actions that we are taking to improve overall performance: • To deliver the delayed transfers of care (DTOC) targets for each organisation so that people are not stuck in hospital while waiting for delayed community health and social care. • To ensure maximum utilisation of the home first capacity to stay well and live independently • Ensure the productivity of GP streaming is fully utilised on all three hospital sites • Improve acute and community hospital bed utilisation • Develop an urgent plan to increase GP capacity on the William Harvey Hospital site • Resolve the therapy capacity issue in the Integrated discharge team (IDT)
NHS Ashford CCG NHS Canterbury and Coastal CCG	• Deliver the new Early Intervention in Psychosis (EIP) standards	The four east Kent CCGs are working collectively to deliver the new Early Intervention in Psychosis

NHS South Kent Coast CCG NHS Thanet CCG		standards. Kent and Medway NHS Partnership Trust (KMPT) 'single point of access' is developing a 'fast track' for all first episode of psychosis referrals to the EIP service in order for all referrals to be seen within the required timeframe. Progress is underway to fill the vacant EIP consultant post, which will allow the service to attract additional clinical staff through medical trainee support. This will provide sufficient coverage to meet NICE standards, with expected compliance in October 2017.
NHS Ashford CCG NHS Canterbury and Coastal CCG	• Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP)	A robust strategy is in place for both CCGs that supports wider transformation. Both CCGs have developed primary care operational plans which cover 2017-19.
NHS Ashford CCG	• Stabilise and improve the financial position such that NHS Ashford CCG delivers the required one per cent surplus in 2017/18 that business rules require	The CCG has submitted a financial recovery plan which has been approved by NHS England. However, owing to support for both the acute sector and social care to manage winter pressures, plans to reduce elective waiting times and transformation costs, the CCG is forecasting a financial deficit for 2017/18.

NHS Thanet CCG	• Develop a robust primary care development and transformation strategy that supports wider system strategies such as the Sustainability and Transformation Plan (STP). Stabilise and improve the financial position such that NHS Thanet CCG delivers the required one per cent surplus in 2017/18 that business rules require	• Our Primary Care Strategy was approved by the CCG Governing Body in December 2016. Resilience and Transformation Plans underpinning this as well as the General Practice Forward View and Sustainability and transformation Plan (STP) are in place. • We have introduced an Acute Response Team at QEQM hospital and planning is underway to introduce GP streaming during the Autumn. • The CCG has negotiated contracts for 2017-19 that will encourage transformation to be driven through with cost savings as one of the outcomes. In addition, the operational plan includes projects that are designed to review and improve productivity and ensure better value for money. Regular monitoring on a monthly basis will keep deliverables on track throughout the year.
	• Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution	• At the time of reporting the local acute provider is achieving the majority of NHS Constitution targets. However, A&E

NHS Dartford, Gravesham and Swanley CCG	• Work with service providers, GP members and our partners to deliver future financial sustainability.	remains a significant challenge across all Kent and Medway providers and other risks remain, particularly around ambulance response rates. • The CCG ended 2016/17 with a deficit of £13.5million. This was largely due to the over-performance of the CCG's providers and underfunding of allocations, both based on significant population growth. We are forecasting a deficit for the current year and reaching long term financial balance will require sustained focus on an agreed plan which supports the challenging decisions ahead. We will be working with clinicians, stakeholders and patient groups, including Healthwatch to ensure the actions we propose are in the best interest of local people. • The CCG's Financial Recovery Plan contains ten current priorities which will assist in delivering financial recovery. However, we recognise that more needs to be done if we are to put this on a longer term sustainable footing, and we are currently looking at opportunities to secure greater efficiency and savings. Our plans will rely on continued collaboration with our members and partner organisations.

	• Continue to make changes and improvements to ensure our assurance ratings improve year on year	• We have increased the number of local GPs supporting the development of our patient care pathways through our Clinical Strategy Committee, to make sure local doctors are actively involved in shaping healthcare and are developing plans to continue towards closer partnership working with our primary care colleagues and other providers. These plans focus on improving join-up of healthcare and maximising the financial benefits that accompany integration and improvements in quality. • We were disappointed with our assurance rating this year, which is primarily due to our financial situation. This has resulted in the CCG being placed in Special Measures. The Governing Body and all of our staff are determined to work with partners, including NHS England to turn this very challenging situation around. • However, we recognise there is still much to do to improve our assessment rating focusing on capacity and finance; areas we have been working on proactively with our partners for a number of months.

		• Our assessment also highlighted areas of good practice including our plans for improving GP access through local hubs, our review of urgent care services, and our successful funding bids for the Healthy New Towns programme and the Estates and Technology Transformation Fund. • We have made key appointments to bolster the resilience of our leadership team and allow a greater focus on the improvement of our rating and sustainability. The CCG has recruited an experienced Turnaround Director, who joins us from a success regime and has local NHS commissioning and provider experience focusing on Finance. We have a newly appointed Chief Operating Officer who brings considerable experience from an acute provider organisation. Internal restructuring of our core teams is in progress to allow better integrated working and increase sharing of skills and best practice.

		• We are continuing to work with GP Members and wider clinical partners to develop new local models of care to deliver effective, sustainable services. Some of this year's key achievements are listed below: • Achieving progress on the locality-based delivery model which will improve quality of care and join-up of community, primary and hospital care for patients whilst improving value for money • Agreeing plans to extend practices into super practices which will better serve patient demand for GP appointments • Successfully securing Estates and Technology Transformation funding to support local infrastructure in health and digital investment • Continued progress in developing an enhanced urgent care system built around hub-based delivery of local services for people in the CCG area, for which there have already been good examples of stakeholder engagement. (The review was approved by the Kent Health Overview and Scrutiny Committee to proceed to the next stages of public engagement) • Our member practices and the CCG team have been congratulated as being first in the country to achieve a 100% GP

		participation rate for this year's National Diabetes Audit • A number of patient outcomes in the DGS area are among the highest in Kent and Medway including cancer indicators for clinical outcomes which are rated as 'Good' • To help patients we have also piloted a convenient repeat prescribing service called Prescriptions Ordering Direct (POD). This enables patients to order their repeat prescription via telephone, without having to leave their homes. Tested initially in 2016 in selected practices, this has now helped save patients time and reduced the amount of medicines being wasted locally. We plan to roll out POD to all our practices.
NHS Swale CCG	• Continue to work with our service providers to achieve key performance standards as set by the NHS Constitution. • Work with service providers, GP members and our partners to deliver future financial sustainability.	• At the time of reporting the local acute provider is achieving some NHS Constitution targets and trajectories agreed with NHS England. However, A&E, Cancer and elective access remains a challenge. In addition, other risks remain particularly around ambulance response rates. • We are working with service providers, GP members and our partners to deliver long term financial sustainability. The CCG finished 2016/17 with a deficit of

	• Continue to work hard in all areas of assessment to improve our rating further	£2million and is currently forecasting breakeven for the current year. However, there remain considerable risks to achieving this and we are working extremely hard to mitigate these. • We continue to work with local GPs in supporting the development of our patient care pathways through our Clinical Strategy Committee and locality meetings, to make sure local doctors are actively involved in shaping healthcare and are developing plans to continue towards closer partnership working with our primary care colleagues and other providers. These plans focus on improving join-up of healthcare and maximising the financial benefits that accompany integration and improvements in quality. • We are working with GP member practices and wider clinical partners to develop new local models of care to deliver effective, sustainable services. • We have made key appointments to bolster the resilience of our leadership team and allow a greater focus on the improvement of our rating and sustainability. The CCG has recruited an experienced Turnaround Director, who joins us from a success

		regime and has local NHS commissioning and provider experience focusing on Finance. We have a newly appointed Chief Operating Officer who brings considerable experience from an acute provider organisation. • Internal restructuring of our core teams is in progress to allow better integrated working and increase sharing of skills and best practice. • Internal restructuring of our core teams is in progress to allow better joint-working across north Kent CCGs and increase sharing of skills and best practice. Whilst the CCG's recent assessment was disappointing, due to our financial situation, it did highlight a number of areas of good practice and stated that the CCG: • continues to enjoy a positive relationship with its member practices and has worked effectively to engage GPs and the broader public in emerging plans for locality-based delivery of key services and integrated urgent care • continues to make progress on developing an urgent care system built around hub-based delivery of local services, and there have been good examples of stakeholder engagement

		throughout this process. (This work was well received by NHS England and approved to proceed to the next stages by the Kent Health Overview and Scrutiny Committee) • has met the dementia diagnosis target for the whole of 2016-17, and the IAPT (Improving Access to Psychological Therapies) access standard for most of the year • has achieved progress following a review of leadership capacity by the Good Governance Institute To help patients we have also piloted a convenient repeat prescribing service called Prescriptions Ordering Direct (POD). This enables patients to order their repeat prescription via telephone, without having to leave their homes. Tested initially in 2016 in selected practices, this has now helped save patients time and reduced the amount of medicines being wasted locally. We plan to roll out POD to all our practices.
NHS West Kent CCG	• Work with providers to improve performance on constitutional standards, in particular on A&E waiting times	Significant challenge to deliver across all of Kent and Medway and nationally, mainly due to delayed discharges /

	• Deliver the national standard on dementia diagnosis rates	transfers of care. There is a robust plan in place to address these issues, based on national guidance and best practice, including revised discharge pathways. The national standard requires the CCG to have identified 66.67 per cent of the expected prevalence. Current performance (June 2017) is 60.9 per cent, which equates to approximately another 400 diagnoses to achieve the standard. The CCG has an action plan in place to identify those patients, which includes improving data accuracy and provider incentives to reduce the time between referral and diagnosis. The CCG has also developed an innovative new model for dementia diagnosis and care planning (with the Trust and GPs) which will be rolled out across the next year and lead to improved diagnosis rates.

Item 11: East Kent Out of Hours GP Services and NHS 111

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: East Kent Out of Hours GP Services and NHS 111

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

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

---

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. The Committee agreed the following recommendation:

- *RESOLVED that the report be noted and the East Kent CCGs be requested to provide an update, including performance data about the GP out-of-hours service and the mobilisation of 111 service, to the Committee in March.*

(c) The former Chair agreed to a request by the East Kent CCGs to postpone the item.

(d) The CCGs have been requested to provide an update to the Committee following Primecare being rated as Inadequate and being placed into Special Measures by the Care Quality Commission (CQC) on 3 August 2017. The inspection report can be viewed here.

2. Recommendation

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

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

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

Health Overview and Scrutiny Committee Briefing

East Kent Out of Hours GP Services and NHS 111 provided by Primecare

Author: Judith Ward Deputy chief Nurse

Sponsor: Simon Perks

Background

Primecare was commissioned in 2016 to provider an integrated NHS 111 and out of hours GP service across the four East Kent CCGs. The aim of this was to provide a seamless transition for patients between NHS 111 and out of hours GP services.

Following a planned mobilisation phase, the out of hours GP service went live on 28 September 2016 and NHS 111 followed in a phased approach starting from November 2016.

The contract has been closely performance managed on a monthly basis since the service went live. A key part of this process is to monitor the arrangements to ensure that patients are provided with a safe effective service and that patient experience is reviewed regularly and lessons embedded into the service.

Regular contract management identified some concerns in relation to quality of care and the CCG has been working with Primecare to oversee improvements and also support Primecare to make the necessary changes.

CQC inspection

The CQC carried out an inspection in May 2017 and the report was published on 3 August. The CQC report identified a number of concerns and the overall rating was inadequate. The provider was placed in special measures. The concerns identified by the CQC replicated concerns that the CCG had already raised with Primecare.

Following the inspection CQC took enforcement action against the provider, namely the service of three warning notices.

The warning notices covered:

- **Safe care and treatment** (care and treatment must be provided in a safe way for service users). Primecare had failed to ensure they properly assessed the risks to the health and care of service users, particularly in respect of reporting, recording and learning from significant events.

- **Good governance** (systems or processes must be established and operated effectively). Primecare demonstrated a lack of key senior staff, used interim staff, staff were not fully aware of their roles and responsibilities, the disaster /recovery plan was unclear, and there was an absence of patient feedback.
- **Staffing** (sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed). Primecare did not have enough staff to meet the needs of patients and there was a lack of induction and mandatory training.

Primecare ratings for each area inspected

Are services safe? Inadequate

Are services effective? Inadequate

Are services caring? Requires improvement

Are services responsive to people's needs? Requires improvement

Are services well-led? Inadequate

The full inspection report can be viewed on the CQC website.

Progress since report

Primecare have put in place a plan to address all of the concerns raised by the CQC and the CCG has received updated copies of this plan on a weekly basis since. The CCG is working closely with Primecare to oversee the improvements required and has provided direct support to Primecare to support the changes needed.

There are very clear processes within the NHS to monitor and support NHS providers and these are in place.

NHS England has convened a Quality Oversight Group for Primecare which meets regularly. The purpose of the meetings is to support and hold Primecare to account and to ensure timely action to addresses the concerns raised during the CQC inspection.

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: Local Care in East Kent

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

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

---

1. Introduction

(a) The East Kent CCGs have asked for the attached report to be presented to the Committee. It provides an update to the Members about the local care models being implemented in East Kent as part of the Kent & Medway Sustainability and Transformation Plan.

2. Recommendation

RECOMMENDED that the report on Local Care in East Kent be noted and an update presented to the Committee in six months.

Background Documents

None

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

This page is intentionally left blank

Transforming health and social care in Kent and Medway

Local care in east Kent

Kent Health Overview and Scrutiny Committee

September 2017

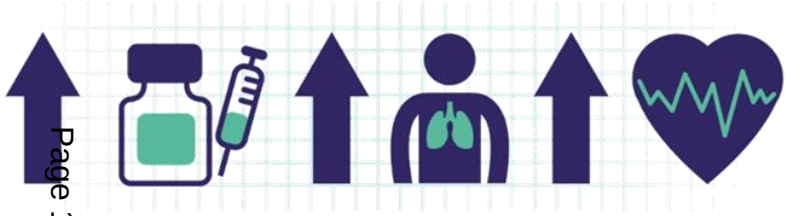
About today

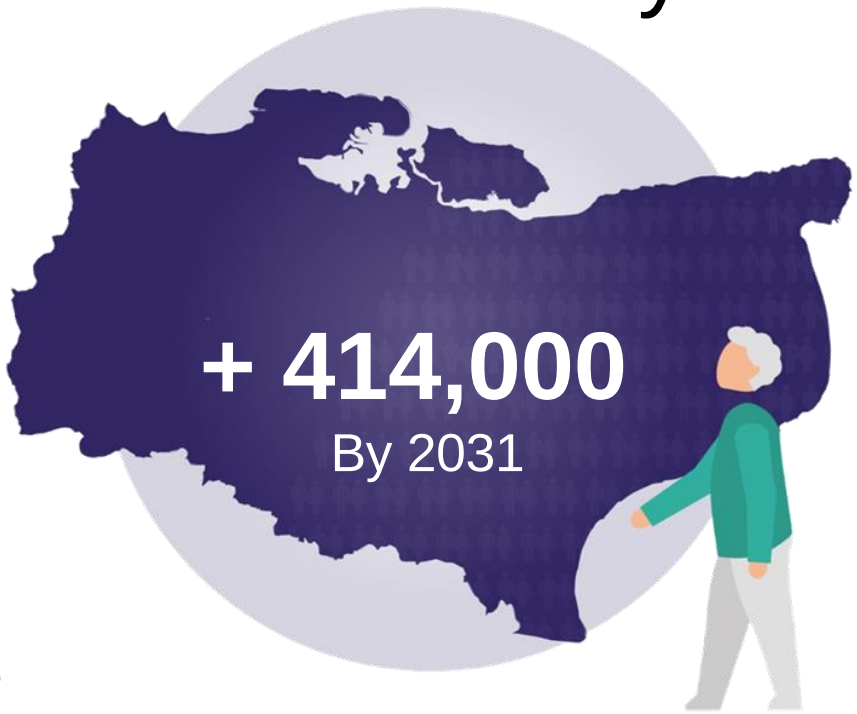
- Challenges in Kent and Medway
- Our model for change
- Listening to our communities
- Local care
- What we are doing already

Challenges in Kent and Medway

Our population is growing

About 1.8 million people live in Kent and Medway. By 2031 this number will increase by almost a quarter, compared to 2011

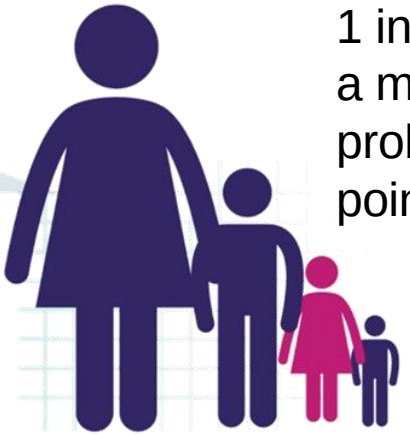




More people have long-term conditions

like diabetes, lung and heart disease

The number of people **over the age of 70 will rise** by 20% in the next 5 years



1 in 4 people have a mental health problem at some point in their lives

Challenges in Kent and Medway

As many as four in 10 emergency admissions to hospital could be avoided if the right care was available in the community

Evidence shows that every day around 1,000 people in Kent and Medway are in a hospital bed when they no longer need to be

We have real challenges recruiting enough GPs and practice nurses

Find out more about the challenges we face in our case for change booklet: www.kentandmedway.nhs.uk

What's our model?

Helping you stay well

Doing much more to help you stay well so you don't develop some of the illnesses we know can be caused by unhealthy lifestyles

Doing more out of hospital

Redirecting more of our resources into local care services so we can offer more care out of hospital

Making acute services more effective

Organising acute hospital services in the most efficient and effective way

Listening to our communities

So far…

- Listening events
- Online survey
- Focus group research
- Patient and Public Advisory Group
- Patient groups and Lay Members on every Clinical Commissioning Group (CCG)
- Healthwatch reports and advice
- Roadshows
- Local engagement
- Emails, presentations, letters, social media

Get involved: www.kentandmedway.nhs.uk

Local care
(care not in a main hospital)

What our communities say they want for local care…

- More **end of life care** and dementia care
- More support with **healthy lifestyles**
- Health and social care **working together**
- More **services alongside GPs**
- More services near or **in people's homes**
- More support for **family carers**
- To **see the same person** regularly
- Faster and easier **appointments**

1,925 people responded to survey

300 people came to listening events in east Kent

The main *concerns* are…

- Having to **travel** further for some care
- Are there enough **staff**?
- **Mental health** services
- **Social care** services
- **Funding**

Headlines from STP survey Oct-Dec 2016 and listening events analysis

Our aims for local care

- **prevent ill health** by helping people stay well
- **deliver excellent care, closer to home,** by connecting the care you get from the NHS, social care, community and voluntary organisations
- give local people the right support to **look after themselves** when diagnosed with a condition
- **intervene earlier** before people need to go to hospital.

Changing social care – joining up with local care – focused on your outcomes

Care Navigation

There will be Promoting Wellbeing Coordinators to help connect me to my community

Pathway for Young People

The Young Person will remain with the same team from 16-25 avoiding the current cliff edge at 18.

Kent Pathways Service

Providing support to achieve the best long term outcomes for people and enabling them to become more independent

"Own Bed Best"

If I need support to recover from a hospital stay I can have this arranged from my own home if appropriate

Safeguarding

People will be safeguarded throughout their journey.

Joined Up Service Delivery

I will have different kinds of support working well together; I might need a nurse and a carer at the same time

Information and Advice

There will be more info and guidance about community services available to me.

Self - Care

I will be able do my own self assessment or access support to help do it when I need it

Self Management

I will be able to use telecare and equipment to support me in my own home

Staying Well in Your Own Home

I will receive the right level of support at the right time to meet my needs which will be enabling and outcomes-based

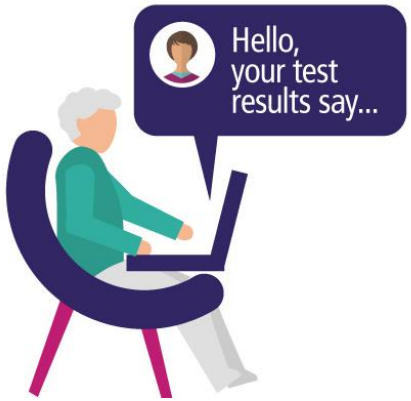
An example: meet Dorothy

Dorothy's care now

- Inconsistent and overlapped
- Decided without her involvement
- Difficult to access
- Focused only on her health needs
- Only assessed by a specialist when she visits hospital

In the future

- Consistent and well-organised
- Decided with her
- Simple to access
- Focussed on her
- Assessed by an expert without going to hospital

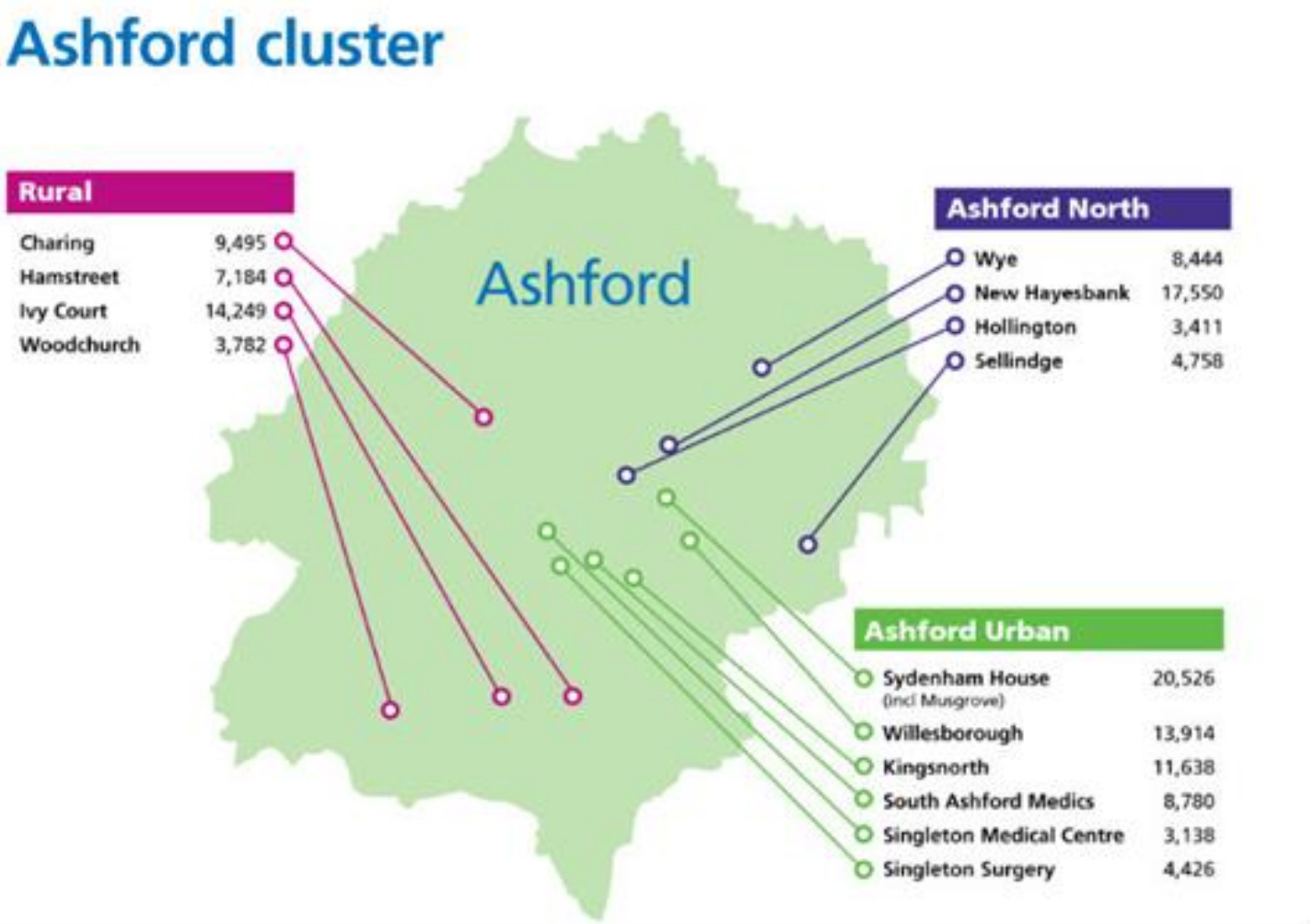


Our 8 ambitions for Dorothy and those like her

What we are doing already in Ashford

- **Ashford Clinical Providers –** ***more joined-up working***
- Joined-up nursing service – e.g. wound care, catheter care
- Specialist GPs – e.g. cardiology, diabetes
- Community geriatricians
- Specialist clinics at local level
- Health and social care joined-up teams
- Links to voluntary sector
- Improved access to minor injuries services

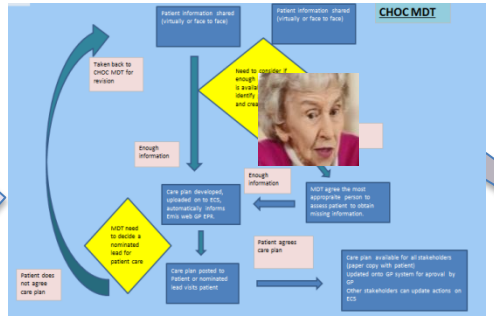
What we are doing already in Ashford



What we are doing already in Canterbury and Coastal

- Encompass – new model for care
- GPs in the Canterbury Urgent Care Centre
- GP practice on the Canterbury site
- Extended GP hours trial
- Wound clinics
- Catheter clinics – admission rates down by 29%
- New way of delivering primary care in Whitstable and Herne Bay

Encompass Local Care Delivery Model:



Care Homes support; dashboard , training.

Referral to SPA to H&SCC through LRU for CHOC MDT ICM – Coordinated by Health / Social Care professional

GP at A&E front door,– emergency care

Home First Team initiate the "Safer Patient Flow Bundle" and EDD

Rapid response in and OOHs

KCC MDT Outcome based care project

Out of Hours /111

Encompass GP Partnership

EKHUFT

KCHFT

C4G

Encompass Alliance

KCC

KMPT

Red Zebra

Tiers of care (priorities);

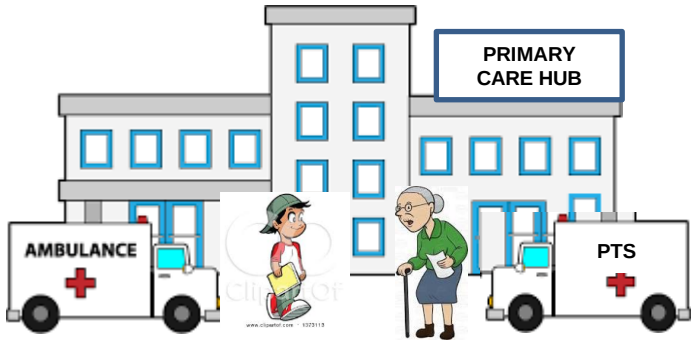
- Frailty
- Cardiology
- Respiratory
- Pneumonia

What we are doing already in South Kent Coast

Connected holistic care

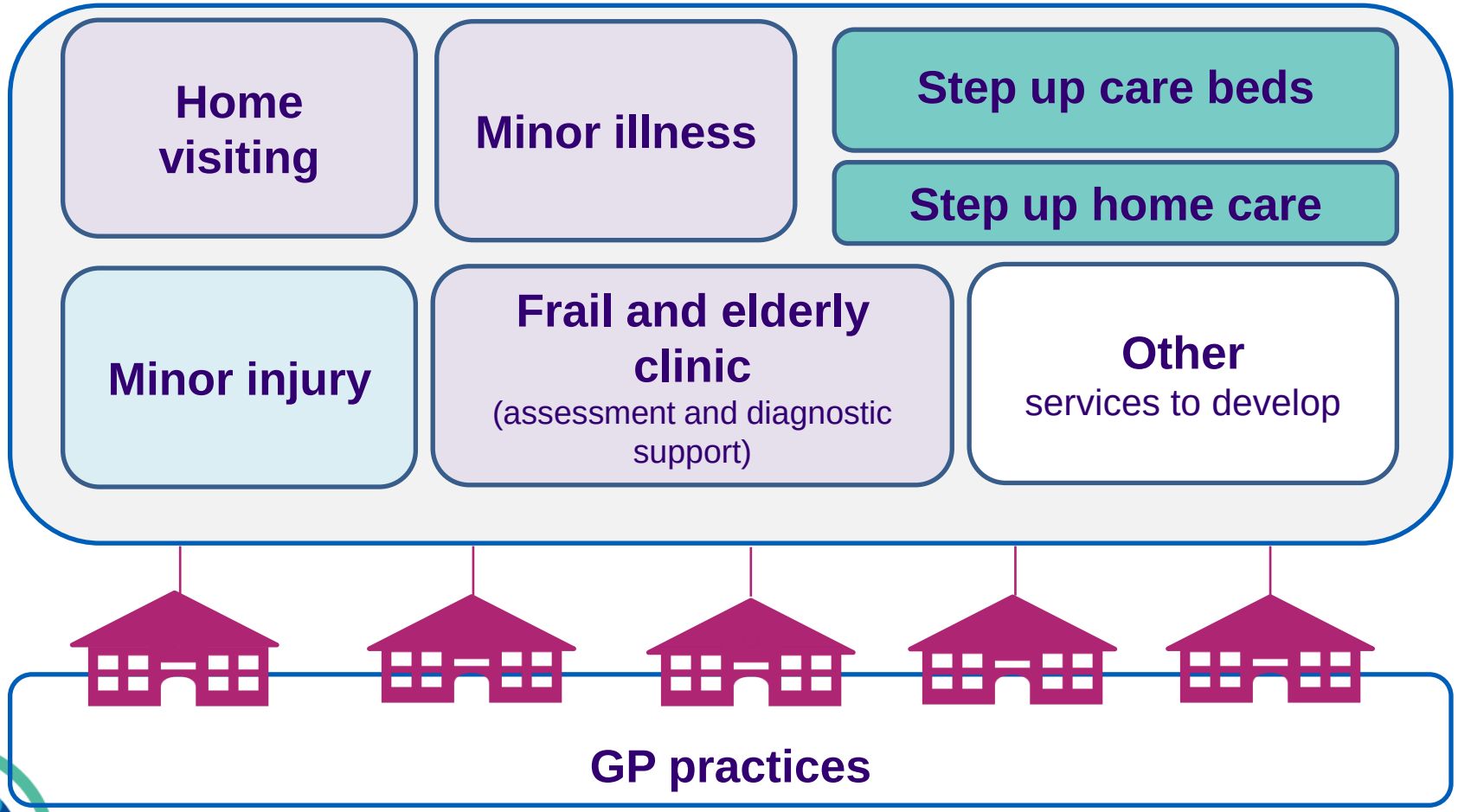
Primary care access centres ('hubs')

- One in each locality – Buckland, RVH, Deal, Hythe/Romney
- Holistic unscheduled care for the whole community
- 4-9 practices per locality
- 8am-8pm weekdays, with weekend access



What we are doing already in South Kent Coast

Primary care access centres ('hubs')



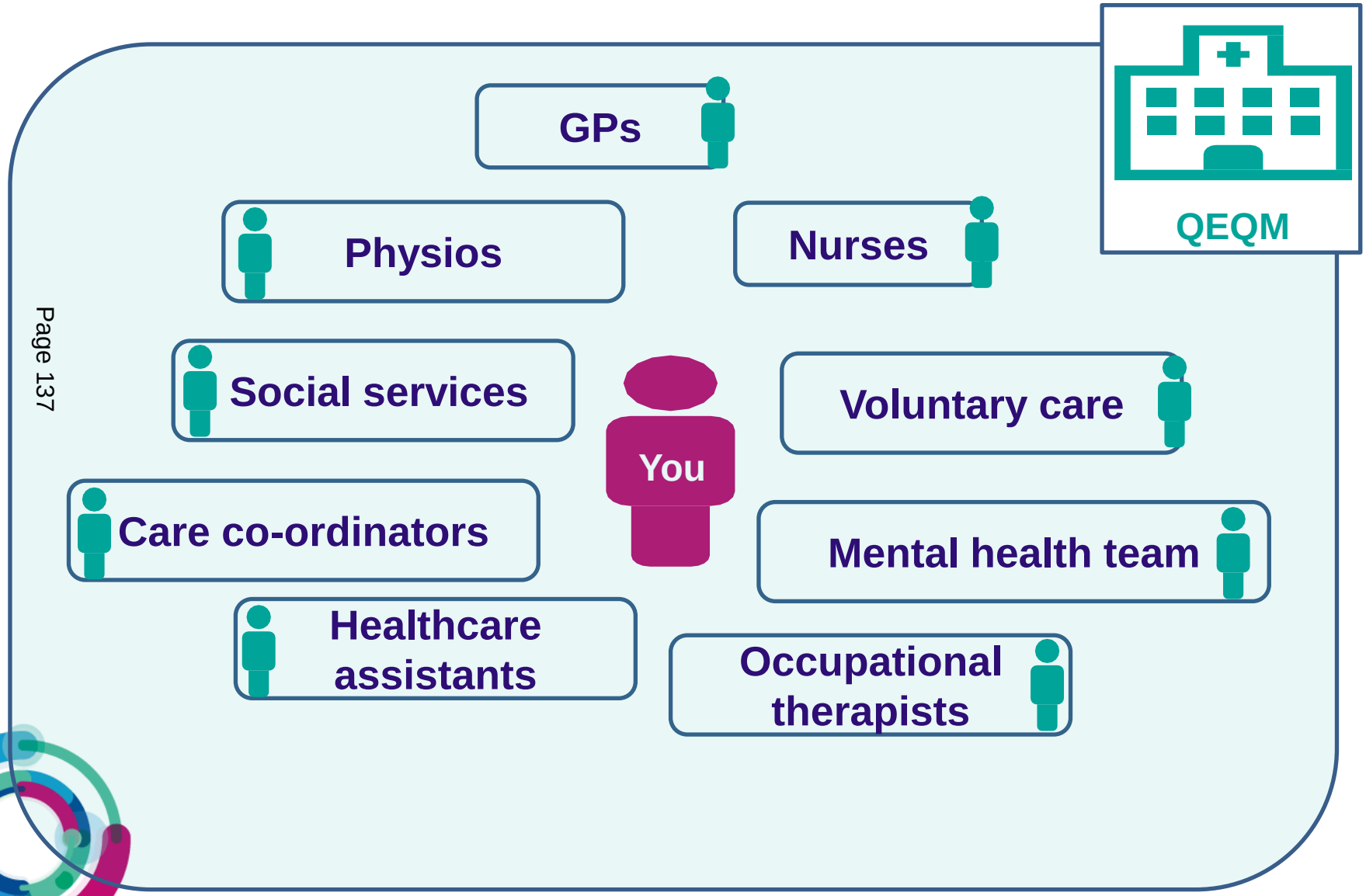
What we are already doing in Thanet

'Primary care home' centres – lots of services, joined-up care

- Four for Thanet – Margate, Ramsgate, Broadstairs, Quex (eastern villages)
- 8am-8pm primary care access for Thanet
- Get the right treatment, from the right specialist, quickly
- Better urgent care services
- Mental health, social care, voluntary sector included
- 'ART' – Acute Response Team for frail people
- 'Esther' approach – what matters to people (not what is the matter with them)

What we are already doing in Thanet

'Primary care home' centres – lots of services, joined-up care



So, the future for local care…

- More **self-care** thanks to better tools, information and services
- **Connected care** from NHS, social care and voluntary sector
- More **treatments locally**
- **Fewer hospital visits**

Get involved

- **Website:** www.kentandmedway.nhs.uk
- **Email:** km.stp@nhs.net

Sign up to receive our newsletter via our website

This page is intentionally left blank

Item 13: Ashford CCG and Canterbury & Coastal CCG: Financial Recovery Plan

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: Ashford CCG and Canterbury & Coastal CCG: Financial Recovery Plan

---

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

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

---

1. Introduction

(a) The East Kent CCGs have asked for the attached report to be presented to the Committee.

2. Recommendation

RECOMMENDED that the report on Financial recovery in Ashford and Canterbury CCGs be noted and an update presented to the Committee in January.

Background Documents

None

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

This page is intentionally left blank

Health Overview and Scrutiny Committee

Ashford CCG and Canterbury and Coastal CCG Financial Recovery Plan Update

1. Introduction

Clinical Commissioning Groups (CCGs) are required annually to ensure that expenditure does not exceed the resource limit provided by National Health Service England.

Recent modelling for the Kent and Medway Sustainable Transformation Programme, indicates that the demand for services is increasing by around 5-6 per cent per annum as a result of population growth, an ageing population, technological advances and rising public expectations.

Funding growth per annum is closer to 2 per cent for the two CCGs.

The imbalance between the increased costs of service and the increases in funding must be bridged by a Financial Recovery Plan based on better value commissioning and savings arising from service transformation and improvement.

In this financial year the Financial Recovery Plan also needs to take account of the impact of savings

This paper sets out the current position regarding the Financial Recovery Plan and identifies immediate actions to address underperformance and lack of delivery where appropriate.

2. Underlying Financial Challenge

The underlying financial challenge to the two CCGs as recognised by the Governing Bodies in July is as follows:

- £23m of QIPP transformation pressures
- £15m of contract dispute risk 16/17 and 17/18

- £3m of unfunded management costs (including STP contribution)
- £2m of KCH move risk (strictly a whole East Kent System risk)

- £43m in total

The CCGs had reserves and expected beneficial budget and resource movements of up to £19m to deploy against these risks if recovery plans became stressed.

In August it was planned that the £43m challenge would be addressed by:

- £16m of transformative QIPPs (STP aligned, local care, long-term conditions and frailty).
- £7m of contract concessions and settlements not being required, (following negotiation and agreement).
- £3m of management cost savings, direct and reduced CSU services
- £2m KCH risk being covered by reducing activity across the health economy
- £15m use of reserves

- £43m in total.

3. Updated Position September

The updated position at the end of September will be published in early October, and the following should be noted:

- The overall challenges are likely to alter; with the management cost gap reducing to £1m and the contract disputes impact dropping to £8m and an additional NHS 111/Out of Hours service risk of £1m being recorded. This would give a revised challenge target of £35m.
- However, the available reserve and expected resource balance uncommitted has reduced to around £12m.
- The recovery actions are also behind plan with the exception of the settlement of contract disputes which is broadly to timetable with the benefit already assumed in the reduced contract challenge figure.
- The QIPP programme in general is considered to be at red status in total and individual project level. The main problem is the absence of implementation plans and clear clinical ownership supported by sufficient project resource.
- Detailed plans to reduce management costs, particularly CSU costs are also behind plan.

The QIPP plan and management cost reduction plan are still retrievable but even with the use of available reserves would only yield a benefit of £17m. With the addition of £12m of reserves the total benefit would increase to £29m leaving a £6m gap, or £4m gap if the KCH issue was truly owned at an East Kent level.

Please note all the figures shown above are initial estimates pending completion of the August accounts.

Please also note that there will be other changes in August to ensure consistence across East Kent in terms of presentation but these changes have no net financial impact.

4. Actions to Remedy Delivery and Address Risk

The summary action table that follows sets out the actions in train and planned designed to address the risks to the financial recovery plan co-ordinated by the CFO/Turnaround Director.

Action	**Status**	**Impact from**
Require all QIPP PIDs to be updated and extended to include critical path and full implementation plan	In train	September
Increase probability of QIPP delivery through shared risk and delivery contract agreement with EKHUFT	In train	October
Improve programme, project management and reporting arrangements through East Kent Project Management Office, using national reporting tools and standard Prince II approaches	In train	September
Further develop East Kent Project Management Office to an all East Kent system approach	Planned	October – December
Secure additional senior project resource address capacity and capability issues	In train	September
Ensure Accountable Care Organisation Interim Lead Directors concentrate on implementation of Financial Recovery Plan	In train	Directors in role from July, all staff by

		October
Bring forward contingency QIPP items, particularly continuing healthcare, medicines management and elective activity initiatives	In train (recently)	October
Bring forward and review NHS Menu of Saving Opportunities items not already in plans if yield warrants	To be launched September	October

5. Driving Delivery and Monitoring Progress

It is intended that the Financial Recovery Plan remains a key part of the following sequence of meetings:

- East Kent Delivery Board, monthly
- Governing Bodies, monthly,
- Finance and Performance Committee, monthly
- Joint East Kent Executive Team, fortnightly,
- Operational Leadership Team, weekly.
- Seek Governing Bodies decision on new actions as necessary.

6. Summary

The following points should be noted:

- **The financial recovery challenge to the two CCGs is significant this year, representing some nine per cent of turnover.**
- **The Financial Recovery Plan is currently behind plan.**
- **Remedial actions are in train to bring the Financial Recovery Plan back on line no later than early November.**
- **Risks to delivery of the £43m target currently stand in the region of £8m - £12m.**

Item 14: Mental Health Rehabilitation Services in East Kent (Written Briefing)

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: Mental Health Rehabilitation Services in East Kent (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent & Medway NHS and Social Care Partnership Trust (KMPT).

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

---

1. Introduction

(a) On 14 July 2017 the Committee considered an update report by Kent & Medway NHS and Social Care Partnership Trust (KMPT) and the East Kent CCGs about the transformation of mental health rehabilitation services in East Kent including the closure the Davidson ward at St Martins Hospital, Canterbury.

(b) The Committee agreed the following recommendation:

- *RESOLVED that:*

  (a) the report on mental health rehabilitation services in East Kent be noted;

  (b) the Chair write to the Trust to request information on outcomes of patients moved from the Davidson Ward to other inpatient rehabilitation units in East Kent and the anticipated outcomes for patients who will be supported by the developing rehabilitation community team.

(c) The Chair wrote to Helen Greatorex, Chief Executive, KMPT on 8 August and her response is attached for information.

2. Recommendation

RECOMMENDED that the letter from KMPT, regarding the outcomes of patients who had been on the Davidson ward, be noted.

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (14/07/17)',* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

Kent and Medway
NHS and Social Care Partnership Trust
Chief Executive's Office
Trust Headquarters
Farm Villa
Hermitage Lane
Maidstone
Kent
ME16 9PH

Tel: 01622 724100
Fax: 01622 724167
Website: www.kmpt.nhs.uk

Sue Chandler, Chair
Health Overview and Scrutiny
Committee
Kent County Council
Sessions House
County Hall
Maidstone
Kent ME14 1XQ

22 August 2017

Dear Sue

Thank you for your letter of 8th August regarding the Committee's concern about the outcomes for patients who had been on the now closed Davidson ward. I would of course be happy to come and meet the Committee should that be helpful but wanted in the first instance to write formally in response to your letter.

Prior to Davidson's closure, there were 9 patients on the ten bedded ward. As you would expect, a careful and detailed assessment of each person's clinical needs and personal preferences regarding move on accommodation was undertaken.

For completeness I have attached the anonymised detail of the discharge destinations for each person. I thought that sharing this level of evidence would be the most helpful source of assurance to the committee. Do please let me know if you would like me to come and meet the committee any point.

Kind Regards

Helen Greatorex
Chief Executive

This page is intentionally left blank

Client Management Update - Davidson Unit Closure

Client	Discharge Destination	Discharge/ Transfer Date	Notes
1010649	Independent Accommodation	07/12/2016	Planned discharge within timeframe
1023302	Inpatient Rehab	28/09/2016	Planned discharge within timeframe
1042730	Inpatient Rehab		Required further period of rehab - did not require high dependancy unit
1009912	Horizons	13/12/2016	Discharge to Horizons supported accommodation as per plan
1007141	Acute	08/12/2016	Transfer to acute service due to client need (despite closure)
1004356	Residential	20/12/2016	Planned discharge to residential care with extended outreach from the service
1076927	Inpatient Rehab	08/09/2016	Transferred to West Kent Rehab as planned - no longer required high dependecy unit
1006345	Residential	20/09/2016	Discharged to residential placement - planned
1144156	Supported Accommodation	19/09/2016	Discharged to supported accommodation - planned

This page is intentionally left blank

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 20 September 2017

Subject: SECAmb Regional Scrutiny Sub-Group (Written Briefing)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided about the SECAmb Regional Scrutiny Sub-Group.

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

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

---

1. Introduction

(a) In September 2016 the Care Quality Commission (CQC) published its inspection report on South East Coast Ambulance Service NHS Foundation Trust (SECAmb) which rated the Trust as 'inadequate' and recommended that it be placed in special measures.

(b) At the request of the Trust, NHS England and NHS Improvement and in recognition of the logistical difficulties of SECAmb reporting to each of the six health scrutiny committees in the Trust's area, a SECAmb Regional Scrutiny Sub-Group was established to monitor the Trust's development and progress against its improvement plan at a separate joint meeting.

(c) At the South East Health Scrutiny Network in November 2016, the Chairs of the health scrutiny committees in Brighton & Hove, East Sussex, Kent, Medway, Surrey and West Sussex agreed the Terms of Reference for the SECAmb Regional Scrutiny Sub-Group.

(d) The sub-group is comprised of two representatives from each of the six health scrutiny committees. The Kent representatives are Mrs Chandler and Mr Angell.

(e) The sub-group has met on three occasions: 20 December 2016, 20 March 2017 and 26 June 2017. The notes of 26 June 2017 meeting are appended to this covering report for information.

(f) The next meeting of the Sub-Group is scheduled for October 2017. There will be an item on bullying and harassment following the publication of the independent report in August and the new CQC inspection report if published in advance of the meeting. The Agenda and papers will be shared with the Committee in advance of the meeting to enable Members to have the opportunity to propose questions for the Kent representatives to ask. The notes of the meeting

will be shared with the HOSC and it is proposed that they are published as part of a future Agenda.

2. Recommendation

RECOMMENDED that the establishment of the SECAmb Regional Scrutiny Sub-Group be noted and the Committee considers the notes of future meetings as part of its Agenda.

Background Documents

None

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
03000 412775

South East Coast Ambulance Service NHS Foundation Trust – Regional HOSCs Sub-Group

Monday 26th June 2017, 2pm-4pm
SECAMB HQ, Nexus House, Crawley

MEMBERS

Brighton & Hove HOSC
Cllr Ken Norman (Chairman)
Karen Amsden (Officer)

East Sussex HOSC
Cllr Colin Belsey (Chair)
Cllr Ruth O'Keeffe (Vice-Chair)
Claire Lee (Officer)

Kent HOSC
Cllr Sue Chandler (Chair)
Vice-Chair (TBC)
Lizzy Adam (Officer)

Medway HOSC/Children's OSC
Cllr Wendy Purdy (Chair, HOSC)
Cllr David Royle (Chair, Children's OSC)
Jon Pitt (Officer)

Surrey Wellbeing and Health Scrutiny Board
Cllr Ken Gulati (Chairman)
Cllr Sinead Mooney (Vice-Chair)
Andrew Spragg (Officer)

West Sussex HASC
Cllr Bryan Turner (Chairman)
Cllr Dr James Walsh (Vice Chairman)
Helena Cox (Officer)

1. Introductions
Cllr Bryan Turner chaired the meeting and invited everyone to introduce themselves.

2. Apologies
Apologies had been received from Cllr Ruth O'Keeffe, Cllr Ken Gulati, Dr James Walsh, Cllr Wendy Purdy (Cllr Teresa Murray substituted), Cllr David Royle, Cllr Sue Chandler (Cllr Mike Angell substituted), Helena Cox.

3. Care Quality Commission (CQC) re-inspection
3.1 Daren Mochrie, the new SECAMB Chief Executive, confirmed that CQC had undertaken a re-inspection w/c 15 May. This had involved 40-50 inspectors looking at 999, emergency services, Hazardous Area Response Team (HART) and 111.

3.2 The Trust has yet to see a draft report but initial feedback was better than the previous year and there were no surprises. CQC saw clear evidence of improvements, robust plans and a Programme Management Office in place, and

recruitment to the new Senior Leadership Team underway. They were particularly positive about 111, which has seen significant improvements since last year, and about care given by staff across the Trust.

3.3 CQC's key areas of ongoing concern were:

- **medicines management** – there is now a robust plan and a new Chief Pharmacist but the Trust still needs to be doing more at speed.
- **recording of 999 calls** (audio recording - important for immediate review or later audit). There have been technical issues in being able to record appropriately which are now almost resolved. This issue does not affect 111.
- the need for speedier roll out of **electronic clinical records** and concerns about whether all details are being captured from paper records. There will be wider benefits from going electronic in passing information to hospitals and GPs and minimising any loss of records. It will also make audit and research easier. The Trust is working on connectivity with the wider system.
- appropriate recording and acting on **serious incidents** (SIs).

3.4 The following issues were covered in response to questions:

- CQC felt staff engagement was much better across the Trust and received positive feedback from unions and governors regarding the Trust's direction of travel. Daren and other senior staff have been getting out to meet staff and spending time on shift with crews. He has not been picking up significant bullying issues but recognises Trust leadership could be better at communicating and engaging with staff. The recruitment of a stable leadership team will also help with staff confidence.
- Professor Lewis's report on bullying and harassment is due by the end of July and will probably raise engagement issues. Daren assured Members that the Trust intends to embrace its findings and recommendations.
- The move to a single Trust HQ may enable more development of teamworking and this may include a social element.
- One of the areas the Trust is reviewing in detail is recording of SIs and use of Datix, which can be a good system for incident and risk management. SECAMB has found difficulties getting Datix working but now has a new Datix manager who has started addressing the issues. This is in addition to doing wider work on learning from incidents which is making progress.
- There was an aspiration to move out of special measures within 18 months – 2 years and CQC and NHS Improvement are keen to support trusts to move on but also to ensure that progress is sustainable. The Trust will look at the outcome of the latest inspection and the next steps from that point. If remaining in special measures the Trust will take advantage of the additional support this brings.
- CQC's process for sharing its findings will be as before – a formal report and Quality Summit probably in early September. HOSC Chairs will be invited.
- The roll out of ipads to staff has been done incrementally to ensure staff are trained and they are used properly. Their primary use is for the clinical record and this is the initial focus.
- SECAMB uses 5 or 6 private contractors to provide additional capacity at times of peak demand via an agreed framework, not ad hoc arrangements. The Trust monitors their performance and has been reviewing how appropriate assurance of standards is obtained. CQC also regulates private contractors but at a different

level to NHS Trusts and the Commission is currently looking at how they regulate these providers.

Action: HOSCs to be informed when Prof. Lewis's report is available.

4. Quality Improvement Plan (QIP) progress

4.1 Jon Amos, Interim Director of Strategy & Business Development, advised that SECAMB is starting to incorporate initial feedback from the recent CQC re-inspection into the QIP and will fully update it when the formal report is received. The key areas of challenge had already been highlighted and discussed in item 3 above.

4.2 The following additional points were made in response to questions:

- The additional time allocated to complete some actions reflects a balance between fixing immediate issues raised by CQC and then tackling wider issues which subsequently emerge. New issues have been added to the QIP as they are picked up by the Trust's governance systems and it is positive that these are being picked up internally.
- The medicines management issues are not related to significant concerns about the use of drugs. CQC are highlighting how the Trust can improve safe and consistent management, storage and efficient use of drugs. This is challenging for SECAMB as drugs are held in many diverse locations. The Trust now has a medicines optimisation plan, which includes ensuring legal requirements are met in relation to controlled drugs.
- The most challenging and long term actions are around meeting performance targets because this is partly linked to demand outstripping resource and some targets being outdated. In addition, embedding cultural change and sustainable change to management of medicines and SIs will take time.

5. Performance

5.1 Jon Amos introduced the paper which provided data for the period to the end of May 2017 and which would also be considered by the Trust Board this week.

5.2 The following headlines were highlighted from each section of the report:

Finance and workforce

- SECAMB has moved from 4 to 3 on financial rating which is linked to a reduction in use of agency staff and ensuring there are the right skills in place internally. The move to Crawley may be helping with recruitment of entry level roles, some of which now have a waiting list. But some specialist roles remain difficult to recruit. The increased vacancy rate reflects a recent increase in establishment as new permanent roles have been created.
- A new on line appraisal and 121 system will be rolled out to all staff by autumn 2017 – this will help to ensure they are recorded rather than relying on people uploading paper versions. Ipads can be used as part of this and the new team leader role will include time to do appropriate supervision on shift with staff. It will also roll out to volunteers in the next 18 months. The Trust is also changing how training is recorded to a rolling basis rather than starting from scratch each year.

Operational performance

- Performance reflects the improvement trajectory agreed with commissioners and regulators. This trajectory has a slight dip in Q2 reflecting the introduction of the new CAD which will have a short term negative impact but long term gains.
- Activity is up on last year but not as much as expected.
- Ongoing challenges around hospital turnaround. Good progress has been made with some Trusts which has demonstrated the benefit of strong focus – SECAMB will be sharing this work more widely. The impact of handover delays has been estimated at 7-8% effect on performance.
- There was a dip in May on the call pick up target, driven by committing time to training on the new CAD – each member of staff needs a week's training in a short period of time. Expect this to pick up quickly as new system comes in.
- 111 - slight dip in call answer performance in May – also reflected nationally, which may reflect bank holiday weekends but there was good planning for these. An increase in late evening calls may be related to Ramadan and the Trust will be looking to reflect this in future plans.

Clinical effectiveness

- ROSC performance is good but this does not seem to be translating into people surviving to hospital discharge. This may be a data issue which is being investigated with commissioners – there have been changes to the way data is obtained and it has required manual follow up for patients who have survived as there is no consistent recording across Trusts. There may also be variation in outcomes between acute hospitals. Some areas are starting to develop specialist centres for cardiac services and when the data is clearer SECAMB will discuss with clinical networks.
- Stroke – performance is slightly less timely on getting people to hospital but SECAMB is increasingly taking people longer distances to specialist centres.
- Clinical outcome data lag will reduce as electronic record comes in.

Action: group to receive follow-up information on the investigation into cardiac survival to discharge data.

Quality and safety

- The increase in the number of incidents is positive due to increased reporting.
- Complaints are significantly down – this is linked to the transfer of PTS in Surrey to SCAS.
- Timeliness of response to complaints has improved significantly – almost at target. The process is much improved.
- Safeguarding referrals – some changes are linked to PTS changes.
- Level 3 safeguarding training is slightly behind plan – there is a process in place to improve but this does impact on front line resource – an extra day has been allocated for training this year.
- The complaints category 'concerns about staff' is often related to staff attitude. Trusts do a lot of work around how best to communicate in stressful situations, but there can be alcohol involved or a mismatch between expectations and reality e.g. Trusts don't always dispatch an ambulance and need to explain how this approach is better for people.

- Clinical audit is mostly internally led by the medical department (separate from front line), but is checked by the external audit firm.

Finance

- Challenging year: £15m (7% of turnover) is needed in efficiencies to put additional resources where needed. SECAMB is further behind acute trusts on making efficiencies so there may be some easier savings still to achieve. The Trust is working with regulators and commissioners to assist on areas like handover delays and performance trajectories and ensuring efficiencies can be made safely.
- Savings targets are set by regulators and the Trust will make the case as needed to regulators for flexibility in return for improvements.
- The Trust has a 2 year contract with commissioners to April 2019 but is discussing amendments to this.

6. Surge management plan

6.1 Jon Amos advised that review and revision of the draft plan continues and that trials were undertaken during recent hot weather. The aim is to prioritise limited resources appropriately during peaks and making this more of a routine procedure as needed. It represents a significant change to past ways of working.

6.2 Jon confirmed that the plan will go to the Board once finalised and can be brought to the HOSCs group at the same time.

Action: Surge Management Plan to be brought to future HOSCs Sub-Group meeting when available.

7. Strategy

7.1 Jon Amos explained that the paper would be considered at a part 2 Board meeting this week but is also being shared with stakeholders for any general feedback. It sets out the general direction for the Trust but there will be a further detailed delivery plan to add an additional layer e.g. as the national ambulance response programme is finalised and other information becomes available.

7.2 Jon clarified that there would not be a formal consultation on the strategy but that it had drawn on a lot of work with CCGs and patient groups. It does not represent a major change of direction, more a reassertion and communication of the Trust's existing direction of travel.

7.3 It was noted that SECAMB covers 4 STP areas which is challenging, but is less complex than the 22 CCGs areas also covered by the Trust.

Action: any comments on the draft strategy to be sent to Jon Amos, particularly in relation to any local issues.

8. Next meeting

8.1 It was agreed to arrange a further meeting in early October to coincide with the release of the CQC report. This would be the primary focus of the meeting, along with updated QIP and performance report. A tour of the building will also be included.