HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 21st September, 2018

10.00 am

Council Chamber - Sessions House, Maidstone, Kent, ME14 1XQ

Kent County Council
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AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 21st September, 2018, at 10.00 am
Council Chamber - Sessions House

Ask for: **Jill Kennedy-Smith**
Telephone: **03000 416343**

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

Membership

Conservative (11):	Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), 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 P W A Lake, Mr K Pugh and Mr I Thomas
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
District/Borough Representatives (4):	Councillor J Howes, Councillor M Lyons, Councillor D Mortimer and Councillor M Peters

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UNRESTRICTED ITEMS

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

Item Timings*

1. Substitutes

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

3. Minutes

4. Medway NHS Foundation Trust (Financial Recovery Plan, CQC Inspection Report & Creation of a Pathology Network) (Pages 5 - 26) 10:00

5. Children & Young People's Emotional Wellbeing & Mental Health Service (Pages 27 - 48) 10:45

6. NHS Preparations for 2018/19 Winter (Pages 49 - 56) 11:30

7. NHS West Kent CCG: Edenbridge Primary and Community Care (Written Update) (Pages 57 - 60)

BREAK (12:30 - 13:30)

8. East Kent CCGs - Special Measures (Pages 61 - 66) 13:30

9. Transforming Health & Care in East Kent (Pages 67 - 86) 14:15

10. Review of the Frank Lloyd Unit in Sittingbourne (Written Update) (Pages 87 - 90)

11. Date of next programmed meeting – Friday 23 November 2018

    Proposed agenda items:

    - Dartford & Gravesham NHS Trust
    - Patient Transport Service
    - Kent & Medway STP: Update
    - SECAmb
    - Healthwatch Kent: Annual Report

EXEMPT ITEMS

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

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

13 September 2018

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

Item 4: Medway NHS Foundation Trust (Financial Recovery Plan, CQC Inspection Report and Creation of a Pathology Network)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: Medway NHS Foundation Trust (Financial Recovery Plan, CQC Inspection Report and Creation of a Pathology Network)

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

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

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1. Introduction

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

(b) The Trust was last considered by the Committee in June 2018 as part of the Committee's review of acute services, whereby the committee requested that the Trust 'be requested to provide a detailed report to the Committee on its financial recovery plan at the earliest opportunity.'

(c) In addition to the financial report, the Trust have submitted a report on the review of pathology services across Kent and Medway. The review, undertaken by provider NHS Trusts across the county is about creating a single service in response to the National Pathology Network Strategy. Lesley Dwyer, Chief Executive of Medway NHS Foundation Trust is the Chair of the Pathology Review Steering Group.

(d) The provider trusts involved in the review are:

- Medway NHS Foundation Trust
- Dartford and Gravesham NHS Trust
- East Kent Hospitals University NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust.

(c) The Trust has asked for the attached reports to be presented to the Committee:

Trust's Report	pages 7 – 11
Trust's Financial Report	pages 13 - 22
Proposals for a Single Pathology Service for Kent and Medway	pages 23 – 26

2. Recommendation

RECOMMENDED that the reports be noted and Medway NHS Foundation Trust be requested to:

(a) provide an update at the appropriate time;

(b) with relevant partners, provide an update on the Single Pathology Service for Kent and Medway in January 2019 following completion of the full business case.

Background Documents

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

Kent County Council (2018) 'Health and Overview and Scrutiny Committee (08/06/2018)',https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7918&Ver=4

Contact Details

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Transformation plan – Better, Best, Brilliant – progress report

1. CARE QUALITY COMMISSION REPORT

1.1. The CQC published its report into services at the Trust in July 2018 following an inspection of our core service in April and May of this year.

1.2. The CQC rated the organisation as 'requires improvement'. This is the same as last year, when the Trust's rating was increased from 'inadequate' and we exited special measures.

1.3. The report highlighted a number of areas of outstanding practice in the care provided at the Trust.

1.4. The rating for Surgery at the Trust improved in the caring domain from 'requires improvement' to 'good'.

1.5. For the first time the Trust was assessed for its use of resources and was rated 'inadequate', reflecting our long-standing financial deficit. We were rated as 'requires improvement' in the well-led domain.

1.6. We are pleased that despite a very challenging winter we retained our overall 'requires improvement' rating. Most importantly of all, we are delighted that the CQC noted our continued and sustained improvements to patient safety in their report.

1.7. Our Better, Best, Brilliant improvement programme is already helping us address those areas where we needed more focus. We must now pick up the pace to transform services. We have acknowledged the significant long-standing financial challenges we have and we are working with our partners to address these as part of a system-wide approach.

1.8. We have developed an action plan to address the issues raised and identified by the CQC in 'must do' and 'should do' actions.

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

2.1. Work to transform services to create a better patient experience, and to become more efficient and sustainable, continues at pace.

2.2. Under the umbrella of 'Better, Best, Brilliant' we have launched a number of targeted projects, including a trust-wide programme to address patient flow which includes length of stay. We have a longer length of stay in some areas than other trusts, and

while this is in part due to factors outside our control, there is much we can do to address the issues.

2.3. We are focusing on embedding criteria-led discharge, speeding up medicines to take home and ensuring that we are maximising our use of technology in order to work more efficiently.

2.4. Our aim is to reduce length of stay by two days over the next eight weeks. This will reduce the occupancy within the hospital, but also free up capacity to support flow in readiness for the winter period

2.5. We are also prioritising initiatives within our emergency department to improve performance against the four-hour access target. We are focusing on the root causes of our failure to meet the target including ambulance handovers, ambulant patients, an escalation plan for dealing with a full ED and specialty referrals.

2.6. We continue to work on creating efficiencies in line with the Model Hospital which compares hospital data across the country.

2.7. We are also reviewing and refining our services as we position ourselves within Kent and Medway as a specialist emergency centre.

2.8. At the time of writing this report we are awaiting the announcement of a preferred option for the location of hyper acute stroke units in Kent and Medway. The Trust has made a strong case to be a HASU, with wide support from stakeholders. However, we have made a promise that wherever the HASUs are located, we will continue to do our best for patients, and in the meantime we continue to improve services for stroke patients at the hospital.

3. CULTURE

3.1. This year we have engaged our staff in redefining the culture of the organisation. This is key to achieving the changes needed to achieve our vision of becoming a brilliant organisation.

3.2. We have provided regular opportunities for our staff to share their feedback about working at the Trust.

3.3. It's important that we listen to and act on this feedback if we are to truly create the best culture.

3.4. We have launched a programme called 'You are the Difference", run by an acclaimed motivational coach who has worked with a number of big brands.

3.5. The programme will seek to build upon the passion and commitment of staff as well as addressing issues and behaviours which can hinder them. We are aiming to ensure that at least 2,500 members of staff (and all managers) receive coaching through bespoke workshops and a cultural ambassador programme.

4. FINANCE

4.1. The Trust has a long-standing financial challenge, and a large deficit. Our control total agreed with our regulators for 2018/19 is £46.8 million.

4.2. In order to meet this total we must make savings of £21million this year. We have a financial recovery plan in place to deliver this, but it will not be easy.

4.3. We are working closely with our health and social care partners in the Medway health economy and together we are developing a plan to achieve the constitutional performance targets and to return the Medway health system to financial balance within three years.

4.4. It is very important that our performance improvements and financial savings go hand in hand – patient safety and quality of care are our top priorities and we will not compromise on them.

4.5. We have a shared plan which identifies key priorities for service improvements that will help create a more financially sustainability healthcare system in Medway, covering local care, urgent care, GP improved access, and the transformation of outpatients.

4.6. Work has been carried out to understand the drivers of the deficit in Medway so that we can make changes that will address what is a historic structural deficit.

4.7. Through this work we know that one of the biggest drivers is inefficiencies in staff skill mix, the average length of stay and overall productivity at the Trust, and these are all covered in our transformation plan, Better, Best, Brilliant.

4.8. Through the combined efforts of our improvement plan and the system-wide Medway transformation initiatives we are determined to make the hospital sustainable for the benefit of our local community.

5. OUR CONSTITUTIONAL STANDARDS

5.1. Our July performance against the four-hour target for patients to be seen, treated and admitted or discharged in our Emergency Department increased to 85.53 per cent (from 80.62 per cent). We expect further improvement once changes as part of our Better, Best, Brilliant improvement plan have been embedded

5.2. We are performing well in relation to cancer, with compliance across against all 31 day and 62 day GP referral and screening standards

5.3. For surgery the target for the number of people waiting less than 18 weeks from referral to treatment is 82.52 per cent.

6. WORKFORCE AND VACANCIES

6.1. The Trust continues to build a recruitment pipeline in order to ensure that we have the right number of staff, in the right roles to deliver brilliant care to our patients.

6.2. We have a targeted recruitment campaigns to attract local and international nurses.

6.3. The Trust's nursing recruitment campaigns, including local, national and international, have delivered a total of 383 candidates to date.

6.4. Thanks to our in-house bank, July's agency spend has reduced to its lowest level in more than four years.

7. CHANGES TO THE EXECUTIVE TEAM

7.1. There have been some changes to the Executive Team. Firstly, Dr Diana Hamilton-Fairley has moved from her role as Medical Director to take up a new position at the Trust as the Director of Strategy. Thanks to Diana and her brilliant work as MD since she joined us from Guy's and St Thomas' NHS Foundation Trust, we have become a much safer organisation. This is in no small part down to her inspiring leadership and her unwavering commitment to improving quality and safety for our patients.

7.2. Diana will work alongside James Lowell who has moved from his role as Director of Clinical Operations for Unplanned and Integrated Care, to become Director of Planning and Partnerships.

7.3. Dr David Sulch, a very experienced stroke consultant, has stepped into the Medical Director role as an interim replacement for Diana while we seek to appoint a permanent Medical Director.

7.4. Additionally, our Director of Finance and Business Services, Tracey Cotterill, has decided to step down from her role and will leave the Trust in the autumn. We do have in place some transition arrangements and have begun recruitment to the role.

8. EMPLOYER WITH HEART CHARTER

8.1. We are proud to announce that we have become the first NHS Trust in England to sign up to the Smallest Things 'Employer with Heart' Charter, pledging our commitment to support the needs of premature babies and their families.

8.2. Current NHS terms and conditions afford new mums whose baby has been born prematurely to split their maternity leave, allowing them to take two weeks' leave immediately after childbirth, and the rest following their baby's discharge from hospital. One in eight babies is born prematurely and subsequently parents have a reduced time to bond with their baby. The period from birth to discharge for babies born prematurely is typically several weeks, or even months.

8.3. The Trust has therefore taken the step to support new mums in this period by committing to ensure they receive their normal pay up until the point that their maternity pay commences.

9. NHS70

9.1. The celebrations held at the hospital to celebrate NHS 70 in July provided an opportunity to engage with our community and patients and for staff to express a sense of pride and team spirit.

9.2. The summer fair on 7 July was a tremendous success with staff and local residents taking part. The event provided an opportunity for us to showcase a number of our services to the community and raised more than £2,500 for the hospital charity.

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NHS
Medway
NHS Foundation Trust

Financial update

21 September 2018

Best of care
Best of people

Better Best
Brilliant

Executive Summary - Context

The health and social care partners in Medway Health economy are developing a plan for achieving the constitutional performance targets and to return Medway Health System to financial balance within 3 years.

The 2018-19 plan considers the interventions planned to deliver improvements to operational performance trajectories in line with the constitutional targets. It further considers the financial improvements necessary to meet the overall control total for the system.

The medium term plan section looks in more detail at how changes across the system can help bring the organisations back to financial sustainability.

The key delivery tools are covered in detail throughout the system plan but can be summarised into the following headings:

1. Local Care
2. Urgent Care Pathway
3. GP Improved Access
4. Transforming Outpatients
5. Efficient working: Right Place, Right time (GIRFT/Right Care/Model hospital)
6. Consolidation of the provider market

Executive Summary – The scale of the financial challenge

In order to return to balance, Medway and Swale will need to transform the way it works.

Based on STP planning assumptions, if no intervening action were taken, the System's deficit was forecast to grow to more than £108 million by 2021.

Kent and Medway STP - Strategic Financial Framework

Summary		FY_1718	FY_1819	FY_1920	FY_2021
	Income	365,195	374,648	384,569	401,285
NHS MEDWAY CCG	Expenditure	366,864	378,664	390,791	406,198
	Balance	**(1,669)**	**(4,016)**	**(6,222)**	**(4,913)**
	Income	144,433	148,319	152,409	159,138
NHS SWALE CCG	Expenditure	155,957	161,593	167,407	174,630
	Balance	**(11,524)**	**(13,274)**	**(14,998)**	**(15,492)**
	Income	286,912	296,499	306,410	319,160
MEDWAY NHS FOUNDATION TRUST	Expenditure	349,281	368,137	386,217	407,153
	Balance	**(62,369)**	**(71,639)**	**(79,807)**	**(87,992)**
CCG Surplus/(Deficit)	Balance	(13,193)	(17,290)	(21,220)	(20,405)
Provider Surplus/(Deficit)		(62,369)	(71,639)	(79,807)	(87,992)
System partners		**(75,562)**	**(88,929)**	**(101,027)**	**(108,397)**

Source: Kent and Medway STP modelling StFF Nov 2017

Executive Summary – Key Risks

The principal risks to operational and financial recovery across the system are increasing demand, inter-organisational priorities, and insufficient staff engagement and ownership

The recovery plan requires each system partner to deliver their elements in full.

The proposed contract assumes a national level of activity growth. The assumptions within the contract are that there will be no income generation schemes in 2018/19 and where there are changes planned they will need to formally agreed through the contract process. Equally commissioners will not be assuming fines/penalties/challenges in the plan but will calculate the values for discussion and handling strategies.

In order to achieve the ED waiting times target, there has to be a reduction in presentations that can be managed elsewhere in the system.

Cost Improvements and Quality, Innovation, Productivity and Prevention Plans are significant when considered across the system, particularly in 2018/19.

Annual CIP/QIPP	2018/19 £'000	2019/20 £'000	2020/21 £'000	TOTAL by Org £'000
MFT CIP	21,021	14,000	14,000	49,021
MCCG QIPP	10,138	10,442	10,755	31,336
SCCG QIPP	5,617	5,786	5,959	17,362
Total CIP/QIPP by year	36,776	30,228	30,714	97,718

Given the scale of change required, the plan cannot be delivered without clinical ownership and leadership from primary care through secondary and tertiary as well as social care. Engagement with the whole workforce is essential and the system is using the governance structure that sits beneath the Medway Transformation Board to facilitate this.

Training, recruitment and retention has to be a key focus to enable delivery of the plan. The CCGs are working with GPs to deliver improved access and to ensure the future workforce is developed in line with future need. Similarly, the Trust has a number of clinical vacancies and is aiming to change the skill mix for delivery of the evolving pathways and implement novel solutions to the recruitment dilemma.

History – 2012 to 2018 – MFT Financial History

Detailed information shows that temporary staffing costs peaked in 2015/16 and have begun to reduce

A detailed breakdown of income and costs over the period shows the following:

- Both clinical and non-clinical income increased over the period.
- This increase was outweighed by increasing costs, particularly increasing pay costs.
- Temporary staffing costs contributed to increasing pay costs, reaching £41.5 million (21.4% of pay costs) in 2016, before falling to £37.9 million (18.0% of pay costs) in 2017.
- Pay consistently makes up around 2/3 of expenditure.

Financial Position Excluding STF	FY18A	FY17A	FY16A	FY15A	FY14A	FY13A	FY12A
	£m	£m	£m	£m	£m	£m	£m
Total revenue from patient care activities	242.0	251.6	231.8	223.2	220.6	212.1	202.9
Other operating income	24.7	25.3	23.0	32.2	32.1	25.3	24.5
Total income	**266.7**	**276.9**	**254.8**	**255.4**	**252.7**	**237.4**	**227.4**
Pay costs	-210.9	-213.1	-197.6	-182.8	-166.4	-151.9	-148.2
Non pay costs	-109.6	-104.9	-95.5	-89.8	-83.6	-74.0	-66.2
Total operating costs	**-320.5**	**-318.0**	**-293.1**	**-272.6**	**-250.0**	**-225.9**	**-214.4**
EBITDA	-53.8	-41.1	-38.3	-17.2	2.7	11.5	13.0
Total non-operating expenses	-12.3	-12.5	-14.2	-13.3	-12.9	-13.3	-13.6
Net surplus/(deficit) before revaluation	**-66.1**	**-53.6**	**-52.5**	**-30.5**	**-10.2**	**-1.8**	**-0.6**
Revaluations/ Impairment adjustment	10.5	3.4	-11.6	13.6	2.4	-0.1	1.7
Surplus/(deficit) after impairments	**-55.6**	**-50.2**	**-64.1**	**-16.9**	**-7.8**	**-1.9**	**1.1**
Key ratios							
EBITDA as a % of total income	-20.17%	-14.84%	-15.03%	-6.73%	1.07%	4.84%	5.72%
Net deficit as a % of total income	-24.78%	-19.36%	-20.60%	-11.94%	-4.04%	-0.76%	-0.26%
Pay as % of total expenses	65.80%	67.01%	67.42%	67.06%	66.56%	67.24%	69.12%
Pay as % of total income	79.08%	76.96%	77.55%	71.57%	65.85%	63.98%	65.17%
Substantive (including Bank)	195.9	172.6	163	158.9	142.6	138.1	135.6
Agency	17.8	40.5	34.6	23.9	23.8	13.8	12.6
Total pay costs	**213.7**	**213.1**	**197.6**	**182.8**	**166.4**	**151.9**	**148.2**
% agency of total	8.33%	19.01%	17.51%	13.07%	14.30%	9.08%	8.50%

Source: Medway NHS Foundation Trust Annual Reports, 2012-2018

History – 2012-2018 – Drivers of the Deficit

Resolving the drivers of the deficit is essential if Medway and Swale are to returning to financial balance.

Each partner organisation has differing drivers, and it is essential that activity is counted and coded accurately to ensure the full extent of the service is understood, and what service change is therefore required to resolve the financial pressures. The solution is not in moving the deficit between organisations, but by understanding where the deficit is truly being driven, the system has the best chance of managing the issues.

Analysis has shown that there are 3 primary components to that deficit:

1. Efficiency and Productivity – Reference Costs for 2016/17 indicate £23m of cost could be reduced in acute care by reviewing staff skill mix, average length of stay and overall productivity.
2. Services Portfolio – It is recognised that Payment by Results is not aligned to service costs, and there are a number of services which are therefore not fully compensated via national tariff. MFT estimates the national average cost of the services delivered is £20m less than the PbR value attributable.
3. Coding and Counting – Historically MFT has not been good at capturing activity and managing its contracts with commissioners and therefore there are a number of contractual gaps and adjustments which mean the Trust is not paid for all of the work it undertakes.

The MFT contract is the prime source of financial risk to Swale CCG, with both activity growth and lack of QIPP delivery more than contributing more than the reported deficit of £3m for 2017/18.

That risk continues in 2018/19 particularly with the uncertainty around the contract type. This is already contributing £2m unmitigated risk to the CCG, with further risk still to be determined.

2018/19 plan – Operational Delivery

The system Transformation Board is focused on the implementation of:

1. Local Care
2. Urgent Care Pathway
3. GP Improved Access
4. Transforming Outpatients
5. GIRFT/Right Care/Model hospital – Right place, Right time
6. Consolidation of the Provider market

Local Care
The Medway Model for local care is in line with STP local care principles. Programme board has been established, commissioning and supporting teams are in place, and patients have been identified within each local care team.

GP Improved Access
Minor illness clinics introduced in 2017/18 have provided an additional 30k appointments, this model will be used to deliver Improved Access of an additional 47k appointments from healthy living centres from October.

GIRFT/Right Care/Model hospital
Analysis at specialty level to identify model hospital efficiencies, as well as utilising GIRFT to reduce unwarranted variation. Right Care analysis at specialty level is informing pathway changes for patients to improve efficiency of access and reduce cost.

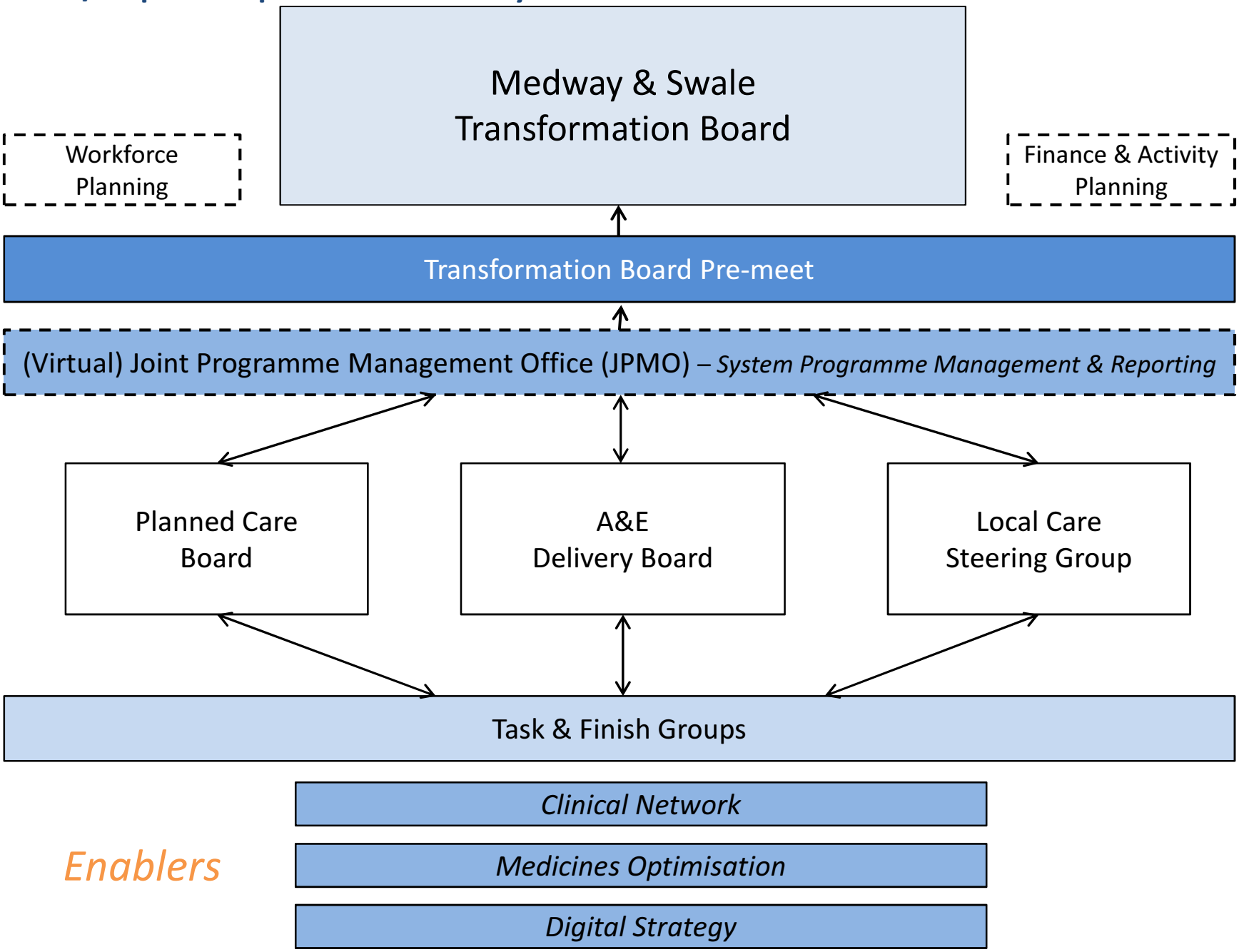
Urgent Care Pathway
Co-location of services into an urgent treatment centre on the MFT site, including primary care walk-in, mental health assessments, care navigation, social care and some community services eg DVT.

Transforming Outpatients
Introduction of eReferral, advice and guidance, referral criteria, clinical peer review, self care, revised model for long term condition follow up care to be built into local care delivery, and hot clinics for new referrals.

Consolidation of the Provider market
Secondary effect of eg local care is to enable reclassification of resources at the acute site and facilitate repatriation of outsourced activity, and providing care closer to home for the non-specialist acute activity currently provided out of area.

Source:

2018/19 plan – Operational Delivery – Governance Structure



Return to Balance – System Wide Solutions

System Wide Solutions – IT Infrastructure

Medway and Swale have not kept pace with digital technology and this is hampering improvements to patient care pathways and the quality of care delivered. It is essential that the system work cohesively to adopt new ways of working that will release resources and improve productivity. The STP is co-ordinating a Kent Care Record, but in order to be part of the solution, it is necessary to have electronic records that can be incorporated. Currently much of the Medway and Swale patient records are paper based and this will need to change over the next 2-3 years. The key projects in place are as follows:

- Completion of the implementation of eReferrals – including defined referral protocols, Implementation of the Advice and Guidance Access – reduction in outpatient referrals
- Completion of the roll out of Order Comms for Radiology and Pathology – this will reduce duplicate tests as well as digitising the system
- Implementation of ePrescribing
- MFT to introduce electronic document management system with clinical notes – ultimately aiming for full electronic patient records
- Scan 4 Safety National Initiative

System Wide Solutions – Estate Infrastructure

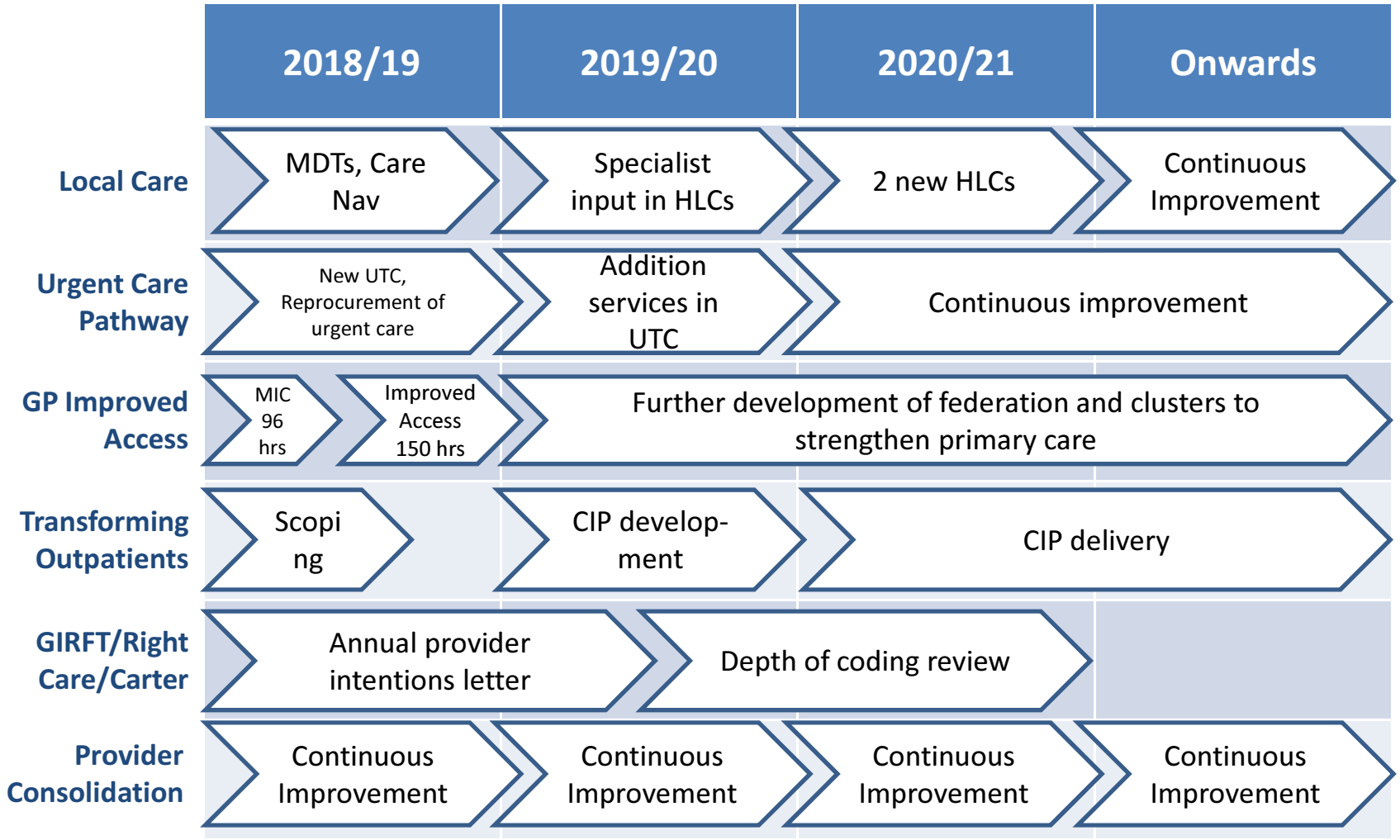
One of the key challenges facing Medway and Swale is the requirement to invest in the estate to support the Local Care initiative, provide appropriate community based services, and repurpose elements of the acute site to increase capacity and improve/upgrade facilities for those services requiring secondary care - for example:

- Completion of the major capital project to expand the Emergency Department at MFT
- Complete review of all services to identify the optimum setting – community or acute - to inform the system estate strategy, including office accommodation for corporate support functions.
- Wave 3 capital funding of £15m secured for 2 new healthy living centres – anticipated to come online April 2020
- Wave 3 capital funding of £1m secured for development of a new Urgent Care Front Door Model – anticipated to come online March 19
- Rationalisation of the MFT site to co-locate services, provide scale for the those services which require an acute setting and free up aged accommodation which has high backlog maintenance attached as well as being inefficient to run.

Source: Outsourcing Data provided by commissioners . Savings opportunities from STP modelling. MFT outsourcing from SLAM

Next Steps – Delivery Plan

This Gantt Chart shows the process by which each component of system recovery will be delivered



A SINGLE PATHOLOGY SERVICE FOR KENT AND MEDWAY

1. EXECUTIVE SUMMARY

1. Pathology services are in need of change driven by local factors in Kent and Medway, and the national programme.

2. The Chief Executives of the four acute provider trusts in Kent – Medway NHS Foundation Trust, East Kent Hospitals University NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, and Dartford and Gravesham NHS Trust – have signed up to a shared vision, goal and key principles for the creation of single pathology service for Kent and Medway. This is about creating a more vibrant, self-sufficient service which meets the needs now and in the future, and is affordable for trusts.

3. A clear timetable has been set, and a project structure is in place with a steering group and project team which actively involves pathology leaders and trust representatives. The steering group is chaired by Lesley Dwyer, Chief Executive at Medway.

4. The project is building on the success of closer partnership working over the last few years in the Kent and Medway pathology services.

5. Staff within the existing pathology services are valued and there is a commitment to support them, and to promote the single service as a great place to train, work and research in pathology.

2. DRIVERS FOR CHANGE AND CHALLENGES

2.1. There is a requirement to create a single service in response to the National Pathology Network Strategy.

2.2. The network must be clinically led.

2.3. It is important to recruit and retain high calibre staff at all levels throughout this process. Attracting and retaining staff is a priority.

2.4. Kent and Medway has an ageing pathology workforce, and it is likely there would be difficulties sustaining the current configuration.

2.5. Technology platforms are ageing, so investment would be required. The review enables a strategy to transform the technological capability within Kent and Medway.

2.6. The rise of artificial intelligence and new technologies means ‘no change’ is not an option. The direction of travel within pathology is towards consolidation due to the

technology and workforce impacts within the service. This will see a more effective and efficient way of delivering pathology services. Meanwhile, a continual rise in the demand for the service, and new testing platforms, will require investment to deliver high quality patient care in our hospitals and wider community.

2.7. Developments in molecular diagnostics present challenges and new opportunities.

2.8. There is a financial imperative to work with commissioners to provide a responsive and cost efficient service for the future.

3. THE GOAL OF THE SINGLE PATHOLOGY SERVICE

3.1. The goal of the single service is:

- The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services, embracing new technologies and diagnostics requirements of primary and secondary care.
- It will become a nationally leading pathology service in the areas it concentrates on by 2030 and the best place to learn, work and participate in research.
- The service will deliver a net £5.6million reduction in its own costs from 2017/18 and net of any investment in the new single service. This will be secured by 2020/21 and will be net of individual trust efficiency requirements for 2018/19 - 2020/21 for the pathology services.

4. STAFF ENGAGEMENT

4.1. Staff are being kept informed throughout the process, with regular updates on progress. Project leaders are working in partnership with unions to engage and involve staff.

4.2. There are planned discussions to consider how we can further develop this important part of the programme as we are now moving into a more detailed phase of the work.

4.3. The project is building on the experience of partnership working in pathology over the last few years, and leaders are keen to work closely with staff within the service to respond to their feedback.

5. BENEFITS OF A SINGLE PATHOLOGY SERVICE

5.1. Improved patient outcomes by delivering sustainable high quality pathology services.

5.2. A stronger proposition to aid recruitment and to retain the best staff to learn, work and research in Kent and Medway.

5.3. Opportunities to embrace new technologies and ways of working to be a leading edge single service by 2030.

5.4. A single unified management structure, a common set of standards, and common systems.

5.5. The service will generate financial savings of £5.6million through better economies in all areas, different service models and investment in new technology and information systems.

6. PROGRESS TO DATE

6.1. There has been agreement by all acute trusts to a single service under a single management and governance system with a clear, challenging goal.

6.2. Potential options have been scoped and a long list created. Scoring criteria were due to be applied in mid-September, with accredited staff representatives from each trust involved in the process.

6.3. A strategic outline case has been written, and will be shared with NHS Improvement by the end of September 2018.

6.4. Learning from previous changes in the pathology services, such as the recent formation of the North Kent Pathology Service, has been taken on board to help formulate the best possible business model.

6.5. Capital bids for replacement systems are being drawn up to ensure the single service runs smoothly, with technology that promotes a seamless, unified service to benefit patients.

7. OPTIONS LONG LIST

7.1. Option 1 – maintain the status quo, with current service configuration remaining the same.

7.2. Option 2 – 'do minimum' option which retains the current three hubs in the Kent pathology system and provides for four emergency services laboratories (ESLs) in the single service, with a single management team and standardised systems.

7.3. Option 3 – single hub on a greenfield site (or existing hospital site with considerable capital investment), and 6 or 7 ESLs.

7.4. Option 4 – two hubs and 5 ESLs – similar to option 3 but with greater resilience, and less likely to need major reconfiguration, but capital investment could be more.

7.5. Option 5 - Centralisation by Service Laboratory or Distributed Model with 7 ESLs. ESL on each site. In addition each site would specialise in a certain discipline and see the non urgent work centralised to this discipline. The disciplines affected would be haematology, clinical chemistry and microbiology.

7.6. Option 6 – strategic partner with the trusts. This option would involve the procurement of a strategic partner who would support investment, operating certain services and the potential management of the service as a whole.

7.7. Option 7 – the service for all four pathology services would be procured from a single pathology provider which could be a private sector or NHS organisation.

7.8. The costing of options has been undertaken and uses standard planning assumptions. These will allow for the selection of a smaller group of options which will be worked on in more detail at the outline business case stage.

8. TIMESCALES AND NEXT STEPS

Complete Strategic Outline Case, including evaluation criteria, and submit to NHS Improvement	End September 2018
Decision on target operating model	October 2018
Develop Full Business Case	December 2018

Item 5: Children and Young People's Emotional Wellbeing and Mental Health Service

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: Children and Young People's Emotional Wellbeing and Mental Health Service

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

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

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1. Introduction

(a) On 20 September 2017 the Committee received a report on the Children & Young People's Emotional Wellbeing and Mental Health Service and All Age Eating Disorder Service and agreed the following 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.

(b) The Committee was due to consider an update in March 2018; the meeting was cancelled due to the adverse weather conditions which impacted on the Committee's work programme. The Committee therefore received an informal briefing from NELFT in June 2018 regarding the new model of care prior to formal scrutiny at the September meeting.

2. Recommendation

RECOMMENDED that the report on Children & Young People's Emotional Wellbeing & Mental Health Service be noted and the CCG be invited to provide an update in six months including the All Age Eating Disorder Service

Kent County Council (2017) '*Health Overview and Scrutiny Committee (20/09/17)',* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7788&Ver=4

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NELFT NHS
NHS Foundation Trust

Transforming Children & Young People's Mental Health Services across Kent

Presented by
Brid Johnson, Director of Operations

Team Structure

NELFT NHS
NHS Foundation Trust

- Neurodevelopmental (Caseload: East 4941, West 1067) & Learning Disability (Caseload: East 182, West 130)

- East Kent caseload- 2571
  - South Kent Coast- 705
  - Ashford- 403
  - Canterbury and Costal- 729
  - Thanet- 735

- West Kent caseload- 2571
  - Dartford, Gravesham and Swanley- 967
  - Swale- 320
  - West Kent- 1284

Total – 11,462

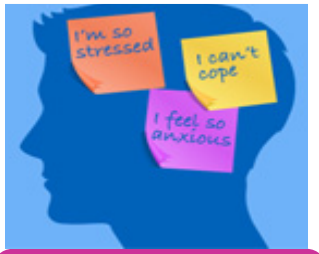
Referrals

- Mood and anxiety
- Behavioural and conduct
- Emerging personality and attachment
- Psychosis and At Risk Mental State (ARMS)
- Deliberate self-harm and suicidal ideation
- Neurodevelopmental
- Prolonged bereavement problems, trauma and loss

Single Point of Access

NELFT NHS
NHS Foundation Trust

Assess needs quickly



Self-referral

Immediate telephone advice & support

Signposting to other services

Single Point of Access (SPA)

Children, young people, families and professionals are able to access our service using a single contact number

Open to anyone who has or is at risk of having mental health problems

Strictly confidential

Kent SPA
0800-1800 Mon-Fri
0800-1200 Saturday
0300 123 4496

Accessible 24 hours a day, 7 days a week (All calls after 1800 and before 0800 are answered by our Mental Health Direct team)

Best care by the best people

No of referrals

Locality Services East Kent	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	663	755	1062	711

Locality Services West Kent	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	481	604	683	542

Neurodevelopment (ASD/ADHD/LD)

East Kent

Neurodevelopment (0+ and undertake reviews)	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	253	280	320	231

West Kent

Neurodevelopment (ASD/ADHD/LD- 12+)	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	74	65	125	134

NELFT NHS
NHS Foundation Trust

Crisis Model

Provision of 24 hour crisis cover

NELFT Mental Health Direct (MHD) provides a telephone service after hours

We support the Crisis Care Concordat to deliver a safe and effective network of places of safety

Additional support from a consultant & NELFT manager on-call out of hours & weekends

NELFT NHS
NHS Foundation Trust

Crisis care required

East Kent		Apr 18	May 18	Jun 18	Jul 18
	GRAND TOTAL	33	42	51	23
No. of CYP with LAC Alert Status who attended A&E in Crisis		13	0	8	4

West Kent		Apr 18	May 18	Jun 18	Jul 18
	GRAND TOTAL	24	31	53	47
No. of CYP with LAC Alert Status who attended A&E in Crisis		13	4	0	5

Waiting times

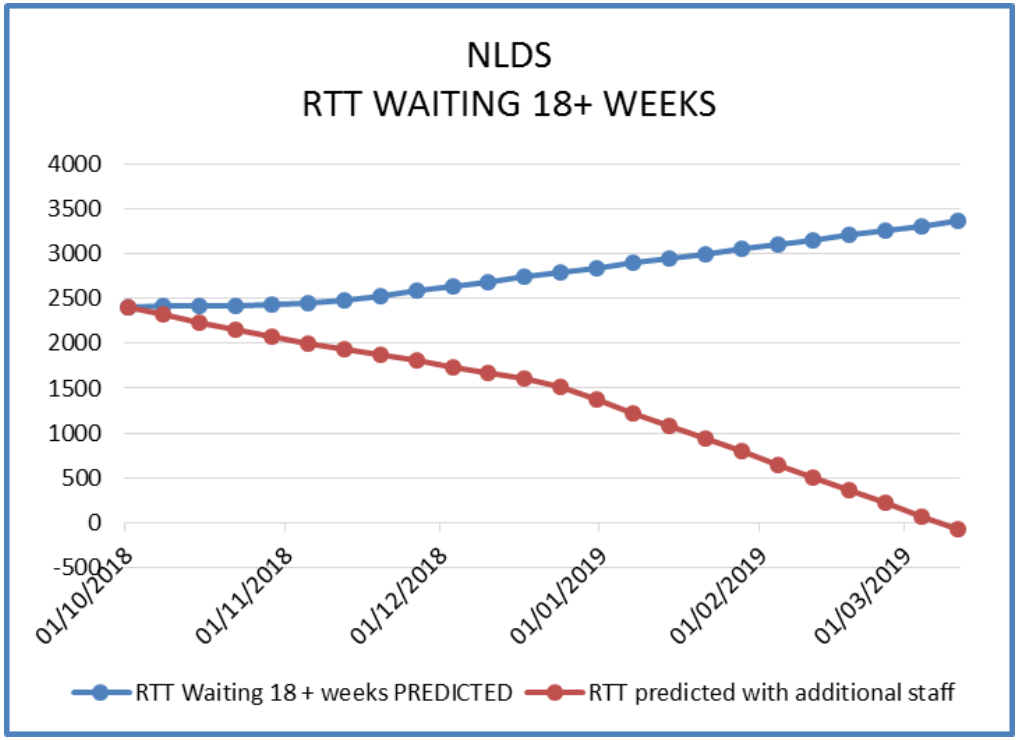
- Patients should not wait any more than 18 weeks from referral to the time of their first treatment intervention (RTT 92% of patients)
- Demand for services remain high
- Current staffing capacity not adequate to achieve 18 weeks
- Review of staff resources completed
- Contract aspirations

LTP Funding secured

- Additional staff linked to service trajector
- Increase the use of Digital technology by:
  - Increasing online access by 600+ for 16/18 year olds
  - Clinical lead post
  - Assistant Psychological therapy post
- Young People Participation worker- planning and monitoring of services
- Strategic Leadership post

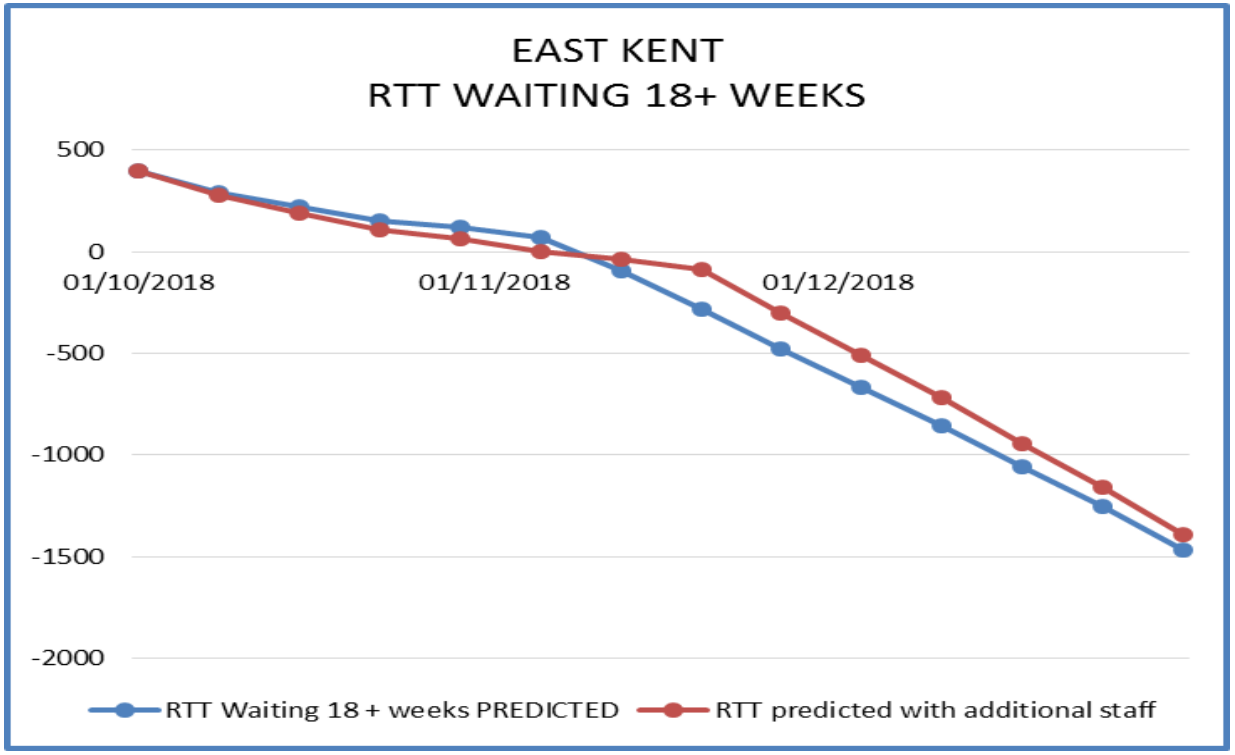
NELFT NHS
NHS Foundation Trust

Neurodevelopment Trajectory

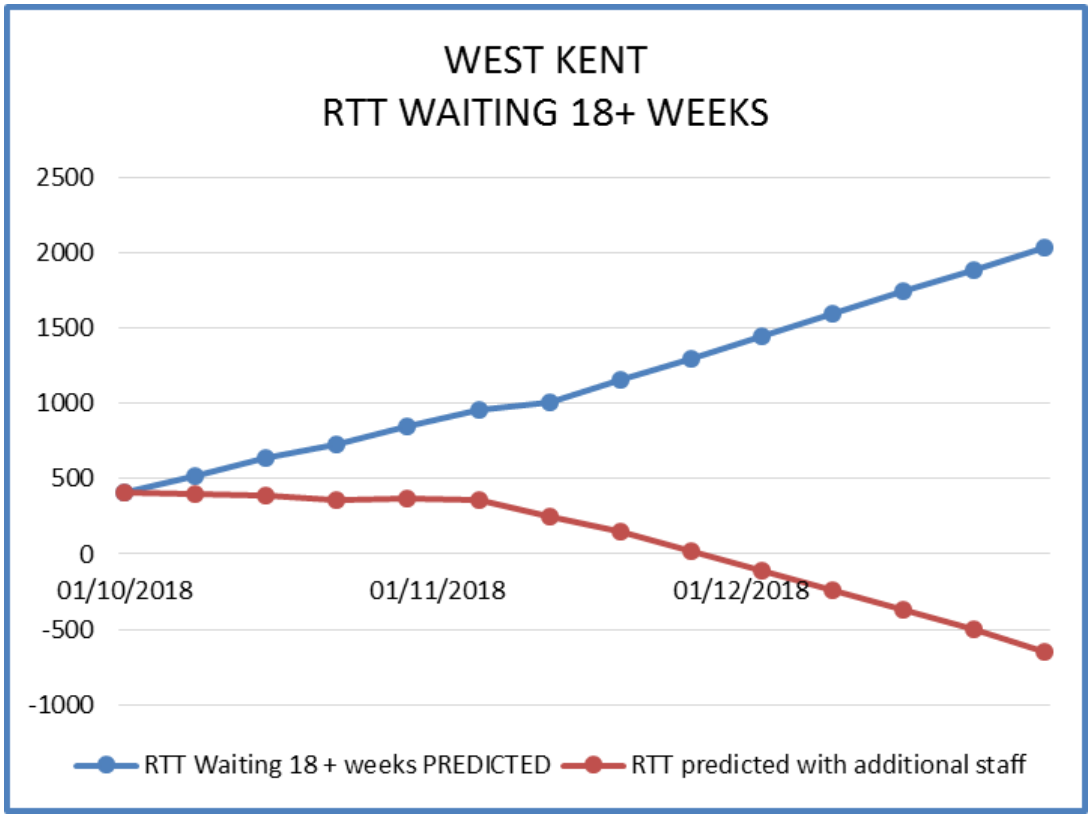


NELFT NHS
NHS Foundation Trust

East Kent Trajectory



West Kent Trajectory



Discharge

Locality Services - East Kent	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	663	755	1062	711
Number of Discharges	479	488	585	742

Locality Services - West Kent	Apr 18	May 18	Jun 18	Jul 18
Number of referrals received via SPA	481	604	683	542
Number of Discharges	402	448	539	480

Strategic Improvement Partner

NELFT NHS
NHS Foundation Trust

- Kent Partner workshop 6 September 2018
- Stakeholder and Partner (1 year progress) 8/9 October
- Foster the culture change that is needed in clinical leadership
- Co-lead the development and submission of the Trailblazer bid
- Transformation Planning and Delivery
- CYP-IAPT and other development opportunities
- CYPMHS schools work stream
- Partner with colleagues in Public Health to better understand local populations

Early Help

NELFT NHS
NHS Foundation Trust

- Manual data August 2018 – 168 contacts (126 consultations, 18 assessments, 24 F2F interventions)
- NELFT attendance at 42 regular monthly meetings
- NELFT attendance at multiple monthly ad hoc meetings
- Joint review of service offer September 2018
- 7 Pathway leads for Early Help plus locality workers
- Prioritisation of C&YP at early stages

NELFT NHS
NHS Foundation Trust

Implementation plan Autumn 2018

- New electronic RIO form for use September 2018 (to allow electronic data capture and thus reporting)
- Consultation line
- Joint training plan
- Continued regular attendance at EHU meetings

Looked After Children

NELFT NHS
NHS Foundation Trust

East Kent	Apr 18	May 18	Jun 18	Jul 18
No of Referrals received via SPA with LAC Alert Status	22	9	27	25

West Kent	Apr 18	May 18	Jun 18	Jul 18
No of Referrals received via SPA with LAC Alert Status	22	13	6	23

- Early assessment (KPI) within 2 weeks for LAC/CIC
- Key relationship building with Carers, Social Care- need to enhance this
- Complex Care Pathway Lead
- Implementation of weekly consultation slots

Youth Justice Services

NELFT NHS
NHS Foundation Trust

- Youth Justice Board has NELFT representative
- 2017/18 Kent Youth Justice Plan priorities
- 7 Pathway Leads
- Range of evidence based intervention to meet need
- Support and training programmes

Future in Mind

NELFT NHS
NHS Foundation Trust

Partnership working

Early Help

Primary care pathways

Transition

User engagement/improved experience

Looked after children and young people

Digital innovation

School development

Tier 4

Data flows

Item 6: NHS preparations for 2018/19 Winter

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: NHS preparations for 2018/19 Winter

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

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

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1. Introduction

(a) NHS England – South (South East) and the Kent and Medway STP have been asked to provide an overview of preparations for 2018/19 winter. Representatives from the East, North & West Kent health economies have been invited to update the Committee on their local plans.

2. Recommendation

RECOMMENDED that the report be noted and NHS England and the Kent and Medway STP be requested to provide an update about the performance of the winter plans to the Committee at its June meeting.

Background Documents

None

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Transforming health and social care in Kent and Medway

Winter Briefing 2018/19

Urgent and Emergency Care Team

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Medway Council Serving You

Kent County Council kent.gov.uk

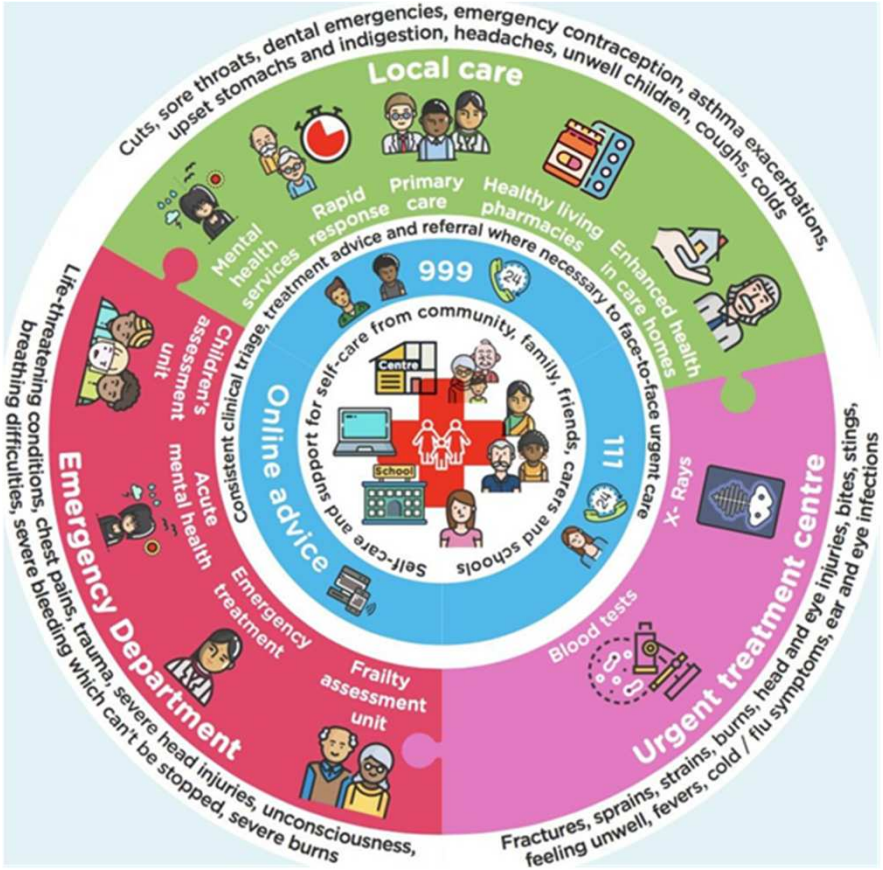
NHS

Background

- Winter 2017/18 was particularly challenging with significant seasonal flu outbreak (double that of 2016/17), general increase in demand at A&E departments and GP practices and a prolonged cold snap including significant period of snow.
- NHS England coordinated a number of debriefs and stock takes through out the winter period with a final review across Kent and Medway, Surrey and Sussex on the 9th May,
- In addition within Kent and Medway reviews of the urgent care systems and escalation processes were undertaken, with the key messages from the reviews were:
  - Alignment of surge and escalation plans across the 4 Kent and Medway systems to allow a support between systems
  - Refresh of communication plans for winter
  - Development of a system ‘Winter Team’
  - Standardisation of KPIs and system flow metrics through SHREWD
  - Improved use of predictive analysis and early intervention
  - Automation and standardisation of reporting

Strategy

- The STP Clinical and Professional Board agreed the Urgent and Emergency Care model which the system will continue to develop and will be implemented over the next 18 month.



Systems are determining which elements of the strategy can be delivered at pace for winter. The new services put in place will be publicised across Kent and Medway to the general public, with the aim to shift activity from the Emergency Department to the other two settings for urgent care.

The second challenge will be when systems are struggling during peaks in demand or capacity constraints how the whole health and social care system in K&M is co-ordinated and collectively responds and works together to resolve issues

Approach

- Monthly commissioner and provider group overseeing development of ‘core indicators’ to be used across all Kent and Medway systems and aligned with national and regional expectations.
- Discussion underway to alignment various contracts that CCGs have with SHREWD
- Review and alignment of winter plans with shared guidance or process where appropriate
- Development of an STP wide Winter Communication Plan to ensure consistent messaging to the public and healthcare professionals, aligned with national winter and NHS 111 campaigns
- Development of a shared Winter Team across NHSE/I and STP to streamline requests, including aligned SE region and CCG teams to make best use of resource
- Alignment of winter funding to each system with national priorities and local winter plans
- Winter plan and escalation system tests during September

Approach

- System wide analytical support
- Proactive modelling and highlighting of key indicators that lead to system pressures
- Earlier intervention and escalation within systems to ‘de-pressure’ systems, with this to be reflected in revised winter plans
- STP led pan system (whole Kent and Medway) mutual aid calls
- System and pan system capacity and demand modelling
- In season monitoring of outcomes from system investments
- Move to standardisation of approach with Kent wide Health and Social Care partners, to improve discharge to assess for CHC patients, in line with the national aspiration that <15% of CHC assessments occur in the acute Trust
- Delivery of a joint Local Care and Urgent Care T&F group to share best practice and develop future ways of working for responsive services, supporting increased admission avoidance
- Development of best practice for Single Points of Access to support patient flow and admission avoidance

Next 30 day Steps

- Review and testing of winter and escalation plans through September
- Development of communication strategy, with the Director of Communications for the STP, with health and social care partners including national partners for Flu etc.
- Implementation of virtual winter team
- Update and standardisation metrics in SHREWD for testing in October
- STP winter leads to work with KCC to agree how the national aspiration that <15% of CHC assessments occur in the acute Trust will be delivered, rather than on a system by system basis
- Finalise proactive dashboard and agree system and pan system response to early warning indicators, mid October
- Test plans and approach with the South East NHSE/I lead on urgent care for assurance and streamlining of reporting expectations

Item 7: NHS West Kent CCG: Edenbridge Primary and Community Care (Written Update)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: NHS West Kent CCG: Edenbridge Primary and Community Care

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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.

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1. Introduction

(a) On 25 November 2016 the Committee considered an item on local care in West Kent which included emerging proposals for primary and community care in Edenbridge.

(b) On 27 January 2017 the Committee considered an update about the proposals to co-locate the GP surgery and community services in Edenbridge.

(c) On 14 July 2017 the Committee considered the proposals following public consultation. Three public engagement events were held as part of the public consultation. The Committee agreed the following recommendation:

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.

(d) NHS West Kent CCG have asked for the attached update report to be shared with the Committee.

3. Recommendation

RECOMMENDED that the report be noted.

Background Documents

Kent County Council (2016) *'Health Overview and Scrutiny Committee (25/11/2016)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=42582

Kent County Council (2017) *'Health Overview and Scrutiny Committee (27/01/2017)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=43321

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

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NHS
West Kent
Clinical Commissioning Group

Kent Health Overview and Scrutiny Committee

Written update on Edenbridge programme

September 2018

1. **Introduction and background**

1.1 Health services in Edenbridge are mainly provided by GPs in Edenbridge Medical Practice and by Kent Community Health NHS Foundation Trust (KCHFT) in people's own homes and in the Edenbridge and District War Memorial Hospital (the Hospital). These services are commissioned for the Edenbridge population by NHS West Kent Clinical Commissioning Group (the CCG). Both the GP Practice and the Hospital are old buildings, unsuitable to modern healthcare, not fit to the growing population and changing health needs and unable to provide appropriate disability access. In 2017 the CCG led the consultation to develop an agreed plan.

1.2 These three organisations have been working together since then through a Programme Board to deliver on the vision for a new facility that would replace the hospital and current GP Practice, delivering services to a much more integrated model.

1.3 This paper provides the Health Overview and Scrutiny Committee with an update on the associated workstreams and overall progress.

2. **Clinical Model Workstream**

2.1 The clinical model anticipates an integrated model of working, with a focus on delivery of local care that offers flexibility to this area of west Kent. The model will ensure service users experience care that is effectively coordinated with all professionals, working together to provide a seamless and integrated service, whilst organisations remain separate. An element of this integrated model would be encapsulated in a single "super reception" shared by all provider organisations.

2.2 The wider system has been engaged in discussions with the clinical team, particularly how the Sustainability and Transformation Partnership (STP) can support the project through the Wave 4 Capital bid. The Edenbridge team has also been working with the Local Care design team (CCG and partners) to ensure that the model for delivery from a new facility would align with and contribute to the developing Local Care model (including the Hubs Strategy).

3. **Communications and engagement**

3.1 The CCG communications team issued an update newsletter in July to keep local interested stakeholders up to date. The team is now identifying suitable local events, to re-engage with latest information gathered on sites, funding and concept ideas for the new building. These discussions would look back to the consultation and the detailed discussions held in 2016 when a 'listening process' was carried out to get the views of local residents, the Hospital League of Friends and KCHFT staff.

3.2 Engagement with stakeholders comprising of internal and external groups has continued with the main focus on establishing a definitive site for the new centre, and a strategy for the disposal of the existing hospital site and the GP practice. As part of the local plan process the workstream engaged with local planning and the Edenbridge Town Council. The draft local plan was released for consultation on 16th July and is due to complete 10 September. However the draft local plan also highlighted four other developers promoting sites in greenbelt with a mixed use strategy including healthcare and education provision alongside housing.

4. **Site identification**

4.1 One of the most pressing project dependencies is the local plan adoption process. This will require the CCG to support one of the sites on offer in Edenbridge.

4.2 The Project Team has had further updates and information from four site owners on 4 Elms Road, Breezehurst Farm and Crouch End Road site in Edenbridge.

4.3 Negotiations with Kent County Council (KCC) property team are continuing. A supportive letter from the local MP was sent to the KCC Chief Executive to facilitate progress, encouraging the KCC property team to issue a formal memorandum of understanding (MOU), to ensure that a land deal could be possible within the local plan time-frame. The workstream team has also engaged on several occasions via email and a further meeting with the property portfolio team at KCC, and met with a senior officer in July to attempt to conclude any final points to produce a realistic valuation and outline deal for the land.

4.4 A further meeting with Cooper Estates planning team was held in August following feedback from the Town Council meeting on 13 August. The dialogue with Coopers Estates was positive and they stand by their offer to "gift" a parcel of the land.

4.5 The programme continues to work with planners on the key challenges of creating a valid planning argument for "exceptional circumstances" to develop in the greenbelt on the preferred site, and presenting a coherent plan to bring forward a ribbon of development including the disposal the exiting hospital site on Mill Hill. Both 4, Elms Road sites would be suitable for this scenario.

4.6 The team has selected a planning consultant to assist with pre application and outline planning in 2018.

5. **Finance workstream**

5.1 The Financial Model Workstream has been progressed in areas such as overall cost envelope, cashflow forecasting and an innovative funding model from several sources, which will be developed by the Financial Workstream once the decision on which funding route would be preferable.

5.2 The Phoenix Public Private Partnerships (PPP) team has advised that this national government backed funding model will not be on stream until at least 2019. Other revenue based funding methods are being developed in order to assess the best way forward.

5.3 Edenbridge was included in the Kent and Medway STP capital bids as one of only five projects put forward for the formal process in June 2018. The bid was made to NHS England on 16 of July. It is expected that successful bidders will be informed late 2018 (probably in November).

6. Next steps

6.1 Depending on resolution of the discussions with KCC and of the outcome of the capital bid process, the Programme Team (and the three associated organisations) may be in a position to recommend a preferred site and funding mechanism before Christmas.

6.2 Such a recommendation would then go to the CCG Governing Body and Kent Community Health NHS Foundation Trust (KCHFT) board with an associated delivery plan.

Item 8: East Kent CCGs – Special Measures

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: East Kent CCGs – Special Measures

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.

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1. Introduction

(a) Following the annual assessment by NHS England of Clinical Commissioning Groups (CCGs) nationwide, all four of the East Kent CCGs have been placed in special measures.

(b) East Kent CCGs have been asked to provide a report to update the Committee on the assessment and actions being taken by the CCGs.

2. Recommendation

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

Background Documents

None

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East Kent special measures briefing
Kent Health Overview and Scrutiny Committee
21 September 2018

Situation

On the 26 July 2018 Felicity Cox, Director of Commissioning Operations and NHS England South (Kent, Surrey & Sussex) wrote to the east Kent Clinical Commission Groups informing them that the NHS England CCG Assessment Delivery Group would be collectively placing all four east Kent CCGs into Special Measures.

This was the automatic result for NHS Ashford, NHS Canterbury and Coastal, and NHS South Kent Coast CCGs of being rated 'inadequate' in the 2017/18 annual assessment process.

NHS Thanet CCG was rated 'requires improvement' but was placed in special measures with its neighbours because it shares the same challenges and this ensures the whole system can move ahead together.

The NHS England CCG Assessment Delivery Group cited the following areas as the reason for issuing the special measures notice:

- Deterioration of the CCGs financial positions and non-delivery of agreed surplus
- Significant and sustained non delivery of constitutional targets at East Kent Hospitals University NHS Foundation Trust (EKHUFT) such as A&E waiting times, cancer waits, 18-week waits, and
- Lack of joint working at an east Kent level to collectively solve these issues.

The issuing of a special measures notice had been anticipated and a recovery regime had begun in March 2018.

Background

The CCG special measures notification comes only 16 months after EKHUFT emerged from quality special measures and while it is still in financial special measures. This in itself is an indication of the challenges our system faces.

Each of the east Kent CCGs had been reporting worsening financial positions both as commissioning organisations but also those of our main health care providers throughout the 2017/2018 financial year.

	Ashford	Canterbury	SKC	Thanet	East Kent
Board Report Group	£ Variance	£ Variance	£ Variance	£ Variance	£ Variance
Acute Total	(10,321,301)	(12,121,875)	(12,152,555)	(4,763,006)	(39,358,737)
Community Total	(1,362,220)	(967,296)	(1,325,397)	(1,102,635)	(4,757,548)
Continuing Health Care Total	(1,163,131)	548,216	56,947	(428,914)	(986,882)
Corporate Total	(20,837)	(46,017)	(55)	973	(65,936)
Mental Health Total	398,680	(608,036)	1,941,338	(219,163)	1,512,819
Other Total	210,868	720,467	(1,194,351)	(380,273)	(1,116,046)
Primary Care Total	(610,270)	(726,688)	(93,787)	(383,430)	(1,814,175)
Primary Care Co-Commissioning Total	439,032	330,096	325	2,123,088	2,892,541
Reserves Total	(514,550)	3,348,105	5,454,807	5,182,825	13,471,187
Total final position	**(12,943,730)**	**(9,523,028)**	**(7,312,728)**	**29,466**	**(29,750,020)**

The CCGs have also been reporting constitutional target performances that were below the nationally set aspirations for good performance.

All health and care partners across east Kent have been involved in reviewing performance as well as designing recovery actions but of course we, the east Kent CCGs, must own and address these issues as the commissioning authority for health care.

The Director of Commissioning Operations and NHS England South (Kent, Surrey and Sussex) gave directions at the March 2018 CCG assurance meetings that the east Kent CCGs needed to build on the adoption of single joint executive positions such as the Accountable Officer and Managing Director across east Kent and move to a more collaborative operating model for commissioning.

Assessment

Our assessment of the situation is that having all four east Kent CCGs under the special measures regime opens up better opportunities to work together across east Kent to bring about rapid change, and give us access to greater support from NHS England.

To recover the CCG positions will require whole economy changes. The main risk areas are:

- CCGs fail to foster system transformation at sufficient scale and pace and are issued legal directions by NHS England, resulting in reduced autonomy to act, reduced clinical input and financially focussed recovery.
- The available level of resource to invest in transformation is challenged, resulting in slower pace of delivery.
- Clinical engagement is challenged as the recovery driver is perceived to be finance not high quality, innovative care.
- Being in special measures impacts on the reputation of the organisations, resulting in staff leaving and reducing the ability to recruit high calibre staff.

The CCG major priority, because of the clinical quality, financial and system impact it will have, is to transform the way we look after frail older people and people with complex health and care needs. This priority is shared with all system partners.

Recommendation

In anticipation of the issuing of special measures notices the east Kent CCGs have undertaken and completed the following actions:

- ✓ Commissioned an independent external review on governance and created a recovery plan across east Kent
- ✓ Commissioned the CCG internal audit to undertake a review on the factors leading up to the expert determination
- ✓ Appointed a credible turn-around director and produced a financial recovery plan with an identified recovery figure
- ✓ Created an east Kent executive structure and clarified/assigned roles and responsibilities
- ✓ Created an east Kent joint committee structure for: Finance, Performance and Contracting, Quality, Primary Care Commissioning Committee (PCCC), Audit, Clinical Assurance, pre-consultation business case (PCBC)PCBC and Clinical Chairs meeting
- ✓ Aligned the formal Governing Body meetings for each CCG ensuring that they all meet within one week of each other
- ✓ Bringing together each Governing Body to run joint Governing Body development sessions and producing a development schedule
- ✓ Implemented a structured process for QIPP, including introducing a monitoring process across east Kent
- ✓ Amended the schemes of delegation for each CCG to enable the structural changes to have maximum impact

A dedicated team will oversee the plan and ensure the actions are delivered in the required timescales. Executive owners have been assigned to each action.

The financial recovery plan is currently being reviewed by NHS England but work supporting its recommendations is already underway. This includes reviewing the CCGs QIPP areas.

Performance will be monitored through centrally issued NHS England information returns as well as the CCG assurance meetings. The CCGs will also report their performance against the recovery plans at their Governing Body meetings.

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Item 9: Transforming Health and Care in East Kent

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: Transforming Health and 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.

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1. Introduction

(a) On 27 April 2018 the Committee considered an update about Transforming Health and Care in East Kent. The Chair enquired about the timescale and progress of the transformation programme. It was explained that external consultants had been appointed to complete a readiness assessment which would be used to develop the timescale. It was agreed that a verbal update, to give further detail about the timescale, would be presented to the Committee at its June meeting.

(b) On 8 June 2018 the Chair informed the Committee that following the publication of the Agenda, she had agreed to a request from East Kent CCGs to postpone consideration of the Transforming Health and Care in East Kent item until the July meeting.

(c) On 20 July 2018 the Committee considered an update about Transforming Health and Care in East Kent. The Committee were asked to receive a report on activity flows in East Kent at the September Committee meeting. The Committee agreed the following recommendation:

RESOLVED that

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

(b) East Kent CCGs be requested to provide an update in September, with the risks articulated on finance and timetables specifically addressed in the update;

(c) A report detailing the patient inflow to East Kent to be presented to the Committee in September.

2. Potential Substantial Variation of Service

(a) The Committee is asked to review whether the 'Transforming Health and Care in East Kent' proposals constitute a substantial variation of service.

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

3. Recommendation

If the proposed changes in 'Transforming Health and Care in East Kent' is *substantial*:

RECOMMENDED that:

(a) the Committee deems that proposed changes in Transforming Health and Care in East Kent to be a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate meeting once the timescale has been confirmed.

If the proposed changes in 'Transforming Health and Care in East Kent' is not *substantial*:

(a) the Committee deems that proposed changes in Transforming Health and Care in East Kent to not be a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present a written update at an appropriate meeting once the timescale has been confirmed.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (27/04/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (08/06/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7918&Ver=4

Kent County Council (2018) '*Health Overview and Scrutiny Committee (20/07/2018)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7919&Ver=4

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Transforming health and social care in Kent and Medway

Transforming Health and Care in East Kent

Update September 2018

Background

1. This paper builds on previous briefings presented to the Kent Health Overview and Scrutiny Committee, which have focused on:
    - the case for change (e.g. why change is needed)
    - programme plan (programme arrangements, timeline and process being followed)
    - service models and options under consideration
    - outline engagement activities.
2. This update focuses on:
    - the out-of-area patient flows to East Kent Hospitals University NHS Foundation Trust (EKUHFT)
    - timeline
    - planned engagement activities.

The out-of-area patient flows to EKUHFT

3. Whenever the NHS has under consideration any proposal for a substantial development of, or variation to the health service, it has a duty to consult with the relevant local authority. This is triggered under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
4. Regulation 30 stipulates that where the NHS consults more than one local authority pursuant to Regulation 23 those local authorities must appoint a joint overview and scrutiny committee for the purpose of the consultation and only that joint overview and scrutiny committee may make comments, require the provision of information and the attendance at meetings by the NHS colleagues.
5. Information is presented in this paper on the use of services provided by EKHUFT to patients from CCGs other than the four east Kent CCGs. Through this it is possible to map patients to other council areas beyond Kent County Council.
6. This paper will also be provided to the councils from where a significant flow of patients has been identified.
7. By providing information on patient flows, this paper:
    - guides the NHS as to which local authorities it needs to engage and/or consult; and
    - provides information to enable a discussion on whether the changes represent a substantial development of, or variation to the health services for any populations outside of Kent, which would warrant the creation of a joint health overview and scrutiny committee.

8. With regard to flows of patients to EKHUFT from CCG areas other than the four east Kent CCGs, this can broadly be broken down into three groupings:

    i. Populations from outside of east Kent that look to EKHUFT as their main acute hospital provider (e.g. populations that border east Kent for whom one of the acute hospitals managed by EKHUFT is their closest hospital).

    ii. Patients who are treated at EKHUFT as they are taken ill unexpectedly whilst in east Kent (e.g. individuals who are visiting or travelling through east Kent and need hospital services).

    iii. Patients who are treated at one of the more specialist services provided by EKHUFT that support a wider population than just east Kent, which include:

        - Haematology outpatient services
        - Renal service
        - Primary Percutaneous Coronary Intervention (pPCI).

9. Appendix 1, attachments 1 to 21, detail patient activity undertaken at EKUHFT from outside the four EK CCGs. It should be noted that:

    - the tables detail patients who were treated in 2016/17
    - the tables show a column titled "**Percentage of total activity in this service category**" which indicates the percentage of the total activity for that out-of-area cohort of patients (e.g. there were 651 acute medical inpatients from west Kent, representing 1.54% of total number of acute medical inpatients treated at EKUHFT in 2016/17)
    - patient attributed to the National Commissioning Hub are from the armed forces, including their families.

10. The following table shows these service areas where CCGs from outside of EK individually commission more than 5% of the activity:

	Percentage of total activity in this service category				
Row Labels	**Haemophilia Outpatients**	**Neuro Rehab**	**Paediatric surgery**	**pPCI**	**Renal inpatients**
NHS West Kent CCG	12.62%		6.98%	15.22%	13.22%
NHS Medway CCG	9.23%			9.67%	18.60%
NHS Swale CCG		12.00%		5.00%	7.72%
NHS Dartford, Gravesham and Swanley CCG			5.78%	7.00%	

11. The CCGs identified are largely in Kent and, as such, covered by the Kent Health Overview and Scrutiny Committee. The exception is that Medway CCG commission more than 5% of activity in the following services:

    - Haemophilia outpatients
    - Primary Percutaneous coronary intervention (pPCI)
    - Renal inpatients

12. These findings match the more specialist service provided by EKHUFT as identified at Point 8iii. The following now needs to be considered:

- Medway Health and Social Care Oversight Committee will need to consider if it considers these finding and proposed changes significant, constituting a substantial variation; and
- It is also important to note that the 5% used in the above table needs to be considered to determine if this is the right threshold to be used to identify significant patient flows (or whether a higher or lower percentage should be used).

13. A further consideration, beyond the services listed at Point 11, are vascular services. Whilst Appendix 1, Attachment 21, shows that just less than 5% of the trust's activity is commissioned by Medway CCG proposals are underdevelopment to create a single arterial centre in Kent and Medway (currently with two centres in place with one at the Kent and Canterbury Hospital and one at the Medway Maritime Hospital). The activity detailed in the attachment only identifies EKHUFT activity and does not include patient activity currently undertaken in Medway. However, potential changes to vascular services provided by EKHUFT and MFT are already subject to discussion through the Kent and Medway JHOSC.

Planned engagement activities

14. As part of preparing the pre-consultation business case we will be running the next phase of engagement during October/November 2018. Our objectives and plan of activities for this pre-consultation engagement are summarised below.

Key audiences	• Patients and public including:
	  ○ patients who currently use east Kent hospital services and members of the public living and working in east Kent
	  ○ members of protected characteristics and seldom heard groups
	  ○ patients/relatives with direct experience of services potentially affected
	  ○ voluntary organisations representing/supporting people with conditions potentially affected by proposals
	  ○ active campaign groups
	  ○ patients from outside east Kent who have used the services potentially affected.
	• Staff in health and social care (EKHUFT staff, GPs and primary care teams, community, mental health, ambulance, social care and CCG staff)
	• CCG membership as commissioners
	• Scrutiny groups/committees and elected representatives (MP, county and district levels).

Core engagement activity	• Eight public meetings (two in each CCG area) running from the mid-October to mid-November • Online and paper survey (open to public and targeted invitations to respond sent to key stakeholders from the audience list above)

	• Outreach engagement with seldom heard/protected characteristic groups using established networks • Briefings at staff events across trusts and general practice • Targeted engagement with key stakeholders/scrutiny such as HOSCs, elected representatives, SE Clinical Senate, NHS England etc
Core objectives of pre-consultation engagement / involvement activity	Gather insights and feedback on the work to date and the medium list options, to: • inform the outstanding design work for the proposed options including gathering feedback on the impact the different options would have on patients • inform the formal consultation process and help develop a formal consultation plan and programme of engagement and communication activity • demonstrate core stakeholders/system partners have been engaged and support the proposals.
Core objectives of pre-consultation communications activity	• Reiterate the case for change. • Explain in detail what the potential options mean in terms of new services models and where hospital services could be provided and what it might mean in practice in local areas. • Explain in detail what could / will be provided locally for patients outside of hospital. • Explain where we are in the process, what engagement has already taken place, and what people can still influence in the proposals, as well as being clear about 'next steps' in terms of timing and process. • Raising awareness of how to get involved.

15. Information on the next stage of engagement and how people can get involved includes:
    - event invites will be sent to a detailed stakeholder list covering all NHS organisations; district and county council elected members, officers and communications teams; patient support groups; voluntary organisations and a range of individuals who have registered an interest in our east Kent transformation programme
    - information will be displayed in public areas and for recipients to forward on to their wider networks.
    - engagement opportunities will be publicised through local media, social media and a range of publications issued by the CCGs, hospital trust and other partners.

Timeline

16. Appendix 2 details the timeline we are continuing to work to for the production of the pre-consultation business case. This is consistent with the last update to the HOSC and indicates submission of the business case to NHS England in December. NHS England will need to review the business case and assure itself that the process and options are robust, including

that there is capital available to implement the options. The east Kent CCGs are unable to move to consultation until the business case has been through the NHS England assurance process.

17. The HOSC is asked to discuss and note the contents of this report and:
    - review and comment on the activity flows into east Kent (noting this information will be presented to the HOSCs in neighbouring areas)
    - note the proposed engagement activities
    - note the proposed timeline.

APPENDIX 1: EKHUFT patient activity in 2016/17 from CCGs outside of east Kent

Attachment 1: Acute medical inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Acute Med. IP	**2408**	
NHS West Kent CCG	651	1.54%
NHS Swale CCG	357	0.84%
NHS Medway CCG	215	0.51%
NHS Dartford, Gravesham and Swanley CCG	159	0.38%
NHS Hastings & Rother CCG	56	0.13%
NHS Bexley CCG	39	0.09%
NHS Bromley CCG	35	0.08%
NHS Southwark CCG	26	0.06%
NHS Lewisham CCG	25	0.06%
NHS Lambeth CCG	21	0.05%
NHS Greenwich CCG	21	0.05%
NHS High Weald Lewes Havens CCG	20	0.05%
NHS Cambridgeshire and Peterborough CCG	17	0.04%
NHS Croydon CCG	16	0.04%
NHS Oxfordshire CCG	16	0.04%
NHS Herts Valleys CCG	15	0.04%
National Commissioning Hub 1	15	0.04%
NHS Basildon and Brentwood CCG	14	0.03%
NHS Wandsworth CCG	14	0.03%
NHS North East Essex CCG	14	0.03%
NHS Barnet CCG	13	0.03%
NHS Central London (Westminster) CCG	13	0.03%
NHS East and North Hertfordshire CCG	12	0.03%
NHS Thurrock CCG	12	0.03%
NHS Somerset CCG	12	0.03%
NHS Ealing CCG	12	0.03%
NHS Hammersmith and Fulham CCG	11	0.03%
NHS Brighton & Hove CCG	11	0.03%
NHS Kernow CCG	11	0.03%
NHS Camden CCG	10	0.02%
NHS Coastal West Sussex CCG	10	0.02%
NHS Wiltshire CCG	10	0.02%
NHS Havering CCG	10	0.02%
NHS Tower Hamlets CCG	10	0.02%
NHS Barking & Dagenham CCG	10	0.02%
NHS Surrey Downs CCG	9	0.02%
NHS Southern Derbyshire CCG	9	0.02%
NHS North, East, West Devon CCG	9	0.02%

NHS Eastbourne, Hailsham and Seaford CCG	9	0.02%
NHS Dorset CCG	9	0.02%
NHS Harrow CCG	9	0.02%
NHS East Surrey CCG	9	0.02%
Betsi Cadwaladr University LHB	9	0.02%
NHS Newham CCG	9	0.02%
NHS Gloucestershire CCG	8	0.02%
NHS South Norfolk CCG	8	0.02%
NHS Waltham Forest CCG	8	0.02%
NHS Southend CCG	8	0.02%
NHS Sutton CCG	8	0.02%
NHS Bedfordshire CCG	8	0.02%
NHS Knowsley CCG	7	0.02%
NHS Guildford and Waverley CCG	7	0.02%
NHS Enfield CCG	7	0.02%
NHS Hillingdon CCG	7	0.02%
NHS Horsham and Mid Sussex CCG	7	0.02%
NHS Mid Essex CCG	7	0.02%
NHS Haringey CCG	6	0.01%
NHS Southampton CCG	6	0.01%
NHS North Hampshire CCG	6	0.01%
NHS City and Hackney CCG	6	0.01%
NHS North West Surrey CCG	6	0.01%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	294	

Attachment 2: Breast surgery inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Breast Surgery IP	**3**	
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	3	Less than 0.40%

Attachment 3: Children's ambulatory care patients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Child Ambulatory care	**89**	
NHS West Kent CCG	28	0.85%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	61	

Attachment 4: Children's health inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Child Health IP	**465**	
NHS West Kent CCG	168	2.43%
NHS Swale CCG	47	0.68%
NHS Medway CCG	22	0.32%
NHS Hastings & Rother CCG	20	0.29%
NHS Dartford, Gravesham and Swanley CCG	12	0.17%
NHS Bexley CCG	7	0.10%
NHS Lewisham CCG	7	0.10%
National Commissioning Hub 1	6	0.09%
NHS City and Hackney CCG	6	0.09%
NHS Croydon CCG	6	0.09%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	164	

Attachment 5: Clinical haematology inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Clinical Haematology inpatients	**1**	
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	1	0.46%

Attachment 6: Confirmed strokes treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Confirmed Strokes	**71**	
NHS West Kent CCG	22	1.83%
NHS Hastings & Rother CCG	14	1.16%
NHS Swale CCG	9	0.75%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	26	

Attachment 7: Consultant led obstetrics (Maternity) at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Consultant Led Obstetrics	**217**	
NHS West Kent CCG	68	0.65%
NHS Swale CCG	32	0.31%
NHS Medway CCG	16	0.15%
NHS Hastings & Rother CCG	9	0.09%
NHS Dartford, Gravesham and Swanley CCG	7	0.07%
National Commissioning Hub 1	6	0.06%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	79	

Attachment 8: Emergency Department Attendances at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
ED Attendances	**1,3241**	
NHS West Kent CCG	2,586	1.23%
NHS Swale CCG	1,051	0.50%
NHS Medway CCG	763	0.36%
NHS Dartford, Gravesham and Swanley CCG	400	0.19%
NHS Hastings & Rother CCG	372	0.18%
NHS Bromley CCG	284	0.14%
NHS Bexley CCG	267	0.13%
NHS Greenwich CCG	258	0.12%
National Commissioning Hub 1	206	0.10%
NHS Lewisham CCG	195	0.09%
NHS Southwark CCG	162	0.08%
NHS Croydon CCG	162	0.08%
NHS Lambeth CCG	144	0.07%
NHS High Weald Lewes Havens CCG	116	0.06%
NHS Cambridgeshire and Peterborough CCG	111	0.05%
NHS City and Hackney CCG	110	0.05%
NHS East and North Hertfordshire CCG	110	0.05%
NHS Herts Valleys CCG	109	0.05%
NHS Havering CCG	97	0.05%
NHS Surrey Downs CCG	96	0.05%
NHS Wandsworth CCG	96	0.05%
NHS Coastal West Sussex CCG	96	0.05%
NHS Newham CCG	94	0.04%
NHS Barnet CCG	92	0.04%

NHS Redbridge CCG	89	0.04%
NHS Dorset CCG	89	0.04%
NHS North East Essex CCG	87	0.04%
NHS Brighton & Hove CCG	87	0.04%
NHS Central London (Westminster) CCG	84	0.04%
NHS Oxfordshire CCG	84	0.04%
NHS Tower Hamlets CCG	79	0.04%
NHS Basildon and Brentwood CCG	78	0.04%
NHS Thurrock CCG	75	0.04%
NHS North, East, West Devon CCG	74	0.04%
NHS Mid Essex CCG	74	0.04%
NHS West Essex CCG	71	0.03%
NHS Hillingdon CCG	71	0.03%
NHS Eastbourne, Hailsham and Seaford CCG	69	0.03%
NHS Horsham and Mid Sussex CCG	68	0.03%
NHS Brent CCG	65	0.03%
NHS Haringey CCG	65	0.03%
NHS Barking & Dagenham CCG	65	0.03%
NHS North West Surrey CCG	65	0.03%
NHS Ealing CCG	64	0.03%
NHS Sutton CCG	64	0.03%
NHS Enfield CCG	64	0.03%
NHS Islington CCG	61	0.03%
NHS Hammersmith and Fulham CCG	60	0.03%
NHS Waltham Forest CCG	59	0.03%
NHS Camden CCG	58	0.03%
NHS East Surrey CCG	58	0.03%
NHS Bedfordshire CCG	58	0.03%
NHS West Hampshire CCG	57	0.03%
NHS Kernow CCG	56	0.03%
NHS Southampton CCG	55	0.03%
NHS Castle Point and Rochford CCG	54	0.03%
NHS Kingston CCG	54	0.03%
NHS Guildford and Waverley CCG	54	0.03%
NHS West London (K&C & QPP) CCG	53	0.03%
NHS Chiltern CCG	53	0.03%
NHS Ipswich and East Suffolk CCG	53	0.03%
NHS Somerset CCG	51	0.02%
NHS Wiltshire CCG	51	0.02%
NHS Merton CCG	50	0.02%
NHS Bristol CCG	49	0.02%
NHS Nene CCG	46	0.02%
NHS Portsmouth CCG	45	0.02%
NHS Southern Derbyshire CCG	44	0.02%

NHS Hounslow CCG	43	0.02%
NHS Gloucestershire CCG	43	0.02%
NHS Richmond CCG	43	0.02%
NHS Southend CCG	43	0.02%
NHS Harrow CCG	42	0.02%
Betsi Cadwaladr University LHB	40	0.02%
NHS West Suffolk CCG	39	0.02%
NHS North East Hampshire and Farnham CCG	38	0.02%
NHS Coventry and Rugby CCG	36	0.02%
NHS Knowsley CCG	36	0.02%
NHS Sheffield CCG	34	0.02%
NHS Crawley CCG	32	0.02%
NHS North Hampshire CCG	32	0.02%
NHS Nottingham City CCG	32	0.02%
NHS South Devon and Torbay CCG	31	0.01%
NHS Birmingham CrossCity CCG	31	0.01%
NHS Swindon CCG	31	0.01%
NHS Leeds West CCG	30	0.01%
NHS Fareham and Gosport CCG	30	0.01%
NHS South Reading CCG	30	0.01%
NHS Milton Keynes CCG	30	0.01%
NHS Norwich CCG	29	0.01%
Cardiff and Vale University LHB	29	0.01%
NHS Newcastle Gateshead CCG	28	0.01%
NHS Wakefield CCG	28	0.01%
NHS Lincolnshire West CCG	28	0.01%
Aneurin Bevan LHB	27	0.01%
NHS Wirral CCG	26	0.01%
NHS Windsor, Ascot and Maidenhead CCG	26	0.01%
NHS West Leicestershire CCG	26	0.01%
NHS South Tees CCG	26	0.01%
NHS Aylesbury Vale CCG	26	0.01%
NHS East Lancashire CCG	25	0.01%
NHS Cumbria CCG	25	0.01%
NHS Luton CCG	25	0.01%
NHS Liverpool CCG	24	0.01%
NHS Vale of York CCG	24	0.01%
Abertawe Bro Morgannwg University LHB	24	0.01%
NHS South Eastern Hampshire CCG	23	0.01%
NHS Wigan Borough CCG	23	0.01%
NHS Sandwell and West Birmingham CCG	23	0.01%
NHS Barnsley CCG	23	0.01%
NHS Calderdale CCG	22	0.01%
NHS Shropshire CCG	22	0.01%

NHS South Worcestershire CCG	22	0.01%
NHS East Leicestershire and Rutland CCG	22	0.01%
NHS Durham Dales, Easington and Sedgefield CCG	21	0.01%
NHS Manchester CCG	21	0.01%
NHS Lincolnshire East CCG	20	0.01%
NHS Mansfield & Ashfield CCG	20	0.01%
NHS South Norfolk CCG	19	0.01%
NHS Northumberland CCG	18	0.01%
Hywel Dda University LHB	18	0.01%
NHS Lancashire North CCG	18	0.01%
NHS Great Yarmouth & Waveney CCG	18	0.01%
NHS Bolton CCG	18	0.01%
NHS East Riding of Yorkshire CCG	18	0.01%
NHS Dudley CCG	17	0.01%
NHS Bracknell and Ascot CCG	17	0.01%
NHS Surrey Heath CCG	17	0.01%
NHS Birmingham South and Central CCG	17	0.01%
NHS South Gloucestershire CCG	17	0.01%
NHS North Norfolk CCG	16	0.01%
NHS Hartlepool and Stockton-on-Tees CCG	16	0.01%
NHS Leicester City CCG	16	0.01%
NHS Leeds North CCG	16	0.01%
NHS South Warwickshire CCG	16	0.01%
NHS South Lincolnshire CCG	15	0.01%
NHS Rotherham CCG	15	0.01%
NHS Bradford Districts CCG	15	0.01%
NHS Doncaster CCG	15	0.01%
NHS Wokingham CCG	15	0.01%
NHS Herefordshire CCG	15	0.01%
NHS North Somerset CCG	15	0.01%
Cwm Taf LHB	15	0.01%
NHS West Norfolk CCG	15	0.01%
NHS Heywood, Middleton & Rochdale CCG	15	0.01%
NHS Slough CCG	15	0.01%
NHS North Durham CCG	14	0.01%
NHS Greater Huddersfield CCG	14	0.01%
NHS North Staffordshire CCG	14	0.01%
NHS Trafford CCG	13	0.01%
NHS Blackpool CCG	13	0.01%
NHS Chorley and South Ribble CCG	12	0.01%
NHS North Derbyshire CCG	12	0.01%
NHS Hull CCG	12	0.01%
NHS Wolverhampton CCG	12	0.01%
NHS Bath and North East Somerset CCG	12	0.01%

NHS South East Staffs and Seisdon Peninsular CCG	11	0.01%
NHS Warwickshire North CCG	11	0.01%
NHS Harrogate and Rural District CCG	11	0.01%
NHS Fylde & Wyre CCG	11	0.01%
NHS Eastern Cheshire CCG	11	0.01%
NHS Tameside and Glossop CCG	11	0.01%
NHS St Helens CCG	10	0.00%
NHS Blackburn with Darwen CCG	10	0.00%
NHS Bury CCG	10	0.00%
NHS Stafford and Surrounds CCG	10	0.00%
NHS Sunderland CCG	10	0.00%
NHS South Sefton CCG	10	0.00%
NHS Walsall CCG	10	0.00%
NHS West Cheshire CCG	10	0.00%
NHS Airedale, Wharfedale and Craven CCG	10	0.00%
NHS Solihull CCG	9	0.00%
NHS North & West Reading CCG	9	0.00%
NHS South Tyneside CCG	9	0.00%
NHS North Tyneside CCG	9	0.00%
NHS Salford CCG	8	0.00%
NHS North Lincolnshire CCG	8	0.00%
NHS Newbury and District CCG	8	0.00%
NHS Rushcliffe CCG	8	0.00%
NHS North East Lincolnshire CCG	8	0.00%
NHS Nottingham West CCG	8	0.00%
South East Commissioning Hub	8	0.00%
NHS Stoke on Trent CCG	8	0.00%
NHS Halton CCG	8	0.00%
NHS South Cheshire CCG	8	0.00%
NHS Leeds South and East CCG	8	0.00%
Powys Teaching LHB	7	0.00%
NHS Telford & Wrekin CCG	7	0.00%
NHS Newark & Sherwood CCG	7	0.00%
NHS Erewash CCG	7	0.00%
NHS Isle of Wight CCG	7	0.00%
NHS Stockport CCG	7	0.00%
NHS Warrington CCG	6	0.00%
NHS Corby CCG	6	0.00%
NHS East Staffordshire CCG	6	0.00%
NHS Wyre Forest CCG	6	0.00%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	63	

Attachment 9: General surgery inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
General surgery inpatients	**344**	
NHS West Kent CCG	108	1.50%
NHS Swale CCG	44	0.61%
NHS Medway CCG	18	0.25%
NHS Hastings & Rother CCG	13	0.18%
NHS Bromley CCG	10	0.14%
National Commissioning Hub 1	7	0.10%
NHS Dartford, Gravesham and Swanley CCG	7	0.10%
NHS Bexley CCG	6	0.08%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	136	

Attachment 10: Gynaecology inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Gynaecology inpatients	**150**	
NHS West Kent CCG	43	1.09%
NHS Swale CCG	20	0.51%
NHS Hastings & Rother CCG	10	0.25%
NHS Medway CCG	8	0.20%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	69	

Attachment 11: Haemophilia outpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Haemophilia outpatients	**419**	
NHS West Kent CCG	164	12.62%
NHS Medway CCG	120	9.23%
NHS Swale CCG	55	4.23%
NHS Hastings & Rother CCG	22	1.69%
NHS High Weald Lewes Havens CCG	12	0.92%
NHS Dartford, Gravesham and Swanley CCG	9	0.69%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	37	

Attachment 12: Head and neck inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Head and Neck inpatients	**50**	
NHS West Kent CCG	15	2.52%
NHS Swale CCG	12	2.02%
NHS Medway CCG	8	1.34%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	15	

Attachment 13: Neurorehabilitation at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Neurorehabilitation	**11**	
NHS Swale CCG	9	12.00%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	1	1.33%

Attachment 14: Neurology inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Neurology inpatients	**25**	
NHS Swale CCG	7	1.67%
NHS Medway CCG	7	1.67%
NHS West Kent CCG	6	1.43%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	5	

Attachment 15: Orthopaedic elective inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Orthopaedics elective inpatients	**146**	
NHS West Kent CCG	48	1.25%
NHS Swale CCG	46	1.20%
NHS Medway CCG	10	0.26%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	42	

Attachment 16: Paediatric surgery at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Paediatric surgery	**734**	
NHS West Kent CCG	256	6.98%
NHS Dartford, Gravesham and Swanley CCG	212	5.78%
NHS Medway CCG	168	4.58%
NHS Swale CCG	57	1.55%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	41	

Attachment 17: Primary percutaneous coronary intervention (pPCI) at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Primary percutaneous coronary intervention	**376**	
NHS West Kent CCG	137	15.22%
NHS Medway CCG	87	9.67%
NHS Dartford, Gravesham and Swanley CCG	63	7.00%
NHS Swale CCG	45	5.00%
NHS High Weald Lewes Havens CCG	7	0.78%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	37	

Attachment 18: Renal inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Renal inpatients	**345**	
NHS Medway CCG	159	18.60%
NHS West Kent CCG	113	13.22%
NHS Swale CCG	66	7.72%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	7	

Attachment 19: Trauma patients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Trauma	**289**	
NHS West Kent CCG	87	2.15%
NHS Swale CCG	21	0.52%
NHS Medway CCG	16	0.40%
NHS Dartford, Gravesham and Swanley CCG	10	0.25%
NHS Greenwich CCG	9	0.22%
NHS Hastings & Rother CCG	9	0.22%
NHS Bexley CCG	8	0.20%
National Commissioning Hub 1	6	0.15%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	123	

Attachment 20: Urology inpatients treated at EKHUFT in 2016/17 from outside east Kent

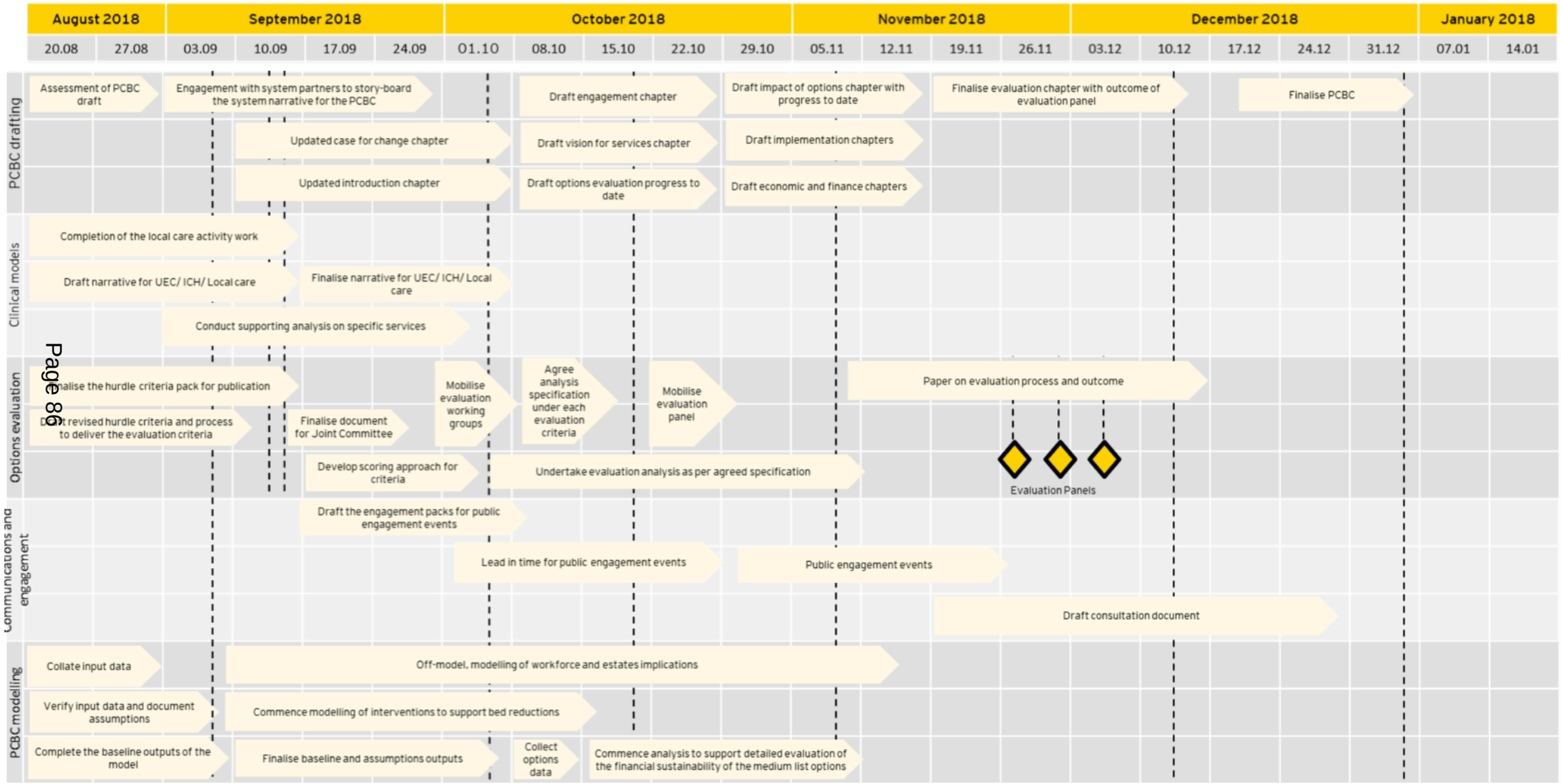
Row Labels	Total out of EK	Percentage of total activity in this service category
Urology IP	**218**	
NHS Swale CCG	53	1.15%
NHS West Kent CCG	50	1.08%
NHS Medway CCG	14	0.30%
NHS Dartford, Gravesham and Swanley CCG	8	0.17%
NHS Havering CCG	6	0.13%
NHS Hammersmith and Fulham CCG	6	0.13%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	81	

Attachment 21: Vascular inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Vascular IP	**86**	
NHS Medway CCG	29	4.92%
NHS Swale CCG	26	4.41%
NHS West Kent CCG	15	2.54%
NHS Dartford, Gravesham and Swanley CCG	11	1.86%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	5	

Transforming health and social care in Kent and Medway

Appendix 2: Pre-consultation business case timeline



Item 10: Review of the Frank Lloyd Unit, Sittingbourne (Written Update)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 21 September 2018

Subject: Review of the Frank Lloyd Unit, Sittingbourne

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

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

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

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1. Introduction

(a) On 5 September 2018 the Chair agreed for a written paper to be submitted to the Committee relating to a Review of the Frank Lloyd Unit in Sittingbourne.

2. Recommendation

RECOMMENDED that the report be noted and a more detailed paper be presented to the Committee following the conclusion of the review.

Background Documents

None

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Health Overview and Scrutiny Committee

September 2018

Briefing on the Review of the Frank Lloyd Unit, Sittingbourne

1. Introduction

This purpose of this paper is to provide the Committee with a briefing on a review of the Frank Lloyd Unit in Sittingbourne. The unit is an older person's inpatient unit operated by Kent and Medway NHS and Social Care Partnership Trust (KMPT). It provides a bed based service for individuals with complex dementia with behaviours that challenge and who are eligible to receive NHS Continuing Healthcare. The unit is accessed by all CCGs in Kent and Medway.

2. Background to the Review

A CQC visit in January 2016 highlighted concerns over staffing numbers, gender separation and the case mix of the patients which the Trust had to address. Also, a number of patients were receiving end of life care, alongside individuals who had challenging behaviours. CQC were concerned that the unit still had a philosophy of a 'bed for life' and were not moving people on as their needs changed to more appropriate settings. Staffing was increased following the inspection and the unit now has a good rating from CQC.

Since the inspection, KMPT and the Kent and Medway CCGs have taken a more proactive approach to the management of patients in the unit and as challenging needs subside, patients are repatriated to more homely environments in care homes (nursing) closer to home and the unit is no longer seen as a 'home for life'. This has resulted in an ongoing decline in patient numbers and there are currently now only 10 patients in the 30 bedded unit with plans to move a number of these individuals to more appropriate environments in the next few weeks.

3. Strategic Context

The trend over recent years has been for mental health trusts to withdraw from the provision of NHS continuing health care as this is no longer viewed as their core business. The strategic direction of travel is to support individuals in the community where possible, and in Kent, the majority of individuals with dementia and who are eligible for NHS Continuing Healthcare receive their care in more homely nursing home environments in the independent sector.

For many families in Kent, Frank Lloyd Unit is not a local facility and travel to the unit can be problematic, particularly as the next of kin is often an elderly spouse, often with their own health problems.

4. Focus of the Review

Activity levels in the unit have remained low for a number of months and commissioners are confident they will remain low and are likely to reduce further. This brings into question the long term viability of the service in its current form and therefore it was jointly agreed between CCGs and KMPT that a change of approach is required for this client group.

The focus of the review is therefore to develop proposals which will transform the service, so that it can be delivered in the community, much closer to home.

The review is due to be completed by the end of October 2018 and there are a number of actions to be completed during that time, including:

- engagement of carers and other stakeholders to help to shape an alternative service.
- market engagement with care homes (nursing) to ensure sufficient and appropriate capacity to manage this care group.
- development of a model of specialist community and care home support.

5. Conclusion

A more detailed paper will be presented to HOSC with a recommendation for a future service once the outputs of the review are known. However, in the meantime any comments which members of the committee may wish to make would be very welcome. These should be forwarded to Linda Caldwell, Thanet CCG, linda.caldwell@nhs.net