

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 6th June, 2019

10.00 am

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





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 6th June, 2019, at 10.00 am
Council Chamber - Sessions House

Ask for: **Kay Goldsmith**
Telephone: **03000 416512**

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, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, 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 D Mortimer and Councillor M Peters, (1 vacancy)

Webcasting Notice

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

UNRESTRICTED ITEMS

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

Item	Timings*
1. Substitutes	10:00am
2. Declarations of Interests by Members in items on the Agenda for this meeting.	
3. Kent and Medway Strategic Commissioner (Pages 5 - 12)	10:05am
4. Review of Winter Planning (Pages 13 - 18)	10:55am

5. NHS East Kent CCGs Financial Recovery Plan (Pages 19 - 24) 11:40am
6. Dermatology Services update (Written Update) (Pages 25 - 30)
7. Review of Frank Lloyd Unit, Sittingbourne (Written Update) (Pages 31 - 34)
8. Items on 1 March 2019 HOSC Agenda: Correspondence Received (Written Update) (Pages 35 - 40)
9. Work Programme (Pages 41 - 44)
10. Date of next programmed meeting – Tuesday 23 July 2019, 10am

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

29 May 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.

Item 3: Kent and Medway Strategic Commissioner

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 6 June 2019

Subject: Kent and Medway Strategic Commissioner

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

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

1. Introduction

- (a) On 26 January 2018 during the Transforming Health and Care in East Kent agenda item, Michael Ridgwell (Programme Director, Kent and Medway STP) confirmed that discussions were being undertaken around the shared CCG management functions in Kent and Medway; he committed to providing a paper on this to the Committee.
- (b) On 27 April 2018 Glenn Douglas, Accountable Officer, Kent and Medway Clinical Commissioning Groups attended and informed the Committee that all eight CCGs had committed to establishing a strategic commissioner and sharing a single senior management team with one accountable officer for Kent and Medway. The Committee agreed the following recommendation:

RESOLVED that the report on the Kent and Medway Strategic Commissioner be noted and that the Kent & Medway STP provide an update to the Health Overview and Scrutiny Committee in six months' time.

- (c) Simon Perks, Director of Transformation, Kent and Medway STP attended the meeting of 23 November 2018 and provided further information on this topic and further detail around the expected timeline. The Committee agreed the following recommendation:

RESOLVED that the report be noted, and the Kent & Medway STP be requested to provide a detailed update in six months' time.

- (d) A report from the Kent and Medway STP is attached for information.

2. Recommendation

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

Item 3: Kent and Medway Strategic Commissioner

Background Documents

Kent County Council (2018) '*Health Overview and Scrutiny Committee (26/01/2018)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=47975>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (23/11/2018)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

Contact Details

Kay Goldsmith

Scrutiny Research Officer

kay.goldsmith@kent.gov.uk

03000 416512

Kent & Medway System Transformation Update

June 2019

1. Context

The November 2018 HOSC briefing focused on proposed future arrangements of commissioning in Kent and Medway. This paper sets out the vision for how the whole Kent and Medway health and social care system will work together in the development and delivery of integrated care. Over the last six months joint working of the partners across Kent and Medway, the eight CCG chairs and more recently among provider organisations - including primary care and social care – has advanced. This work is focused on establishing a system commissioner for health and social care for Kent and Medway through creating a single CCG, developing four Integrated Care Partnerships and authorising and supporting the development of approximately 40 Primary Care Networks. Together, along with the Health and Wellbeing Board and the Clinical and Professional Board, these developments will form the Integrated Care System (ICS) for Kent and Medway.

This paper aims to detail where functions will sit in the system and how the services commissioned and provided will better respond to the needs of the population.

2. Background

The commissioning and provision of health and social care across Kent and Medway continues to face a number of strategic and operational challenges. The CCG chairs have recognised that in order to continue delivering services and for these services to be sustainable and responsive to the needs of the population, we need to change. Responding to these challenges requires a whole system transformation of how we commission and deliver services. Future models need to be financially sustainable, demonstrate operational effectiveness through improved outcomes, deliver safe and quality care and importantly, be responsive to the health and care needs of the population of Kent and Medway.

Over the last four years, the case for change has been supported by and promoted “Integration” through care models, service models and resourcing. More recently across Kent and Medway we have seen the benefits and positive impact that integrated working brings to the care for the local population through outcomes, quality standards and operational efficiencies. At this stage of the transformation, it is widely recognised that changes to how the system is structured, the redistribution of functions both locally and at a Kent and Medway level, through to more integrated working will deliver benefits and improvements. Benefits to be realised include: (note this is not an exhaustive list)

- Overall cost and efficiency savings through single “Kent and Medway” activities for example commissioning at scale and combining back office functions
- Improved patient outcomes through increased prevention and early intervention programmes
- Development of alternative and additional workforce models supporting skills development for generic health and social care skill sets and multi-disciplinary working.

Before we start each stage of the transition we aim to identify and quantify the intended benefits to patients, our teams and the system and track these through the programme.

The Long Term Plan has further strengthened the need for integration and integrated care models with the expectation that current STP areas transition to Integrated Care Systems by April 2021. The development

work to date across Kent and Medway meets this objective, as well as articulates the actions to establish the system commissioning function and the development of Integrated Care Partnerships (ICPs), further aligning the local commissioning and provision of health and social care based on local needs and in a way that is accessible and responsive. In addition to the ICPs, there will be other developments to support a more focused response to individuals needs such as the development of Primary Care Networks (PCNs)* in increasingly aligning local health, social, community and primary care. (*national terminology that may change to fully reflect K&M stakeholders at this level)

3. Establishing a system commissioner and integrated care system in Kent and Medway

The Kent and Medway system and in particular the eight clinical commissioning groups committed to and started the journey towards this change in early 2018. To date the commissioners of health and social care services have been working together in developing an understanding of what a system commissioning function would mean for current arrangements, the opportunities that might exist such as changes to the scale and scope of commissioning, different models of commissioning as well as what a future end state may look like. Once the eight CCGs' members are satisfied that these functions will best be served by a single CCG across Kent and Medway, an application will be made to NHS England. We anticipate this will be in September 2019.

This paper describes the vision for the Kent and Medway system and future commissioning and provision of care based on the needs of the population. The vision also details a number of functions and how these will support and drive the delivery of services. The development of this vision and the description of what will sit where in the system has been informed by a number of coproduction events, through which there is a growing level of enthusiasm and consensus for the future state.

3.1 Vision

By April 2020, the vision is to have integrated health and social care commissioning across Kent and Medway at scale, with examples of integrated service models being experienced and accessed by the local population. CCGs will realise this vision by:

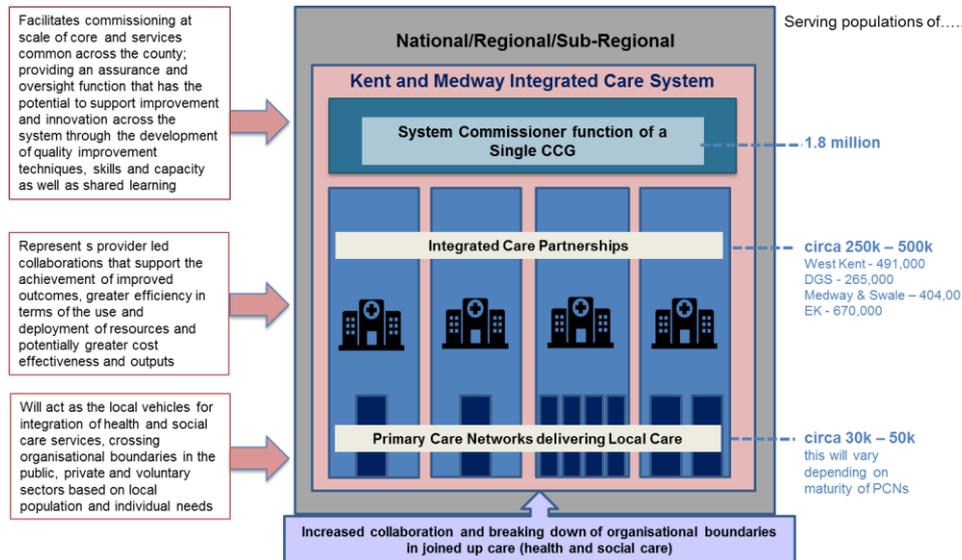
- Setting ambitious and achievable outcomes for the whole population of Kent and Medway, a single CCG will drive improvements to health and wellbeing through improved prevention, a reduction in health inequalities and the procurement of the highest quality and affordable services
- Bringing the very best of general practice to local people, the CCG will enable, support and commission integrated care from local ICPs, including strong and vibrant PCNs
- With a renewed emphasis on data to understand each local population's needs along PCN lines, the CCG will develop and foster new financial and contracting models that support collaboration and integration across all health and care sectors and partners
- By making sure that we have the 'basics' right to help all partners, organisations, members of staff and clinicians to deliver their very best for local people through an integrated approach to recruiting and retaining our workforce, making sure our buildings and facilities are fit for purpose and that our IT infrastructure supports the sharing of information and the delivery of care.

A key enabler in achieving this vision is the structural changes to commissioning, the establishment of a single clinical commissioner group, the development of key functions specifically strategic and system based commissioning and the support of an integrated care structure (ICS and ICPs). To this end all eight Kent and Medway CCG governing bodies have endorsed the proposal to create a single CCG. CCG members will be asked to approve this proposal later in the summer.

3.2 Translating the national picture to Kent & Medway

Figure 1 outlines the “end state” of a Kent and Medway system commissioner and integrated care system. The detail of core functions and operational implementation are currently being explored and developed further, and arrangements are expected to evolve based on engagement and feedback.

Figure 1: Kent and Medway ICS architecture including ICPs and PCNs



A single clinical commissioning group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for:

- Defining the needs of the population of Kent and Medway down to a population level of 30-50k
- Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities
- Allocating capitated budgets within new financial frameworks that encourage ICPs to focus on population health
- Providing oversight and offering strategic solutions to K&M wide functions such as strategic estates, digital, workforce, and finance
- Supporting and delivering the organisational development of providers to become members of ICPs
- Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget
- Acting as the point of escalation of dispute and risk in ICPs
- Commissioning core services at scale.
- Holding a single contract for larger (K&M) providers, whilst enabling and maintaining local flexibility.
- Direct commissioning of rare and very expensive services
- Providing commissioning support and back office functions
- Developing a Kent and Medway approach to service and quality improvement.

In addition to the commissioning of health services, the establishment of a Kent and Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier local authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.

An **ICS** will operate at the level of Kent and Medway. The ICS aims to offer a strategic “view” of the system providing oversight, challenge and holding each other to account. There are a number of existing arrangements that will act as key component parts of the ICS, including the Clinical and Professional Board, the Joint Health and Well Being Board and aspects of the STP Programme Board.

The ability to work as a whole system, both commissioning and provision will strategically strengthen the planning in response to population needs and expected outcomes, as well as the management of resources and its deployment. It is anticipated that the ability to work as a system will also offer opportunities to preside over key activities such as financial arrangements and incentives, in line with single system control totals, a capability we need to have in place by 2022. It is expected that the ICS will also hold a number of assurance and oversight functions. The detail of these functions continues to be worked through as part of the merger of NHS England and NHS Improvement.

The transition to an integrated system and assuming certain assurance functions is expected to commence from April 2019. During transition it is important that the evolving form of the ICS maintains a close relationship and connection to transition governance arrangements for new and existing activities, the devolution of the STP and the maturing of the capacity and capability at the ICP level.

ICPs represent a provider led collaborative, operating most effectively across a population of 250,000 to 500,000. The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working to offer existing and new models of care that are more effective in responding to people’s needs. This use of new and alternative models including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (e.g. workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent and Medway, based on population size, is for four ICPs. These will be in east Kent, Dartford Gravesham and Swanley (existing Primary and Acute Care Services model), Medway and Swale and west Kent. Each has established a development leadership team comprising senior officers and clinicians from NHS, social and primary care organisations that provide services within each geography.

Key functions of the ICPs include:

- Accountability for the health of their whole population rather than for the delivery of specific service lines as at present
- Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities
- Ensure a focus on population health; more than the sum of individual care pathways
- Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement
- Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level
- Local route for escalation and risk management within the system

- Local contract management and the increased use of alternative contract forms to support integrated delivery.

PCNs have been an emerging form over the last 12 months as part of the development of primary and more broadly local care provision. The Long Term Plan identified further and continued development of PCNs as a key function and way of further enhancing the integration of local and primary care. The planned PCNs across Kent and Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway. Submission of applications to form a PCN are near completion and we anticipate around 40 will be authorised across Kent and Medway.

The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned and delivered to date and seeks to take advantage of models that:

- Focus on and are responsive to the needs of the population of Kent and Medway
- Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability
- Are forward looking and innovative and make improvement to the operational challenges facing current provision
- Champion integration and focus on the patient experience and improved outcomes across health, social care and general wellbeing.

4. Transition to the “end state” - working principles

The transition to the system commissioner will evolve over 2019/20 with the achievement of the “end state” from April 2020. Further developments and transition will continue beyond 2020 with the maturing of transition services, functions and new organisational forms.

Working principles during transition include:

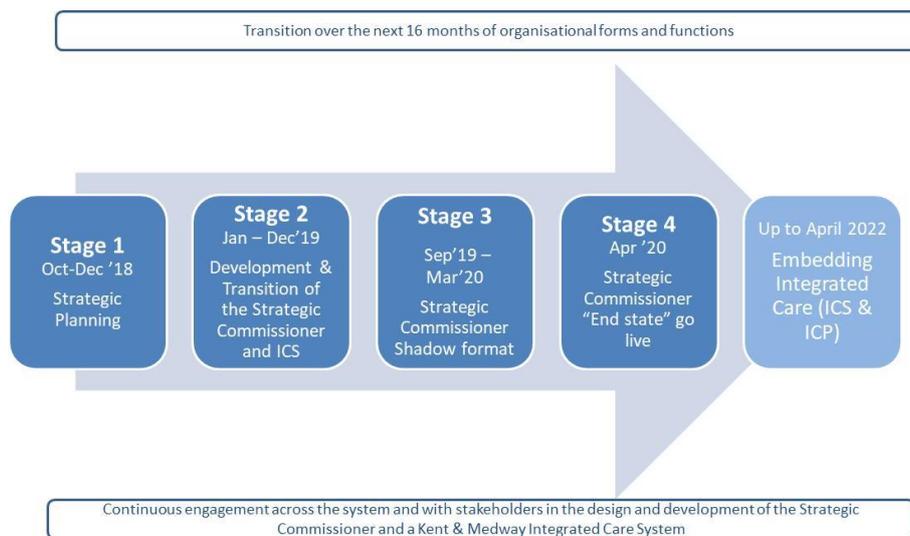
- A single clinical commissioning group operating across Kent and Medway
- Transition to the system commissioning form and functions in 2019/20 with the end state realised from 1 April 2020
- Transitional management structures. To note these are already in operation at an executive level across the eight CCGs with leadership provided through the two managing directors
- The ICS would operate across Kent and Medway and be supported locally by four ICPs or equivalent models.

With regard to the development of an ICS, of which establishing a strong system commissioner is an important initial step, in the coming months PCNs will be authorised to cover the population of Kent and Medway and development support put in place, ICPs will continue to develop a programme of work towards operating in shadow form and an interim operating model for the ICS will be considered by the STP Partnership Board.

5. High Level Timeline for Delivery

Figure 2 sets out a high level timeline that would see a single clinical commissioning group and system commissioning (end state) fully operational by April 2020. It is anticipated that capability to carry out functions such as commissioning at scale will be in place from April 2019, with 2019/20 used as a transition year for the development and embedding of arrangements. Based on the scale and complexity of the change, it is anticipated that the realisation of integrated care as described in the paper will need a longer period to mature in order to be ready to operate at its full capacity and capability. Current planning proposes a further two years embedding period for ICPs to be fully functional.

Figure 2: High level timeline to system commissioning and Integrated System “end state”



Item 4: Review of 2018/19 Winter Planning

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 6 June 2019
Subject: Review of 2018/19 Winter Planning

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

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

1. Introduction

- (a) NHS England – South (South East) and the Kent and Medway STP were asked to provide an overview of preparations for 2018/19 winter at the meeting of 21 September 2018. Representatives from the East, North & West Kent health economies were also invited to update the Committee on their local plans. At the end of this meeting the Committee agreed the following:

RESOLVED that:

- (a) *the report be noted;*
- (b) *notification be circulated to the committee that testing has proved satisfactory towards end of October/beginning of November;*
- (c) *NHS England and the Kent and Medway STP be requested to provide an update about the performance of the winter plans to the Committee in June.*
- (b) The update requested at the 21 September meeting under (c) above is presented at this meeting.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

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

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

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NHS response to winter in Kent 201819

To: Kent Health Overview and Scrutiny Committee

From: Rachel-Louise Hughes, Head of Assurance and Delivery, NHS England and NHS Improvement South East

Author: Rachel-Louise Hughes, Head of Assurance and Delivery, NHS England and NHS Improvement

Date: 6th June 2019

1.0 Purpose

1.1 This report provides a briefing to the Kent Health Overview and Scrutiny Committee that describes the performance of the Health and Social Care system winter plans for winter 2019/19.

2.0 Background

2.1 Historically, the effects of winter have been shown to place additional pressures on health and social care services across Kent. This is caused by a number of issues including an increase in respiratory illness, increased slips and falls and the impact of seasonal influenza.

2.2 The key vehicle for winter Preparedness and Response activities are the Local A&E Delivery Boards that were established in 2016. Kent has four Local A&E Delivery Boards (LAEDB) covering Dartford, Gravesham and Swanley; East Kent, West Kent and Medway and Swale. Kent County Council is a core member of each of these groups and is represented on them by an Executive Director.

3.0 Winter Assurance

3.1 NHS England and NHS Improvement set a clear expectation that all Local A&E Delivery Boards would have in place robust plans to deliver the urgent care standards and to ensure that plans are in place to effectively manage winter pressures.

3.2 Therefore ahead of winter 2018/19 NHS England Kent, Surrey and Sussex (South East) and NHS Improvement facilitated a dual assurance process, via self-assessment and peer review, which required Local A&E Delivery Boards to provide assurance that they have put in place preparations for the winter period.

3.3 This included a review of the key actions being taken to improve on last year's plan, delivery of the national ten high impact interventions, the flu programme for staff and patients and work on Delayed Transfers of Care.

3.4 LAEDB Winter Plans were assessed through a two-part bipartite process. A workshop for LAEDBs to share good practice between LAEDB systems, to develop common escalation criteria and provide guidance on effective teleconferences were held in September.



3.5 Winter Plans and escalation plans were reviewed locally with sessions held with LAEDB members to focus on escalation triggers, problem solving and team working.

4.0 Winter Performance and Reporting 2018/19

4.1 Winter 2018/19 was a challenging year: alongside the usual increased winter demand, although temperatures were higher than average the level of demand continued across the South East Region and in Kent. Flu was a interesting profile in 2018/19. There was an identified peak later in the season which coincided with a later drop in temperature compared to last year.

4.2 A new Programme Management Office (PMO) approach was adopted in the South East led by Daniel de Rozarieux, UEC Transformation and Operations Director, NHS England and NHS Improvement – South East Region. This allowed a coordinated response throughout winter, resulting in a single point of contact and fewer escalation calls for the system through to

4.3 a New OPEL rating paper was introduced in December 2018 which was initially challenging however the PMO approach allowed for a streamlined response when systems were challenged.

4.4 In Kent, the Kent and Medway Sustainability Transformation Partnership (STP) through their Winter Lead Jon Amos and subsequently Ivor Duffy coordinated a weekly Winter resilience conference call with CCG urgent care leads. This call fed into the NHS England and NHS Improvement Weekly Operational Look Forward (WOLF) meeting where Kent was represented with other systems across the South East.

4.5 Kent have submitted to NHSE/I, a return summarising the schemes implemented for winter and use of the funding across health and social care.

5.0 Debriefing

5.1 There have been a number of debriefs throughout the winter period to ensure lessons were identified and addressed ahead of future peaks in demand. These have taken a number of different formats:

- A Christmas and New Year informal debrief was held on the January 2019 weekly system teleconference call.
- An informal debrief was held on the Thursday system calls after the February half term and again before the Easter bank holidays in April.
- All Local AE Delivery Boards have undertaken system debriefs.
- The full winter Kent, Surrey and Sussex Local AE Delivery Board debrief was held on Thursday 25th April 2019.

5.2 A key lesson from 2017/18 winter included the need for better communications about both the strains of Influenza, vaccination effects and Influenza management; care home support for Influenza outbreaks and antiviral distribution plans. This learning was applied for 2018/19.



5.3 For 2018/19 the invitation to attend the full winter Kent, Surrey and Sussex Local debrief went to all Kent, Surrey and Sussex local system winter directors/ leads to get their reflections to help shape priorities. The focus of the meeting was to agree the plan over the summer months to support better ways of working and delivery from the autumn and beyond. Attendees included representatives from CCGs, STPs, Social Care, Primary Care, Local Government Association and NHS England and NHS Improvement colleagues.

5.4 There has been a continued improvement in relationships and partnership working over the Winter 2018/19 period. The dedication of staff across all sectors was recognised and praised. A number of initiatives were also recognised as positively impacting on performance and patient experience such as home first and discharge to assess schemes, improvement in delayed transfers of care and support for care homes. Access to a care home capacity tracker was rolled out in January 2019 to allow local teams access to availability across the care home sector. This was used and adopted alongside existing systems within Kent County Council.

5.5 Three key areas for focussed planning ahead of winter 2018/19 were consistent escalation metrics, a review of out of hospital attendance avoidance schemes and in hospital admission avoidance schemes to identify best practice and interoperability of IT systems working across the community. The use of SHREWD was identified as a positive approach when adopted across all the organisations allowing ease of access to individual organisations and system escalation status.

6.0 Conclusion

6.1 All lessons have been captured in the relevant debrief reports and an action plan developed for implementation during the Summer Operating Model ahead of winter 2019/20. This is led by the PMO with the Kent and Medway STP engaged through their identified Winter Resilience Director.

6.2 The HOSC are asked to note the content of the report.

**Rachel-Louise Hughes, Head of Assurance and Delivery,
NHS England and NHS Improvement South East (Kent, Surrey and Sussex)**



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Item 5: NHS East Kent CCGs: Financial Recovery Plan

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 6 June 2019
Subject: NHS East Kent CCGs: Financial Recovery Plan

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

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

1. Introduction

- (a) On 13 September 2018 the Committee received a report on East Kent CCGs – Special Measures. The Committee agreed the following recommendation:

RESOLVED that:

- (a) the report on the East Kent CCGs be noted;*
- (b) a written summary report on the financial recovery plan be provided to the committee as soon as possible;*
- (c) an update be presented to the committee in six months.*

- (b) On 15 November 2018 the written summary report was sent to Committee Members and following a request from the Chair the CCGs have been asked to provide an update to the Committee.

- (c) On 25 January 2019, the Committee received a report on this issue and agreed the following recommendation:

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.

- (d) Due to the cancellation of the April meeting, this item was rescheduled to take place at the present meeting.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Item 5: NHS East Kent CCGs: Financial Recovery Plan

Background Documents

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

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Briefing for Kent Health Overview and Scrutiny Committee (HOSC) – East Kent Financial Recovery Plan

May 2019

Background

In April 2018 the east Kent Clinical Commissioning Groups (CCGs) produced a financial plan for 2018/19 that generated a £24m deficit, assuming a £19.5m Quality, Innovation, Productivity and Prevention (QIPP) programme. This financial plan was approved the Governing Bodies of the CCGs and NHS England (NHSE). The £24m deficit was matched by £24m Commissioning Support Funding of £24m, resulting in a control total of break-even. However, at that time the financial plan also identified unmitigated risk of £16m. By reporting this unmitigated risk, the east Kent CCGs were highlighting the high possibility of over-spending by £16m

During July and August '18 there was further analysis of the risks facing the CCGs in 2018/19 resulting in an increase in risk value from the original £16m to £41m with a high probability of materialising. This shift in risk of £25m was due to a number of factors including:

- “Optimistic accruals” in '17/18 accounts have resulted in an accumulating deterioration in the underlying financial position of the CCGs in 18/19.
- The Expert Determination regarding the service-level agreement (SLA) with the CCGs' main provider has been taken fully on the “downside”.
- The main acute contract in 2018/19 was agreed with an activity level below that necessary to achieve referral to treatment (RTT) maximum waiting times.
- The main acute contract was set at a value with a built-in over-performance highly likely.

Also, during July and August '18, the 2018/19 QIPP plan was assessed independently as part of the national “QIPP4 programme”. This review identified potential material slippage of £10m in the QIPP programme unless action was taken.

As an immediate response the east Kent CCGs commissioned additional financial turnaround and senior PMO capacity. This additional capacity and capability existed through-out 2018 and into 2019 improving the internal system and process, increasing organisational grip and facilitating the period of stabilisation and recovery.

Stabilisation and recovery

With identified risks (£41m) and projected QIPP slippage (£10m), the east Kent CCGs were facing a challenging situation, recognising that full recovery in year was extremely difficult.

Therefore, the CCGs have developed a stabilisation and recovery plan that will mitigate £26m risks resulting in a forecast deficit of £49m in 2018/19 with plans to ensure that the east Kent CCGs move towards balance in 2019/20.

During this period of stabilisation and recovery, the Managing Director commissioned the following reviews:

- Governance Review by PWC
- Expert Determination Review by Internal Audit (TIAA)
- Strategic Review of the east Kent acute reconfiguration by EY
- QIPP Review by Deloitte as part of QIPP4.

As a result of this, the Managing Director and the senior leadership team are:

- Working within the Kent and Medway Sustainability and Transformation Partnership STP to deliver the transformation change agenda across east Kent that will deliver more effective high quality services achieving both performance and financial standards and targets
- Developing the East Kent System Board as the vehicle to implement the whole system Improvement Plan
- Implementing new governance systems, process and structures in order to streamline processes, procedures and policies to facilitate increase challenge and support
- Adopting a matrix way of working with an effective project management office PMO function supporting the new approach.

Financial performance in 2018/19

In summary, a revised Financial Plan was submitted to NHSE that moved the control total deficit for 2018/19 from £24m to £49m, recognising that there was a further £8m of unmitigated risk that could materialise, before Commissioning Support Funding. The delivery of this recovery plan is based on the foundation of stabilisation in 2018/19, led by the Managing Director and Clinical Chairs, driven by the Executive Directors and owned by the four CCGs in east Kent. It also identified a number of risks that were increasingly difficult to mitigate; in particular potential over-performance by the acute providers and increasing demand for continuing healthcare (CHC) assessments.

Unfortunately, despite the CCGs over-performing in QIPP delivery and managing further in year additional risk (see the following table), the above unmitigated risk of acute activity performance and increased demand for CHC assessments materialised, resulting in the east Kent CCGs generating a £57m deficit.

		Stretch Targets £'000	
Local Care (incl. Urgent & Emergency Care)	6,000	<i>M12 (Gateway 5D)</i>	
		2018/19 planned savings £'000	2018/19 Delivery £'000
CHC	3,000	6,355	3,849
Medicines Optimisation	9,000	3,503	2,622
Planned Care, RightCare & Clinical Variation	5,000	8,014	6,971
Mental Health	1,000	1,550	454
Contractual/Other	8,000	1,000	1,616
Children's Services	1,000	9,004	4,424
Totals	33,000	1,106	862
		30,532	20,799

The financial plan for 2019/20 for the east Kent system

The east Kent system out turned 2018/19 with a deficit of £99.2m, and a recurrent deficit of £100.7m, a deterioration on the deficits of the previous year.

The system is being asked to deliver a £30m improvement in the recurrent deficit in 2019/20 – see the following table.

To achieve this the CCG is required to deliver QIPP of £35m (4.1 per cent of non-hypothecated spend) and the Trust cost improvement programme (CIP) requirement is £30m (6 per cent of influence-able spend), this is against a backdrop of three years of 5 per cent savings targets but increasing deficits.

The Trusts control total was calculated based on an expected forecast out-turn (FOT) that was £12m lower than that finally delivered, based on month six data, and therefore does not reflect the true underlying position of the Trust. The system is being asked to reverse a three year run rate of increasing deficits.

At this stage these factors mean that the Trust revised control total cannot be delivered within one financial year and a longer term plan is needed:

*Excluding PSF/FRF/CSF payments.

East Kent Financial Position	Amount £000s
2018/19 Forecast Outturn - Trust	(42,155)
2018/19 Forecast Outturn - CCGs	(57,078)
2018/19 Combined FOT	(99,233)
2018/19 Recurrent Deficit carry forward - Trust	(52,250)
2018/19 Recurrent Deficit carry forward - CCGs	(48,452)
2018/19 Combined Recurrent Deficit carry forward	(100,702)
2019/20 Control Total - Trust*	(36,569)
2019/20 Control Total - CCGs*	(33,900)
2019/20 Combined Control Total*	(70,469)

The CCGs and Trust have signed an aligned incentive contract based around £440m. As this value includes circa £20m of high cost drugs that element will remain variable to allow benefits of savings to be shared equally across parties.

By signing the aligned incentive contract with a fixed value, the system has been able to:

- increased certainty for both parties
- released contingency held to reduce the overall system control total gap by £6m
- aligned focus to deliver transformation of services and drive cost from the system.
- implement a single system PMO, reporting system and reports
- joint system management of contingencies to manage total system risk.

The single PMO is being established in order to ensure the timely development and delivery of the System Programme (CIP/QIPP) for east Kent. It will further:

- Identify areas of joint working to further delivery system benefits, eight areas have been identified and project leads currently agreeing deadlines, but cardiology as example has clear delivery timeframe agreed and joint approval.
- Support through a single team and process the delivery of the transformation required – first meeting on how this will be delivered and a ‘non virtual way’ timetabled for late April
- Review and agree additional schemes for implementation across the system
- Provide PMO support for all QIPP and CIP schemes, through one database reporting system, to be fully implemented in next 2 weeks
- Ensure all proposals are cost based and stranded costs clearly identified and understood.

This will be very process / delivery focused and will need to be supported and held account by a system clinical and CEO/AO forum, currently the System Board provides this but final governance, considering ISC and the wider system will be resolved in the next month.

The east Kent system is now in the process of developing a long term financial plan that will aim to bring the system into financial balance by 2021/22.

END

Item 6: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services (Written Update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 6 June 2019

Subject: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services (Written Update)

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

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

1. Introduction

(a) On 24 October 2018 the Committee received an informal written notification of Medway NHS Foundation Trust's intention to stop providing dermatology services at the Trust from 1 April 2019 and the CCGs procurement plans.

(b) The Chair requested that an update paper be presented to the Committee for formal consideration. This was considered at the meeting of 25 January 2019. The Committee agreed the following recommendation:

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

(c) Due to the cancellation of the April meeting, this item was rescheduled to the present meeting.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Item 6: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services (Written Update)

Background Documents

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/19)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

Contact Details

Kay Goldsmith

Scrutiny Research Officer

kay.goldsmith@kent.gov.uk

03000 416512

Kent Health Overview and Scrutiny Committee Briefing Dermatology update – May 2019

Background

In September 2018 Medway NHS Foundation Trust (MFT) served notice on their Dermatology service including the cancer pathways. As a result Medway, Dartford, Gravesham and Swanley (DGS) and Swale CCGs jointly commenced procurement to identify a new provider to deliver Dermatology services.

Following a successful procurement process the contract for the North Kent Dermatology Service was awarded to DMC Healthcare as of 1st April 2019.

Mobilisation and Exit Update

DMC, Medway NHS Foundation Trust and the CCGs worked closely throughout the mobilisation to plan for a smooth transition between service providers, aligning the mobilisation and exit plans to provide assurance that the key risks and milestones were considered and addressed collaboratively. The three stakeholder organisations met on a weekly basis as a minimum, with ad-hoc meetings and teleconferences scheduled as required, to address and manage upcoming milestones and issues. The regular communication continued into the early weeks of service mobilisation to provide further assurance that all outstanding issues were resolved and that the transition was complete.

It was recognised that with only seven weeks to transfer services there would be challenges and risks associated with the mobilisation, however the collaborative working approach ensured mitigating actions were identified and the new service successfully mobilised on 1st April 2019 as intended; albeit with additional issues arising which required resolution subsequently.

Some of the issues addressed during the mobilisation were:

1. Difficulties identifying premises in DGS Locality

As there were not previously any Dermatology clinics or services in this locality DMC had to source new premises to adhere to the requirements of the specification. Although discussions were initiated during the procurement process and DMC included details of the proposed sites within the ITT bid, since being awarded the contract DMC experienced a number of difficulties in securing clinical space in their preferred locations. This was immediately flagged to the CCGs who provided support to identify alternative options and providing contact details to escalate discussions with individuals at preferred sites.

Mitigation: This risk was mitigated and as of April 2019 DMC will have one clinic in DGS (The Gateway). DMC is actively sourcing a suitable location for a secondary clinic within the DGS footprint; with the view of monitoring demand to identify where further clinic(s) should be located.

2. Uncertainty about staff TUPE resulting in difficulties clinic planning

DMC held regular meetings with staff members and MFT HR to understand the volume and skillset of staff who intended to transfer to DMC from 1st April however there were difficulties in obtaining this information. There was an acknowledged risk that the intended transfer of staff was not guaranteed until 1st April 2019. The uncertainty regarding the inherited staff mix created difficulties planning clinics; although DMC already has adequate workforce to mobilise the service their preference was to locally place and utilise the staff who TUPE as of 1st April. DMC requested a pause in the service during the first week of April to enable the transferring staff to undergo an induction programme and also allow them to book patients into the correct clinic once there was clarity on the staffing arrangements. This request was deemed reasonable by the CCG and therefore granted.

Mitigation: Due to the ongoing uncertainty relating to TUPE, particularly relating to medical staff (consultants and doctors) and concern about the potential backlog that was due to be transferred, DMC took the decision to plan the clinics from 1st April based on their current workforce with the view of introducing any TUPE staff into local roles as their transfer was confirmed, following the staff induction programme. DMC shared their full clinic list with MCCG for the first two weeks of April providing assurance that the service would mobilise as planned and how their intention to address the backlog.

3. Lack of clarity regarding the size of the MFT backlog

Due to uncertainty regarding the volume of the backlog there were difficulties clinic planning and agreeing a cut-off date for new referrals. DMC, MFT and Medway CCG met to discuss a way forward and this was resolved. Communications and updates were jointly developed circulated to key stakeholders including patients (current and future), referrers and other providers

Mitigation: DMC used the activity that was available to them (including the activity shared in the procurement documentation) and local knowledge to re-analyse the data and develop their backlog management plan. DMC notified the CCG of their intention to run significantly higher numbers of clinics in the first few months of mobilisation (approximately 24 clinics / 1000 appointments per fortnight) with the aim of addressing the backlog by June 2019. The introduction of the tele-dermatology app is expected to manage new referrals (received as of 1st April) to allow DMC to utilise their clinic appointments to address the backlog whilst not adding to this significantly, ensuring patients are being treated in turn and reducing waiting times where a face to face appointment is required.

4. Current and ongoing arrangements for MDTs

The mobilisation of the new service has identified some issues with the current arrangements for MDT meetings.

The North and West Kent CCG commissioning leads have been working collaboratively with key stakeholders including the Cancer Alliance, Specialised Commissioning and the local Dermatology providers (DMC and Sussex Community Dermatology Service) to agree an interim process to ensure the departure of MFT

does not negatively impact on patients whilst resolving and agreeing the arrangements for the provision of local and specialist MDTs going forward. All providers are considering the changes to service provision as an opportunity to ensure MDTs are correctly commissioned and attended in the future and are compliant with local and national guidance.

Mitigation: Due to the complexity of this issue it was recognised that a long term solution could not be agreed and implemented by 1st April 2019. The key stakeholders have agreed that specialist MDTs will continue following the same format with the minor amendments of Queen Victoria Hospital (QVH) hosting the meetings with DMC sending the North Kent patients to QVH for presentation. This provides assurance that there will not be a reduction in service provision or patient care whilst the longer term process is being finalised. DMC Healthcare has established a local MDT which continues to be held on a weekly basis as was previously in place.

DMC has also submitted a request to NHS England to ensure the future MDTs are subject to appropriate review.

Current Update

The Dermatology service successfully mobilised on 1st April 2019 as intended. The CCG continues to communicate with DMC on a regular basis to monitor progress and ensure that the transition of services has been seamless. Acknowledging the service is in the very early stages of mobilisation, to date DMC has assured MCCG the clinics are being well utilised and clinic planning remains on going and will be reflective of demand.

During the April 2019 the new provider made available in excess of 1,200 clinical slots and over 1000 patients were seen (see tables below)

Outpatient Attendances							
Provider	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MFT	470	527	456	473	381	214	0
DMC		104	183	97	65	21	1067
Total	470	631	639	570	446	235	1067

2 week wait performance	78% All breaches were pre-mobilisation and inherited from the previous provider.
No of 52w breaches	68
Reduction of backlog in April	488

DMC has received significantly higher than anticipated volumes of calls (46,000 in April 2019) as a result of the transfer of services which has resulted in patients experiencing delays and difficulties contacting DMC. To respond to this DMC increased their telephone lines and issued staff with mobile phones to ensure outgoing calls to reschedule/book appointments continued whilst ensuring the maximum numbers of incoming enquiries from patients are responded to. A dedicated email address has also been circulated which offers an alternative method of communication for patients. DMC endeavours to respond to urgent queries e.g. medication enquiries within 24 hours and routine enquiries in 5 days. Once the backlog patients have been contacted and appointed DMC will commence scheduling appointments for referrals received via the new service pathway.

Waiting list and service backlog

To address the backlog DMC will continue to hold a significantly higher number of clinics to ensure patients are treated as quickly as possible and to prevent the backlog negatively impacting on the new service. Based on the current trajectory the backlog is anticipated be cleared by June 2019. The majority of 52 week breach patients have been treated with the exception of about 14 of which 12 require patch testing which was delayed due to the restrictive working days in April; there were 120 in total and following clinical review this list was reduced by approximately 25% as these patients were discharged without needing another appointment

As the timeframe between contract award and service commencement was extremely short there are elements of the mobilisation that remain ongoing into the early stages of service delivery; including the finalisation of Key Performance Indicators and mobilisation of all clinics. The CCG will continue to work collaboratively with DMC to ensure the service meets the requirements of the specification.

Next Steps

DMC and MCCG continue to work closely to ensure that the impact of the service changes is monitored via regular telephone calls and meetings as required. Once the service is mobilised and the backlog position is stabilised monitoring of the service will move to the standard contractual monitoring approach as detailed and agreed in the contract e.g. monthly contract review meetings and monthly submissions of datasets including activity and KPIs.

The service will also be monitored and reviewed based on patient and referrer feedback.

Item 7: Review of the Frank Lloyd Unit, Sittingbourne (Written Update)

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 6 June 2019
Subject: Review of the Frank Lloyd Unit, Sittingbourne (Written Update)

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

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

1. Introduction

- (a) On 21 September 2018 a written paper was submitted to the Committee relating to a review of the Frank Lloyd Unit in Sittingbourne. The Committee agreed the following:

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

- (b) Unfortunately, the work has not progressed as anticipated, and therefore a detailed paper is not available for this meeting. The NHS have provided the attached brief in order to update Committee Members.
- (c) The intention is for a full report and discussion to take place at the meeting on the 23 July 2019.

2. Recommendation

RECOMMENDED that the Committee note the update.

Background Documents

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

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

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Health Overview and Scrutiny Committee

June 2019

Update on the Review of the Frank Lloyd Unit, Sittingbourne

1. Introduction

Following the briefing which was submitted to HOSC in September 2018, this paper provides an update on the work which has taken place since that date to review the Frank Lloyd Unit in Sittingbourne. Unfortunately, the work has not progressed as anticipated and as was indicated in the paper presented last year. This has largely due to the complexities of working across a number of organisations across Kent and Medway, each of which has its own governance processes and requirements.

2. Work Completed to Date

A significant amount of work has been undertaken with clinicians to develop the case for change and to develop a draft, comprehensive model of care which will be community based and can be delivered closer to home. This draft model will be used to engage with service users and carers and other relevant stakeholders to ensure it will meet the needs of this client group.

The unit continues to function and, currently, the number of individuals being cared for in the unit is eight, compared to ten at the date of the last HOSC report. These individuals are re-assessed on a regular basis to ensure their needs are being met and, if appropriate, will be moved to a more suitable service.

3. Next Steps.

Individual meetings are planned with the carers and families of the current service users. These meetings will take place after 23 May, after the conclusion of purdah. The purpose of these meetings is to share the proposed model of care and to gain input to shape the final service. Carers will also be provided with re-assurance that their family members will continue to receive the most appropriate care in the most appropriate setting.

Following these meetings, a detailed programmed of communication and engagement is planned with other stakeholders.

4. Further Updates.

The next update to HOSC will provide a comprehensive overview of the new model of care and the outcomes of the engagement process. In the meantime, if there are further queries on any of the above, they can be sent to ekmentalhealth.commissioning@nhs.net

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Item 8: Items on 1 March 2019 HOSC Agenda: Correspondence Received (Written Update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 6 June 2019

Subject: Items on 1 March 2019 HOSC Agenda: Correspondence Received (Written Update)

Summary: This report invites the Health Overview and Scrutiny Committee to note the letters received that arose from the recommendations of the Committee on 1 March 2019.

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

1. Introduction

- (a) On 1 March 2019, the Committee considered two items which resulted in recommendations for the Chair to write to the relevant NHS body.
- (b) These letters were sent in April, with responses since received. This report invites the Committee to note these responses.

2. Children and Young People's Emotional Wellbeing and Mental Health Service

- (a) Following the item 'Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service', the Committee agreed the following recommendation:

RESOLVED that:

- a. The Committee has serious and increasing concerns regarding the ability of the current children and young people's emotional and wellbeing mental health service to effectively meet the needs of all children and young people with mental health issues in Kent;*
 - b. The Chair, on behalf of the Committee, writes to Anne Eden, Executive Regional Managing Director (South East) to express those concerns; and*
 - c. The CCG provide an update, including information on the disparities for East and West Kent and plans to reduce such disparity, to the Committee in six months.*
- (b) The response received from Anne Eden related to point *b* above is included in the papers for this item.

3. Kent and Medway NHS and Social Care Partnership Trust

- (a) At the same meeting the Committee also considered the item 'Kent and Medway NHS and Social Care Partnership Trust.' The Committee agreed the following recommendation:

RESOLVED that:

- a. The Committee noted the report and KMPT be requested to provide an update at the appropriate time;*
 - b. The Committee receive an update on the two potential options for change at the St Martin's site at the appropriate time; and*
 - c. The Chair, on behalf of the Committee, writes to the Kent and Medway Sustainability and Transformation Partnership to consider the relationship between children and young people's mental health services and adult mental health services as part of the Mental Health Workstream.*
- (b) The response received from Glenn Douglas related to point c above is included in the papers for this item.

4. Recommendation

RECOMMENDED that the Committee note the correspondence received.

Background Documents

Kent County Council (2019) 'Health Overview and Scrutiny Committee (01/03/19)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7926&Ver=4>

Contact Details

Kay Goldsmith
Scrutiny Research Officer
kay.goldsmith@kent.gov.uk
03000 416512

Sue Chandler
Chair
Health Overview and Scrutiny Committee

Anne Eden
NHS England & NHS
Improvement (South East)

3rd Floor
Skipton House
80 London Road
London
SE1 6LH

E-mail: HOSC@kent.gov.uk

Anne.eden1@nhs.net

9th May 2019

Dear Sue,

Thank you for your letter dated 11th April 2019, regarding your concerns following the Health Overview and Scrutiny Committee of Kent County Council (HOSC).

In response to your concerns regarding the current provision of the Children and Young Peoples Emotional and Wellbeing mental health services in Kent, we have reviewed the issues you have raised.

As you have highlighted, North East London Foundation Trust NELFT (who currently have a CQC rating of 'Good' at their last inspection) were awarded the contract for five years with a possible extension of a further two years. Following an integrated procurement process with the local authority in 2016 for provision of Children and Young Peoples Emotional and Wellbeing mental health services in Kent and commenced delivering against the contract in September 2017. It is recognised that the initial length of the contract reflected the complexity of the task to transform the system in order to fully meet the needs of children and young people in Kent.

During the migration and mobilisation of the contract in activity to NELFT in 2017, it became evident that there was a considerable hidden waiting list, particularly around the neurodevelopmental pathways, that was not included in the overall activity agreed at point of transfer.

Once the hidden waits were visible and addressed, this resulted in an initial four year wait for full assessment for neurodevelopmental conditions.

To militate against the risk, NELFT have led a system wide collaboration to ensure visibility of all new CYP pathways to meet the increase in demand.

The system in Kent as a result of the waiting times has invested an additional £1.2million into CYP MH services from Department of Health future in mind allocation, focussing on staffing and workforce to reduce the waits and meet the access standard.



As part of NELFTs strategic transformation plan we have seen the provider introduce a Single point of access (SPOA) ensuring that children and young people are seen more quickly, and every young person referred into the service now has an initial screening. A clear focus on early intervention as a preventative measure, as well as the development of specialist care pathways (including specific focus to improve the all age autism pathway) has significantly reduced the waiting time to full assessment in neurodevelopmental conditions to two years. An improving and encouraging trajectory cutting the original wait by 50% in 18 Months.

The prediction from NHS Digital is that NELFT will exceed the 32% access standard in 2018-19 if performance remains on the current trajectory, and there are clear plans and actions that have been submitted to NHS England/Improvement to meet and/or exceed the 34% access target for 2019-20 as part of the operational planning process for CCGs and the STP. The plans are articulated in the Kent local transformation plan.

Whilst we fully acknowledge that it is unacceptable for young people to wait for treatment, we understand that there are multifactorial system reasons for this. We also acknowledge that there is a national workforce issue around specialist provision supported by a national strategy and these issues will not necessarily be resolved by additional funding and as such requires whole system solutions to address.

We can give assurances that NHS England/Improvement has a clear and robust assurance process which is fully engaged with local CCGs, the STP and providers in Kent. We recently held a specifically focussed 'deep dive' in relation to CYP performance and challenges in the system in Kent and were assured by the clear joint working and ability to articulate the current position and challenges faced within the system.

There is also ongoing improvement support provided to CCGs, STP and Providers from our local Clinical Network and intensive support teams.

We welcome HOSC's continued focus on children's and young people's agenda in Kent and we trust this gives additional assurance in supporting the continued transformation for services in Kent.

Yours sincerely



Anne Eden
Regional Director South East
NHS England and NHS Improvement

**Kent and Medway Sustainability and
Transformation Partnership**

2nd Floor, Magnitude House
New Hythe Lane
Aylesford
Kent ME20 6WT

Sent via email

HOSC@kent.gov.uk

Chair Health Overview and Scrutiny
Committee
Members Suite
Kent County Council
Sessions House
County Hall
Maidstone
ME14 1XQ

www.kentandmedway.nhs.uk

Email: glenn.douglas@nhs.net

Your Ref: -
Our Ref: GD/mjc

18 April 2019

Dear Councillor Chandler

The Mental Health Workstream – STP

Many thanks for taking the time to write to me about the HOSC meeting on 1 March 2019. I can understand your concern about the many components of mental health and the desire for assurance that important connections are being made.

I can confirm that there is an existing STP Mental Health Workstream in place which is responsible for overseeing the delivery of nationally-set priorities for mental health services for people of all ages. This includes those especially relevant to children and young people such as specialist Children and Young People's Mental Health services, Eating Disorder Services and Early Intervention in Psychosis Services. The Workstream Board also oversees system requirements in relation to Mental Health Investment and workforce planning. The Board includes representation from CCGs, local mental health providers, Councils, Public Health and the STP.

The Workstream therefore does have over sight of care for all ages and links directly with the Local Transformation Board. We are currently identifying the discrepancies in care between children and young adult mental health services and adult services in order that we have a programme to address those differences and improve the experience of transition where that is required. The Workstream will continue to facilitate collaboration and take a lead on mental health service areas where intergenerational equity is vital.

It might be helpful to share some examples of the joined-up work across Kent.

In relation to mental health crisis, KMPT and NELFT share the MH S136 provision in Dartford which was an agreed intervention across the system to improve access for children under the age of 18 in Kent and Medway: before this there was not a children's

S136 place of safety in the county. The plan is now for NELFT to deliver a bespoke children's S136 at the Woodlands site in Staplehurst.

The transition from child to adult is a key area of system-wide focus. KMPT, NELFT and the commissioners have on numerous occasions agreed to individual placements for children who are just under 18 to access adult inpatient provision in order to ensure a smooth transition and to ensure individual needs are met in the correct environment. When appropriate, this work has included care planning with acute and SECAMB colleagues to work across age groups to meet identified needs.

East Kent CCGs have funded a project to scope what an 18-25 offer could look like. North Kent CCGs are funding a Primary Care Mental Health Specialist to support young people on NELFT case load who are transitioning to adult services: the service provides full mental health assessment; treatment plan and short term follow up by the PCMHS team or refers for onward support and management to the most suitable service.

Another example is the development of an all age neurodevelopmental pathway. Currently, an adult pathway is described and a business case put forward for funding. We will now working across Kent with a view to extending that to be all age; making sure that the services are aligned and the same outcomes achieved.

The STP is taking a whole-life-course view in relation to population mental health and wellbeing. We will do more on predictive/systems dynamics modelling this year as a part of this, e.g. predicted impacts of changing levels of CYPMH services access on adult mental illness, and applying trauma-aware approaches.

I hope this letter gives you confidence about the scope of system-wide, joined-up planning and commissioning across Kent and how that addresses Children and the transition period. We do acknowledge that there is more to be done.

We would, of course, be pleased to meet with the HOSC again for further discussions. Please do not hesitate to contact me if you require any further information.

Yours sincerely



Glenn Douglas
Chief Executive of Kent and Medway STP and
Accountable Officer for Kent and Medway CCGs

cc Rachel Jones – Director of Strategy and Partnerships
Lauretta Kavanagh – Programme Lead STP Mental Health Workstream
Adam Wickings - Deputy Managing Director, MNWK CCGs
Karen Benbow - Director of Commissioning, East Kent CCGs

Item 9: Draft Work Programme 2019

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 6 June 2019
Subject: Draft Work Programme 2019

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

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

Contact Details

Kay Goldsmith
Scrutiny Research Officer
Kay.goldsmith@kent.gov.uk
03000 416512

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Work Programme

Health Overview and Scrutiny Committee

Item	Objective
23 July 2019	
South East Coast Ambulance Service NHS Foundation Trust (SECAmb)	<i>For Information & Review</i> - to receive an update from the Trust on performance and planning.
Kent and Medway Non-Emergency Patient Transport Service Performance	<i>For Information & Review</i> - to receive an update from the Commissioner and Provider on the contract performance
NHS North Kent CCGs – Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG	<i>For Information and Review</i> – to receive an update on this Substantial Variation in line with agreed timetable.
NHS North Kent CCGs – Urgent Care Review Programme – Swale CCG	<i>For Information and Review</i> – to receive an update on this proposed Substantial Variation in line with agreed timetable.
Review of the St Martin’s (West) Hospital, Canterbury	<i>For Information and Review</i> - consideration of Substantial Variation
Review of Frank Lloyd Unit, Sittingbourne	<i>For Information and Review</i> - consideration of Substantial Variation
Review of Royal Brompton Hospital, London	<i>For Information and Review</i> - consideration of Substantial Variation
Review of Wheelchair Services	<i>For Information and Review</i> – to receive an update along with additional information requested at 25 January 2019 meeting

Item	Objective
19 September 2019	
Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service	<i>For information and Review</i> – to receive an update from the CCG, including data around disparity.
26 November 2019	
Item	Objective
CCG Annual Assessment	<i>For Information and Review</i> - to receive a written report on the CCG Annual Assessment as part of the annual return.
Healthwatch Kent Annual Report	<i>For Information & Review</i> - to receive a written report on the Healthwatch Kent Annual Report as part of the annual return
East Kent Transformation	<i>For Information & Review</i> – an update on the East Kent Transformation plans.

To be scheduled

- Workforce focus in other specialisms
- Dental Provision within Kent
- Primary Care Strategy (and return of Kent and Medway Medical School)
- Thanet CCG – Wheelchair Services in Kent
- Single pathology service for Kent and Medway