HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 1st March, 2019

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, 1st March, 2019, 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

Webcasting Notice

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UNRESTRICTED ITEMS

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

Item — Timings*

1. Substitutes

2. Membership

   To note that Ms K Constantine has replaced Mr D Farrell on the Committee.

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

4. Minutes (Pages 5 - 18)

5. Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service (Pages 19 - 36) 10:00

6. East Kent Hospitals University NHS Foundation Trust - Care Quality Commission Inspection of Children's and Young People's Hospital Services (Pages 37 - 42) 11:00

7. East Kent Hospitals NHS University Foundation Trust - Update (Pages 43 - 54) 11:30

8. Kent and Medway NHS and Social Care Partnership Trust - Update (Pages 55 - 68) 12:00

9. Work Programme (Pages 69 - 72)

10. Date of next programmed meeting – Friday 22 March 2019

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

21 February 2019

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

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Friday, 25 January 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J Collor, Mr D S Daley, Ms S Hamilton, Mr P W A Lake, Mr K Pugh, Mr I Thomas, Mr D Mortimer, Mr D L Brazier (Substitute) and Ms K Constantine (Substitute)

ALSO PRESENT: Mr S Inett, Dr J Allingham

IN ATTENDANCE: Mrs J Kennedy-Smith (Scrutiny Research Officer) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

100. Membership
(Item 1)

(1) To note that Mr Farrell has replaced Ms Constantine on the Committee.

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

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

102. Minutes
(Item 4)

(1) RESOLVED that the Minutes of the meeting held on 23 November 2018 are correctly recorded and that they be signed by the Chair.

103. Sustainability and Transformation Partnership (STP) Primary Care Workforce
(Item 5)

Anne Tidmarsh (Senior Responsible Officer, STP Workforce), Dr Simon Dunn, (STP Clinical Lead, Workforce & Chair of STP Primary Care Workforce Group) and Professor Chris Holland (Foundation Dean, Kent and Medway Medical School) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and said that workforce was an integral issue that was threaded through so many reports presented to Committee. She highlighted the recent media reports on GP figures in Kent as

a comparator to other parts of the Country and said that the Committee saw this as a real concern.

(2) Mrs Tidmarsh began by acknowledging that the challenges faced were very well known and therefore a Workforce Workstream within the STP to give a focus on this. She said that in Kent and Medway there were 226 General Practices with them all organising differently through developments of primary care networks. Mrs Tidmarsh continued that the networks were serving bigger populations through Multi-Disciplinary Teams and had a mix of professions available within them and therefore the paper presented to Committee focussed on the general practice workforce as a whole service as they could not be seen separately.

(3) Mrs Tidmarsh informed the Committee that the Kent and Medway STP was currently developing a Primary Care Strategy with the work undertaken by the STP Workforce Workstream, £1.5m was forthcoming front Health Education England to aid delivery. She gave an overview of the local and national General Practice Workforce data and the challenges being faced, detailing the following key points:

- Kent was 181 GPs short and was a moving number;
- Locum GPs make up a significant number of the workforce – 8%;
- An aging workforce was a concern – 26% are 55 years old or older;
- There is a lack of growth in GP workforce – 11% compared to 2% nationally;
- Retention of GPs was difficult - Community Education Provider Networks were working on resolving this along with training;
- There is a lack of practice nurses;
- Multidisciplinary ways of working were proving to be a good example of workforce development and delivering new ways of working to take the pressure of GPs and give a variation in career, as well as aid part time working.

(4) Professor Holland delivered a presentation on the Kent and Medway Medical School and said that he had a began in the role on 1 August 2018 and saw it as a once in a lifetime opportunity. He was delighted to inform the Committee that another stage had been met in the process of delivering the school – stage 3 of a 9-stage process in the approval process.

(5) Professor Holland emphasised that the school must widen participation and diversity with a view to influence future workforces, while providing excellent medical education. He said that the curriculum needs to be innovative underlining that by stating that the students will be practicing through to 2067.

(6) Professor Holland said that school was underwritten by two universities and that the school was partnered with Brighton and Sussex Medical School as they had the highest conversion rates to General Practice and therefore brought strength to the partnership. He continued that there was a global leadership team and looked forward to working with open minded partners to develop teaching hospitals and opportunities for research. Professor Holland stated that there was no central start-up funding; that the universities will only provide funding for half of the investment required and active conversations were taking place to increase funding levels. He concluded by stating that the clinical workforce can be benefited by the opportunities arising long before the first students graduate.

(7) Members expressed thanks for the presentations. Members enquired about GP access incorporating population need predictions, working patterns and new ways of working within the multi-disciplinary teams. Dr Dunn said that a lot of issues could not be resolved immediately, and this was felt not only at a local level but nationally too. He said that a lot was happening to aid the workforce by new ways of working for the future by defined role team working within a general practice. He stated that the debate is not about the number of GP's that we have but the quality of care on offer.

(8) Mrs Tidmarsh said that NHS England were recognising a need for capital development with local authorities assisting in this.

(9) Dr Dunn said that he was pleased that he was sitting before the Committee as he believed that primary care had not been given recognition regionally or nationally but within the last couple of years people were seeing that investment was needed.

(10) Dr Allingham was invited to speak by the Chair. Dr Allingham said that the average GP was in their forties and that reasons for part time working was due to a lifestyle choice, as well as pressures of the working day which could be 13/14-hour days. He said to aid mental health a new way of working was being favoured along with role variation.

(11) In reference to population health needs, Ms Duggal was invited to speak by the Chair. Ms Duggal said that there was a Joint Strategic Needs Assessment, which was currently being refreshed and that the Public Health Unit were happy to look at particular pathways.

(12) In response to a question about exit interviews and establishing reasons for leaving Kent Primary Care, Mrs Tidmarsh said she would explore ways to gather such information as part of the workstream.

(13) Members enquired about the medical school and further education programmes. Professor Holland wanted to widen participation, explore health professions within education from an early age and saw the selective education system as a challenging opportunity. Dr Dunn said that practices were responsible for providing further training.

(14) A Member asked about bursary availability and Mrs Tidmarsh endeavoured to look into this.

(15) The Chair concluded by welcoming the collaborations taking place and said that the Committee would continue to receive information on the progress of the Workstream and the Medical School. She looked forward to the implementation plans making a difference.

(16) RESOLVED that the report be noted, and the Kent and Medway STP be requested to provide an update following the publication of the Primary Care Strategy.

104. Single Pathology Service for Kent and Medway
(Item 6)

Miles Scott (Chief Executive, Maidstone & Tunbridge Wells NHS Trust and Chair of the Pathology Review Steering Group) and Glynis Alexander (Executive Director of Communications & Engagement, Medway NHS Foundation Trust) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Mr Scott began by informing the Committee that the Pathology Service was exclusively provided in hospitals and involve main groups - blood sciences, microbiology and cellular pathology. He continued that across the country and the world saw demand rising at an enormous rate – 300% increase in the last 15 years - with no sign of a slowdown.

(2) Mr Scott said that was workforce pressures in Kent with overall vacancies being quite high. He confirmed that technological advancement, such as high automation, meant that pathology service was going through massive transformation.

(3) Mr Scott said that the review was as a result of two national reports carried out by Lord Carter and Kent's review was in its early stages of development with various options being considered and a Full Business Case to be finalised by the Programme Board.

(4) Members asked about communications with staff, increase in demand for services and private sector involvement. Mr Scott reassured the committee that services will be provided from within the NHS but there was the potential to partner with other organisations. He confirmed that there was a capital requirement and was something to be considered. Mr Scott confirmed that there was no plan to sell anything off and saw it as an opportunity for the services to come together and make investments in automation and to boost productivity in other ways.

(5) Ms Alexander acknowledged that there was undoubtedly a great interest in news about their jobs but there was staff engagement taking place. She said that there was clinical leadership at Board Level and with the project team. Ms Alexander confirmed staff were involved throughout the process and could see the benefits forthcoming.

(6) Mr Scott said in reference to increasing demand that large centralisation was the view a few years ago and it was required to be tested. He said that evidence from around the country had emphasised that the most important thing was to get the right system in place, including the correct technology.

(7) A Member wished to explore the developments in automation. Mr Scott said that technological developments meant that some tests could be provided more locally than previously and developments in new molecular level assessments, genetic analysis and 24-hour processing were providing the challenge to find the optimal balance.

(8) RESOLVED that the report be noted, and the Kent and Medway STP be requested to provide an update at the appropriate time.

105. NHS North Kent CCGs: Urgent Care Review Programme
(Item 7)

Stuart Jeffrey (Deputy Managing Director for NHS Medway CCG and Senior Responsible Officer for the Urgent Care Programme in NHS North Kent CCGs and NHS Medway CCG), Gerrie Adler (Director of Strategic Transformation, NHS Swale CCG) and Shelley Whittaker (Head of Communications, NHS North Kent CCGs) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and said that parts a and b of the item would be discussed together but that the recommendations would be considered separately. The recommendation are set out below.

(2) NHS representatives were invited to introduce the topic. Mr Jeffrey began by giving an overview of the Urgent Care Programme and confirmed that the papers presented related to the face to face aspect.

(3) Mr Jeffrey said that the Swale Urgent Care Review Programme had been out to procurement once and the tenders returned an unaffordable position for the CCG and therefore the specification was going through a period of review.

(4) Mr Jeffrey said that the Dartford, Gravesham and Swanley Urgent Care Review Programme had changed a few times over the years with plans for a decision to be made within in the 12 to 24 months. He said that there had been continual public engagement to inform discussions but that the paper highlighted that there may be a need for further public consultation.

(5) Mr Inett was invited to speak by the Chair and informed the Committee that Healthwatch has been working closely to review pathway used by NHS111 and that Healthwatch were proactive in development of this proposal.

(6) Members enquired about variation in services in relation to mobile provision and operating hours. Ms Adler confirmed that the reason for Swale having a mobile unit was for historic reasons due to the area's unique geography and travelling difficulties. She said this meant that it had to be retained within this specific urgent care proposal as identified through stakeholder engagement.

(7) Ms Adler said in relation to operating hours a 24-hour service would normally be attached to a 24-hour urgent treatment centre whereas a community hospital had a 12-hour operation due to level patient flow. She continued that Dartford, Gravesham and Swanley do not have a 24/7 service with access only to 12-hour services; Swale had 24/7 access at Medway Foundation Trust. Ms Adler concluded that review planning would lead to development of suitable hours of operation.

(8) The Chair referred to the likely missed deadline of the NHS national requirement for minor injuries units and walk-in centres to be replaced by urgent treatment centres and any associated impacts. Ms Adler said that the proposal

was being managed with NHS England and that any feedback received would be brought back as part of future reports to the Committee.

(9) Members said that based on the presentation, the Swale CCG review could be, at this time, deemed a substantial variation but that a recommendation would be made following receipt of the review analysis in March 2019.

(a) **NHS Dartford, Gravesham and Swanley CCG**
(Item 7a)

(10) The discussion for 7a and 7b was conducted together, as set out above.

(11) RESOLVED that:

(a) The Committee deems proposed changes to urgent care in Dartford, Gravesham and Swanley to be a substantial variation of service;

(b) Dartford, Gravesham and Swanley CCG be invited to attend this Committee and present an update at an appropriate meeting once the timescales have been confirmed.

(b) **NHS Swale CCG**
(Item 7b)

(12) The discussion for 7a and 7b was conducted together, as set out above.

(13) RESOLVED that the Committee receive an update on the CCG's procurement progress in March 2019.

106. Urgent Primary Care Services: Integrated Care 24 (IC24)
(Item 8)

Dr Andrew Catto (Chief Medical Officer and Deputy Chief Executive, IC24) and Katherine Pitts (Chief Operating Officer, IC24) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. Ms Pitts gave a brief outline of the service highlighting that IC24 provided coverage across Kent excluding Medway and Swale. She explained that the service was moving to an integrated urgent care model, responding to need, and was GP led. She continued the new roles of Advance Nurse Practitioners and Urgent Care Practitioners were bringing additional skills.

(2) Ms Pitts acknowledged that the levels of clinical coverage meant that there were difficult periods and were impacted by staffing difficulties. She hoped that the report gave assurance that the service was clinically led. She continued that the tables presented in the report provided an average patient demand.

(3) Dr Catto, referring to the previous STP Workforce item, recognised that the nature of the service meant that there was greater pressure on adapting to out of hours coverage and the model prescribed by NHS England.

(4) A Member asked about the media reports of low levels of coverage in specific areas, the comparison to the report presented and sought assurance that this was a one-off incident. He continued that presenting averages can mask the true situation and for the next report he would welcome the lowest and highest patient contacts, including graphs to see spikes in demand. Dr Catto said that he was happy to address this and gave assurance to the Committee that the Commissioners of the service saw that data regularly and committed to providing that level of detail in future. He emphasised that there was a distinction in acuity of urgent and emergency care.

(5) A Member referred to a recent useful and insightful visit and enquired as to the meaning of being a 'not for profit' social enterprise and the staff salary scheme. Dr Catto committed to providing further information on this and extended the invitation to visit the service to other Committee Members.

(6) The Chair confirmed that a visit could be organised in due course.

(7) RESOLVED the report be noted and a more detailed report on data be provided.

107. Wheelchair Services in Kent
(Item 9)

Caroline Selkirk (Managing Director, NHS East Kent CCGs), Ailsa Ogilvie (Chief Operating Officer, NHS Thanet CCG), Sarah Vaux (Chief Nurse for the NHS East Kent CCGs) and Matthew Inder (Business Process and Continuous Improvement Manager, Millbrook Healthcare) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and informed the Committee that Sophie Fournel, Service Manager, Centre for Independent Living in Kent (CiLK) and representative from Wheelchair Service Users was unable to attend but had submitted a statement. The Chair read the statement on Ms Fournel's behalf to the Committee. The statement was attached as a supplement to the minutes.

(2) Ms Selkirk said that there had been clear and steady progress within the service recognising that this was still an ongoing difficult situation and as raised by Sophie Fournel. She referred to ongoing engagement and additional scrutiny conferred upon the service by the CCG.

(3) Ms Ogilvie said that the level of repairs was reported at 87 at the current time. She confirmed that the waiting list for assessment and equipment provision, which had grown to a very unacceptable 3369 was at the end of December reported as 2444. She said that on average 120 new referrals were made every month which impacted on the waiting list. Ms Ogilvie acknowledged that there a long road to travel to remove the backlog and that in reality individuals will be waiting far too long. She said that everyone was committed to turning this around with ongoing support from service users.

(4) Members enquired about waiting lists, staffing and comparisons against similar geographical neighbours. Ms Ogilvie said that because of the inherited backlog and the higher complexity of cases, a process of splitting out what 'business as

usual' looked like was something that needed to be achieved. She said that they were therefore setting a target of an acceptable waiting list. Ms Ogilvie informed the Committee that the Wheelchair Service was not bound by the 18-week referral to treatment target. She confirmed that the CCG had been looking at similar services across the country to assess how to achieve sustainable waiting times, some are achieving 20-22-week waiting lists and were working with Millbrook Healthcare on how to progress.

(5) Mr Inder highlighted that the staffing model was continuing its planned trajectory and that staff retention was being maintained. He confirmed that there was regular supervision and that staff were adequately supported due to the pressures being experienced by the service. Ms Selkirk said that staff recruitment, retention and turnover had been good, and that additional clinical staff above the headcount, medical secretary and occupational assistant had been employed. She added that triaging needed to be good and recruitment of an additional staff member would assist with that. Ms Selkirk concluded that the CCG through the contractual process were feeling more assured.

(6) Mr Inett was invited to speak by the Chair and said that Healthwatch had taken a step back after its initial involvement as the users were involved. He said that Healthwatch still wished to be kept in the loop and involved in the proposed Board being established. Mr Inett acknowledged that several organisations had been involved in this and that it had been a challenging situation to find suitable venues to ensure they are able to give feedback. He offered to assist with this.

(7) Several Members enquired about complaints. Ms Vaux said from the CCG's perspective there was a robust process in place for complaints handling and that a quality team was in place to identify themes. She continued that the information learned showed that from a quality perspective it was more business as usual analysis.

(8) Ms Selkirk said that identified themes gave assurance on the contracting from independent Clinicians with a view gauged of the levels of happiness of the service and if the need arose escalation would go to the Quality Committee. She said the voice of users was coming through by way of the emerging themes.

(9) A Member said that they felt this assurance was not coming through in the report presented and would welcome more information by way of peer comparison information for a future return and more thematic complaints analysis.

(10) The Chair endorsed this and said that the reported referred to CCG seeking assurance was worrying. Ms Vaux confirmed that the process was seeking assurance through further checks being conducted.

(11) Mr Inett said that it had to be remembered that there was vulnerability and reliance on this service and were less likely to complain. He emphasised that there needed to be alternative mechanisms than complaints and involvement in Boards and events would hopefully aid that.

(12) The Chair made reference to a member of the public who had attended and requested to speak. The Chair said that the Committee although held in public was not a public meeting and suggested that the representatives of the NHS present may be able to speak to them after the conclusion of the item. She added that the member of the public was also able to email the Committee.

(13) RESOLVED that the reports be noted, and Thanet CCG provide an update, with additional information as requested by the Committee, at the appropriate time.

108. NHS East Kent CCGs: Financial Recovery Plan
(Item 10)

Caroline Selkirk (Managing Director, NHS East Kent CCGs) and Sarah Vaux (Chief Nurse for the NHS East Kent CCGs) were in attendance for this item.

(1) Ms Selkirk said that work undertaken was ongoing but to date the CCGs had received a positive return from NHS England on their plan. She said that the main aim was to provide a better service for patients as well as meet the financial targets imposed upon the CCGs. Ms Selkirk said that they recognised that this was never just about money and that they must provide a high-quality service and improved experience. She acknowledged that workforce had to be in order to be able to deliver on the plans.

(2) Members enquired about the change in deficit figures, auditing of accounts and staffing. Ms Selkirk confirmed that the CCGs had internal and external auditors. She said that there were some disputes between the main acute and CCG and was in relation to coding concerns but that an independent expert that had been commissioned to look into this with the CCG and Provider receiving feedback. Ms Selkirk said that the CCG was looking at agreeing a way forward to have no further issues on coding.

(3) Ms Selkirk said that the service was starting to move away from the old means of contracting and this year there was clearer open book accounting. She acknowledged that CCG was seeing the after effects of the old types of contracting. Ms Selkirk said that the system as a whole was spending more money than it had but new ways of contracting meant that risk was being shared more evenly between Commissioner and Provider. The CCG was presenting back to NHS England.

(4) Ms Vaux said that the Quality, Innovation, Productivity and Prevention (QIPP) Programme, led by Clinicians had identified opportunities in medicine management. She said that cheaper alternatives that give safe alternatives was being explored. Ms Vaux confirmed that this was nothing new and that individual patients were recurrently reviewed and that multi-disciplinary teams were giving optimal time and treatment. She confirmed that more detail could be provided if required.

(5) Ms Selkirk said that there were no plans for redundancies and that natural wastage would occur.

(6) Ms Selkirk said that the NHS Ten Year Plan monies would not be received until next year and that the amount of money was defined by the National Tariff. She

emphasised that there is a real opportunity to invest more money in local care – general practice and community services.

(7) RESOLVED that the report be noted, and as part of the East Kent CCGs Special Measures presentation scheduled for April 2019, provide a detailed update on the recovery plan.

109. NHS Medway CCG and NHS North Kent CCGs - Dermatology Services: Written Update
(Item 11)

Stuart Jeffrey (Deputy Managing Director, NHS Medway CCG) was in attendance for this item.

(1) Mr Jeffrey informed the Committee that due to the ongoing procurement process the details were commercially sensitive.

(2) Mr Inett was invited to speak by the Chair, who enquired what communications had taken place with the British Association of Dermatologists (BAD). Mr Jeffrey confirmed that he had met with BAD representatives and had listened to some of their concerns.

(3) A Member sought assurance that the implementation of the new service would be seamless and that there would be no gap in service. Mr Jeffrey provided assurance that from the patient perspective there would be no reduction in services to patients.

(4) RESOLVED that the report be noted, and NHS Medway CGG be requested to provide an update to the Committee on procurement and waiting times in April 2019.

110. Flash Glucose Monitoring: Written Update
(Item 12)

(1) The Committee received a report from the Kent CCGs regarding their implementation plans considering the NHS England announcement that all CCGs would have to enable prescribing of flash glucose monitoring for appropriate patients from April 2019.

(2) RESOLVED that the report be noted.

111. Draft Work Programme
(Item 13)

(1) A Member requested that the April HOSC meeting be cancelled due to lack of time sensitive business scheduled and the impacts of local elections.

(2) RESOLVED that:

(a) the Committee considered and agreed the draft work programme subject to the additions arising from recommendations resolved on the agenda today; and

(b) consideration be given to the April HOSC meeting be cancelled due to lack of time sensitive business scheduled.

112. Date of next programmed meeting – Friday 1 March 2019
(Item 14)

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Sophie Fournel Statement

- This has not been an easy process, the volume of unhappy service users we continue to hear from is disappointing as we continue to receive comments and complaints from the people we are working with and supporting. It is going to take a lot more than just words to appease people, change and improvement is slow to reach ground level. The reported improvements are not being seen widespread by users yet.

- Some of the original group to raise these issues, for various reasons, feel that they are unable to continue working with Millbrook and the CCG but remain committed to scrutinising the service going forward based on their ongoing experience and the issues they receive.

- The CCG and Millbrook have acknowledged that there have been real problems with the service and just this week we received a copy of the audit report.

- Both the CCG and Millbrook are clear that they want to hear the issues that people are having and are prepared to listen. We are working with Millbrook towards holding a number of events where individuals, their families etc. will be able to talk about their concerns and a decision on priorities will be made. I am hoping that people take this opportunity and feel able to be open and honest.

- The wider service user community will be invited to join steering groups looking at the issues, one issue at a time, and invited to sit on the overall board scrutinising the work carried out and progress made. There will be clearly defined roles and responsibilities.

- We have made clear that communication from Millbrook is still lacking and that communication needs to be frequent and honest.

- Our individuals and organisations will continue to support people who feel that they are reluctant or unable to raise a complaint directly through fear of retribution.

- Going forward it is imperative that there is transparency and robust reporting so that we can ensure that progress being made and reported is reflected in the experience of the end user.

- I am here not as a service user but from Centre for Independent Living Kent. We are committed to working with the CCG to ensure that our members and those disabled people we support receive the high level of service that they need and deserve. We are working with very vulnerable people who feel like they are being let down and disenfranchised every way they turn. This needs to change.

- The Service Users and user groups urge HOSC to continue to monitor progress to ensure pressure is maintained to make the necessary improvements.

Item 5: Children and Young People's Emotional Wellbeing and Mental Health Service and All Age Eating Disorder Service

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 1 March 2019

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

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

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

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1. Introduction

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

- *RESOLVED that:*

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

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

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

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

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

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

- *RESOLVED that:*

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

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

Item 5: Children and Young People's Emotional Wellbeing and Mental Health Service and All Age Eating Disorder Service

(d) 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.*

(e) 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.

(f) On 21 September 2018 the Committee received a report on the Children and Young People's Emotional Wellbeing and Mental Health Service and agreed the following recommendation:

- *RECOMMENDED that the Committee:*

  (a) Noted the report and expressed continued concern at the level of wait for young people despite efforts;

  (b) Receives additional written information on waiting times, discharge data and interventions within the month;

  (c) Invite the CCG to provide an update in six months including the All Age Eating Disorder Service.

(g) The additional written information was received and circulated to the Committee on 31 October 2018 and 15 November 2018.

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

Children & Young People's Mental Health Services	pages 23 - 32
All Age Eating Disorder Service	pages 33 - 36

2. Recommendation

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

Item 5: Children and Young People's Emotional Wellbeing and Mental Health Service and All Age Eating Disorder Service

Background Documents

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

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

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*

Kent County Council (2018) *'Health Overview and Scrutiny Committee (21/09/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4

Contact Details

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Kent Children and Young People's Mental Health Service (CYPMHS)

Health and Overview Scrutiny Committee 1 March 2019

Summary

This paper provides an updated written briefing regarding the needs, referral, discharge and waiting times regarding NELFT Children's and Young People's Mental Health (CYPMHS) services in Kent. The briefing also updates on progress to date of the new service, current challenges and governance to meet the ambition of sustained transformation in Kent for children and young people to meet the increased demand for services.

Recommendation

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

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

Background to CYPMHS

CYPMHS is a jointly commissioned service by Kent County Council and Kent Clinical Commissioning Groups delivered at eight locality levels. The model was developed alongside the principles and approaches articulated within Future in Mind and includes a Single Point of Access (SPA), and clear, seamless pathways to support children and young people, ranging from Universal 'Early Help' through to highly specialist care with better transition between services.

The Targeted and Specialist Mental Health Services for Children and Young People (CYPMHS) ensures that young people and their families have easy access to high quality mental health services when they need it.

As presented at the September 2018 HOSC the transformation of services required a focussed, holistic and partnership approach. This has resulted in greater emphasis being put on the management of the waiting list targeted/specialist waiting list rather than the early intervention phase.

Kent wide performance against the national access target

The table below shows NHS Digital predicted performance for 2018/19 across all Kent CCGs based on data for April to November 2018. Currently, the four East Kent CCGs are predicted to meet and exceed the 32 per cent access target, as are Kent and Medway STP (32.3 per cent).

Data for this metric are collected via NHS Digital's Mental Health Services Dataset. Nationally and locally, there are substantial limitations with this dataset and consequently the access rate predictions below are an underestimate. It is likely that a one-off submission will be commissioned, as in 2017/18, which will provide a more accurate representation of access rates.

Kent and Medway performance against the NHS England Access target
To enable 32% of CYP with MH condition to access treatment in 2018/19

CCG	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition	Percentage access rate (forecast) highlighted if meeting the 32% target
NHS Ashford CCG	810	2,583	40.8%
NHS Canterbury and Coastal CCG	1,090	3,492	40.7%
NHS Dartford, Gravesham and Swanley CCG	1,160	5,397	28.0%
NHS Medway CCG	1,290	6,067	27.7%
NHS South Kent Coast CCG	1,120	3,887	37.5%
NHS Swale CCG	615	2,530	31.7%
NHS Thanet CCG	1,075	2,964	47.2%
NHS West Kent CCG	1,735	8,936	25.3%
Kent and Medway	8,885	35,856	32.3%
SOUTH EAST	33,145	152,411	28.3%
ENGLAND	227,613	1,046,246	28.3%

Source: NHS Digital

*Access target for 18/19 is predicted based on MHSDS data for April to November 2018 and adjusted for seasonal variation

Kent needs assessments child and adolescent mental health services

The increasing prevalence of mental health symptoms across the child population in addition to an increase in the child population in Kent means that building resilience at scale, targeting at-risk populations, intervening early and effectively and treating those who will benefit most at specialist level, becomes critical to meeting the aim of the Transformation Plan.

In November 2018, NHS Digital published the results of the 2017 CYPMH prevalence survey, last conducted in 2004[1]. Among 5 to 15 year olds, the survey results reported a statistically significant increase in the prevalence of mental ill health, from 10.1 per cent in 2004 to 11.2 per cent in 2017. This increase was largely driven by a rise in the prevalence of emotional disorders.

Certain cohorts of young people were identified as having a particularly high prevalence of mental illness; for example, young women (23.9 per cent) and young people who identify as LGBT (34.9 per cent). Evidence suggested that young people with a mental health disorder more likely to participate in risky behaviours such as smoking, substance misuse, alcohol use, play truant and be excluded from school.

Caseload, Referral and Waiting list data

The National standard that NELFT is currently trying to achieve is that patients should not wait any more than 18 weeks from referral to the time of their first treatment intervention. The demand for services remains high as shown below.

Caseload

At end January 2019 there were approximately 11,700 children and young people on the caseloads of all NELFT Kent teams.

- Combined locality teams held 5,038 open cases and;
- Neurodevelopmental and Learning Disability (NDLD) held 6,675 open cases

Referrals

The service has received over 25,000 referrals since commencement in September 2017. All children and young people referred are triaged by a clinician via our SPA within two working days. The purpose of the triage is to seek clarity on current needs, complete a risk assessment, agree next steps including determining if crisis/urgent/planned intervention is required and agreeing a safety plan as needed. On completion of triage and acceptance, the referral is sent to the appropriate locality where a clinician is allocated to complete an assessment to determine treatment pathway.

Total Referrals Sept 17 - January 19	
NHS ASHFORD CCG	2,796
NHS CANTERBURY AND COASTAL CCG	3,683
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	3,231
NHS SOUTH KENT COAST CCG	4,606
NHS SWALE CCG	1,860
NHS THANET CCG	3,670
NHS WEST KENT CCG	5,612
Total	25,458

Total number of children waiting for their first full assessment

Locality Teams

CYP waiting for an assessment as 31/01/19	0 -18 Wks	Over 18 Wks	Grand Total
NHS ASHFORD CCG	51		51
NHS CANTERBURY AND COASTAL CCG	132	131	263
NHS SOUTH KENT COAST CCG	176	28	204
NHS THANET CCG	25	5	30
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	102	14	116
NHS SWALE CCG	21		21
NHS WEST KENT CCG	142	53	195
Grand Total	649	231	880

Neurodevelopmental & Learning Disability (NLDS) Service

CYP waiting for an assessment as 31/01/19	0 -18 Wks	Over 18 Wks	Grand Total
NHS ASHFORD CCG	179	432	611
NHS CANTERBURY AND COASTAL CCG	228	634	862
NHS SOUTH KENT COAST CCG	255	656	911
NHS THANET CCG	273	487	760
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	72	68	140
NHS SWALE CCG	52	78	130
NHS WEST KENT CCG	129	230	359
Grand Total	1188	2585	3773

Number of children waiting for routine treatment following assessment (RTT)

The number of new referrals to enter the service continues to increase so therefore the number of children waiting may also grow, as the service sees new service users whilst continuing with follow ups to see those CYP who have already started treatment. However, despite the increase in demand a high number of CYP in community teams are now starting treatment within 18

weeks of referral, for example, in West Kent 82.60% of CYP were seen as at the end of January 2019 (up 15 per cent from September 2018).

Referral to Treatment Waiters	18+ Weeks Waiters Community		% CYP seen within 18 weeks Community		18+ Weeks Waiters NLDS		% CYP seen within 18 weeks NLDS		All Activity			
	1	2	3	4	1	2	3	4	5	6	7	8
All Waiters by CCG of the Service User	Waiters Sept 18	Waiters Jan 19	Sep-18	Jan-19	Waiters Sept 18	Waiters Jan 19	Sep-18	Jan-19	Number of Referrals Accepted	Number of Face To Face Appts	Number of Telephone Appts	Number of Total Contacts
NHS ASHFORD CCG	85	165	77.60%	83.10%	288	312	65.50%	76.90%	492	2124	787	2911
NHS CANTERBURY AND COASTAL CCG	231	357	72.40%	72.70%	479	486	36.40%	28.10%	583	3036	964	4000
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	69	122	95.30%	86.20%	32	50	94.60%	80.00%	581	2685	1212	3897
NHS SOUTH KENT COAST CCG	174	313	68.10%	63.50%	581	606	66.00%	41.70%	817	2379	1155	3534
NHS SWALE CCG	15	30	92.60%	92.30%	36	30	100.00%	66.70%	389	2022	629	2651
NHS THANET CCG	146	140	69.00%	68.80%	433	416	64.70%	62.90%	740	3476	1178	4654
NHS WEST KENT CCG	255	249	67.10%	82.60%	174	193	90.90%	85.20%	983	4852	1996	6848
Total	**975**	**1376**			**2023**	**2093**			**4585**	**20574**	**7921**	**28495**

Table Index:
1. Number of CYP waiting 18 weeks and over as at the end of September 18
2. Number of CYP waiting 18 weeks and over as at the end of January 19
3. % of CYP started treatment (Clock Stop) within 18 weeks as at the end of September 18
4. % of CYP started treatment (Clock Stop) within 18 weeks as at the end of January 19 (of those seen/clock stop)
5. Number of referrals accepted into the service between September 18 and January 19
6. Number of face to face appointments by the service with CYP between September 18 and January 19 - this includes first and follow ups
7. Number of telephone appointments by the service with CYP between September 18 and January 19
8. Total of the number of contacts (face to face and telephone) appointments by the service with CYP between September 18 and January 19

Actions taken to reduce waits backlog

As previously shared we acquired additional funding via the Department of Health Future in Mind allocation and the Local Transformation Board in September 2018. Each team's referral time to treatment (RTT) trajectory is routinely monitored to ensure compliance. The intention is that if the referral rate remains consistent month on month, and once the 18 week RTT target is achieved we will retain the additional staff and begin to see a reduction in the waiting times. We are beginning to see some locality teams achieving their 18 week Referral to treatment target excluding NDLD.

Neuro developmental provision (NDLD)

The commissioning of NLD services is different across east and west Kent. In east Kent we are commissioned to provide assessment, treatment and ongoing support for all children. In west Kent we are only commissioned to provide assessment and treatment for children 12+ years.

This NDLD team has a very high caseload of 6675 which includes historical waits and referrals received since September 2017. We have made good progress in a number of areas to strengthen the current NDLD offer to children, young people and their families. Key developments include:

- Enhanced management model
- Two new Senior Managers appointed and commencing April 2019 and increased the administration support function to improve customer experience in relation to clinic attendance and telephone queries
- Shared care arrangements planned with General Practice and will be operational from April 2019
- Exploring alternative NDLD models nationally to improve the local offer to families
- Electronic prescribing module purchased - full implementation in Kent May 2019
- Courier service in place to deliver prescriptions to locality clinics
- Pharmacy led prescribing audit in place to look at current use of medication against expected patterns
- Improved telephone system - although still experiencing problems in area, e.g. Canterbury (number of complaints have reduced considerably)

Staffing/vacancies

The service (excluding Medway) currently has an establishment of 277 full time equivalent staff. At the end of January, there were 52 vacancies across the service.

Areas that have been difficult to recruit to include; Crisis, Neurodevelopmental & Learning Disability Service (NLDS) and Medical Consultant posts as outlined in the table below.

Dartford is a fully established team with no vacancies. Swale, Ashford, Canterbury and Thanet have 5 per cent or less vacancies within their teams.

Temporary Staffing has been secured on the Trust Bank and external agencies to ensure continuity of service as services continue to recruit via a rolling recruitment campaign. In addition, the service has run targeted recruitment campaigns within local areas and incentives have been attached to key posts that go out to advert.

At the end of January, the service had 23 posts within the recruitment stage and 21 posts secured and awaiting commencement.

Currently the vacancies that exist are:

Team	Vacancy %
Crisis	34
Neuro	18
Medical	13
Single Point of Access (SPA)	9
West Kent	8
Swale	5
Ashford	5
Canterbury	3
Thanet	4
Dartford	-

Service user satisfaction and feedback

Since service commencement, the service has addressed a number of concerns raised by CYP and their families. These concerns were raised with the service informally, formally and via MP and CCG enquiries. The theme of these concerns included length of time for assessments and treatment, service provision due to capacity issues and communication with CYP and families during waiting times. It is important to note that very few complaints are as a result of poor service quality. In September 2018, the service held 21 open formal complaints. This has reduced over the months and as at the end of January 2019, the service held 8 open formal complaints.

To ensure the service effectively responds and listens to their service users, a number of steps have been taken in managing service user expectations effectively;

- Improved access via SPA (in hours) and Mental Health Direct (after hours) via one access telephone number
- Written communication to inherited waiters following commencement of service

- Robust governance when handling complaints and concerns in line with Trust policy and procedures
- Senior managers meet with CYP and families where there are on-going concerns
- Recruitment initiative drive to increase capacity within the service
- Additional customer service training provided to administrative staff

Further capacity building Interventions in both CYPMHS

In addition to the increase in team capacity we secured additional resources to build capacity within the community to support the partnership approach to achieving service transformation by:

- Increasing online access to Big White Wall for 16-18 year olds.
- Commissioning and delivering a wide range of evidence based treatments, care pathway specific including specialist interventions in a complex pathway e.g. harmful sexual behaviour.
- Enhancing partnership working, e.g. system wide transformation meetings, KCC specific work streams on youth offending and looked after children (LAC), offering training and support to schools.
- Evidencing an improvement in the Early Help work stream and the Health Pupil Referral Units (PRUs).
- Enhancing the NELFT Strategic partnership role by implementing new ways of working/roles Trailblazer, Children and Young People's Improving Access to Psychological Therapies (CYPIAPT), Recruit to Train and Children Wellbeing Practitioner posts (total of 18 roles).
- Increasing the participation of children, young people and their families in service planning and monitoring work stream led Patient Participation worker (will be recruiting to Kent specific role).
- Developing the MindFresh app to resolve the connectivity and electronic patient record (EPR) interoperability.
- Securing with partners the Trailblazer sites in Swale and Dartford, Gravesham and Swanley CCGs (additional early intervention mental health support in school settings).

- Strengthening the Early Help pathways in all areas and forming good working relationships with partners.

NELFT and local commissioners continue to work with NHSE and South London and the Maudsley (NHS provider of Tier 4 in Kent) to meet the vision that children and young people in Kent will be treated as close to home as is possible, supporting children and young people to stay in the community when safe and appropriate.

Key actions to improve services during 2019 include:

Resilience and Reach

- Implement the Trailblazer mental health service provision in Dartford, Gravesham and Swanley and Swale schools.
- Increase the local school liaison with Kent Community staff to develop early help skills.
- Work with partners to develop system wide support for children, young people and families with neurodevelopmental disorders (All Age Autism Pathway in development).

Early Intervention and Prevention

- Implementation of the Shared Care model for Neurodevelopment services (four GP practices in east Kent identified). This will allow specialist services support to be managed in a more efficient way and will permit more children to access NDLD in a more timely manner.
- We will continue to enhance the Early Help pathway working by offering joint training, joint clinical sessions including groups, increased consultations and liaisons to support the Early Help Hubs.
- We will continue to develop the Health Pupil Referral Unit model to assist in supporting children with school placements.
- Youth Offending/Behaviour and Conduct Pathway development in order to provide support at the earliest opportunity.
- Development of new Section 76 contract partnership arrangements to improve performance monitoring of KCC elements of the service delivery.

Specialist Support

- Complete the transformation of the NDLD pathway including the streamlining of assessment process, screening, parental support and training e.g. non-violent restraint, medication reviews/audit and discharge planning. This will require system wide work streams.
- Complete the implementation of the user focused routine outcome measures.
- Continue to enhance the evidence base approach being firmly embedded in the care pathway model.
- Work with partners to develop strategies for current national and local priorities, e.g. gang control, supporting CYP of parents with alcohol or drug dependency, enhancing joint working and joint care planning for complex social care presentations.
- Working in close partnership with commissioners in relation to embedding an effective and efficient Community Education Treatment Review Process for Kent.

Crisis

- Continue to work with NHS England and partners to enhance the acute care pathway and admissions to ensure an integrated robust crisis pathway.
- To enhance communication and joint care planning between community crisis and acute care provision (Paediatric Admissions).
- Deliver training to schools and partner agencies

Conclusion

Despite the increase in referral activity good progress has been achieved during 2018/19 but there is still a long way to go in Kent to fully deliver the transformation programme and to provide a comprehensive service for children and young people.

Collaborative working with partners including education, social care, early help, youth justice, and pupil referral units have improved and is helping us to build knowledge and confidence around emotional wellbeing, resilience and mental health.

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

Health and Overview Scrutiny Committee 1 March 2019

Summary

This paper is being submitted to the HOSC to provide a briefing regarding the mobilisation of the Kent and Medway all age eating disorder service which commenced on 1 September 2017.

Recommendation

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

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

1.0 Introduction and Background

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

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

Since 1 September 2017 Kent and Medway Clinical Commissioning Groups (CCGs) have procured a new service to deliver high quality, evidence based, early intervention and specialist treatment to service users with suspected or diagnosed eating disorder.

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

2.0 Key components of the new eating disorder service:

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

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families
- Through an all age service the issues of transitioning at 18 years old to a different provider will no longer be experienced
- Staff have a greater breadth of skills and expertise for eating disorders – rather than generic mental health teams delivering this service.

3.0 Mobilisation

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

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

4.0 Delivery of service transformation

The new clinical model and pathway for the all age eating disorder service in Kent and Medway has been delivered since April 2018. The process of transformation has included the development of evidence based care pathways, robust systems, efficient processes and innovative technology.

We have successfully amalgamated the two separate teams (adult and children) and are delivering NICE concordant care pathways for eating disorders within our multi-disciplinary community service which includes nurses, cognitive behavioural therapy (CBT) therapists, psychologists and dietitian. Our service model includes carers groups for both children and adults with an eating disorder. Online technology is available where this is appropriate, for example Bulimia treatment. Furthermore we are undertaking research in collaboration with University College London.

5.0 Performance

The data below shows the Referral to Assessment (RTA) and Referral to Treatment (RTT) data for the eating disorder service, as at the end of December 2018:

Number of Referral to Assessment (RTA) waiters	
NHS ASHFORD CCG	4
NHS CANTERBURY AND COASTAL CCG	9
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	7
NHS SOUTH KENT COAST CCG	10
NHS SWALE CCG	5
NHS THANET CCG	11
NHS WEST KENT CCG	13
Grand Total	59

Number of Referral to Treatment (RTT) waiters	
NHS ASHFORD CCG	10
NHS CANTERBURY AND COASTAL CCG	26
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	15
NHS SOUTH KENT COAST CCG	24
NHS SWALE CCG	8
NHS THANET CCG	15
NHS WEST KENT CCG	30
Grand Total	128

During the period 1 April 2018 – 31 December 2018 there have been 643 referrals, and 521 accepted referrals. 515 people have been discharged from the service during the same timeframe. In December 2018 100 per cent of children and young people met both national standards for eating disorders; starting treatment within four weeks of a routine referral and within one week for urgent referrals.

There is no waiting list for young people and treatment commences within four weeks. Adults who access the service are seen within four to eight weeks, which has significantly improved since NELFT have delivered the service. The previous adult service had an assessment time of six months. Furthermore the service inherited a waiting list which has been reduced from 200 to 80 since service transfer.

As of 15 February 2019 within Kent and Medway there are three young people in an eating disorder inpatient bed. There are also five young people at the Kent and Medway Adolescent Unit (KMAU) on the eating disorders pathway in inpatient beds.

6.0 Staffing – including recruitment and retention

The establishment for the all age eating disorder service is 27.8 WTE (whole time equivalents) including clinical and administrative staff. The service has successfully recruited highly competent staff to the vast majority of posts. There are no retention issues for this service and staff receive high quality supervision.

All staff now trained to deliver NICE concordant treatments which include CBT; (Mantra) Maudsley model of Anorexia Nervosa treatment for adults; Dialectual Behavioural Therapy; IAPT Family Therapy for eating

disorders and Radically Open Dialectical Behaviour Therapy. This year staff have received additional training in Multi Family Therapy, Emotional Focused Therapy and SPEAKS. SPEAKS is a new treatment which NELFT are developing for people with anorexia in partnership with NHS England.

7.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

(i) NOTE the contents of this report.

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Item 6: East Kent Hospitals University NHS Foundation Trust – Care Quality Commission Inspection of Children's and Young People's Hospital Services

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 1 March 2019

Subject: East Kent Hospitals University NHS Foundation Trust – Care Quality Inspection of Children's and Young People's Hospital Services

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

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

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1. Introduction

(a) In October 2018 the Care Quality Commission (CQC) undertook an inspection of East Kent Hospitals University NHS Foundation Trust's Children's and Young People's Hospital Services.

(b) On 13 February 2019 the CQC published its report and were given a CQC overall rating of 'inadequate':

Safe	-	Inadequate
Effective	-	Requires Improvement
Caring	-	Good
Responsive	-	Requires Improvement
Well-led	-	Inadequate

(c) The services for children and young people at the William Harvey Hospital and the Queen Elizabeth the Queen Mother Hospital were last inspected in July 2015 and given an overall rating of 'requires improvement'. The CQC reports can be read here:

Queen Elizabeth the Queen Mother Hospital
William Harvey Hospital

(d) The Chair requested that the Trust provide a report to the Committee on the CQC inspection and the actions being undertaken to improve the service.

2. Recommendation

RECOMMENDED that the report be noted, and East Kent Hospitals University NHS Foundation be requested to provide an update to the Committee at the appropriate time.

Item 6: East Kent Hospitals University NHS Foundation Trust – Care Quality Commission Inspection of Children's and Young People's Hospital Services

Background Documents

None

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Care Quality Commission inspection of children's and young people's hospital services

1. Background

1.1. The Care Quality Commission (CQC) undertook an inspection in October 2018 of children's and young people's hospital services at William Harvey Hospital, Ashford, and Queen Elizabeth Queen Mother Hospital, Margate.

1.2. On 13 February 2019 the CQC published its reports into the October 2018 inspection which rated children's services 'good' for caring, but the overall rating for children's services in the two hospitals as 'inadequate'.

1.3. The services inspected were the children's ward at each hospital, the emergency departments and operating theatres. In their inspection the CQC recognised that staff are caring and compassionate.

1.4. They also inspected the Neonatal Intensive Care Unit at Ashford and the special care baby units at both hospitals, where they reported staff were very caring and supportive.

1.5. Following the inspection the CQC required the Trust to meet a number of conditions. On publication of its inspection report, the CQC confirmed that since October the Trust has made significant improvements in all of the areas that they highlighted and therefore the conditions can be removed shortly. The conditions said:

- The trust must not use adult trolleys for patients under the age of 18 unless a risk assessment has been undertaken and documented to minimise any risk of harm.

- The trust must submit a report to the Care Quality Commission each week giving the numbers of paediatric nursing and paediatric medical staff for all shifts along with the number of patients under the age of 18 in both hospitals, along with any incidents reported by the child health division in the seven days prior to the report.

- Every four weeks the trust must submit a report to CQC in respect of the child health division, giving audit figures for paediatric early warning scores, medicines, use of resuscitation trolleys, and sepsis. The reports must show how clinical outcomes are being audited, monitored and acted upon.

- The trust must submit its current risks on the child health division risk register to CQC every two weeks.

- The provider must submit a report to CQC every four weeks on the current training rates for all staff who provide care and treatment to patients under the age of 18.

1.6. On 7 and 8 February 2019, East Kent Clinical Commissioning Groups held a Quality Assurance Visit to the services that the CQC had inspected and reported that they were satisfied that they had seen improvements within all the areas of the children and young people's services highlighted by the CQC. They reported that staff talked about the improvements they had made to date and plans for further and continued improvements for families.

2. Increased staffing levels

2.1 Since the inspection staffing levels in our emergency departments for children's services at both hospitals have increased to ensure services are safe and children and young people are well-cared for. We have filled a number of vacant posts in both hospitals since the date of inspection, including four children's nurses, two emergency department children's nurses, one neonatal nursery nurse, two doctors and two child safeguarding practitioners.

2.2 Two more children's nurses are joining the children's ward at William Harvey Hospital shortly. We now have children's nurses in our two emergency departments 24/7, which means children and young people attending our emergency departments are cared for by nurses who are expert in these patients' needs.

3. Thorough daily safety checks

3.1 Daily safety checklists are carried out across all hospital areas caring for children and young people, including the emergency departments. This gives full assurance that thorough checks are carried out every day on the fundamentals of care, including medicines storage, cleanliness of equipment and safe medical and nursing staffing.

3.2 The outcomes of the daily checks are discussed at daily staff 'safety huddles' on the wards and clinical departments and action taken. They are also reported to the chief nurse daily.

4. Staff re-trained on early signs of deterioration

4.1 There have been no serious incidents at the hospitals relating to the identification or care of a deteriorating child, however we have updated our guidelines for staff on how to monitor sick children to recognise the early signs of a child becoming more unwell. Children's nurses on the children's wards, operating theatres and emergency departments are undergoing training in these updated guidelines and new staff also undertake this training when they begin work at the Trust.

4.2 The revised guidance and re-training will ensure every member of staff caring for sick children follows the same national procedures and standards.

5. Improved emergency department care for children and young people

5.1 In our emergency departments, we now have 24/7 children's nurses, so children and young people can be assessed and wait in dedicated children's areas.

5.2 Senior doctors and nurses are reviewing the way children and young people are assessed, diagnosed and treated in the emergency departments, to cut down the time children need to wait.

6. Ensuring risks are recognised and responded to quickly and appropriately

6.1 In October, the Trust restructured from four, large clinical divisions into seven smaller care groups, led by clinicians not managers. Each care group meets monthly with the Chief Operating Officer, Chief Nurse and Medical Director to review quality, risk and governance within their services. The monthly reports then go to the Board of Directors' Quality Committee every month for scrutiny by Board members, including

Non-executive Directors. The Quality Committee reports to the Board in public monthly.

6.2 This new structure and reporting framework brings a higher level of clinical assurance to the Board on the quality, risks and governance of services.

7. Further improvements

7.1 We are mapping our current practice against best practice standards, so we can take the right actions to improve how we assess and care for children and young people who are brought to our hospitals to wait for the mental health crisis service. Over the next 12 months we will focus on further mental health training for staff caring for these patients, and we are also assessing how we can provide a more appropriate environment for these patients to wait in to give them more privacy.

7.3 Under the NHS Long Term Plan, the NHS in England is making a commitment to invest in expanding access to community-based mental health services to meet the needs of more children and young people, and ensure children and young people experiencing a mental health crisis will be able to access the support they need.

7.4 We are investing £941k this financial year to redesign and redecorate Padua Ward – our oldest children's ward - at William Harvey Hospital. This will create a ward environment and layout more suitable for children's care and provide more privacy for children on the assessment unit.

7.5 We are changing how we organise planned operations so children do not have to fast before their procedure for longer than absolutely necessary and making sure children have the choice of wearing their own PJs or an operating gown on their way to the operating theatre. These are examples of small but important ways in which we are organising our services around the needs of each child.

7.6 A 12-month intensive improvement programme is fostering a culture of excellence and best practice within the hospital children's and young people's services. This programme is based on our successful BESTT programme (Birthing Excellence Success Through Teamwork), which saw rapid, radical, staff-led change in our maternity service.

7.7 In its 2018 report on the Trust, the CQC commented that "it was notable that the maternity department had made great strides to drive learning, improve patient outcomes and inspire innovation" and cited a number of examples of outstanding practice.

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Item 7: East Kent Hospitals NHS University Foundation Trust: Update

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 1 March 2019

Subject: East Kent Hospitals NHS University Foundation Trust: Update

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

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

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1. Introduction

(a) On 24 November 2017 the Committee considered an update on operational performance at East Kent Hospitals NHS University Foundation Trust as part of the Committee's review of acute services.

(b) On 20 July 2018 the Committee considered a report from the Trust and agreed the following recommendation:

- *RESOLVED that:*

(a) The report on East Kent Hospitals NHS University Foundation Trust be noted;

(b) The Committee welcomes the progress on the Dementia Village;

(c) A written update be requested on the progress of the Ophthalmology Tier 2 Service in Canterbury and Dover, including the impact of follow up appointments;

(d) Be invited to provide an update in January 2019.

(c) Due to agenda constraints the item was deferred to the March 2019 meeting.

2. Getting It Right First Time (GIRFT) Orthopaedics Pilot

(a) The Getting It Right First Time (GIRFT) programme is designed to improve clinical quality and efficiency within the NHS. The programme was designed following the publication of Professor Tim Briggs' report, of the same name, published in 2012.

(b) On 20 July 2018 the Committee considered a report from the Trust and agreed that an update be provided in January 2019. Due to agenda constraints the item was deferred to the March 2019.

(c) As part of the Trust's update, additional information has been provided on the pilot.

3. Update on the Dementia Village at Dover – The Harmonia Village at Dover

(a) The Committee welcomed the progress of the dementia village and as part of the Trust's update additional information has been provided on progress.

4. Recommendation

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

Background Documents

Kent County Council (2017) *'Health Overview and Scrutiny Committee (24/11/2017)'*, https://democracy.kent.gov.uk/mgAi.aspx?ID=46495

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

Getting It Right First Time (GIRFT) Programme
http://gettingitrightfirsttime.co.uk/what-we-do/

Professor Briggs' Report - Getting It Right First Time – Improving the Quality of Orthopaedic Care Within the National Health Service in England
https://www.hfma.org.uk/docs/default-source/our-networks/healthcare-costing-for-value-institute/external-resources/getting-it-right-first-time---improving-the-quality-of-orthopaedic-care-within-the-nhs-in-england-(professor-timothy-briggs)

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East Kent Hospitals Update for Health Overview and Scrutiny Committee

1 Strategic objectives and plan

1.1 East Kent Hospitals has developed a set of six strategic objectives for the next three years, working with clinicians and based on feedback from the public and staff.

1.2 The Trust is delivering high-quality specialist care, particularly in kidney treatment, robotic urology surgery, orthodontics and endoscopy. Our award-winning approach to research and innovation has been recognised as making an outstanding contribution to the world of clinical research.

1.3 We are one of only five urology robotic surgery training centres in England. Our Primary PCI service, providing the gold standard emergency treatment for certain types of heart attacks, for the whole of Kent and Medway, has treated more than 5,000 patients and treats more patients each year than centres such as Guys & St Thomas's and Kings College Hospital in London.

1.4 We are part of the South East London, Kent and Medway Trauma Network which is the country's best performing trauma network and has the best patient outcomes.

1.5 While we have some excellent services, we know there is much more to do to consistently provide the standard of care that we want for our communities.

1.6 We want our services to be amongst the best in the country, centred around the patient, excelling in care for older people and children and in particular specialising in urgent and emergency care, orthopaedics, vascular and diagnostics.

1.7 In order to achieve this our strategic objectives set out how we will:

- Improve quality, safety and experience, resulting in Good and then Outstanding care, as measured by the CQC's core domains.
- Deliver Higher Standards for Patients to ensure we improve the quality of patient care, as well as patients' experience of the care we offer, so they are treated in a timely way and have access to the best care at all times.
- Make the Trust a Great Place to Work, for our current and future workforce
- Delivering our future by transforming the way we provide services across east Kent, enabling the whole system to offer integrated services that are recognised nationally as excellent.
- Develop our teams, with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients.
- Have Healthy Finances by providing better, more effective patient care that makes resources go further.

1.8 The Trust Board is developing a set of key performance indicators and milestones and will measure performance against these objectives in its public board meetings.

2 Celebrating our hidden heroes

2.1 The last time that EKHUFT attended the Health Overview and Scrutiny Committee, we were delighted to show a national advertising campaign for nurses, filmed at East Kent Hospitals. We were delighted to be asked to take part for a second time, in the next phase of the national **We Are The NHS campaign** which focuses on recruiting more IT and support staff to the NHS. Again, our staff featured in TV adverts broadcast on prime time television and in wide-ranging social media campaigns You can watch the advert here.

3 Research Grant received for Haemophilia Centre

3.1 The Haemophilia Centre at Kent and Canterbury Hospital has been awarded a prestigious £250,000 grant to lead a study, beginning in April 2019, which will be the first ever randomised clinical trial of its type for physiotherapy intervention in children with haemophilia. Haemophilia is a rare inherited blood disorder which affects males.

3.2 The study will take the first steps towards establishing links between exercise, weak muscles and joint damage caused by bleeding in children with the condition.

3.3 The Haemophilia Centre at K&C treats more than 500 patients from across Kent and the study will also involve teams from the University of Kent, The Royal London Hospital, Great Ormond Street Hospital and The Haemophilia Society.

Performance update

1. Winter planning and improvements to 4 hour performance

1.1 As is happening across the country, more frail, elderly patients who are particularly susceptible during the winter and especially when the temperature drops, are needing emergency hospital care at the current time.

1.2 Between April 2018 and January 2019, the Trust saw 10,721 more attendances by patients to its emergency departments, an increase of 6 per cent than over the same period the previous year. In total we treated 184,535 people over that period, or 605 people a day.

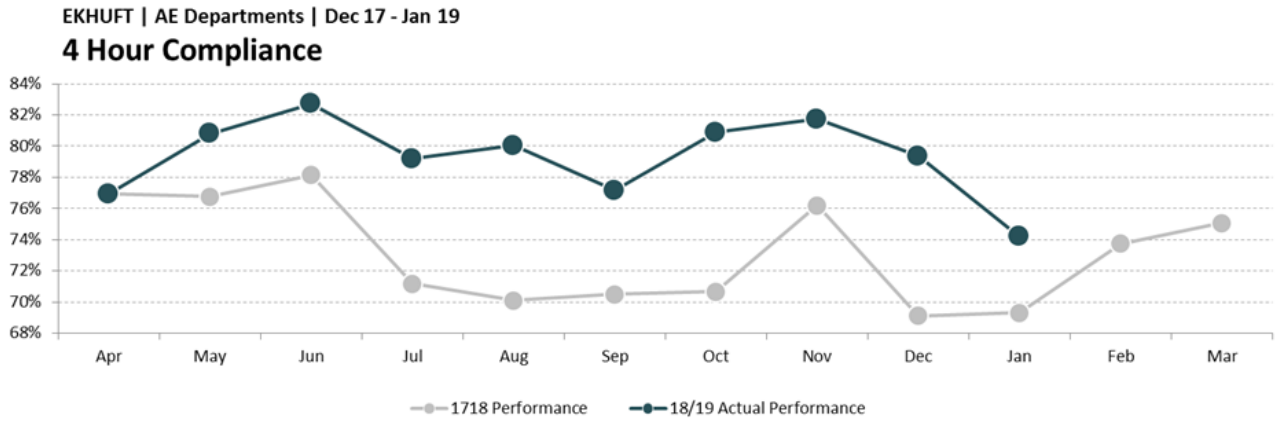
1.3 Despite these additional pressures staff are working incredibly hard to care for patients well and keep them comfortable. Our plans to improve emergency care, which we have been developing and continuing to implement since our last report to the HOSC last summer, are starting to show results.

1.4 Throughout the year we have continued to sustain better waiting times for emergency patients than in the previous 12 months. In January 2019 the number of patients we assessed, treated, discharged or admitted within the national standard of four hours was 74.2%, compared to 69.3% in January 2018.

1.5 In December the number of patients we assess, treat, discharge or admit within the national standard of four hours was 79.4%, compared to 69.1% in December 2017.

Table 1

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18 Actual Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	70.7%	76.2%	69.1%	69.3%	73.8%	75.1%
18/19 Actual Performance	76.9%	80.8%	82.7%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%	74.2%		



1.6 The pressures on emergency care, in particular high bed occupancy which restricts the flow of patients through the hospital, enabling patients in the emergency departments to be moved onto wards quickly, are being seen nationally.

1.7 There were 21 Trusts whose overall performance was below that of East Kent Hospitals in January and 33 Trusts below that of East Kent Hospitals in December. We all want to provide a better experience for our patients.

1.8 As part of its winter plans, the Trust has expanded its emergency departments, increased staffing and beds available for emergency patients and changed working practices to provide for times of high demand on its emergency services.

1.9 Although extremely busy, more patients are being seen in an appropriate environment. In February we opened the newly refurbished resuscitation area at William Harvey Hospital, a new observation ward has also opened and is in use at the QEQM at Margate and one is soon to open at the William Harvey Hospital.

1.10 Ensuring patients can leave hospital when they no longer need acute care is vital to creating flow through the hospital and we are continuing to work closely with our colleagues in social care and community health to improve this.

1.11 We are also reminding the public that emergency departments are for emergencies and life-threatening situations only and that minor injuries units, GP surgeries and pharmacies can provide convenient and effective help for minor illnesses and injuries, for example through the use of social media as well as national campaigns, and promote our online guide to alternatives to A&E.

2. Other key access targets

2.1 We are on track to increase the percentage of cancer patients starting their treatment within 62 days, with some good in month improvements in November and December (71% of patients and 82% of patients respectively starting their treatment within 62 days).

2.2 Due to heightened public awareness, we have seen a significant increase in patients seeking help and being referred, particularly in Breast and Urology specialities. We have also reduced the number of long-waiting patients. This has impacted on our performance which reduced to 67.1% in January. However, we have a robust plan to treat more patients within 62 days and we are confident that we will meet our trajectory for improvement, including:

- A new locum consultant for breast cancer
- Additional funding to reduce the backlog in for urology
- Appointment of nurses to carry out tests and prepare patients earlier for lower GI (colon) cancer.

2.3 The percentage of patients receiving an appointment within 2 weeks of an urgent GP referral is on target at 96.4%.

2.4 Waiting times for planned care are improving, 76.1% of patients in January started their treatment within 18 weeks, compared with 72.4% in December. This is an area we are focussed on improving. Despite increased demand we have worked hard to continue to reduce the number of patients waiting more than 52 weeks, at the time of writing we have 37 patients waiting more than 52 weeks, compared to a high of 201 in March 2018. Improvement is due in part to improved efficiency in theatres and patient pathways and extra capacity as a result of the orthopaedic pilot (see separate update).

3. Recruitment and retention

3.1 Workforce shortages are currently the biggest challenge facing the health service. Staff turnover has been steadily rising across the NHS for a prolonged period. Staff retention, as much as successful recruitment, is fundamental to addressing this.

3.2 Staff turnover is currently 12.29% which is below the national average of 14.9%. More than 1,110 new staff have been recruited to date during 2018/19, of which 700 people have joined the Trust during the last four months.

3.3 We are working hard to stabilise and grow the workforce, reviewing roles and developing new ways of working to incorporate higher apprenticeships that will enable higher standards of care at the point of delivery with modern working practices.

3.4 For example, an Advance Practice programme has been developed to enable recruitment of Trainee Advanced Care Practitioners (ACP). Six Trainees were appointed in January 2018 following an assessment centre process with a further five recruited in September 2018. All trainees are achieving their academic milestones with 100% retention. The next recruitment campaign for ACPs is being planned for 2020 to work in Emergency and Acute Medicine. These ACPs will be able to undertake the roles middle grade doctors currently deliver and are an important part of the Trust's workforce strategy for the future.

3.5 The Trust is currently supporting 117 staff through Apprenticeships, which includes 19 Nursing Associates at level 5, three Healthcare Assistant Practitioner at level 5, 12 Senior Healthcare Support Worker apprenticeships at level 3, 11 Laboratory science level 3 apprenticeships, four Pharmacy apprenticeships and a range of leadership and administration apprenticeships.

3.6 It is anticipated that this programme will be expanded in future to include Mammography Associates (Level 5), Operating Department Practitioners, Midwives, Advanced Clinical Practitioners, Physiotherapy, Occupational Therapy, Nursing and Healthcare sciences apprenticeships at Level 6. These are currently being explored with the Kent and Medway apprenticeship forum to establish a joint plan and procurement process.

4. Financial performance

4.1 The Trust continues to work hard to improve its financial position. As at the end of January 2019, we had delivered a £24m cost improvement plan, which is £0.6m more than planned.

4.2 This has involved considerable effort from staff who worked extremely hard to put in place efficiency schemes. All schemes involving clinical services are assessed to ensure that they maintain or improve patient care, for example by providing treatment which is more effective and leads to quicker recovery times.

4.3 However despite our costs savings operational cost pressures mean the financial deficit to January is £32.4m, £7.4m behind plan (after adjusting for items as mandated by NHSI). The main operational drivers of the Trust's financial performance in 2018/19 included the increased demand for emergency care and the subsequent additional costs and investments to prepare for winter. In addition there has been a knock on impact on the Trust's ability to deliver planned care which has reduced planned income.

4.4 The increased pressure on our services and continuing difficulties in recruiting permanent staff led to the Trust being reliant on agency and locum staff in order to maintain safe staffing levels. £30.9m was spent on agency staff to the end of January, and an additional £12.9m has been spent on Bank Staff, largely for medical support and to address challenges in A&E.

4.5 These operational pressures and the measures the Trust has taken to ensure safe staffing levels, has lead the Trust to increase its forecast deficit in 2018/19 from £30.2m to £42.2m.

4.7 The Trust continues to work closely with NHS Improvement under financial special measures.

Update on the GIRFT Orthopaedic Pilot

1. Background

1.1 East Kent Hospitals is taking part in a national GIRFT (Getting it Right First Time) pilot, led by the National Director for Clinical Quality and Efficiency, Professor Tim Briggs, which is aimed at improving the experience and outcomes for patients undergoing planned orthopaedic inpatient operations and those suffering a trauma as a result of a fall or accident.

1.2 The aim is to provide planned orthopaedic inpatient surgery at Kent and Canterbury Hospital (K&C), separate from emergency patients who would continue to be seen at William Harvey Hospital (WHH) in Ashford and the Queen Elizabeth Queen Mother (QEQM) in Margate. Participating in this pilot enables the Trust to improve services by carrying out more planned orthopaedic inpatient surgery, continue operating throughout the winter and improve its capacity to treat trauma patients more quickly.

1.3 As part of the first stage of the pilot, patients previously seen at WHH, have been having planned hip and knee operations at Kent and Canterbury Hospital (K&C) since the end of November.

1.4 The K&C's St Lawrence Ward has been renovated to provide a dedicated 24-bed orthopaedic ward at the hospital, including a patient gym for immediate physiotherapy following surgery. After patients are discharged, they have their follow-up appointments at their local hospital as usual. Surgery takes place in the existing day surgery theatres at K&C. Two temporary theatres have been installed to enable day case operations to continue, as well as inpatient orthopaedic procedures at K&C.

2. Impact of the pilot

2.1 As a result of the move from WHH to K&C, we have been able to increase the number of operating sessions from 13.5 to 20 sessions a week and, from February 2019, we are now running additional lists on a Saturday.

2.2 In December 2018 and January 2019 we carried out 538 operations, compared with 373 operations over the same period last year.

2.3 We now have more capacity to treat trauma patients at William Harvey Hospital, with trauma lists running all day Monday to Friday and 10am-3pm on Saturday and Sunday.

2.4 Overall, the implementation of the elective orthopaedic service at K&C has contributed to improved cancer performance and reducing waiting times as theatre sessions at the WHH have become available to other specialties.

3. Staffing the pilot

3.1 Medical, nursing, therapy and support staff transferred from William Harvey Hospital, to the new St Lawrence Ward in Canterbury. Additional posts were also recruited to substantially at both William Harvey and Kent and Canterbury Hospitals to staff the additional capacity which has been created by the pilot, resulting in minimal temporary staffing spend.

4. Phase two of the pilot

4.1 Phase two involves building four modular, laminar flow theatres at Kent and Canterbury Hospital, supported by dedicated beds and all planned orthopaedic operations moving to K&C from WHH and the Queen Elizabeth Queen Mother hospital in Margate. This would complete the separation of planned care from emergency treatment.

4.2 All emergency operations (for example fractures sustained in a fall) would continue as now at WHH and QEQM and day cases would continue on all three sites.

4.3 Patients would continue to have all outpatient care before and after their operation at their local hospital, as they do now, which means musculoskeletal services, which handle large volumes of clinic appointments, day surgery, joint injections, imaging and rehabilitation, are unaffected.

4.4 It is anticipated that phase two of the pilot will take around 15 months to implement from the time of the decision to go ahead.

4.5 The Trust is currently awaiting a decision on the £14.9m capital funding required to complete the next phase of the pilot.

5. The future

5.1 The permanent reconfiguration of orthopaedics will be the subject of public consultation as part of the east Kent clinical strategy. Additional theatres on the K&C site will be of benefit under any of the current potential options for the future reconfiguration of hospital services, as the theatres can be used for different types of surgery.

5.2 Other GIRFT pilots undertaken nationally have not been the subject of public consultation and are being used to inform the evidence base for future reconfigurations which will then be subject to public consultation. For example the GIRFT pilot in Cheltenham and Gloucester is still at pilot stage and the formal move of services has not yet been consulted on.

5.3 Patient engagement is being undertaken as part of the pilot and regular updates provided to the Health Overview and Scrutiny Committee.

Update on the Dementia Village at Dover

1. Background

1.1 Working with local and European health, local authority, education and research partners, East Kent Hospitals has secured funding from the Interreg 2 Seas programme (co-funded by the European Regional Development Fund) under a four year project called "Community Areas of Sustainable Care and Dementia Excellence in Europe" CASCADE[1].

1.2 There are project partners in the four Interreg 2 Seas area countries i.e. England, Belgium, Holland and France, which include Medway Community Healthcare (MCH) and Canterbury Christ Church University (CCCU). MCH are constructing a new Guesthouse with Care facility in Gillingham.

1.3 The overall objective of the project is to develop a new sustainable model of care for People Living with Dementia (PLWD) that can be applied across Europe.

1.4 The project involves creating a new community facility and the modification of houses owned by East Kent Hospitals behind Buckland Hospital in Dover, to make them suitable for PLWD.

1.5 Dr Phil Brighton is the clinical lead for the project and two Darzi Fellows are also supporting the project, Dr Jo Seeley and Dr James Hadlow.

2. Construction

2.1 Planning approval was received in May 2018 and local construction company Jenners Ltd, was selected following a competitive tender.

2.2 Construction has started and is on track for completion in September 2019.

3. Research

3.1 As part of the project there are work streams in place to deliver the model of care, training and technology that will be used. The model of care has been developed working with the CASCADE project partners and with input from a wide range of stakeholders.

3.2 Training modules will be developed and delivered for relatives, carers and staff and innovations such as the potential clinical and therapeutic benefits of the use of music, have also been identified and are being evaluated.

3.3 The application for ethical approval for the research element, is being led by Canterbury Christ Church College

[1] https://www.interreg2seas.eu/en/cascade

4. Naming the site

4.1 Feedback from the focus groups and from Dutch project partners is that the name "Dementia Village", which was being used previously, has negative connotations. The new facility will therefore be called "The Harmonia Village at Dover".

5. Engagement and communication

5.1 Dr Seeley has been conducting meetings with people living with dementia and their families to discuss the project and its potential.

5.2 Surveys and a number of focus groups have been held to support the development of the model of care and drop-in sessions for the public have also been held in Dover.

5.3 Presentations have been delivered at events looking at the project's potential. Organisations as varied as the Royal Institute of Chartered Surveyors and the House of Lords select committee on the therapeutic use of "Music in Society" have been involved in these events.

5.4 You can follow the Harmonia Village here:

- Facebook - **@HarmoniaAtDover**
- Twitter - **@HarmoniaAtDover**
- CASCADE Interreg 2 Seas web-site: https://www.interreg2seas.eu/en/cascade
- Trust web-pages: https://www.ekhuft.nhs.uk/patients-and-visitors/news/the-harmonia-village-at-dover/

5.5. An event, "The Harmonia Village and Living Well with Dementia in Dover", is being held at St Radigund's Centre, Dover, CT17 0HL, from 2 to 4pm, on Wednesday, 6 March 2019 and is open to everyone. People can register by calling Elaine or Paul on 01227 866405 or by emailing ekhuft.theharmoniavillage@nhs.net.

Item 8: Kent and Medway NHS and Social Care Partnership Trust (KMPT): Update

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 1 March 2019

Subject: Kent and Medway NHS and Social Care Partnership Trust (KMPT): Update

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

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

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1. Introduction

(a) Kent and Medway NHS and Social Care Partnership Trust (KMPT) specialises in caring for people with a wide range of mental health needs including substance misuse, forensic and other specialist services. It is one of the larger mental health trusts in the country covering an area of 1500 sq. miles and serves a population of 1.8 million. The Trust's annual revenue is £183.1 million and it employs 3,502 staff who are located in 69 buildings on 36 sites (KMPT 2017).

(b) Following the publication of the CQC inspection report and the issue of a warning notice in May 2017 into community-based mental health services at the Trust, the Chair invited the Trust to present an update, including the improvement plan to address issues raised in the inspection report, to the Committee at its July meeting.

(c) On 20 July 2018 the Committee received a report and recommended that an update be provided within six months, however due to agenda constraints the item was deferred to March 2019.

2. Recommendation

RECOMMENDED that the report be noted and KMPT be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (20/07/18)*
https://democracy.kent.gov.uk/mgAi.aspx?ID=48675

Item 8: Kent and Medway NHS and Social Care Partnership Trust (KMPT): Update

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Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Mental Health Update

Report prepared for:

Kent County Council
Health Overview and Scrutiny Committee (HOSC)
1 March 2019

Version:	0.6	**Reporting Officer:**	Vincent Badu *Executive Director Partnerships and Strategy , KMPT*
Date:	18 February 2019	**Report Compiled By:**	Sarah Day, *Programme Manager, KMPT*

1. Introduction

1.1. This report has been prepared at the invitation of Kent County Council's (KCC) Health Overview and Scrutiny Committee (HOSC).

1.2. This report will be presented under the following set of headings:

1.2.1 Overview of services.

1.2.2 Updates requested by the HOSC.

1.2.3 Care Quality Commission (CQC) inspection progress and improvements.

1.2.4 Current activities and priorities.

1.2.5 New initiatives and opportunities.

1.3. The Committee is asked to note the content of the report and provide comment.

2. Overview of services

2.1. Kent and Medway NHS and Social Care Partnership (KMPT) provides secondary mental health, learning disability and substance misuse services as well as other specialist services to 1.8 million people across Kent and Medway. It is rated good overall by the Care Quality Commission.

2.2. Specialist services include a drug and alcohol misuse inpatient unit, forensic inpatient and community services including criminal justice and liaison diversion services and a new mother and baby ward and community services.

3. Updates requested by the HOSC

3.1. **Staffing – recruitment, retention and wellbeing**:

3.1.1 The annual staff survey has now closed and KMPT's staff returned their surveys at their highest number ever. Over the past two years our response rate has increased from 41% to 59%.

3.1.2 KMPT has a People Strategy and associated annual People Plan. The pillars are: recruitment and retention, succession planning and talent management, leadership, management and staff development and staff engagement. Each of these areas is reported to KMPT's Workforce and Organisational Development Committee, as a sub-committee of the Trust Board. In addition to the key performance indicators, qualitative information and updates on progress are also provided.

3.1.3 Recruitment and retention issues are included in KMPT's risk register. Reporting in January 2019 showed an overall vacancy rate of 13.6%. Initiatives to address this include: centralised recruitment for nursing staff, recruitment from Ireland and internationally, rotational posts in nursing, revised care models including advanced clinical / nurse practitioners and new roles such as the Certificate of Entrance to Specialist Register Fellowship model. Staff turnover, in January 2019 was 15.2%. In addition to Care Groups having their own tailored plans, KMPT is part of a NHS Improvement Retention Programme and is developing career development / path / career maps, holding retention calls, improving supervision, appraisal, succession planning and talent identification. The CQC in this recent inspection noted KMPT's "creative and proactive approach to recruitment and retention".

3.2. **Performance targets including length of stay, waiting times:**

3.2.1 Only a small number of mandatory performance targets are set by NHS England (NHSE) for mental health providers. KMPT however has established its own comprehensive performance reporting framework and identified key operational measures against which local thresholds have been established. The full performance report is published monthly on the Trusts website at https://www.kmpt.nhs.uk/who-we-are/board-meetings.htm. A number of metrics are discussed regularly with commissioners, and include.

3.2.2 **Early Intervention in Psychosis:** The NHS Five Year Plan (and latterly the updated ten year plan – the NHS Long Term Plan, published in early 2019) outlines the NHS desire for any patient who experiences their first episode of psychosis to begin treatment with a National Institute for Health and Care Excellence (NICE) recommended care package within two weeks of referral. For 2018/19 NHS providers were targeted to have 53% of patients seen within this timescale; KMPT to date has exceeded this target reporting 74.7%.

3.2.3 The new NHS Long Term Plan revises the target to 56%. KMPT is confident that it will continue to exceed this metric.

3.2.4 **Waiting times for assessment and treatment:** Because there is no mandatory mental health target, KMPT monitors performance against the mandatory physical health performance targets of 4 week wait for assessment and 18 week wait for treatment, both metrics are from the point of referral. The reported position between April 2018 and January 2019 is as below:

Locality by CCG	% assessed within 4 weeks of referral	% treated within 18 weeks of referral
NHS Ashford CCG	84.6%	87.6%
NHS Canterbury and Coastal CCG	82.0%	86.4%
NHS South Kent Coast CCG	81.1%	84.6%
NHS Thanet CCG	87.6%	92.4%
NHS Dartford, Gravesham and Swanley CCG	82.8%	93.6%
NHS Swale CCG	85.1%	90.1%
NHS West Kent CCG	76.5%	83.6%
TOTAL	**81.6%**	**87.5%**

3.2.5 KMPT sees the majority of patients referred within the local defined targets. Further work on demand and capacity is expected to improve the performance.

3.3. **Bed occupancy and out of area placements:**

3.3.1 Historically, KMPT had been one of the highest users nationally, of private beds for general adult acute patients. At its height in June 2016, 76 patients were in private beds across the country. The cost was in excess of £1.3m per month. The new Chief Executive implemented a radical and ambitious programme, led by Senior Clinicians. The programme achieved its aim and eradication of private bed use within six months. The position has been sustained for over two years; patients and their families, and KMPT staff regularly report how much better care is a result.

Currently, there are only two patient groups whose admission will be out of area.

3.3.1.1 People whose needs are complex and who therefore require a specialist unit.

3.3.1.2 Women who require intensive care. KMPT is not currently commissioned to provide a female Intensive Care Unit. This is something that we are in discussion with commissioners about. On average, the Trust will have ten such female patients, each of whom is very closely supported by KMPT and recalled to a general admission bed as soon as clinically appropriate.

3.4. **Mother and baby unit:**

3.5.1 KMPT's specialist services were awarded the contract from NHSE to provide an eight bedded mother and baby unit for women from Kent, Surrey and Sussex. This was one of four new eight bedded mother and baby units across England. The unit, Rosewood opened on time and on budget in August 2018.

3.5.2 The unit, whilst complying with all the regulations of a hospital build and specifications of an acute mental health facility, has a very non-clinical feel and feedback from service users and their families has been overwhelmingly positive with one service user saying: "this is the best ward I have ever been on".

3.5.3 On the advice of NHSE the unit carefully and slowly increased its admissions after its opening. By week 6 the unit was full and has predominantly remained so since. In the 6 months since opening, KMPT's mother and baby unit has had 23 admissions, with an average length of stay of 30 days (national average 42 days).

3.5.4 The multi-disciplinary team comprises a consultant psychiatrist, a specialty grade doctor, a psychologist, an occupational therapist, nurses, peer support workers, nursery nurses, housekeeping staff, midwife and health visitor. A social worker post is currently out to recruitment.

3.5.5 Although predominately for women from Kent, Surrey and Sussex, as the unit is NHSE centrally funded women from anywhere in the country are accepted if a bed is needed by a mother and her baby.

3.5.6 KMPT's mother and baby unit has registered for Royal College of Psychiatrist's (the College) Centre for Quality Improvement accreditation. An initial informal NHSE compliance visit took place just before the unit opened in 2018 and a second review will take place by 31 March 2019.

3.5.7 Quarter 3 performance data has been submitted to NHSE with excellent results in terms of service user recovery, service user experience and satisfaction and with very positive feedback from referrers.

4. CQC inspection progress and improvements

4.1. The CQC's comprehensive inspection in January 2017 rated the organisation as Good overall and Outstanding for Caring. At the end of 2018, the Commission undertook a Well Led inspection, the results of which will be published imminently. Whilst as always, the Commission highlighted areas for improvement, their recognition of the significant progress made by KMPT since the last inspection was heartening.

"Every member of staff we spoke to, without exception, spoke of how much the culture had improved since our last inspection in 2017"

"Staff at all levels from a wide range of disciplines reported feeling proud of the care and treatment they provided to patients"

"Staff were motivated and inspired to improve patient care in every way possible"

The organisation is focused on delivering Brilliant Care through Brilliant People and has welcomed the Commission's recognition of our commitments to meet our promise.

5. Current activities and priorities

5.1. **Clinical Care Pathways Programme:** KMPT launched its Clinical Care Pathways Programme in August 2018. The programme aims to develop and support the review and implementation of quality care pathways, expanding and developing the use of information management technology, and through a closer alignment of its built environment to the needs of services. These developments align with the national themes for the NHS as health and care systems are subject to increasing demand and downward financial pressure and are being taken forward through the development of a two year cost improvement plan, commencing in 2018/19 and being fully functional by the end of 2019. The programme will ensure that patient care remains the ultimate priority and focus and will draw on national work and pathways work completed in KMPT in 2016/17 to develop streamlined clinical care pathways affording efficacy and efficiency to meet a range of diagnoses. The programme is working with local clinicians, people that use services, carers, commissioners and local stakeholders to ensure developments meet local need in line with locality planning within the Sustainability and Transformation Partnership (STP). In addition and as part of the Clinical Care Pathways Programme, KMPT is seeking to build more robust links with partners and third sector providers, such as Porchlight, Live It Well Kent and Healthwatch, to ensure thinking is joined up and together, KMPT and its partners, deliver whole pathways that reduce the current fragmentation.

5.2. The Clinical Care Pathways Programme has three underlying principles: Right Pathways[1], Right Practice[2] and Right Place[3]. The development of care pathways will ensure people who need mental health services get the right support and treatment at the right time and know what is going to happen for them for the duration of the time they receive services. Care pathways will support clinical staff to know what is expected of them and provide both staff and people using the service clarity on treatment and intervention options to ensure people recover as quickly as possible and / or maintain their wellbeing.

5.3. The Clinical Care Pathways Programme work is progressing at pace. A number of pilots have commenced or are due to commence in the coming weeks across the county to test the change:

5.3.1.1 The **initial Interventions** pilot commenced in South Kent Coast Community Mental Health Team in November 2018. Initial interventions provides individual treatment for people requiring secondary care mental health treatment through 4 x 1 hour sessions on a fortnightly basis. It is based on cognitive behavioural therapy (CBT) and provides a guided self-help package focused on understanding difficulties, learning new coping strategies and coming away with a clear recovery plan. It is delivered by community mental health team staff, predominately support time and recovery workers. Training and weekly group supervision is provided by psychologists. Up to 35 patients are in the pilot and the first 20 will be formally evaluated as the test for change. The formal evaluation is expected to commence in April 2019. Early feedback is impressive including high rates of staff satisfaction. Following successful evaluation roll out is planned across all community mental health teams.

5.3.1.2 An **urgent care rapid response pilot** was launched in West Kent on 1 January 2019. Funded from NHSE monies attached to Core 24, the Rapid Response Team operates in West Kent only from 20.00 hours to 08.00 hours – the hours when the

[1] Right Pathways: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.
[2] Right Pathways: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.
[3] Right Place: Working more flexibly and efficiently and minimising KMPT's investment in unnecessary buildings and offices, so that KMPT can support more people without compromising the quality and safety of the care it provides.

liaison psychiatry service does not operate in West Kent. It provides three nurses - one providing a 1 hour response to the Maidstone Hospital Emergency Department requests for urgent assessment, one providing a 4 hour response to the Tunbridge Wells Hospital Emergency Department (at Pembury) and the third remaining on site to provide home treatment and telephone assessments to people in crisis. KMPT is working closely with CCG commissioners and Acute Trust partners to evaluate the effectiveness of this enhanced approach and to consider how the priorities for delivering a Core 24 Liaison Model can be achieved across Kent and Medway in line with the Mental Health Five Year Forward View.

5.3.1.3 An **enduring conditions CBT for psychosis group (CBTp group)** pilot was launched at the South West Kent Community Mental Health Team, Highlands House (Tunbridge Wells) on 28 January 2019 and Albion Place (Maidstone) on 11 February 2019. The CBTp group seeks to help people who have experienced symptoms of psychosis and who want to find new and more helpful ways of coping with these symptoms. Group sessions take place weekly (each session is 2 hours) for 24 weeks. Through the shared experience of the group new learning is encouraged, reinforced and supported without judgement.

5.3.1.4 The **personality disorder change programme** pilot is due to be rolled out to the Canterbury and Coastal Community Mental Health Team in the coming weeks. The Change Programme pilot commenced in Medway in September 2018 for 8 patients (with staggered start times). It is a structured clinical management based intervention of 8 sessions over 8 weeks for people who are assessed. Evaluation will consider how the person was pre the programme, how they coped with the programme and how they are at the end of the programme.

5.3.1.5 The **personality disorder crisis programme** pilot is due to commence at the North East Kent Community Mental Health Team at the beginning of April 2019 for up to 12 clients undertaking 3 weekly sessions for 10 weeks with a psychotherapist and the crisis team.

5.4. **St Martin's West (Canterbury):** For completeness and clarity, Appendix 1 is the joint briefing written by Helen Greatorex, Chief Executive of KMPT and Caroline Selkirk, Managing Director of East Kent CCGs for NHSI and NHSE. It sets out in clear and simple terms, the background and next steps.

5.5. **KCC and KMPT Partnership Transformation Programme:**

5.5.1 The KCC and KMPT Partnership Transformation Programme relates to the arrangements for the delivery of mental health and social care in Kent from 1 October 2018. The shared goal of the Partnership Transformation Programme is for KCC to secure full accountability for the social care workforce in community mental health teams from 1 October 2018 through the delivery of a new approach which ensures an integrated and seamless response to people and their carers across KMPT, KCC and wider partnerships, ensuring robust delivery of social care statutory responsibilities. The programme was split into two phases to ensure a smooth transition from the current partnership arrangements to the new, phasing the introduction of changes to reduce risk and ensure the safety of service users and protecting quality of care.

5.5.2 All Phase 1 key deliverables were completed on plan on 1 October 2018. Notable highlights included all community social care staff, including Early Intervention in Psychosis staff, returning to the line management of KCC; implementation of a new collaboratively co-produced ***Joint Delivery Model for Community Mental Health and Social Care***; implementation of the collaboratively co-produced ***Caseload Handover Protocol*** with caseload realignment completing for all community mental health teams by mid-January 2019; and implementation of an interim systems solution until KCC's new patient administrative systems, Mosaic, is implemented.

5.5.3 Work is progressing well against the Phase 2 key deliverables. The approved mental health professionals service is on track to return to the line management of KCC on 1 April 2019; the future legal / contractual framework has been agreed and a new service level agreement will be in place from 1 April 2019; accommodation and information technology requirements have been identified and changes will be in place by 1 April 2019.

6. New initiatives and opportunities

6.1. **National Mental Health Strategy, Five Year Forward View and the NHS Long Term Plan**

6.1.1 KMPT remains an active partner in the STP and particularly in the Mental Health STP Programme.

6.1.2 The Quarter 3 STP submission in January 2019 to NHSE showed that Kent is achieving 80% of the National Mental Health Strategy and Five Year Forward View delivery targets. This is subject to validation by NHSE in February 2019. The following summarises progress, achievements and challenges.

6.1.3 **Progressing well:**

6.1.3.1 **Crisis resolution home treatment:** A best practice evaluation has been completed for all four of Kent's crisis resolution home treatment teams. Clear messages were given by the teams about the demands put on them by the wider emergency and urgent care system which detracts from their core function of assessing and home treating those who are acutely mentally unwell and who ordinarily would be admitted to hospital. Commissioners and provider representatives have heard the feedback and developed a service development improvement plan. This includes milestones and trajectories to ensure the crisis resolution home treatment teams are operating with high fidelity to recommended best practice. It also includes establishing finance commitment by both commissioner and provider by 2020/21**.** The will be included in the 2019/20 KMPT contract and progress monitored.

6.1.3.2 Whilst crisis resolution home treatment provides an alternative to hospital for those who are mentally unwell, there needs to be alternatives for people who want urgent help with issues that cause them distress. For this reason the Mental Health STP Programme is progressing its urgent and emergency care workstream, where consideration of a range of options that allows people quicker access to advice, assistance or support. Often, causes of distress are linked to social not medical need, (Citizens Advice 2015), which is why integration needs to also focus on social models of health as well as medical ones. Statutory duties set out in the Health and Social Care Act 2012 promotes integrated care, requiring improved quality of care and reduced inequalities in health.

6.1.4 **Biggest achievements are:**

6.1.4.1 **Suicide reduction:** Kent still has higher suicide rates than national and regional averages, however data published in November 2018 shows there has been a slight fall in the suicide rates in recent years. In Kent over 2015/17 suicide rates fell to 10.5% with rates falling faster in Kent than nationally. This fall in suicide rate has occurred during the same period as the implementation of the Kent and Medway Suicide Prevention Strategy 2015/20.

6.1.4.2 During 2018/19 the implementation of the strategy has been boosted with £660k of additional funding from NHSE. This funding has been used to further roll out the Release the Pressure social marketing campaign, training over 1,500 individuals in suicide prevention and awareness, strengthening high risk points in secondary mental health services and awarding 27 community projects funding through the Saving Lives Innovation Fund.

6.1.4.3 **Early Intervention in Psychosis:** Kent has exceeded the target that 53% of persons requiring early intervention for psychosis receive NICE concordant care within two weeks of referral.

6.1.5 **Challenges:**

6.1.5.1 **Improving access to psychological therapies:** There are workforce recruitment and vacancy issues for most of Kent's providers, which has impacted on the number of people accessing the service, recovery rates and waiting times. West Kent, Swale, and Dartford, Gravesham and Swanley CCGs have action plans in place with their providers. Dartford, Gravesham and Swanley CCG has also negotiated additional funding from NHSE to further assist their provider. However all seven Kent CCG providers exceeded the target for people to receive treatment within18 weeks.

6.1.5.2 **Introducing a Core 24 liaison psychiatry service at 50% of general hospitals:** Currently there is only one Core 24 service in the county at Medway Hospital and commissioned by Swale CCG. East Kent has a 24 hour liaison service available at the Queen Elizabeth Queen Mother hospital, made possible by NHSE funding, however this service does not meet Core 24 specification. The service at Ashford's William Harvey hospital is not 24 hours, and a decision will be made shortly regarding funding. West Kent has liaison services at both Maidstone and Pembury hospitals however neither are 24 hours; additional funding through NHSE has been agreed to pilot a 24/7 service until March 2019.

6.1.5.3 **Maintaining the dementia diagnosis rate at 66.7% and improving post diagnostic care:** The Kent dementia diagnosis rate is 62.9% with only two of the seven CCGs exceeding the target. CCGs have submitted their actions to address this and collectively through the STP, health and social care commissioners and providers are also exploring ways to overcome the challenges with support from the South East Clinical Network.

6.1.5.4 **Introducing physical health checks to 50% of those with a severe mental illness who are well and under the care or their general practitioner only:** Commissioners have prepared business cases to secure additional resource to undertake the physical health tests and follow up when required as well as the systems to capture information and reporting.

6.1.5.5 **Introducing individual (employment) placement support for those with a severe mental illness:** There are some Individual placement support type services provided by the Live Well Kent contract, however further discussions between CCGs and KCC commissioners around how this will be progressed are needed, so Kent can report against this important target.

6.1.6 **Mental health in the NHS Long Term Plan:** Mental health is one of the top priorities in the NHS Long Term Plan. Headline messages so far include:

6.1.6.1 **Tenacity of purpose:** The Mental Health Five Year Forward View, a current overarching national strategy for mental health, has two years remaining: 2019/20 and 2020/21. The NHS Long Term Plan requires the STP to carry on and make good on all Five Year Forward View service priorities and deliverables.

6.1.6.2 Areas of difference between the two plans include the NHS Long Term Plan raising the bar on some existing Five Year Forward View commitments; adding new mental health service areas and standards; and changing the context in which the health and care work to improve people's mental health is done. Changing the context includes the shift towards integrated care - integrating physical and mental health

care and place-based systems; and a focus on population health, including mental wellbeing and illness prevention. Also, there are specific resolutions for primary and community services and acute services.

6.1.6.3 **Investment to reduce the mental health care gap:** The NHS Long Term Plan intends to grow NHS investment in mental health services faster than the overall NHS budget in each year between 2019/20 and 2023/24. Further, that children and young people's mental health services funding will rise even quicker, outstripping the rate of growth in both overall NHS funding and total mental health spending.

6.1.6.4 The upshot is that mental health investment will be at least £2.3b higher a year by 2023/24. The new money must be visible in delivery of the Five Year Forward View and NHS Long Term Plan mental health priority areas and standards and for the direct benefit of people who use mental health services. There will be special scrutiny of this, relating mental health spend, services activity and workforce. CCG mental health investment plans for 2019/20 will be subject to external review.

6.1.6.5 **Tackling the big issues for population mental health:** The burning ambition is to deliver world-class mental health care, when and where children, adults and older people need it. Among other things, the NHS Long Term Plan supports the following:

6.1.6.5.1 Children and young people: significantly more children and young people aged 0-25 years will access timely and appropriate advice and help via NHS funded specialist mental health services and school or college based mental health support teams.

6.1.6.5.2 Expectant and new mothers with a mental illness and their partners: more women will access specialist perinatal mental health services, and the period of care will be extended from 12 to 24 months after childbirth.

6.1.6.5.3 People experiencing a mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community.

6.1.6.5.4 Adults with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive and be supported to live a fulfilling life.

6.1.6.5.5 Fewer people will die by suicide.

7. Conclusion and Recommendation

7.1. KMPT is committed to playing its part as a system leader and driving up the quality of care it provides. Whilst it faces a series of challenges, it is clear about how to address them and believes in an open and collaborative approach.

Appendix 1

Joint Briefing re Cranmer Ward, St Martins Hospital, Canterbury

Prepared by:

Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Caroline Selkirk, Managing Director of East Kent CCGs

For NHSI and NHSE **11th February 2019**

This briefing has been jointly prepared in order to ensure clarity on the background, current position and next steps for all parties.

Further highly detailed information is available from KMPT should that be helpful.

Background

- KMPT has sold to Homes England, the old St Martins (West) former hospital site.
- Of the many original wards, only one remains; Cranmer. Cranmer provides 15 beds for older adults.
- KMPT has until April 2020 to vacate the premises.

Current Position

- KMPTs Senior Clinicians have over the last twelve months worked on three key changes that will improve the quality of care and significantly reduce the need for beds across the whole trust.
- The three key changes are (please see attached appendix) :

  1. Extension and improving our Patient Flow Team to be 24/7
  2. Developing urgent care support and signposting service
  3. Achieving the recommended length of stay for older adults (it is currently double)

- There is an established track record of strong partnership working between KMPT and the CCGs.
- KMPT recognises that the CCGs may determine that public consultation is necessary as determined by statutory duties.
- The work to deliver the three key changes is well underway with results expected to be seen in April.

Next Steps

- The Accountable officers and their respective teams are working closely to ensure development of joint plans, developing two potential options for change:

  1) Proposal for maintaining the current inpatient bed base within the KMPT estate

  2) Proposal to support a net reduction of 9 beds by clearly evidencing the impact of additional services to reduce patient flow and length of stay.

- As this change will affect all Kent and Medway Commissioners it is agreed that the East Kent CCGs will lead the case for change given the geographical location of the St Martin's site.

- The CCGs will consider the case for public consultation in accordance with NHSE ‘Planning, assuring and delivering service change for patients’ guidance with decision by April 2019.

- The impact of the three key changes will be monitored as a key element of the case for change.

- A programme of engagement with patients, families, staff and stakeholders has commenced however comprehensive engagement plans will need to be agreed jointly and taken forward by KMPT and CCGs as a priority.

KMPT enabling projects and their key benefits

- **Reducing older adults acute length of stay**

  In a study by Tees, Esk and Wear Valleys NHS Foundation Trust, a rapid process improvement workshop was used by a multidisciplinary team to observe ward processes and to identify areas of waste.12 months after implementing changes across two wards, significant reductions were reported: in **length of stay (57%), bed numbers (21%) bed occupancy (22%), staff absence (63%), violent incidents involving staff (79%) and service user complaints (100%).**

  KMPT will be carrying out a Rapid Process Improvement Workshop (RPIW) in March. Orchards ward has been selected for the workshop due to its high variance in length of inpatient stay.

- **Extension and improving our Patient Flow team**

  The patient flow team has had a highly-positive influence and been instrumental in achieving a reduction in the number of admissions, Delayed Transfers of Care (DToC) and reducing overall bed-occupancy levels. The team also plays a major role in keeping patients out of private beds. **Over the 9 months that the patient flow team have been in operation, admissions have gone down by 10.8%, bed occupancy by 2.1% and DToC days by 27.5% (when compared to the nine months prior).**

- **Developing urgent care support and signposting service**

  A clinical audit of acute admission in April and November 2018 indicated that only 30-40% of admissions clearly met the clinical indicators for admission.

  A key driver for this is that the person presenting is often presenting in an emotional crisis and/or with complex social issues that cannot be de-escalated in time frame available.

  The lack of time and immediate relief that staff undertaking secondary mental health assessment can offer often means that staff feel they have to offer an admission as there is no other available or quickly accessible place for the person to have time to reflect and be proactively helped to manage their immediate distress, be offered quick practical plans and support to meet their social needs.

  Based on the data analysis undertaken, provision of a 24/7 service would see 2-3 services users present each day for a 12-hour average length of stay. Key benefits of developing the new service are anticipated to include:

  - **Decrease in length of stay of less than 7 days.**
  - **Decrease in informal admissions following S136**
  - **Decrease in referrals to CRHT following support and signposting**
  - **Reduction in inpatient admissions following support and signposting**

Item 9: Work Programme 2019

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 01 March 2019

Subject: Work Programme 2019

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

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1. Introduction

(a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members.

(b) The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Health Watch and other third parties.

(c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

(d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

RECOMMENDED that the report be considered and agreed.

Background Documents

None

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Work Programme

Health Overview and Scrutiny Committee

Item	Work Type	Objective
22 March 2019 - NEW		
Kent and Medway Stroke Review	Consideration of Substantial Variation	To consider the formal response of the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee.
26 April 2019 – CANCELLED DUE TO LACK OF TIME SENSITIVE BUSINESS		
06 June 2019		
Kent and Medway Strategic Commissioner	Monitoring	To receive an update from the Commissioner on developments within the STP and integrated care partnerships
Kent and Medway STP: Review of Winter Planning	For Information & Review	To review the Winter Planning implemented by the Kent and Medway STP
Review of the Frank Lloyd Unit, Sittingbourne	Consideration of Substantial Variation	To consider the findings of the Review on the Unit, accessed by all CCGs in Kent and Medway.
NHS East Kent CCGs: Special Measures and Financial Recovery Plan	Monitoring	To receive an update of the actions of the CCGs being placed in special measures by the NHS England CCG Assessment Delivery Group and of the CCGs Financial Recovery Plan.
NHS Medway CCG and NHS North Kent CCGs – Dermatology Services Procurement	Monitoring	To receive an update following procurement and on waiting list data.

Item	Work Type	Objective
NHS North Kent CCGs – Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG	Dartford, Gravesham and Swanley CCG – deemed to be a substantial variation	To receive an update in line with an agreed timetable for presenting to the Committee.
NHS North Kent CCGs – Urgent Care Review Programme – Swale CCG	Swale CCG – potential consideration of substantial variation	To consider the findings of the review. The item was originally scheduled for March but due to time constraints the CCG subsequently requested that the item be presented at the June Committee meeting.
23 July 2019		
South East Coast Ambulance Service NHS Foundation Trust (SECAmb)	Monitoring	To receive an update from the Trust on performance and planning.
Kent and Medway Non-Emergency Patient Transport Service Performance	Monitoring	To receive an update from the Commissioner and Provider on the contract performance
19 September 2019		
26 November 2019		
CCG Annual Assessment – Written Update	For Information & Review	To receive a written report on the CCG Annual Assessment as part of the annual return.
Healthwatch Kent Annual Report	For Information & Review	To receive a written report on the Healthwatch Kent Annual Report as part of the annual return

To be scheduled

- Workforce focus in other specialisms
- Dental Provision within Kent