HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 19th September, 2019

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 19th September, 2019, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

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 C Mackonochie, Councillor J Howes, Councillor M Rhodes, and Councillor P Rolfe

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	10:00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes from the meeting held on 23 July 2019 (Pages 5 - 18)	

4.	Healthwatch Kent Annual Report (Pages 19 - 48)	10:10
5.	Review of Frank Lloyd Unit, Sittingbourne (Pages 49 - 54)	10:30
6.	NHS Waiting Times for Cancer Care (Pages 55 - 68)	11:05
7.	Single Pathology Service for Kent & Medway (Pages 69 - 80)	11:45
8.	NHS North Kent CCGs: Urgent Care Review Programme - Swale CCG (Pages 81 - 112)	12:15
	BREAK	
9.	Kent & Medway NHS 111 and Clinical Assessment Service Procurement (Pages 113 - 120)	13:30
10.	NHS Winter Planning 2019/2020 (papers to follow) (Pages 121 - 122)	14:00
11.	Re-Commissioning of Special Care Adult and Paediatric Dental Services (written update) (Pages 123 - 136)	14:45
12.	Strategic Commissioner Update (written update) (Pages 137 - 162)	14:50
13.	Work Programme (Pages 163 - 166)	14:55
14.	Date of next programmed meeting – Tuesday 26 November 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

11 September 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 Tuesday, 23 July 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr N J D Chard, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr I Thomas, Mr M J Angell, Mr A M Ridgers and Mr B J Sweetland

ALSO PRESENT: Mr S Inett and Ms C Rickard

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

142. Membership
(Item 1)

(1) The Chairman informed the Committee that the district and borough council representation had changed.

(2) Cllr Derek Mortimer, Cllr Michael Lyons and Cllr Marilyn Peters were stepping down from the Committee. The Chairman thanked them for the contribution they had made whilst serving as Members on the Committee.

(3) Cllr Patricia Rolfe, Cllr Mark Rhodes and Cllr Carol Mackonochie had joined the Committee.

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

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

(2) Mr Thomas declared an interest as a member of the Canterbury City Council's Planning Committee.

144. Minutes from the meetings 21 May 2019 and 6 June 2019
(Item 4)

(1) RESOLVED that the Committee agreed that the minutes from 21 May and 6 June 2019 were correctly recorded, and that they be signed by the Chairman.

145. Wheelchair Services in Kent
(Item 5)

Ailsa Ogilvie (Director of Partnerships & Membership Engagement, NHS Thanet CCG), Caroline Selkirk (Managing Director, NHS East Kent CCGs), Maria Reynolds

(Head of Nursing, Quality and Safeguarding, NHS Thanet CCG), Cathy Finnis (Governing Body Member, NHS Thanet CCG) 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 asked them to provide a brief overview of their update paper.

(2) Ms Ogilvie provided the following highlights:

a) Latest data evidenced continued overarching improvement with reductions in the waiting lists for both equipment and repairs.

b) Open episodes of care at the end of May 2019 were ahead of the planned trajectory.

c) The number of children on incomplete episodes of care at the end of May 2019 were slightly behind the planned trajectory.

(3) Nationally set standards highlighted that all children who required a wheelchair would receive one within 18 weeks. There was no such standard for adults, but G4S had set a target of 23 weeks. Ultimately, Millbrook's ambition was for both adults and children to receive a wheelchair within 18 weeks of being referred.

(4) A Member questioned the difference between standard and emergency repairs. Mr Inder explained it was down to the severity of the case and the level of risk presented to the user. Emergency repairs would be dealt with on the same day, whereas standard repairs would be completed within three days. Loan wheelchairs were available where required.

(5) In relation to the service user experience, the CCG acknowledged that the service still needed to improve, and those service users experiencing long waits would not be happy. Ms Finnis explained that increased engagement with users was underway, including (but not limited to):

a) Three service user open meetings which had highlighted areas of concern from over 60 users;

b) The establishment of a Service User Improvement Board, which would meet bi-monthly from 13 August 2019;

c) Workstream meetings in focused areas would involve service users;

d) Recruitment to a full-time post within Millbrook was underway.

(6) The report (page 29 in the agenda) mentioned the upcoming function on the website for service users to upload photos to support their request for repairs. Members were concerned that not all service users would want / be able to use this function. Mr Inder explained that the provider was trialling a number of methods, of which this was just one and did not have to be used by all.

(7) Mr Inett explained that Healthwatch had been liaising with user forums and advocacy groups of wheelchair services. He welcomed the good progress in relation to reduced waiting times but expressed concern that users continued to receive very different experiences. Some of those waiting experienced mental health issues because of their inability to go about their daily lives.

(8) Healthwatch and the CCG also liaised, and Healthwatch had requested a presence on the Service User Improvement Board. Mr Inett expressed that Healthwatch would like to carry out an in-depth piece of work once the changes had bedded in.

(9) A Member questioned the categorisation of formal and informal complaints. Ms Reynolds explained that there had been a historic tendency for "soft concerns" to be classified as formal complaints. These were then unnecessarily processed through the formal complaints process, which delayed a response to what could have been a simple question.

(10) A Member expressed disappointment at the lack of information in the report about staff satisfaction and training. Mr Inder explained that staff surveys were carried out with the results reported to the CCG. Members requested additional information around this area in 12 months time.

(11) Referring to page 35 of the agenda pack, Members asked about the difficultly in recruiting to the post of Rehabilitation Engineer. Mr Inder explained that this was a specialist role, of which there was a national shortage. Technicians, locums and in-house expertise tried to fill the gap in the meantime.

(12) In relation to the phased additional funding from CCGs (page 28 of the report pack), Ms Ogilvie confirmed that this money was to help Millbrook clear the large inherited caseload. The final phase of that funding was under consideration by the CCGs.

(13) Looking at the graphs in appendix 1 to the report, a Member questioned why the planned and actual lines fluctuated each month. Mr Inder explained that the targets had been revised as a result of the additional funding received as part of the demand and capacity modelling.

(14) The Chair informed the Committee that she was aware of a change in ownership for Millbrook Healthcare, and that staff had been notified the day prior to the HOSC's meeting. She did not propose that HOSC discussed the associated detail at that time but requested additional written information for the Committee as soon as practically possible.

(15) Mr Inder confirmed that the company had been acquired by Cairngorms Investment Company after the decision by its Chairman to step away from the business. Members on the Board of Executives at Cairngorms had a healthcare background and were keen to drive their investment through focussing on clinical and service users' needs.

(16) A Member voiced concern that the Committee had not been told the information until the end of the item and requested that in future such information was disclosed earlier. The Chair noted the request.

(17) Another Member requested that the item be referred to the Care Quality Commission (CQC). It was explained that this was not possible because the company was not registered with the CQC.

(18) A Member requested that the item return to the next HOSC meeting for thorough overview and scrutiny. The Chair noted the request and committed to explore outside of the meeting how the item could be considered by HOSC going forward. However, she proposed waiting until the additional written information had been received.

(19) RESOLVED that:

a) the report be noted;

b) Thanet CCG provide a written update as soon as practically possible. The update should include:

i. Assurances that the contractual obligations would remain with the organisation under its new ownership;

ii. Details of the new company;

iii. Arrangements for existing staff;

iv. Any information relating to significant changes in the delivery of services.

c) Thanet CCG return to the Committee at the appropriate time.

146. NHS North Kent CCGs: Urgent Care Review Programme
(Item 6)

Gerrie Adler (Director of Strategic Transformation) and Dr Nigel Sewell (Urgent Care Clinical Lead) from NHS Dartford, Gravesham and Swanley CCG were in attendance for this item.

(a) **NHS North Kent CCGs - Urgent Care Review Programme - Dartford, Gravesham and Swanley CCG**
(Item 6a)

(1) The Chair welcomed the CCG guests and invited them to update Members on progress made since their last attendance in January 2019.

(2) Ms Adler explained that the CCG had been carrying out pre-consultation engagement, with over 4,000 stakeholders participating and briefings for MPs and Councillors. The pre-consultation business case had been completed and scrutinised by Healthwatch.

(3) The Committee had been presented with the Public Consultation Communications and Engagement Plan (published with the agenda) and the next step was for a public consultation which was planned to run for 12 weeks from 29 July – 21 October 2019. The consultation would be on the two site options for the Urgent Treatment Centre.

(4) Ms Adler articulated that the changes around Urgent Care were not proposed in isolation but were part of a wider network of developments such as improved access to primary care, extended access to GPs and the introduction of Primary Care Networks. To support local care (i.e. care received in the home or community), £4.2m was being invested over the next two years.

(5) There were two, very different, proposed options for the location of an Urgent Treatment Centre: Gravesham Community Hospital and Darent Valley Hospital. Each would involve adjusting current services, and these were set out in the agenda paper.

(6) It was noted that the changes proposed affected neighbouring authorities.

(7) A Member asked which MPs had been consulted and what their views were. Ms Adler explained that three Kent MPs had been briefed: Adam Holloway, Michael Fallon and Gareth Johnson. Overall, they agreed with the proposals but did have concerns, mainly around access and parking.

(8) Dr Lauren Sullivan, local member for Gravesham, addressed the Committee with the permission of the Chair. She spoke on behalf of residents that the Labour group had engaged, and one of their main issues was around access to GPs. Concerns raised included:

a) The removal of local Minor Injury Clinics would eventually contribute to the closure of the Gravesham Community Hospital.

b) The need to pay for parking at Darent Valley Hospital, considering current local provision did not charge.

c) The ability to reach Darent Valley Hospital by public transport.

d) The closure in 2020 of the walk-in centre at White Horse Surgery (which had merged with the Forge Surgery and was located on the Fleet Health Campus) would lead to confusion over how residents accessed local care.

(9) With the above in mind, Dr Sullivan sought confirmation from the CCG that there would be no gap in provision of local care. She requested clearer language be used to inform residents about how they could access healthcare. She suggested the CCG consult parents at the school gates, as access to healthcare for their children was so important. She also requested the closed questions in the consultation document be amended to be more open. Ms Adler agreed to take Dr Sullivan's points back to the CCG.

(10) Members discussed the plans and raised a number of concerns around:

a) The impact on transport;

b) The price of paying for parking;

c) The sustainability of Gravesham Community Hospital if the Minor Injuries Unit moved to Darent Valley Hospital.

d) The population served by DGS CCG was forecast to grow and yet the proposals seemed to reduce access to local healthcare services.

e) The shortage of GPs in the workforce.

f) The communication around different categories of healthcare should be reviewed.

(11) In response, the CCG highlighted these points:

a) NHS England supported the development of Urgent Care Centres and the model was already in place in other locations, such as Medway.

b) Transport always presented a challenge but the CCG was undertaking traffic modelling to better understand and mitigate the risks. They were engaging bus operators.

c) Urgent care services treated illnesses and injuries that were not life-threatening but that needed urgent assessment. Residents would still have access to local GPs as well as urgent-care centres.

d) Evidence showed that urgent care centres were being used for primary care needs and this was not sustainable.

e) Gravesham residents currently accessed Darent Valley Hospital for out-of-hours urgent care.

f) There were no plans to reduce further services at Gravesham Community Hospital.

g) An Urgent Treatment Centre may attract those staff wishing to straddle primary and secondary care, and therefore boost the workforce.

(12) Mr Inett explained Healthwatch Kent's role in the process so far. They had scrutinised the Outline Business Case and paid specific attention to the level of engagement and its reach. They were content with the process so far. He recognised the limited role of Healthwatch in the area of transport, and suggested a strategic view was needed, which perhaps may be led by HOSC. The Chair noted his comments.

(13) Summarising the next steps, Ms Adler explained that after the consultation and associated review, a final decision would be presented to the CCG Governing Body in early 2020 with implementation in July 2020.

(14) The Chair noted that Bexley residents could also be impacted by the proposed changes. If the London Borough of Bexley's Overview and Scrutiny Committee deemed the change a substantial variation, there would be a need to form a Joint Health Overview and Scrutiny Committee (JHOSC).

(15) RESOLVED that:

a) The report be noted;

b) The CCG be invited back to HOSC after the consultation had finished but before the final recommendation was taken to the CCG Governing Body;

c) The CCG provide a full transport plan around the site options when they return to the Committee.

(b) **NHS North Kent CCGs - Urgent Care Review Programme - Swale CCG (verbal update)**
(Item 6b)

(1) Ms Adler explained that the CCG were considering the service specification for the Urgent Care Treatment centre in Swale. An initial analysis had finished and included both qualitative and quantitative data. Travel modelling was also being carried out.

(2) Like the DGS proposals, the changes were not being carried out in isolation.

(3) The CCG were committed to meeting the population of Swale's needs as well as national standards.

(4) RESOLVED that the update be noted, and that the CCG return to HOSC with a detailed report in September.

147. Review of St Martin's Hospital, Canterbury
(Item 7)

Caroline Selkirk (Managing Director, NHS East Kent CCGs), Andy Oldfield (Head of East Kent Mental Health Commissioning, NHS East Kent CCGs), Vincent Badu, Executive Director of Partnerships and Strategy, Kent and Medway NHS & Social Care Partnership Trust (KMPT)), and Dr Matthew Debenham (Consultant Psychiatrist and Deputy Medical Director, KMPT) were in attendance for this item.

(1) The Chair welcomed the guests and invited them to outline the proposal for change at St Martin's Hospital, Canterbury.

(2) Mr Oldfield explained that the CCG were proposing changes to the provision of acute adult mental health services across Kent and Medway, with a

particular focus on how that could impact on St Martin's Hospital in Canterbury.

(3) The proposed changes, based on best practice as well as service improvement around treating people outside of hospital unless they had to be there, would see a reduction of 15 acute inpatient beds across the KMPT estate – around 6% of the total bed base.

(4) The Committee referred to the previous HOSC update on 1 March 2019, when the proposal was for a reduction of 9 beds. Since then, a review of patient flow had been undertaken and it was decided additional beds could be closed without impacting the service (as some patients would not be admitted to hospital but be supported within their community).

(5) NHS England/ Improvement has advised that they believe the change constitutes a substantial variation of service.

(6) Members questioned if the CCG were confident that the 15 mental health beds were surplus to requirement. They were unclear why the aim to improve the estate and service delivery justified the reduction in the number of inpatient beds.

(7) Dr Debenham confirmed that the Trust was already not at capacity, and sometimes there were just 77% of beds in use – this represented just a 6% reduction so there would still be flexibility in the system.

(8) Mr Badu explained that the Trust had looked into the patient population that accessed acute beds. The evidence demonstrated there was a significant proportion of patients that were admitted for less than 7 days, which the Trust considered to be clinically inappropriate and that the individual's needs could be met in a different way.

(9) The Committee were advised that in some cases, admitting patients to hospital could actually do more harm than good and that in the drive to do something, perhaps the best support was not always chosen because of a lack of alternative options (e.g. support within the community).

(10) The CCG explained that there were a number of other service developments underway around mental health, and whilst they were just addressing HOSC about specific changes to St Martin's Hospital, the proposal should not be considered in isolation. Examples of other developments included community services, creation of safe havens, and crisis support.

(11) Mr Badu explained three projects that had been developed to improve the effective and more efficient use of inpatient capacity:

a) Reduce the length of stay for older people to be in line with recommendations. KMPT had seen 102 average days compared to the recommended 73.

b) Develop alternative support to inpatient treatment;

c) Extend and improve the Patient Flow Team so that it operates 24/7 and build on appropriate discharge planning.

(12) The Chair understood the need for HOSC to be consulted on the specific St Martin's proposal. However, she felt that should the change go to public consultation, it should not be considered in isolation. The Trust and CCG would have to explain what they were doing, and how patient's treatment would be better because of the changes.

(13) Mr Inett told the Committee that Healthwatch Kent had worked closely with the mental health community and overall the approach was understood. However, the issue was around the complexities of communicating the support options available.

(14) Ms Rickard, from the Local Medical Council (LMC), expressed concern that those patients with moderate mental health needs fall between the cracks. She also questioned if the prolonged length of stay for adults in acute beds reflected that community support services were not in place. Mr Badu explained that the issues varied depending on age, but generally he accepted that primary care support needed to improve, as did the interaction between primary and secondary services.

(15) The Committee felt that the changes discussed represented more than just a site reconfiguration, they were around a reconfiguration of mental health services across Kent and Medway.

(16) Ms Selkirk accepted the points made by HOSC and would take their comments on board.

(17) RESOLVED that

a) the Committee deems the proposed change to St Martin's Hospital (west) to be a substantial variation of service.

b) Kent and Medway NHS and Social Care Partnership Trust (KMPT) and East Kent CCG be invited to attend HOSC and present an update at an appropriate time.

148. Proposed changes to Congenital Heart Disease services in London
(Item 8)

Joanne Murfitt (Regional Director of Specialised Commissioning and Health in Justice) and Claire McDonald (Engagement and Communications Lead, Specialised Commissioning) from NHS England London region were in attendance for this item.

(1) The Chair welcomed the guests and invited questions from Members.

(2) Around 50% of the patients accessing Congenital Heart Disease (CHD) services at the Royal Brompton Hospital were from outside London and the change affected some 70 councils nationwide.

(3) Some London health scrutiny committees have already deemed the proposal substantial. A consultation would run in early 2020.

(4) Overall, HOSC Members did not feel the change was substantial for Kent residents because:

a) The proposed move was to a location 3 miles away, which when travelling from Kent did not represent a significant variation in distance;

b) Patients already had a choice of which hospital location to go to;

c) Patient transport was provided and would continue to be provided to the patient's hospital of choice;

d) The service provided would be the same but just from a different location.

(5) RESOLVED that:

a) the Committee does not deem the proposed changes to CHD Services to be a substantial variation of service.

b) the report be noted, and NHS England/ Improvement keep the Committee advised on progress.

149. South East Coast Ambulance Service NHS Foundation Trust (SECAmb) Update
(Item 9)

Steve Emerton (Director of Strategy & Business Development), Ray Savage (Strategy & Partnerships Manager) and James Pavey (Regional Operations Delivery) from South East Coast Ambulance Services (SECAmb) were in attendance for this item.

(1) The Chair welcomed the guests from SECAmb and asked them to highlight any key points from their paper.

(2) Mr Emerton summarised the progress made in recruitment and updating infrastructure. In addition, he noted:

- over the last quarter response times during the working day had improved but there continued to be challenges in the early to late evening;

- the Trust had experienced high demand with the recent heatwave, similar to the winter period;

- category 1 and 2 calls were almost or already achieving targets, whereas category 3 callers continued to face delays.

(3) A Member asked a question around the training of ambulance staff. Some interventions could only be carried out by a qualified paramedic. Mr Emerton recognised the importance of training and SECAmb were building on that area. The entry routes into becoming a paramedic varied, from a graduate completing additional training lasting less than 12 months to an unqualified recruit that would enter a 3-5 year programme resulting in an academic qualification.

(4) The pressure on staff, and the importance of staff morale and retention were discussed. Mr Pavey agreed that paramedics were a valuable commodity and explained that a key part of SECAmb's strategy was to make the organisation a good place to work.

(5) Referring to the staff survey in appendix 3, a Member asked for a more detailed report into the findings – they had particular concern around health and wellbeing. They also wanted to know the proportion of staff that had regular breaks as well as the number that got home on time each day. Finally, Mr Pavey assured the Committee that appraisals were key and that the organisation had invested significantly in their structure over recent time and that all staff had a named manager.

(6) A Member questioned the impact of heavy town traffic on SECAmb. Whilst traffic did affect an ambulance's ability to get from A to B, this was a national issue. When not answering a call, ambulances would be strategically placed in areas that had a greater chance of receiving a call (based on data modelling). The Trust was a consultee for planning applications.

(7) A Member asked why the response time in the NHS Thanet CCG area was so much quicker than other areas (as shown in Appendix 1 to the agenda paper). Mr Pavey explained that that Thanet population was much more concentrated than in areas such as Swale, which had a lot of rural communities. Rurality presented a challenge as services were more likely to be further away – this could not be reflected under the current targets. Mr Emerton echoed this, but assured HOSC they continued to seek service improvement that would reduce the longer wait times in rural areas.

(8) In order to improve handover delays, Mr Pavey explained how the Trust had regular meetings with the Chief Executives of Hospital Acute Trusts in order to maintain a collective focus on handover delays. Some hospital trusts had capacity issues so the problem could not be solved solely by the ambulance service.

(9) RESOLVED that the Committee note the report and that SECAmb provide an update at an appropriate time.

150. Kent and Medway Non-Emergency Patient Transport Service Performance *(Item 10)*

James Ransom (Programme Lead for Planned Care, NHS West Kent CCGs) and Russell Hobbs (Patient Transport Services Managing Director, G4S) were in attendance for this item.

(1) The Chair welcomed the guests and invited them to highlight any key areas from their report.

(2) Mr Hobbs highlighted that performance had continued to improve over the past 12 months, with a reduction in the number of complaints. Performance against Key Performance Indicators (KPIs) was positive.

(3) Road closures and Operation Brock had caused difficulties but G4S continued to monitor the situation and prepare for Brexit.

(4) It was confirmed that the transport service applied to NHS patients using private providers.

(5) An area of improvement was around collection of patients discharged from hospital. There had been complaints around a lack of communication and prolonged periods of waiting. Mr Hobbs affirmed that every patient matters and they were working with Hospital Trusts to improve this area. One area that could be improved was for Trusts to stagger the discharge of patients, so not everyone wanted to be collected between 3-5pm.

(6) Mr Hobbs stated that G4S had 10 volunteer drivers, and Members felt that perhaps more could be recruited.

(7) The Chair drew the Committee's attention to the recent Care Quality Commission (CQC) report (dated 2 July 2019). Mr Hobbs confirmed that the CQC rating had shown 3 areas as "Good" and 2 as "Requires Improvement", therefore the overall rating was Requires Improvement (RI). There had been 13 good areas, 4 outstanding areas, and 6 RI – 2 of which were isolated, standalone issues. He urged HOSC Members to read the wider report as the summary was not representative of the service.

(8) The Chair thanked Mr Hobbs for his description of the report.

(9) RESOLVED that the Committee note the report.

151. The Maidstone and Tunbridge Wells Stroke Service
(Item 11)

Adam Wickings (Deputy Managing Director, NHS West Kent CCGs) and Sean Briggs (Chief Operating Officer, Maidstone and Tunbridge Wells NHS Trust) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and invited them to provide an overview of the short-term changes to stroke provision services at Tunbridge Wells Hospital (TWH).

(2) Mr Wickings explained that the CCG were committed to commissioning high quality, safe services. For this reason, they supported Maidstone and Tunbridge Wells NHS Trust's (MTW) decision to temporarily move Ward 22 on the TWH site to Chaucer ward on the Maidstone Hospital (MH) site.

(3) The move was not a precursor to the wider stroke review, and would not create a HASU, but was necessary because of a high number of vacancies and difficulty in recruitment. The change was reversible and would be kept under review.

(4) Mr Briggs shared his disappointment with the Committee, and reaffirmed that the move could be reversed and would be considered in light of any wider and ongoing Judicial Review / Referrals to the Secretary of State.

(5) The Chair notified the Committee that they would not be considering the change in light of a substantial variation of service because it was a only temporary.

(6) Overall, the Committee welcomed the upfront and transparent report from the Trust. Comments included:

a) The clinical safety of patients and staff was paramount and therefore the decision was necessary.

b) The move highlighted the degree of specialism required by staff supporting stroke services (particularly thrombolysis nurses).

c) Ward 22 staff at TWH were committed and loyal, but ultimately the impact of upcoming proposed changes were too significant. Reasons for their departure, as highlighted in exit interviews, included retirement and moving to other internal roles.

d) The move would require close partnership working, which included with SECAmb.

e) As to whether lessons could be learnt for other stroke wards, Mr Wickings explained that the Trust do try and mitigate such risks, but that it was difficult when there were staff shortages.

(7) The Chair expressed the Committee's regret that the urgent temporary change was needed but accepted that there was a clinical need. She thanked the Trust and CCG for bringing the item to HOSC's attention and allowing Members to ask questions.

(8) RESOLVED that the report be noted and that the Trust and CCG provide an update to the Committee after September regarding the current situation and how it had been managed.

152. Review of Frank Lloyd Unit, Sittingbourne (written update)
(Item 12)

(1) RESOLVED that the Committee note the briefing received.

153. Items on 6 June 2019 HOSC Agenda: Correspondence Received (Written Update)
(Item 13)

(1) Steve Inett from Healthwatch Kent explained to the Committee that the low number of phone calls and emails to the CCG (page 162 in the agenda pack) did not necessarily provide reassurance that there was not a problem with the Service. Healthwatch continued to receive calls from confused and concerned patients.

(2) Members wanted reassurance that the Service was running as it should.

(3) RESOLVED that the Committee note the briefing received and reaffirm that the CCG return to HOSC before the end of the year with a detailed update on the performance of the contract.

154. Draft Work Programme
(Item 14)

(1) The Chairman invited Members to consider the work programme.

(2) Members voiced concern that the Review of the Frank Lloyd Unit in Sittingbourne had been coming to HOSC for what seemed like a long period of time.

(3) The Chairman informed the Committee that the recently announced CCG ratings would need to come before Members, but the best way of doing this needed to be considered in light of planned CCG changes.

(4) A Member asked when the A&E reconfiguration would return to the Committee. The Chairman said the schedule for this programme would need to be checked, but that it would be added to the next work programme.

(5) RESOLVED that the draft work programme be agreed.

155. Date of next programmed meeting – 19th September 2019 at 10am
(Item 15)

Item 4: Healthwatch Kent: Annual Report 2018/19

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Healthwatch Kent: Annual Report 2018/19

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

It provides background information which may prove useful to Members.

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1) Introduction

a) Healthwatch Kent has asked for the attached report to be presented as part of their annual update to the Committee.

2) Recommendation

RECOMMENDED that the Committee note the report and invite Healthwatch Kent to provide an update in one year's time.

Background Documents

None

Contact Details

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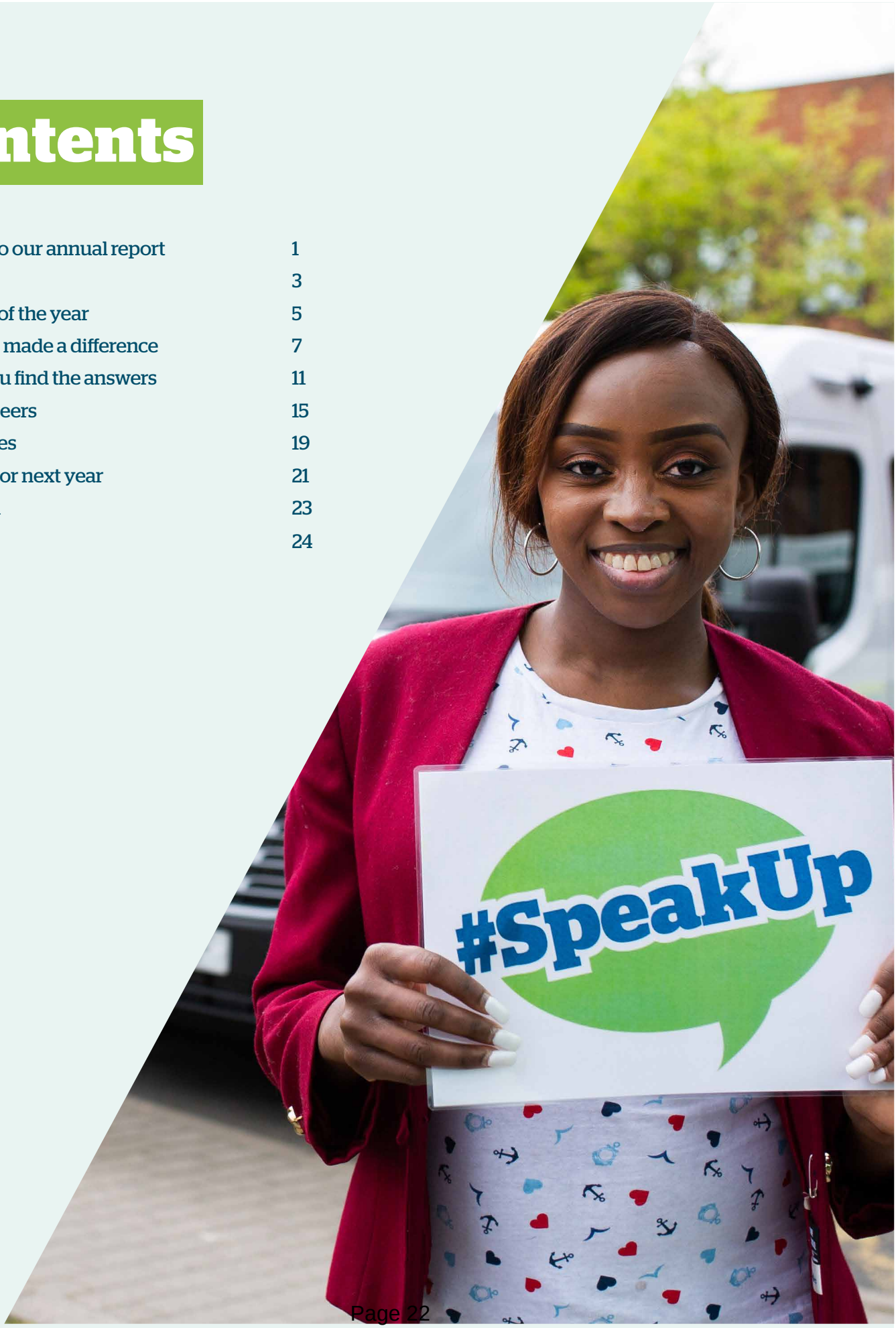
healthwatch Kent

Healthwatch Kent

Annual Report 2018/19

Contents



Welcome to our annual report

It's been another busy year in the world of Healthwatch Kent.

The health and social care system in which we work has undergone huge amounts of change this year and that will continue in the year to come as we move towards the new Integrated Care Partnership in Kent & Medway. We have been busy driving discussions about how the voice of the public will be central to this new world and we continue to ensure the feedback from the public is heard during changes to services.

We also have a statutory role to provide information and signposting to anyone who should need it. 2,478 people shared their story of a number of different areas of health and social care. We've also launched a new website this year to make it easier for people to share their stories directly with us whatever the time of day. If you get chance, check it out on healthwatchkent.co.uk

Alongside our Helpline, we continue to visit a huge range of communities to hear directly from people about their experiences of health or social care. Reaching out to communities who wouldn't normally contact us is something we are very proud of and will continue to invest time and effort in for the year ahead. People often thank us for 'remembering them' or 'taking the time to listen to us'. We work hard to ensure the voice of every part of Kent is heard by decision makers and will continue to do so.

In this report you will read about some of our highlights over the past year. It's always a challenge to decide what to include in our annual report as every day we are doing something to improve a service, or influence a change. Sometimes these are small changes but they can have a big impact on an individual. For example, a better chair in a waiting room or improved information on a noticeboard or simply a professional being better informed about what their patients feel about their service. We are often involved behind the scenes in these little changes.

We hope you find this report useful. Do get in touch if you would like to know more about our work. Perhaps you have a few hours to volunteer with us and you too could be making a difference.

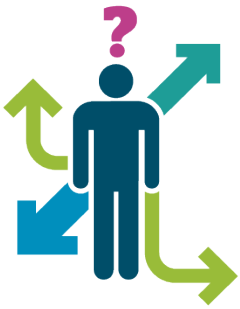
'it starts with YOU'

healthwatch

Your Healthwatch Kent Team

Changes you want to see

Last year we heard from 2,478 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



+ Make it easier to see the right person, at the right time

+ People should only have to tell their story once

+ Staff should take the time to speak to people about what to expect next

+ Services should provide information so that people can make informed decisions about their care

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

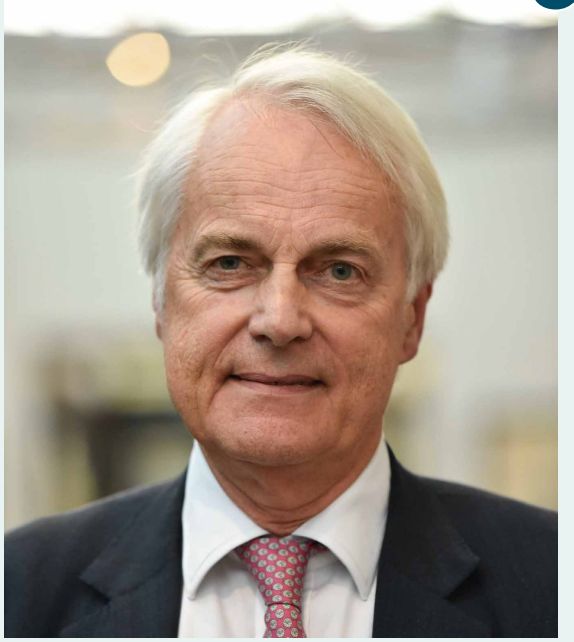
As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Kent, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



Sir Robert Francis QC
Healthwatch England Chair

Our vision is simple

Health and care that works for you. People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our approach

People's views come first – especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

People at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

+ Visiting services to see how they work
+ Running surveys and focus groups
+ Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the county. The evidence we gather also helps us recommend how policy and practice can change for the better.

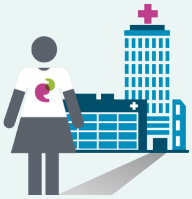
Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**

2478 people shared their health and social care story with us.

We have 46 volunteers helping to carry out our work.

425 people accessed Healthwatch advice and information online or contacted us with questions about local support, 91% more than last year.



We visited 36 services and 50 community groups to understand people's experience of care. From these visits, we made 43 recommendations for improvement.

We've spoken to 95 people indepth about specific issues to make health and care better in our community.

40,378 people engaged with us through our website and social media.

We worked in partnership with Mental Heath Forums and engaged with 6332 people

We worked in partnership with Kent Physical Disability Forum and reached 436 people living with a disability.

We worked in partnership with Older People's Forums in Kent to reach 3118 people.

How we've made a difference

Changes made to your community

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Kent. We show when people speak up about what's important, and services listen, care is improved for all.

Making your voice heard : Wheelchair services

Earlier this year, we started to hear a number of serious stories from patients and professionals about wheelchair services. We heard about long delays with patients being discharged from hospital in a 'normal' chair.

> *"I waited 330 days since I was referred by my MS nurse for the wheelchair service to assess me. I then had to wait another 69 days for the actual wheelchair."*

We also heard about people waiting weeks for repairs to their wheelchairs with no provision in the meantime.

> *"The only way my wife can get to her appointments is on a stretcher as we are still waiting for her wheelchair to be repaired."*

We shared these stories with commissioner and the Millbrook Healthcare of the service as we would always do.

We helped facilitate a meeting with the Kent Physical Disability Forum and the commissioner, then later escalated our collective concerns to the Kent Health Overview & Scrutiny Committee (HOSC) who acted immediately.

Thanks to your voice and our intervention wheelchair services are slowly improving. There is still much work to be done but so far:

+ Over £500,000 of additional funding has been invested to reduce the number of people waiting for assessments.
+ Waiting times have reduced.
+ Saturday clinics have been introduced to reduce waiting times and offer more flexibility for people.
+ Peoples' feedback is being actively gathered, listened to and acted upon.
+ Wheelchair users are now working directly with the service.
+ A new Service Improvement Board has been created to review progress and delivery of the Improvement Plan. This Board involves service users.
+ More clincal and support staff have been recruited.
+ Several public events have been hosted to meet service users face to face and gather feedback.
+ A new website dedicated to the Kent & Medway Wheelchair service has been created to make it easier for local people to see local information.
+ Commissioners and decision makers are now aware of all the issues and able to tackle them. The spotlight remains on the service to ensure progress continues.
+ Millbrook have developed their communication and engagement plan.

We continue to work with the Kent Physical Disability Forum to monitor the situation.

The power of one person's story

Mrs Johnson got in touch with us to share her story of being a patient at Tunbridge Wells hospital. Mrs Johnson has Parkinson's and she felt strongly that she didn't get the support or understanding that she needed for her condition. As a result, she felt her dignity had been compromised. She also expressed her wish that she could manage her own time critical medicines whilst in hospital just as she does at home every day.

Mrs Johnson was upset by her experience and wanted to ensure her feedback was anonymous.

We shared her story directly with Maidstone & Tunbridge Wells Hospital Trust who fully recognised the need for change to improve Mrs Johnson's next visit, but also the hundreds of patients like her.

Since then we've seen:

+ Parkinson's nurse invited to train staff in the ward Mrs Johnson visited about the needs of Parkinson's patients.
+ Training rolled out to staff across the Trust including two hospitals.
+ Mrs Johnson decided to waive her anonymity and met with the Chief Nurse to discuss her experience.
+ Mrs Johnson grew in confidence and presented her story to the Hospital Board.
+ The hospital is looking to implement a system such as a secure box which will sit with the patient and contain any medicine from home to enable patients to self-administer just as they would at home. They are considering calling the boxes after Mrs Johnson in recognition of the contribution she has made.

Thanks to Mrs Johnson's personal story, Parkinson's patients now receive more personalised care when at Tunbridge Wells Hospital and Maidstone Hospital. Patients will be able to manage their own medicines when they stay in hospital if their treatment allows.

"Thanks to Mrs Johnson, we are continuing to improve the way we support not just Parkinson's patients, but also hundreds of patients, to manage their own medicines with dignity and privacy."

Deputy Chief Nurse, Gemma Craig

Mrs Johnson sitting with Parkinson's Nurse, Sue Kerkin and Healthwatch Volunteer Pam Croucher.

Making it easier for people to get the support they need to attend a hospital appointment

Since August 2016, all NHS organisations (and local authorities) must make it possible for anybody and everybody to be able to communicate and to be understood. We know that for some people, attending a hospital appointment can be a very challenging and worrying experience.

We partnered with East Kent Mencap, Kent Association for the Blind and Alzheimer's & Dementia Support Services. Together we visited hospitals to understand what support is available for patients who have Dementia, are partially sighted or have learning difficulties.

We found a range of issues including:

+ Navigating around the hospital can be very confusing for many patients.
+ Leaflets and posters are not always designed to support people with additional communication needs.
+ Significant numbers of staff are not aware of the specialised information that the hospitals have created.
+ Deaf patients in East Kent could not contact the hospital. The only option for them was by phone.
+ The websites are not always accessible for all patients.

"I am always worried and anxious before my appointment in case I can't communicate with the staff."

Since our visits, a number of our recommendations have been put in place:

+ Staff at both Maidstone & Tunbridge Wells Hospitals have been trained in how to support patients who may need additional help to attend appointments with particular emphasis on support for partially sighted patients.
+ An audit of all Hearing loops has been completed at both Maidstone & Tunbridge Wells Hospital including instructions of how to use them for staff.
+ Additional equipment to support patients with hearing loss is being purchased in Maidstone & Tunbridge Wells Hospitals .
+ Appointment letters have been improved in West Kent for patients who need different fonts.
+ Bushes have been cut down to ensure external signage is more visible at Maidstone Hospital.
+ A new system to provide patients with a British Sign Language Interpreter is being rolled out soon in East Kent Hosptials.
+ East Kent Hospitals are investing in new resource to tackle the issue.
+ East Kent Hospitals are working on an email address for people to use.
+ The patient administration system in East Kent Hospitals has been updated to include communication needs.
+ East Kent Hospitals' printed section on letters now inform patients that they have the facility to provide accessible information in braille, large print, coloured background, easy read and audio format.
+ Online staff training is available at East Kent Hospitals.

Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

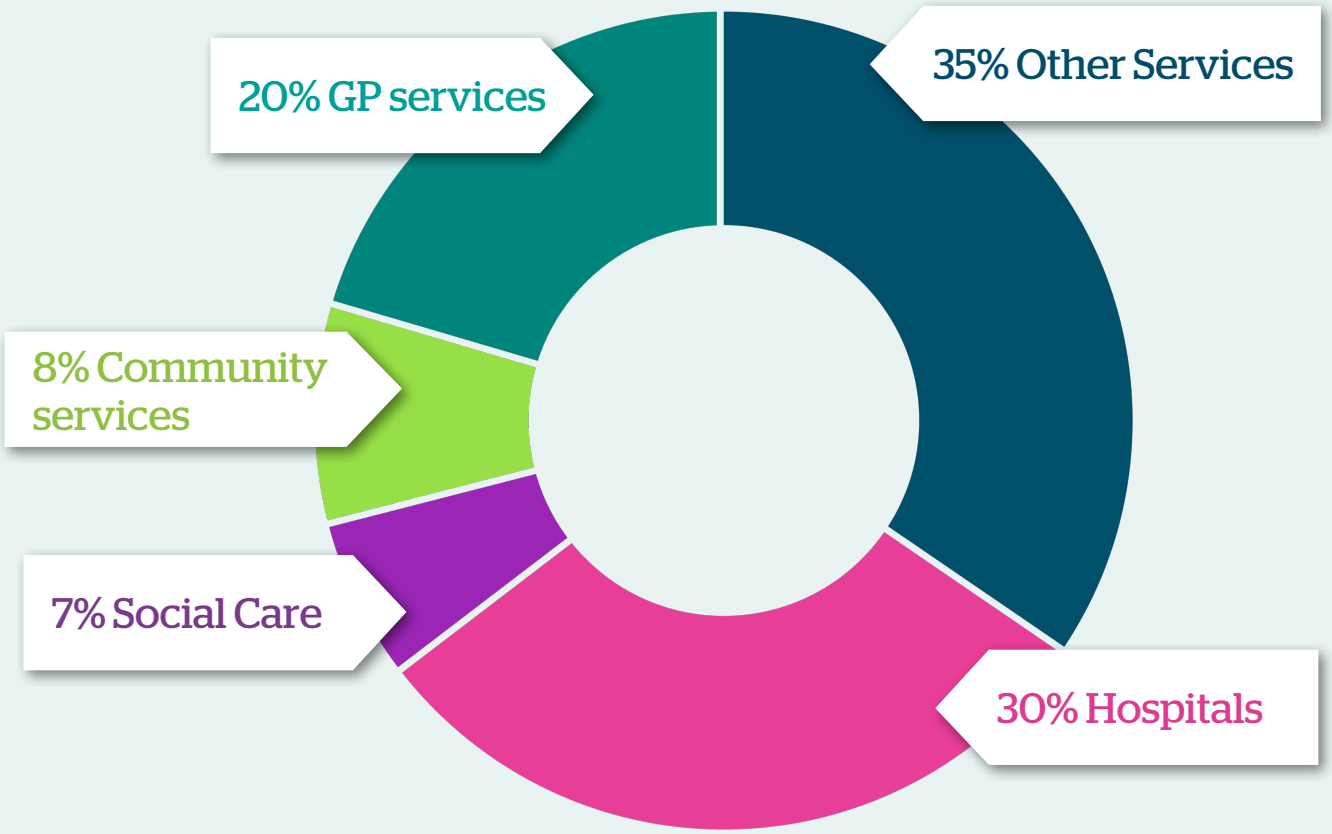
w: www.healthwatchkent.co.uk
t: 0808 801 0102
e: info@healthwatchkent.co.uk

Helping you find the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch Kent plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There a number of organisations that can provide help, but people don't know where to look. Last year we helped 425 people access the advice and information they need.

You can come to us for advice and information in a number of ways including:

+ Specific advice and information blogs online
+ Our Your Comment Counts form
+ At community events
+ Promoting helpful services across our social media channels
+ Over the phone

Denise: My GP is closing

Denise: 'My GP surgery had just announced it was going to close so I contacted Healthwatch to talk about what I should do. They were able to share with me their Checklist for GP closures and mergers which detailed all the stages the surgery needed to do before it could close and how they should be communicating with patients. I was able to share it with my surgery and it reassured me that we would be supported to find a new practice'.

*Denise's name have been changed to protect their anonymity.

Making sure people get care at the right place

We met Jane during our programme of visits to rural communities in Kent. We work with Rural Kent's Coffee Caravan which visits communities to reduce social isolation. We visited 24 rural communities this year to listen to people about their experience and offer Information & Signposting support to people.

We met Jane during a visit with the Coffee Caravan to the village of Vigo near Gravesend. Jane's partner, David, has Multiple Sclerosis, and was travelling to Canterbury to use the hydrotherapy facilities. The hydrotherapy was proving to be a great help, but the two hour round trip to Canterbury was proving to be a challenge for both David and Jane.

Our Helpline team researched alternative hydrotheraphy units and found that Darent Valley Hospital had the facilities which was much closer. We spoke to the hospital to understand how David could be referred to them and shared all the information with Jane. Since then, Jane has been able to get a referral and David is already benefiting from hydrotheraphy at Darent Valley Hospital.

> *"It was a really successful visit. The journey is so much easier, the facilities are lovely and we can park in the disabled car park. Thank you so much for your help."*
>
> **Jane**

*Jane & David's names have been changed to protect their anonymity

Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: www.healthwatchkent.co.uk
t: 0808 801 0102
e: info@healthwatchkent.co.uk

Our volunteers

How do our volunteers help us?

At Healthwatch Kent we couldn't make all of these improvements without the support of our 46 volunteers that work with us to help make care better for their communities.

+ Raise awareness of the work we do in the community
+ Visit services to make sure they're meeting people's needs
+ Support our day to day running e.g. governance
+ Collect people's views and experiences which we use in our reports

Come and join our family!

We are looking for like minded people to join our team and help us to make a difference to services across Kent.

We are particularly looking for people who would like to work with us in the following areas:

+ Leading on our work to improve access to GP
+ Getting involved with scrutinising public consultations
+ Attending strategic meetings on our behalf
+ Talking and listening to young people about their experiences
+ Working with us to analyse and theme the feedback we hear
+ Meeting and listening to BME communities about their experiences

These are just a few specific examples of the help that we currently need. Do get in touch as we probably have something to suit you no matter how much time you have to spare.

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.

Pat, based in North Kent

I actually found out about Healthwatch through my volunteering buddy, Jill. We went along to the public meeting 5 years ago and it all started from there. I've learnt so much about the NHS with Healthwatch, especially coming from a social care background. It's really brought up my confidence too. Now I help develop relationships with hospitals and make a difference locally.

Colin, based in Ashford

After adjusting to a long term physical condition, I wanted to get back to work. Volunteering seemed a very useful first step to do this.My aim as a volunteer for Healthwatch is to support people to share their experience, both positive and negative, and help services improve.

Once a month I represent Healthwatch at a patient experience meeting for community health services in Kent. I am proud to say that from this meeting I am able to help Healthwatch Kent ensure that the voice of patients gets heard.

Volunteer with us

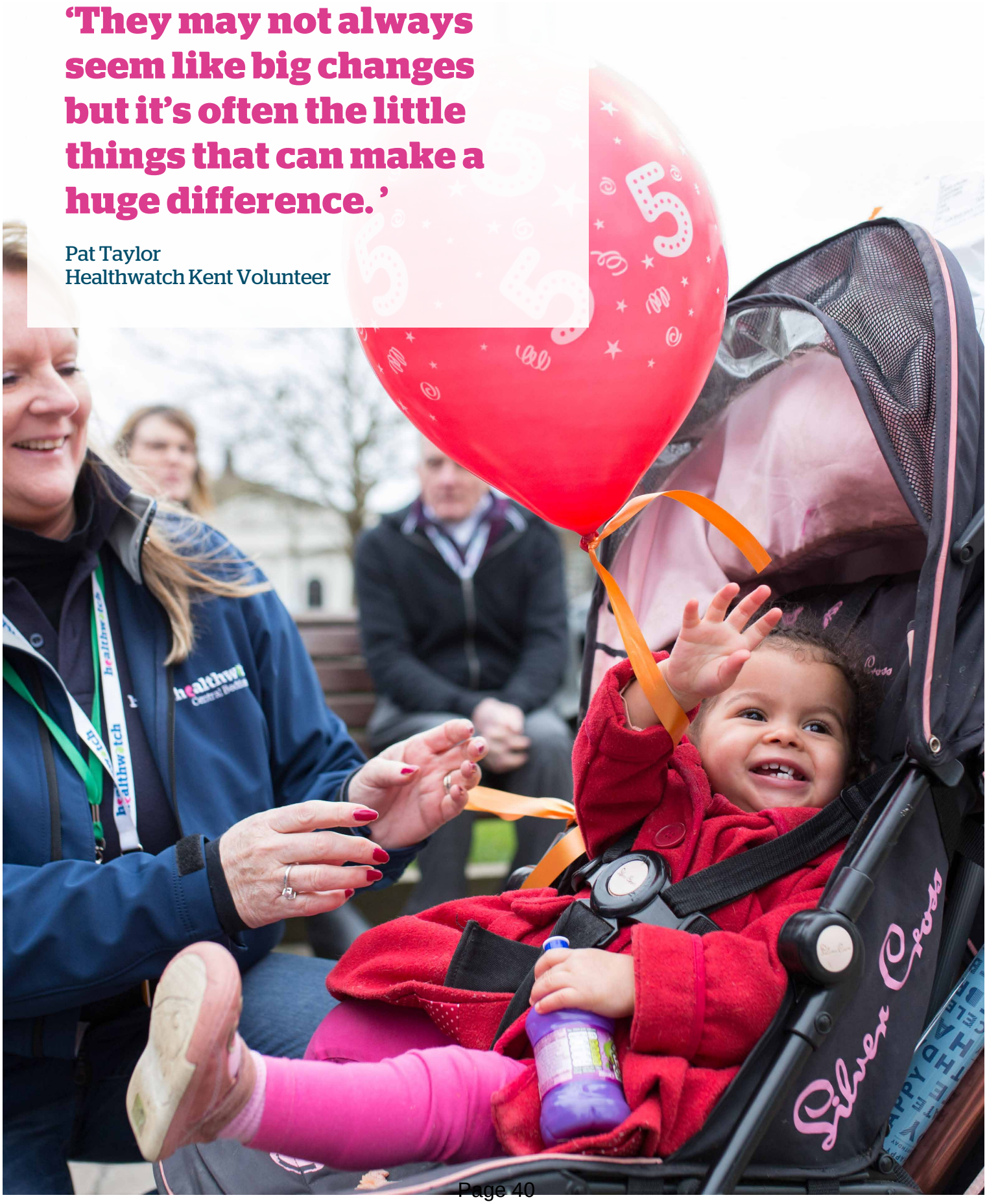
Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch with Matt.

e: matt@healthwatchkent.co.uk

We are very proud of our Investors in Volunteers Award so get in touch with Matt and he can explain how you could get involved and what we do to support our volunteers.

‘They may not always seem like big changes but it’s often the little things that can make a huge difference.’

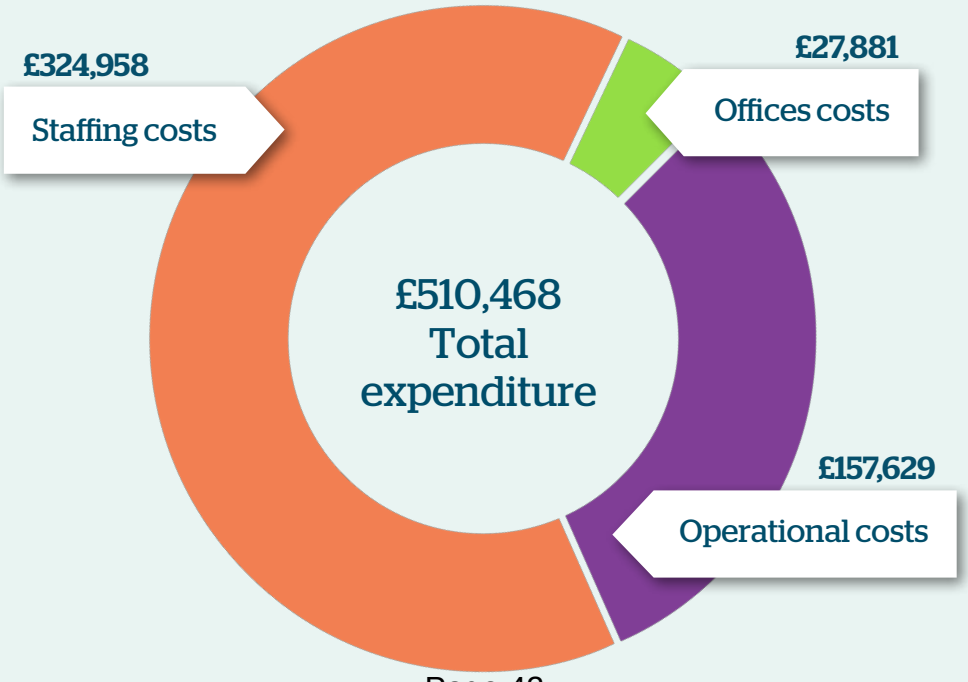
Pat Taylor
Healthwatch Kent Volunteer



Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £510,468.



Our plans for next year

Message from our CEO

It's been another busy year in the world of Healthwatch. We continue to hear from more and more people about their experiences of services and many of these are positive stories.

However we also hear lots of not so good stories and it can be hard for us to prioritise some issues over others. We want to improve all our services.

We recently asked the public to help us choose our priorities for the year ahead. We shared a short list of options and invited people to vote. Over 200 people voted and here are the 7 priorities that they chose for us to focus on from April 2019 onwards.

+ Obesity in school children
+ Suicide prevention
+ GP appointments
+ End of Life
+ Effective contracts
+ Care at home (nursing and social care)
+ Children & Adolescent Mental Health
+ Extra Care Housing

As the year progresses we'll be sharing more details about these topics and asking for your feedback. We still want to hear all your stories about any health or social care service and we will still get involved and escalate feedback on your behalf.

This year we know that the health and social care system around us will continue to change; it simply can't carry on as it is. We have already been heavily involved in conversations about how the voice of people is going to be central to the new Integrated Care System and ensuring we continue to have a voice at all the right places.

We'll also continue our programme of visiting services and communities to hear directly from people who may otherwise not think to contact Healthwatch, particularly children and young people and Black and Minority Ethnicity communities.

For the first time ever, NHS England has asked the Healthwatch network across the country to gather feedback from the public to inform the NHS Long Term Plan. In Kent, we are using that opportunity to ensure they are hearing from children, young people and their parents about Kent's children's services. Through this work we've already been able to reach children in care, disadvantaged teenagers, young carers, school leavers and Mums with young children. Their feedback will be heard directly by senior decision makers and used to inform the plans for children's services going forwards.

As we finish another annual report and reflect on the year that we've had, we couldn't have achieved any of it without the dedication and enthusiasm of our staff and volunteers. As I write this week we are hosting a thank you party for our volunteers and I am looking forward to congratulating them individually on all that we have achieved once again. We are a small organisation covering a large geographical area and a huge range of services and organisations. Without their commitment, we wouldn't have been able to change anything.

Steve Inett,
Healthwatch Kent

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

+ Members of the public who shared their views and experience with us
+ All of our amazing staff and volunteers
+ The voluntary organisations that have contributed to our work
+ We particularly wanted to thank Kent Association for the Blind and Alzheimer's & Dementia Support Services who worked in partnership with us on our visits to hospitals to explore what support was available for people with Dementia and patients who are partially sighted.

We're always interested to hear from organisations who may want to work with us on a common aim. Get in touch!

> ***"We have been particularly impressed with the work of Healthwatch Kent since moving home and work to east Kent. If you can spare a few hours of your time as a volunteer there are many rewarding and interesting opportunities on offer."***
>
> **Eric Barratt, Head of Quality at East Kent Clinical Commissioning Groups**

Contact us

Healthwatch Kent is the independent champion for people who use health and social care services in Kent.

+ 0808 801 0102
+ info@healthwatchkent.co.uk
+ Facebook @hwkent
+ Twitter @HealthwatchKent
+ Instagram @Healthwatch_Kent
+ www.healthwatchkent.co.uk
+ Seabrook House, Church Road, Ashford, Kent. TN23 1RD

Engaging Kent CiC is the legal entity which holds the Healthwatch Kent Contract.

+ sue@engagingkent.co.uk
+ www.engagingkent.co.uk
+ The Stables Little Coldharbour Farm, Tong Lane Lamberhurst, Tunbridge Wells, Kent, TN3 8AD

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Your comment counts
We want to hear from you

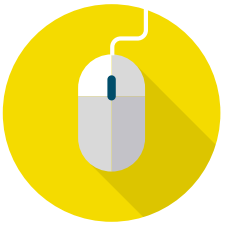
Tell us your experiences of health & social care services in Kent

By Telephone:

Healthwatch Kent
Freephone 0808 801 0102

By Email:

Info@healthwatchkent.co.uk



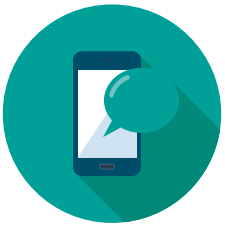
Online:

www.healthwatchkent.co.uk

By Post: Write to us or fill in and send a Your Comment Counts form. **Freepost RTLG-UBZB-JUZA** Healthwatch Kent, Seabrooke House, Church Rd, Ashford TN23 1RD

Face to Face:

Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.

healthwatch

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ig: @healthwatch_kent

Item 5: Review of the Frank Lloyd Unit, Sittingbourne

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Review of the Frank Lloyd Unit, Sittingbourne

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

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

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1) Introduction

a) The Frank Lloyd Unit is an inpatient unit for individuals with complex dementia needs and challenging behaviour.[1] It is accessed by patients across Kent and Medway.

b) The service is provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT).

2) Previous monitoring by the Kent HOSC

(a) HOSC received a written briefing at their meeting on 21 September 2018, notifying them that the Unit was under review due to concerns around its sustainability.

(b) The CCGs were due to return to HOSC with a detailed paper once the review had completed.

(c) The HOSC was presented with further written updates at its June and July meetings. The CCG acknowledged that work had not progressed as anticipated and therefore a detailed report was not yet available.

(d) During August and September, individual meetings were due to take place with patients, carers and families of current service users in order to share the proposed model of care and gain input to shape the final service.[2]

(e) A detailed paper on the progress of the review is now available for the Committee.

3) Potential Substantial Variation of Service

a) The Committee is asked to consider whether the proposals relating to the Frank Lloyd Unit, Sittingbourne, constitute a substantial variation of service.

[1] KMPT (2019) Frank Lloyd Unit, https://www.kmpt.nhs.uk/our-services/frank-lloyd-unit/
[2] Kent County Council (2018) *'Health Overview and Scrutiny Committee (23/07/19)'*

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

4) Recommendation

If the proposals relating to the Frank Lloyd Unit, Sittingbourne, are deemed substantial:

RECOMMENDED that:

(a) the Committee deems that proposed changes to the Frank Lloyd Unit in Sittingbourne are a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

If the proposals relating to the Frank Lloyd Unit, Sittingbourne, are deemed not substantial:

RECOMMENDED that:

(a) the Committee deems that proposed changes to the Frank Lloyd Unit in Sittingbourne are not a substantial variation of service.

(a) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

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

Kent County Council (2019) *'Health Overview and Scrutiny Committee (06/06/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8281&Ver=4

Kent County Council (2019) *'Health Overview and Scrutiny Committee (23/07/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4

Contact Details

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

Health Overview and Scrutiny Committee

September 2019

Review of the Frank Lloyd Unit, Sittingbourne

1. Introduction

Following the briefing paper which was submitted to HOSC in July 2019, this paper has been provided to update HOSC of the discussions that have been had to date and the proposed next steps for the unit.

The Frank Lloyd Unit is a Continuing Health Care unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) are commissioned by Kent & Medway CCGS to provide this service. The unit provides highly specialist care and treatment for patients at a very advanced stage of their dementia, who have a range of complex needs including behaviours that challenge. All these persons meet and are paid for through the Continuing Care NHS funding. The unit provides a person centred approach, using dementia care mapping to respond appropriately and flexibly to specific, individual needs. The unit is accessed by all CCGs in Kent and Medway within the NHS Standard Contract. The unit is made up of two wards of 20 beds, 30 of which were commissioned on a block basis at a cost of circa £3.029m per annum. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however the unit ceased taking cost per case patients in 2016.

Over the last two years the Frank Lloyd Unit has been the subject of discussion between the provider and commissioners to consider the best options of care going forward. This is in line with NHS England's Ten Year plan and the principles of providing care closer to home wherever appropriate. In addition CCGs and KMPT are developing new models of care to ensure there is intensive support for people with complex dementia both at home, and in residential and nursing placements, as appropriate. The Continuing Healthcare team have been working on a programme to reduce the inpatient beds and place people in a suitable home in the community. There are currently five patients in the Frank Lloyd Unit all looked after on one floor of the building

2. National picture

Dementia currently affects more than 900,000 people nationally and this number is predicted to rise as the UK's population continues to age and grow. 39% of people living with dementia over 65 are living in care homes (either residential care or nursing homes) and 61% are living in the community (Prince, M et al, 2014)[1].

[1] Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

The National Dementia Strategy (link) explains the vision for the future. The ambition is to put local people at the heart of our services, helping people to stay well and independent in their own homes, in care homes or in nursing homes in their communities and avoid being admitted to hospital.

The national profile is to provide services for patients as close to their home as possible, whether that is in a domestic setting, nursing or residential home. The Department of Health published an issues paper for the commissioning of home care as part of the consultation process for the National Dementia Strategy (2009)[2] this sets out the elements of specialist home care that need to be considered by commissioners, particularly in the context of personalisation and self-directed support. Social care in England is undergoing an immense cultural change in the way specialist support is provided. The National Dementia Strategy sees the implementation of 'Putting People First' transformation agenda, which outlines a personalised system, available to all, focused on prevention, early intervention, enablement, and high quality personally tailored services (HM Government, 2007)[3].

3. Local care

As the population grows, and more people live with long-term conditions and the predicted number of people living with dementia increases, the demands on our services are changing and increasing. Services are not necessarily designed for todays or future needs, and it is becoming more challenging to keep up with rising costs.

There are approximately 1.8 million people living in Kent and Medway, the number of people living here is predicted to rise by almost a quarter by 2031 and is higher than the average across England. This is because local people are living for longer and because people are moving into the area. While it is good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

3. Review of Service provided at Frank Lloyd Unit

Evidence shows that providing care for people living with dementia, who may also need additional care and support, is better provided care in their usual place of residence within a community environment. Co-ordinating their individual health and social care needs, enables patients, their families and carers to cope better with the illness. It is recognised though, that there will continue to be a small number of people who have highly complex needs, meet the Continuing Care NHS criteria and will require specialist placements in residential or nursing homes.

Continuing Healthcare teams have been working with patients and their family or carers to choose homes that best meet the needs of the person with a focus on keeping people in their usual place of residence. As a result, the number of patients requiring admission to the Frank Lloyd Unit has fallen considerably as more community care arrangements have successfully been put into place. The remaining five patients are re-assessed on a regular

[2] Department of Health (2009) *Living Well with Dementia: A national Dementia Strategy.* London: TSO
[3] HM Government (2007). *Putting People First: A shared vision and commitment to the transformation of adult social care*. HM Government. London

basis to ensure their needs are being met and, when appropriate and in collaboration with their families, will be transferred to an alternative care home placement.

These developments have enabled the local NHS to consider better use of the funding that is currently being used for the Frank Lloyd Unit. The proposal is to develop an enhanced community based service, whether that is at home, in a care home or nursing home, by developing a specialist team who can provide additional personalised support, which will improve the experience and outcomes of people with dementia.

In April 2019, the CCG's served notice on the Frank Lloyd Unit with a proposal to close on March 31st 2020 as it was no longer a viable option to continue to provide the care in its current format as an inpatient service. KMPT informed their staff of the closure in July 2019.

The proposal is to develop an enhanced community service to provide support to care homes which will both support transition into the home as well as responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia.

For the five patients remaining in the unit, CCGS have agreed to provide additional tailored support once they move to identified alternative placements in order to aid the transition process.

4. Next steps

We are currently at a time of transition between old and new systems. Both commissioners and providers of these services face significant challenges in transforming care provision and in also addressing the particular needs of people with complex dementia and their carers in context of the broader changes to be delivered.

Achieving this kind of transformation in a challenging environment is not an easy task but by working together, the NHS and social services, with other public, private and voluntary sector providers of care can ensure best possible outcomes for local people in the future.

The Frank Lloyd Unit Project group has been established and will monitor the overall progress of this proposal and smaller working groups have been developed to address the following areas in this initial phase of the process:

New Model of Care:

In collaboration with local providers we want to develop an enhanced community model of care that

1. Reduces unnecessary admissions to hospital (both acute and mental health).
2. Reduces the length of stay in hospital.
3. Provides an increase in supported discharges to appropriate care settings.
4. Provides an increase in people with dementia (or suspected dementia) who are supported to return home following hospital discharge.
5. Provides an increase in support for carers in the community to enable them to continue with their caring role.
6. Provides an increase in assessments for continuing healthcare conducted outside a hospital setting.

We will engage with experts in the field to develop a service specification for this model of care to provide support to people in their usual place of residence. This will both provide additional tailored care to patients as well as responding to incidents of challenging behaviour and care home staff will be trained to enhance their skills to support individuals with complex dementia.

Communication and engagement with families and carers

Families of people currently in the unit were invited to meet with representatives from Clinical Commissioning Groups who commission the service and Kent and Medway Partnership Trust who provide the services on 28th August 2019; to hear about the proposed changes, ask questions, explore potential implications of the broader changes generally and the issues that might impact on their loved ones more specifically. Healthwatch representatives also attended to hear from and support the families, and the Public Engagement Agency (PEA™) were commissioned to facilitate the session and provide a full report within three weeks.

We recognise the importance to families that placing their loved ones in residential care must meet the patients' individual needs, the discussion centred on finding suitable facilities and it was acknowledge that it may not be possible to do this locally, but every effort will be made to do explore this. One of the families stated that they would prefer to travel further to an appropriate care home rather than worry that their loved one is not safe or properly cared for. As an outcome of this meeting we recognise the need to improve communication between all parties involved so that the families feel engaged in a positive way in the process. Plans are currently being put in place to address this between commissioners, providers and continuing healthcare assessors.

Families and carers have also been given the opportunity to meet on a one to one basis with their allocated continuing healthcare assessor to discuss the individual needs of their loved ones.

Commissioners have discussed this proposal with NHS England and will present a case for change at a stage 1 Test for Change assessment on 30th September 2019; it is likely that these changes will be agreed as a significant variation and we will move to a formal consultation process. HOSC will be updated on the outcome of this assessment

Item 6: NHS Waiting Times for Cancer Care

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: NHS Waiting Times for Cancer Care

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

It provides background information which may prove useful to Members.

---

1) Introduction

a) There are nine cancer waiting time performance measures and these are published quarterly by NHS England.[1]

b) One of the measures is that 85% of patients should receive their first treatment within 62 days of an urgent GP referral for suspected cancer.[2]

2) The National Audit Office report

a) In March 2019, the National Audit Office (NAO) published a report called "NHS waiting times for elective and cancer treatment".

b) The NAO reported that the key measure referred to in 1b) above had not been met since the end of 2013.[3]

c) The report linked the poor performance with an increased demand[4] along with staff shortages for diagnostic services, a lack of available beds and pressure on Trusts from emergency care.[5]

3) The local picture

a) The quarterly statistical data provided on the NHS website reveals the performance of individual providers in meeting the various cancer standards. A summary of Kent providers in meeting the 62-day measure is shown in Table 1. Those failing to meet the performance standard are show in red, and those achieving the standard are in green.

[1] NHS England (2018) Waiting Times for Suspected and Diagnosed Cancer Patients 2017-18 Annual Report
[2] ibid
[3] ibid
[4] According to the NAO report, the number of urgent referrals made by GPs for suspected cancer between 2010-11 and 2017-18 had increased by increased by 94%.
[5] ibid

Table 1: Percentage of patients receiving first treatment within 62 days of GP referral - performance of Kent NHS providers

Provider	*Quarter 4 2018/19 (final)*[6]	*Quarter 1 2019/20 (provisional)*[7]
All English Providers	77.42%	77.83%
Maidstone & Tunbridge Wells NHS Trust	63.05%	69.46%
East Kent Hospitals University NHS Foundation Trust	75.23%	77.34%
Dartford & Gravesham NHS Trust	90.84%	89.71%

b) In their full report, the NAO included a list of the twenty highest and lowest performing Clinical Commissioning Groups[8] meeting the 62-day cancer waiting times operational standard between October and December 2018.[9]

i) NHS Dartford, Gravesham and Swanley CCG was the 11th highest performing CCG, with 89% of their cancer patients treated within 62 days of referral.

ii) NHS West Kent CCG was the 4th lowest performing CCG, with 66% of cancer patients treated within 62 days of referral.

c) HOSC invited NHS colleagues to prepare the attached paper to address what was being done to address the poor performance in some areas of Kent.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

National Audit Office (2019) NHS waiting times for elective and cancer treatment, https://www.nao.org.uk/wp-content/uploads/2019/03/NHS-waiting-times-for-elective-and-cancer-treatment.pdf

NHS England – Cancer waiting times: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

[6] NHS England (2019) Cancer waiting times statistics – quarter 4 2018-19 (final)
[7] NHS England (2019) Cancer waiting times statistics – quarter 1 2019-20 (provisional)
[8] Nb. The performance statistics provided by commissioners and providers differs because the commissioner-based statistics only include patients who can be traced back to an English Commissioner using their NHS Number. The NHS advises that provider-based statistics are the most complete assessment of performance of the English NHS.
[9] National Audit Office (2019) NHS waiting times for elective and cancer treatment

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Kent and Medway Cancer Alliance

Cancer Update

Rachel Jones, Acute Strategy Lead, K&M STP

Ian Vousden, K&M Cancer Alliance Programme Director

NHS England and NHS Improvement

Cancer Waiting Times

NHS
Kent and Medway
Cancer Alliance

1.0 Purpose

- To give an overview of the Cancer Waiting Times in Kent and Medway in relation to National and Provider Level Performance.

2.0 Background

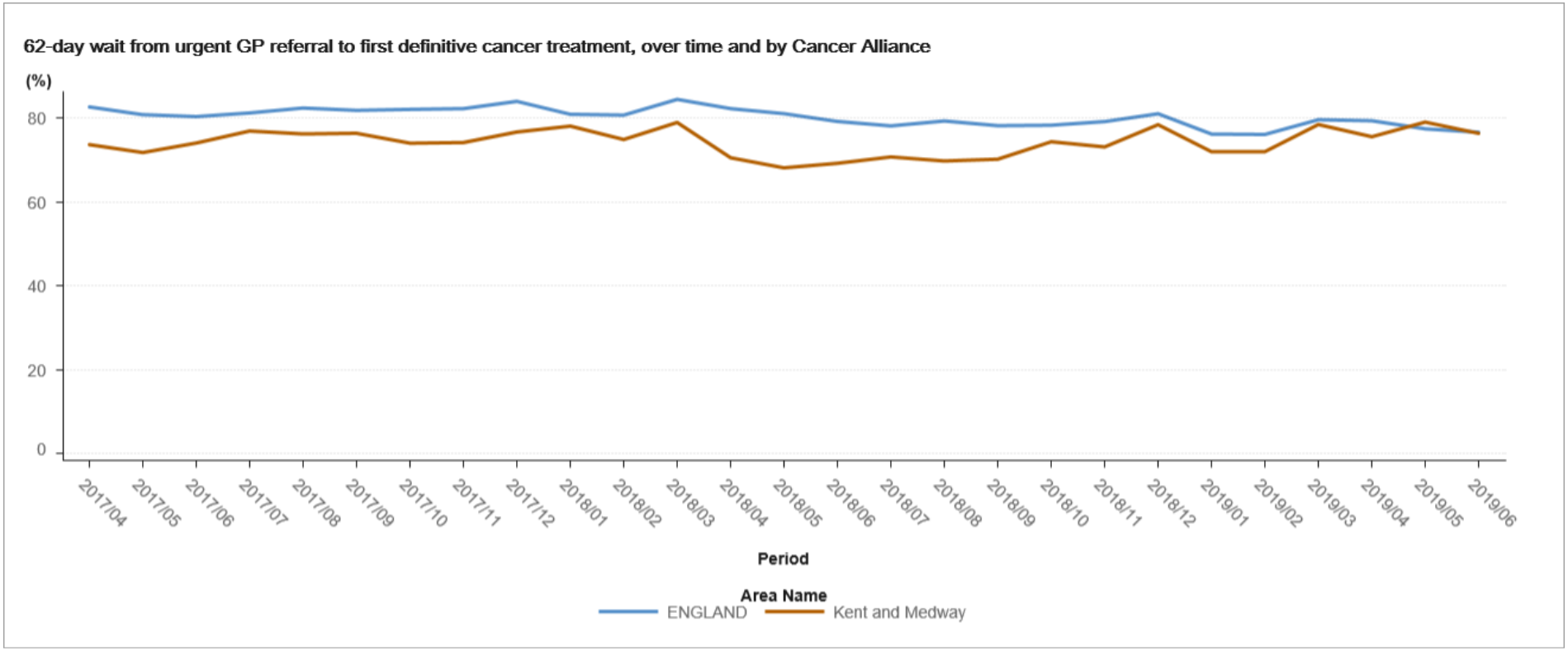
- In June 2019, Kent and Medway Alliance, treated 76.4% of cancer patients within 62 days from referral. 76.7% was the National Average and 85% the National Target.
- Nationally, no Alliances nationally met the 85% standard.
- Kent and Medway are currently ranked 11 out of 19 Alliances.

Cancer Waiting Times

Kent and Medway Cancer Alliance

2.0 Background

- Performance since April 2017 is detailed below and Kent and Medway have latterly improved against a National decline in performance.
- All Trusts are experiencing a background of increased demand for 2 week wait referrals, and diagnostic (radiology, pathology and endoscopy) services.



Cancer Waiting Times

Kent and Medway Cancer Alliance

3.0 Interventions

- Urology referrals reached peak levels in Summer 2018 (internal review, process changes, equipment for different procedures procured.)
- 28 Days to Diagnosis Event – Training and Advice from proven vanguard sites.
- Investment in Straight to Test Nurses and Pathway Navigators.
- Relationship building with South East London clinical colleagues, with a series events in Lung and Upper Gastrointestinal Cancers regarding the transfer of care and treatments of Kent and Medway patients.
- Tumour Site Specific Groups (TSSGs) challenging norms e.g. Lung has a Consultant who has improved the pathway acting as a pathway advisor to other colleagues across the region to lead improvement.

Cancer Waiting Times

Kent and Medway Cancer Alliance

4.0 Future

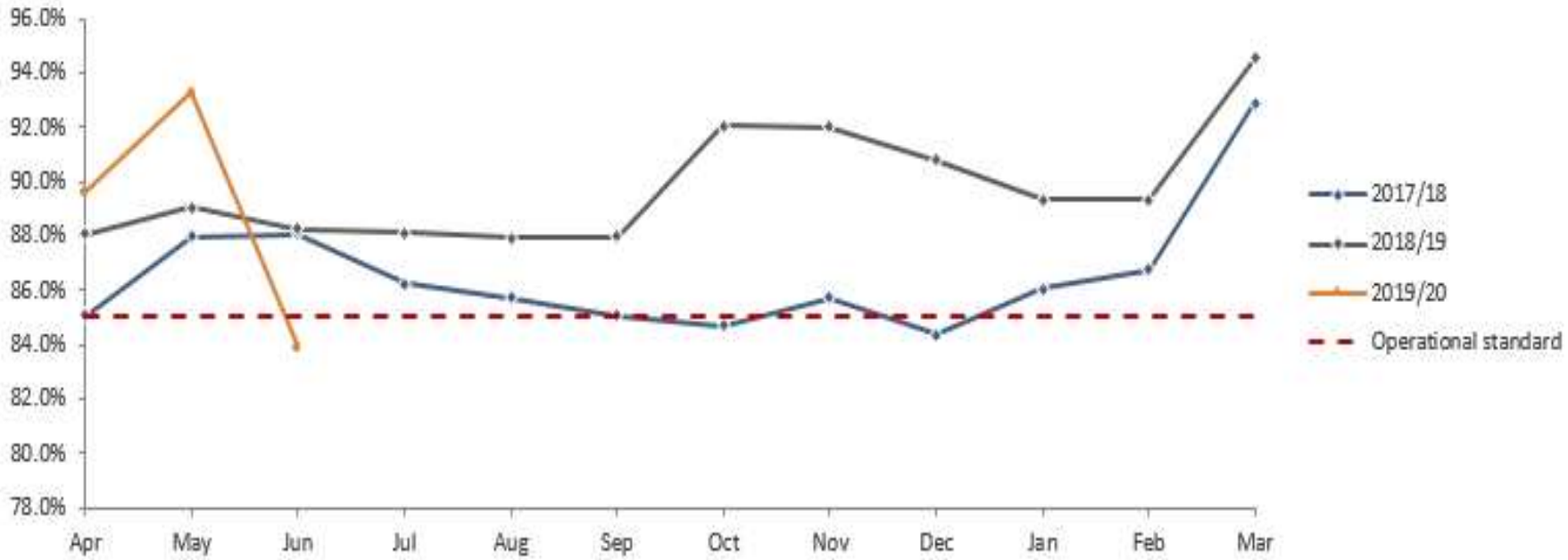
- Early Diagnosis Workstream – funding to support 28 Day Pathways, Vague Symptoms clinic and the Low Risk Symptomatic Bowel Cancer Patients (qFIT) programmes of work in order to accelerate access to the healthcare system, enabling faster diagnostics and therefore faster diagnosis and treatment.
- Operational Managers and Delivery Group Meetings monitoring, supporting and challenging performance
- 28 Day Pathway Performance Tracking.

Current Position by Trust

Kent and Medway Cancer Alliance

5.0 Current Position

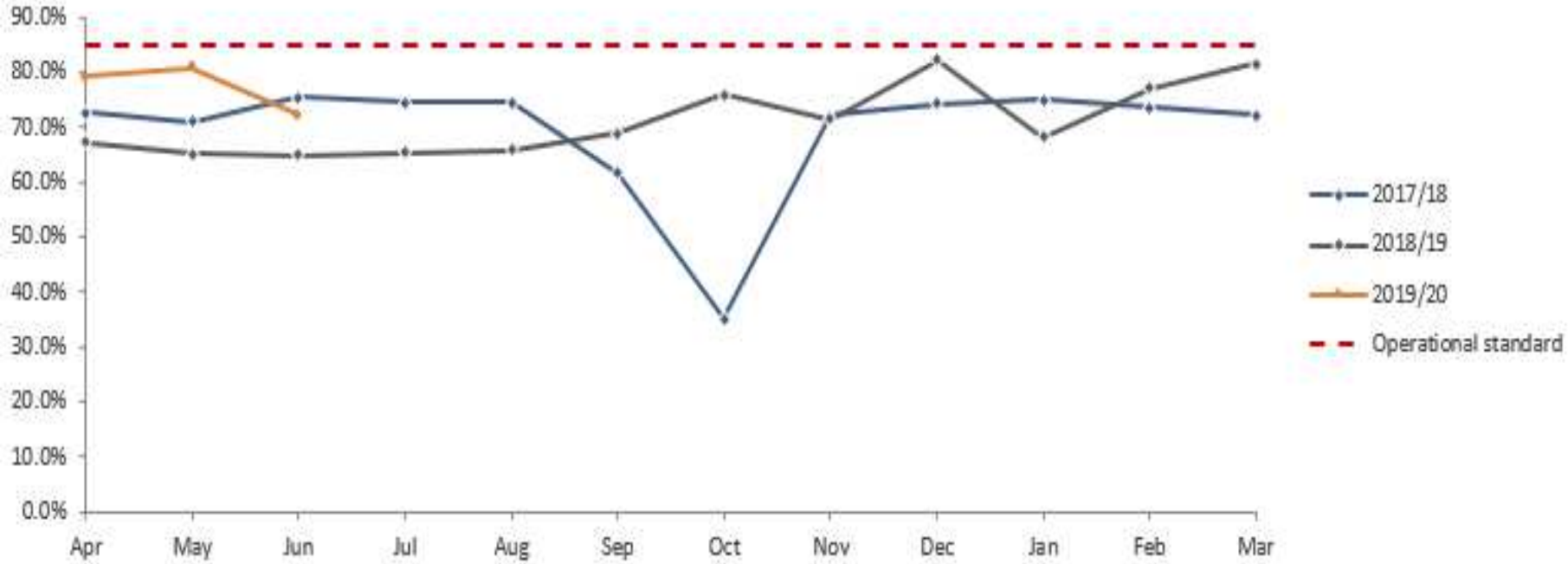
- **Dartford** – 83.9% in June 2018, versus 88.2%, only this June figure appears to be an anomaly, given the this is the first time they haven't made the 85% target since December 2017. (Dartford is a smaller site and for scale this 1.1% under target represents 5 patients who have breached the target out of 31 treated patients)



Kent and Medway Cancer Alliance

5.0 Current Position

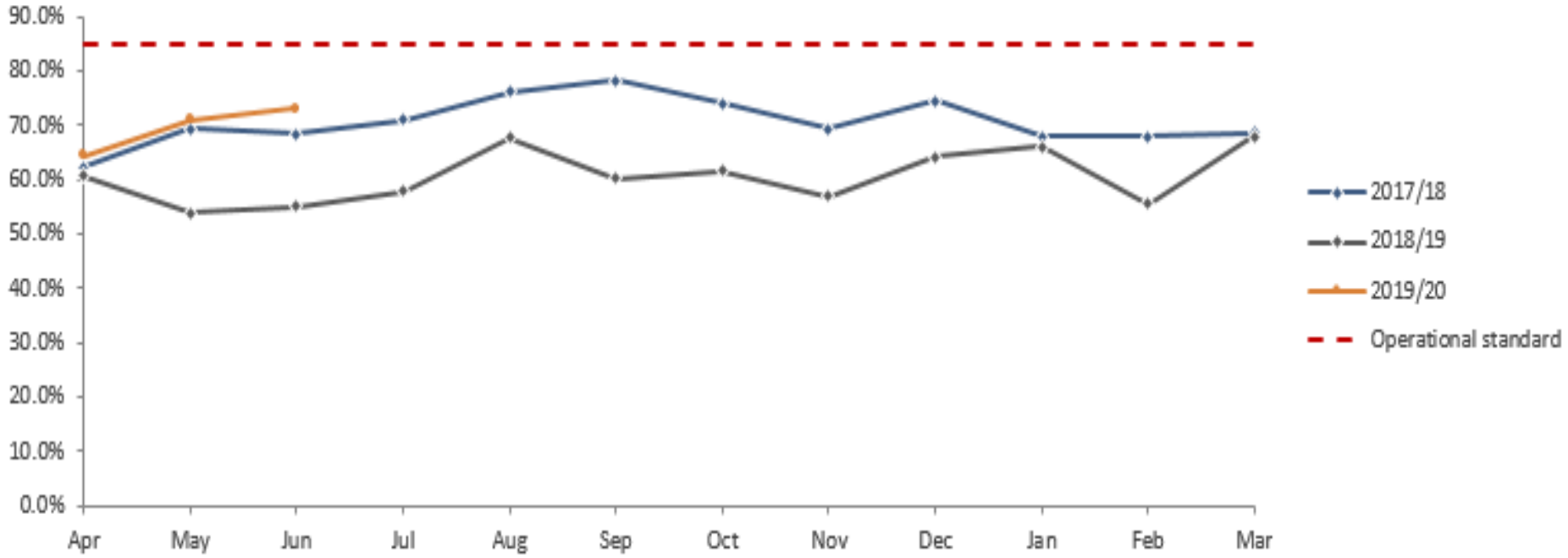
- **EKHUFT** – Since October 2018, 7 out of 8 months have been reported at over 70%, for the first time since March of that year. A significant change within the management, diagnosis and treatment of Urology referrals (62 Day performance at June 18 : 39% versus 73% in June 19)



Kent and Medway Cancer Alliance

5.0 Current Position

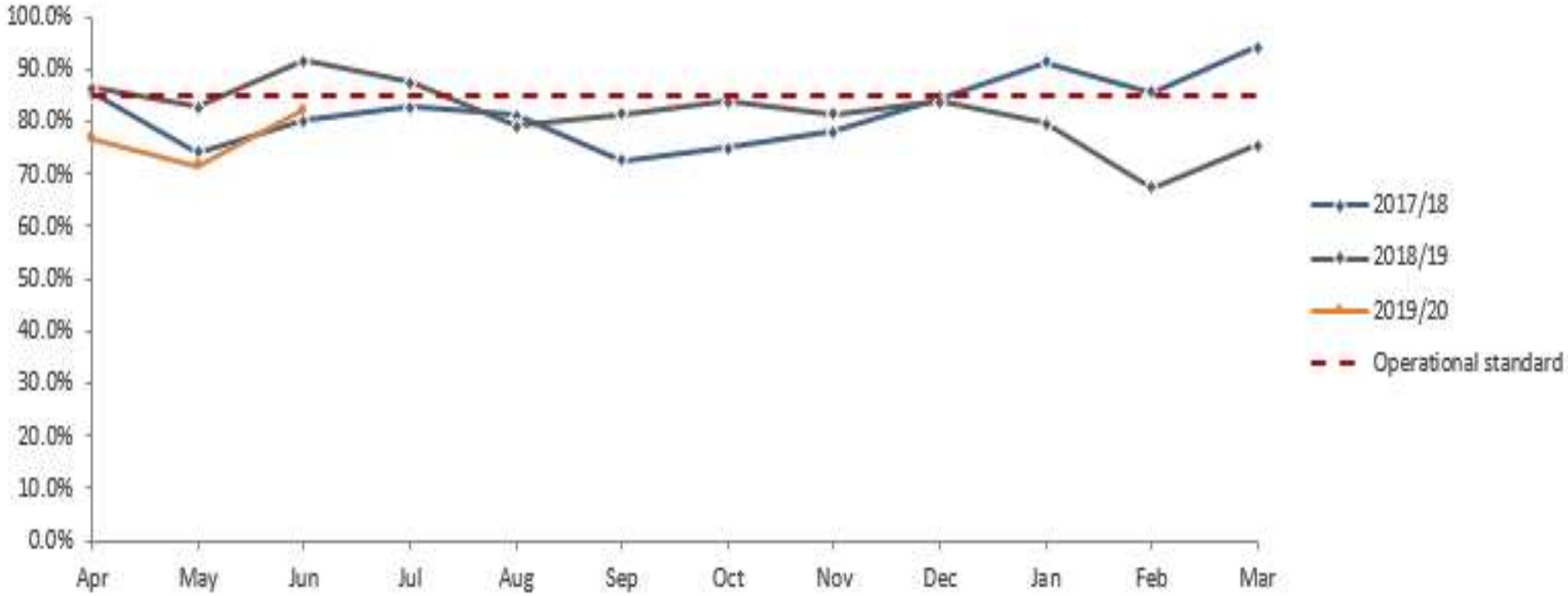
- **Maidstone** – 73.1% in June, versus 55.6% in February, which shows 4 months of continuous improvement. Overall in 2018/19 the Trust was tracking on average 10% lower than its own 2018/19 performance. This was owing largely to an overwhelming increase in referrals.



Kent and Medway Cancer Alliance

5.0 Current Position

- **Medway** – In August 2018 Medway dipped under target to 79.2%, which they had previously met or exceed for the preceding 8 months. The last 11 months have continued to be under target challenging, largely owing to delays in the diagnostic phase of the pathway, especially within endoscopy.



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Item 7: Single Pathology Service for Kent and Medway

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Single Pathology Service for Kent and Medway

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

It provides background information which may prove useful to Members.

---

1) Introduction

a) "Pathology is the study of disease. It is the bridge between science and medicine. It underpins every aspect of patient care, from diagnostic testing and treatment advice to using cutting-edge genetic technologies and preventing disease."[1]

b) In September 2017, NHS Improvement set out its intention for all acute hospital trusts in England to enter pathology networks. The aim of the pathology networks was to provide more responsive, high quality and efficient services. It would also reduce the unwarranted variation in pathology services. All networks were to be fully operational by 2021.[2]

c) NHS Improvement set out plans for 29 pathology networks. The "Kent Pathology Services" was to cover:

i) Dartford and Gravesham NHS Trust
ii) East Kent Hospitals University NHS Foundation Trust
iii) Maidstone and Tunbridge Wells NHS Trust
iv) Medway NHS Foundation Trust

2) Previous engagement with HOSC

a) The Kent and Medway STP provided updates to HOSC in September 2018 and January 2019.

b) In September 2018, Medway Foundation Trust set out 7 options for future service delivery. Trusts were invited to return in January 2019 with a full business case (which was to be developed by December 2018).

c) The Kent and Medway STP returned in January 2019, and updated the Committee that:

[1] The Royal College of Pathologists (online) What is pathology? https://www.rcpath.org/discover-pathology/what-is-pathology.html

[2] NHS Improvement (2018) NHS Improvement pathology networking in England: the state of the nation

i) the Strategic Outline Case was with Trust Boards for consideration;

ii) The Outline Business Case was to be with Boards for approval during summer 2019;

iii) A Final Business Case would be written for approval towards the end of 2019.

iv) Subject to approval, implementation would take place between 2020 and 2024.

d) Following their meeting on 25 January 2019, HOSC Members recommended the following:

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

e) Members are asked to consider the attached update from the NHS.

3) Potential Substantial Variation of Service

a) The Committee is asked to consider whether the proposals relating to the Kent and Medway Single Pathology Service constitute a substantial variation of service.

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

4) Recommendation

If the proposals relating to the Single Pathology Service are deemed substantial:

RECOMMENDED that:

(a) the Committee deems that proposed changes to Pathology Services in Kent and Medway are a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

If the proposals relating to the Single Pathology Service are deemed not substantial:

RECOMMENDED that:

(a) the Committee deems that proposed changes to Pathology Services in Kent and Medway are not a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

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

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

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Single Pathology Service for Kent and Medway – update for Kent Health Overview and Scrutiny Committee September 19th 2019

SINGLE PATHOLOGY SERVICE FOR KENT AND MEDWAY

Report from: Miles Scott, CEO, Maidstone and Tunbridge Wells NHS Trust; Chair, Kent and Medway Pathology Programme Board

Author: Amanda Price, Kent and Medway Pathology Programme Manager and Workforce Lead

Summary

The report informs the Committee of progress in the Kent and Medway Pathology Programme since the update in January 2019.

1 Background

1.1 The report to the Committee in January 2019 provided details of the review of pathology services undertaken by provider NHS Trusts across Kent and Medway on the creation of a single service in response to the National Pathology Network Strategy.

1.2 As a reminder, two reviews carried out by Lord Carter indicated potential savings of up to £200million nationally from unwarranted variation and consolidation in pathology services.

1.3 Following this a review of pathology services across Kent and Medway was initiated, driven by a desire to deliver a sustainable and improved service.A pathology network was formed for Kent and Medway, one of 29 such networks across England.

1.4 The report stated that the Chief Executives of the four acute provider trusts in Kent and Medway – Medway NHS Foundation Trust (MFT), East Kent Hospitals University NHS Foundation Trust (EKHUFT), Maidstone and Tunbridge Wells NHS Trust (MTW), and Dartford and Gravesham NHS Trust (DGT) agreed to work towards a single pathology service in the spring of 2018, and confirmed a clear goal, key principles and requirements on which to base a strategic outline case (SOC).
The key principles and requirements were detailed in the report to Committee in October 2018 and the goal is reiterated here:

"The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services and embrace new technologies and diagnostics requirements of primary and secondary care.

It will become a nationally leading pathology service in the areas it concentrates on by 2030 and the best place to learn, work and research. The service will deliver a net £5.6million reduction in its own costs from 2017/18 outside any investments in the new single service. This will be secured by 2020/21 and will be net of individual trust efficiency requirements for 2018/19 - 2020/21 for the

pathology services."

2. Strategic outline case

2.1 The SOC was developed by the Pathology Programme Project Team under the governance of the Pathology Programme Steering Group in Autumn 2018, presented to Trust and STP Boards in January and February 2019; and the final document signed by the five CEOs submitted to NHS Improvement/NHS England in April 2019. The project team comprised the clinical directors and general managers of the three pathology services (EKHUFT, MTW and North Kent Pathology Services which comprises MFT and DGT); and the core project team of programme director, programme manager, finance lead and workforce lead. The Steering Group was chaired by Lesley Dwyer, CEO of Medway NHS Foundation Trust, until her departure in November 2018; when Miles Scott, CEO of Maidstone and Tunbridge Wells NHS Trust took her place. The group included executive directors from the acute trusts and the project team.

2.2 The SOC was written following treasury guidance for business cases and comprised the case for change; current services; principles, vision and key requirements; long list of options; benefits; risks and barriers; and proposed next steps.

2.3 Recommendations from the trust Boards shaped the final SOC, with a number of elements carried into the next phase of outline business case (OBC) development.

3. Outline business case

3.1 A new governance structure was developed and implemented from January 2019 for the outline business case (OBC) phase.

3.2 The steering group developed into a programme board. The Chair, trust executives, clinical directors, programme director and programme manager remain unchanged. New members representing commissioners and primary care were invited to join.

3.3 A number of sub-groups were set up from February 2019, in order to broaden engagement and involvement in the business case process; and to feed into the project team developing the business cases.
The sub-groups are: Clinical, workforce and engagement, operations, finance, information, and patient and public engagement. Additional stakeholder engagement with GPs by locality is in development.

3.4 The Programme Board governs the development of the three business cases.
The service change OBC is concerned with service configuration, service delivery, and management (see section 5 – Options – below).
The laboratory information management system (LIMS) OBC will detail the scoping, procurement and implementation of a single IT solution for the single pathology service.
The managed service contract (MSC) OBC will detail the scoping, procurement and implementation of a core contract for equipment; plus a

range of potential additional services including business intelligence, logistics (transport) and phlebotomy.

3.5 The LIMS and MSC are enablers for the service change OBC, so will be presented to trust Boards first. The target for the LIMS and MSC OBCs to be presented to Boards is September/October 2019; and for the service change OBC to be presented in November/December 2019.

3.6 This timeline is extended from that set out in the SOC on the request of the trust Boards and, in particular, from North Kent; following the challenges of the North Kent Pathology Services merger.

4. Options

4.1 Service change OBC: the option appraisal centres on two key decisions: where the pathology services are to be delivered from; and the organisational form for delivery of services.

4.2 Service configuration – nine options were evaluated by the programme board and the pathology community in Kent and Medway; including evidence from sub-groups as appropriate.

4.3 The nine options were:

Do nothing – three hubs in Dartford, Maidstone and Ashford and essential service laboratories (ESLs) at Medway, Canterbury, Margate, and Tunbridge Wells.

Do minimum – as above with pathology services assisting other pathology services in difficulty.

Three hub option – as above plus single LIMS, MSC and management.

Two hubs options – Dartford and Maidstone, Dartford and Ashford, Ashford and Maidstone.

Single hub options – Dartford; Ashford or Maidstone.

4.4 A recommendation based on the service site configuration evaluation was developed by the Programme Board and is currently going through trust Boards for approval before being communicated more widely internally and externally in September.

4.5 Service delivery – evaluation of three options – in-house NHS delivery, including management arrangements; strategic partner and outsourcing – is currently underway. Trust boards have rejected outsourcing as a service delivery model.

4.6 The LIMS and MSC OBCs, including options generation and appraisal, are currently in development.

5. Risk management

Description	Action to avoid or mitigate risk
There is insufficient management and clinical capacity to support the delivery of the plans	Resource plan in SOC approved, prioritise the input of clinical and managerial staff and project team. Involve the departmental teams more across the county
The recruitment and retention of staff deteriorates, impacting on the service capacity and capability to deliver the change	Develop an effective recruitment and retention strategy for pathology, identify and implement the skill mix and technological solutions to maintain or improve service delivery, involve staff in the development and creation of the new service. Deliver on the SOC revised timetable to minimise further staff anxiety.
The impact on quality of the pathology service on patients, GP's, acute hospitals and commissioners as the integration occurs	Ensure robust transitional plan is in place for creating the new service, implement changes in a timely and scalable manner, maintain laboratory accreditation, quality impact assessment of each option. Involvement of primary care in option appraisal.
The potential failure of current pathology partnerships in Kent and Medway due to quality and safety concerns	Ensure issues are addressed they arise, develop a clear contingency plan and look to share management expertise to resolve issues
The failure to meet recommendations from Trust Boards in OBC	Seek approval of actions to meet Trust Board recommendations at Programme Board; incorporate these into project plan and track monthly through project team and programme board. Update August programme board.
The failure to have access to data required for modelling and option appraisal	Ensure timescales for data request are reasonable; escalate where data is not provided
Delays in procurement process due to supplier and pathology capacity Delays in procurement process due to supplier and pathology capacity	Ensure timescales for work needed is reasonable and escalate where project slips Ensure timescales for data request are reasonable; escalate where data is not provided

6. Engagement and consultation

6.1 The programme governance includes a Patient and Public Engagement Sub-group. The group includes representatives from Healthwatch; patient groups representing those with medical conditions requiring regular pathology input; STP Patient and Public Advisory Group; Foundation Trust governor; Point of Care Coordinators from Pathology; and members of the Project team. The purpose of the group is:

- the engagement of key public and patient stakeholders in understanding the goal, methods and outcome of the OBC

- the use of the group as a sounding board for input into the project
- awareness of the progress of the project
- internal communication to their organisations
- equality impact assessment of options on groups and individuals.

6.2 A continued programmed of internal communication and engagement has been taking place, including monthly staff forum meetings at each hospital site, which pathology colleagues are given time to attend to feed in their experiences and questions to the project team.

A monthly newsletter is sent directly to all colleagues and includes an anonymous feedback survey to temperature check how colleagues are feeling about the progress of the programme. Pathology colleagues and union representatives have been encouraged to join the sub-groups to ensure staff concerns and suggestions are fed into the change process.

7. Recommendations

The Committee is asked to note and comment on the progress of the Kent and Medway Pathology Programme.

Report contact

Amanda Price, Programme Manager and Workforce Lead
Glynis Alexander, Director of Communications and Engagement, Medway NHS Foundation Trust
Chloe Crouch, Communications and Engagement Manager, Kent and Medway Sustainability and Transformation Partnership.

Appendix

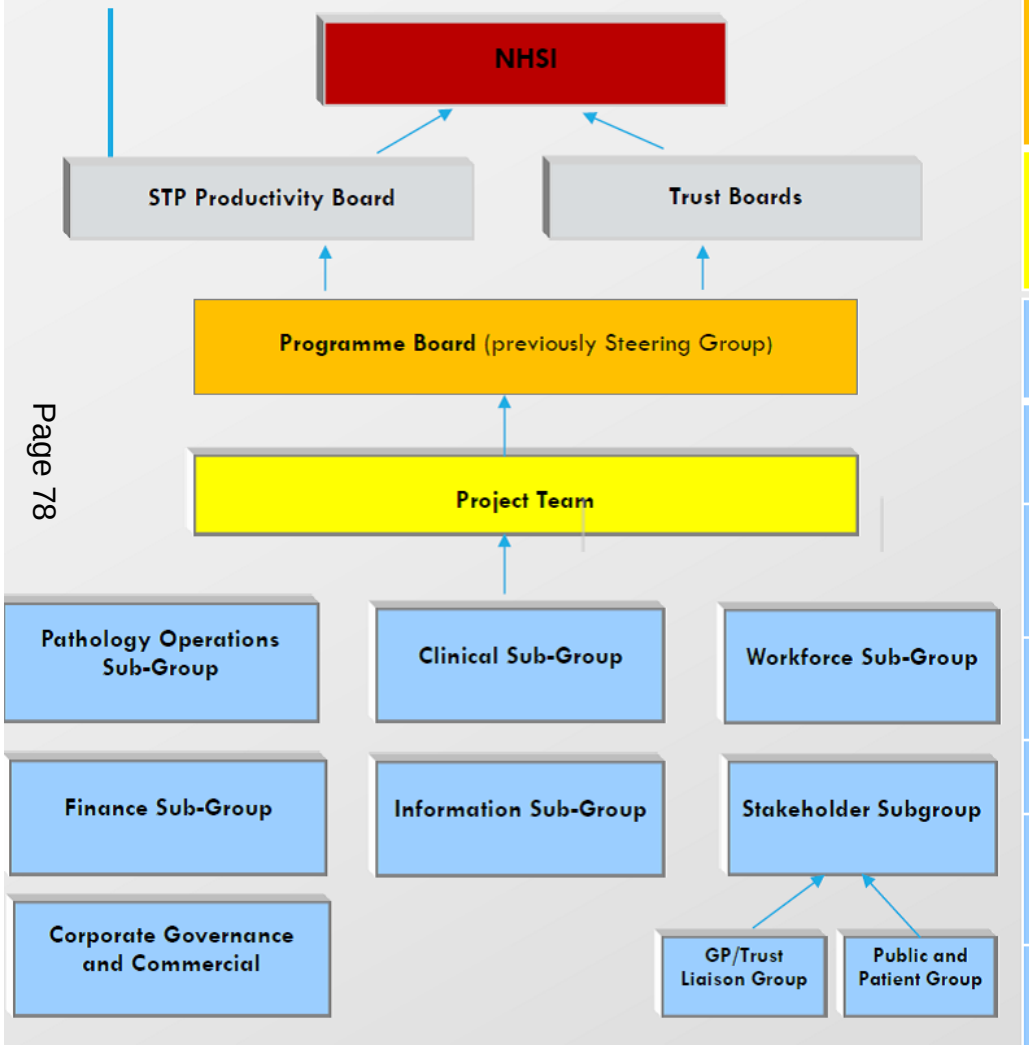
Pathology Programme Structure

Background papers:

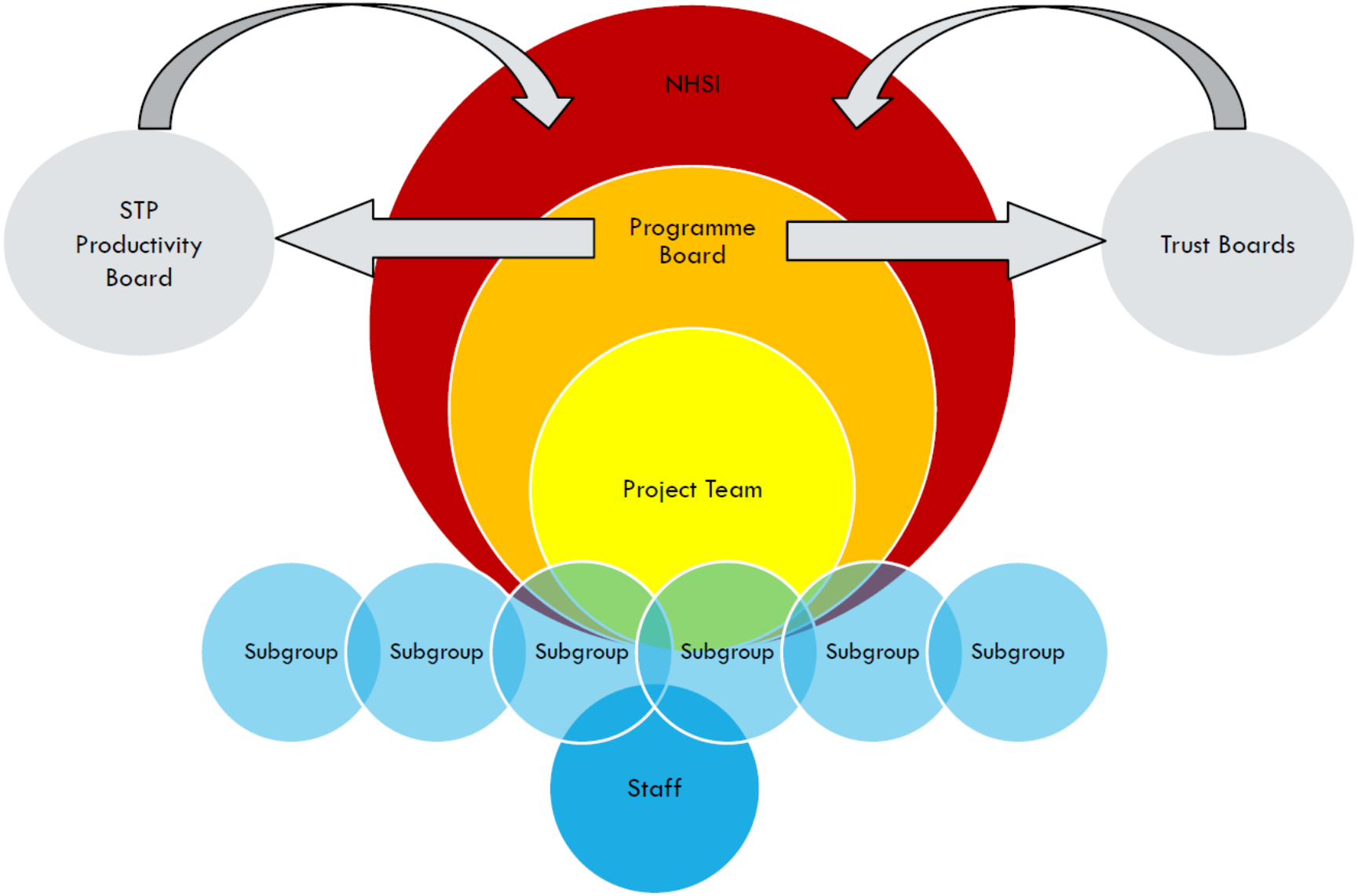
Kent and Medway Pathology Programme Strategic Outline Case, January 2019.
Kent HOSC update, January, 2019.

Appendix 1 – Pathology Programme Structure

PATHOLOGY PROGRAMME STRUCTURE



Programme Board	CEO Lead MTW, Trust Exec Reps (inc Managing Director NKPS), Programme Director, Programme Manager, STP Productivity Lead, Commissioner Exec Rep, Primary Care Locality Lead, HRD Lead Pathology, Deputy Trust Medical Director, South of England Diagnostics Lead, Communications Lead, Staff Side Rep
Project Team	Programme Director, Clinical Directors (all labs), General Managers (all labs), Project Finance Manager, STP HR Manager/Project Manager, Comms Lead, STP IT Lead, South of England Diagnostics Lead (ex offico).
Pathology Operations Subgroup	Lead General Manager MTW, Lead Clinical Director, Finance Manager, Project Manager, LTS, Clinical Leads, GP Federation Rep, Procurement Lead, Staff rep
Finance Subgroup	Lead Clinical Director NKPS, Finance Manager, HR Manager, Clinical Directors EKHUFT and MTW, General Managers, Programme Director, LTS, Staff rep
Clinical Subgroup	Clinical Director EKHUFT Chair, Clinical Director MTW Deputy Chair, Clinical leads in key disciplines, General Managers, Quality Assurance/Health and Safety Pathology Leads, GP Federation Rep Trust Medical Director or nominee, Trust Nurse and AHP Director Rep, Programme Director, Staff Rep
Information Subgroup	STP IT Lead Director MTW IT Director, General Manager MTW, Pathology IT Leads, Trust IT Leads, Commissioner IT Lead East/West CCGs, GP Locality Leads Reps, Project Manager, Staff rep
Workforce and Engagement Subgroup	Lead General Manager, HRD/HRBP, Project Manager, HR Lead, LTS, Finance Manager, Clinical Leads, Staff Rep
Stakeholder Subgroup (x 2)	GP/Trust Liaison Group: Clinical Director MTW Chair, Programme Director, Reps of CCGs, GP Federations, LMC etc, Comms Lead Public and Patient Group: Project Manager Chair, Clinical Director MTW, Public and Patient groups from Health Watch, HOSC, etc, Comms Lead.
Corporate Governance and Commercial Subgroup	Lead Non-Executive Directors from the 4 Trusts, A nominated Trust Rep, Programme Board CEO, Programme Director


NHSI
STP Productivity Board
Programme Board
Trust Boards
Project Team
Subgroup
Subgroup
Subgroup
Subgroup
Subgroup
Subgroup
Staff

Item 8: Urgent Care Review Programme – Swale

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: North Kent CCGs: Urgent Care Review Programme – Swale CCG

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

It provides background information which may prove useful to Members.

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1) Introduction

a) The Local Urgent Care Programme review was first presented to HOSC in 2014 and since then there have been a number of updates. This item refers to face-to-face urgent care services, as opposed to telephony services which have been procured separately.

b) NHS England now requires all areas to have an Urgent Treatment Centre (UTC), in a bid to reduce the pressure on A&E departments.

c) Swale and Medway CCGs propose to run a combined procurement exercise for face-to-face urgent care services across the area. A previous procurement attempt was discontinued in November 2018 on the grounds that the published service specification would be unaffordable.[1]

2) Previous engagement with HOSC

a) The latest update to HOSC was on 23 July 2019 when the Committee received a verbal update. The CCG were in the process of considering the service specification, taking into account both qualitative and quantitative data they had compiled. Travel modelling was also being carried out.

b) The Committee agreed the following recommendation:

RESOLVED that the update be noted, and that the CCG return to HOSC with a detailed report in September.

3) Potential Substantial Variation of Service

a) The Committee is asked to review whether the Swale and Medway Urgent Care Review Programme proposals constitute a substantial variation of service.

[1] North Kent CCGs (2019) Swale Urgent Care Review Programme Update (p3) https://democracy.kent.gov.uk/documents/s88791/HOSC%20-%20Swale%20CCG%20-%20Urgent%20Care%20Update%20-%2025.01.19%20-%20Final%20Draft%20v10.01.19.pdf

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

4) Recommendation

If the proposed change to urgent care in Swale is *substantial*:

RECOMMENDED that:

(a) the Committee deems proposed changes to urgent care in Swale to be a substantial variation of service.

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

If the proposed change to urgent care in Swale is *not substantial*:

RECOMMENDED that:

(a) the Committee does not deem the proposed changes to urgent care by the Swale CCG to be a substantial variation of service.

(b) the report be noted.

Background Documents

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

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4

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

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

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

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4

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NHS
Swale
Clinical Commissioning Group

Swale Clinical Commissioning Group

Urgent Care Update

Review of Available Data to Inform Clinical Model Options

Kent Health Overview Scrutiny Committee
19th September 2019

Dr Fiona Armstrong
Clinical Chair of NHS Swale CCG

Stuart Jeffery
Deputy Managing Director and Executive Lead for Urgent Care Strategy for Medway, North and West Kent CCGs

Purpose

- The Committee was last provided with a written update in January 2019.
- This slide pack provides the Committee with an **update on progress.**
- The CCG is aware of media reports about the shortages of GPs in Swale. This **review is primarily about urgent care services**, but we appreciate the implications GP numbers may have for primary and local care services in Swale.
- The **urgent care review is not taking place in isolation**. The wider NHS landscape is also changing to ensure patients can more easily access primary and local care.

What is urgent care?




By urgent care, we mean **care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment** on the same day.

What is urgent care?

Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are:

- minor illnesses
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains
- sickness and diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre are:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- DIY mishaps
- minor head injuries
- worsening fevers

Background

- **The CCG has previously explored a ‘minimal change’ clinical model** whereby the configuration of current urgent care services remained unchanged, but each service would be expanded and improved to meet NHS England’s nationally mandated Urgent Treatment Centre 27 national standards

- Procurement for this model was discontinued in November 2018 without award as **the range of urgent care services specified was found to be unaffordable**

Why might the clinical model have been unaffordable?

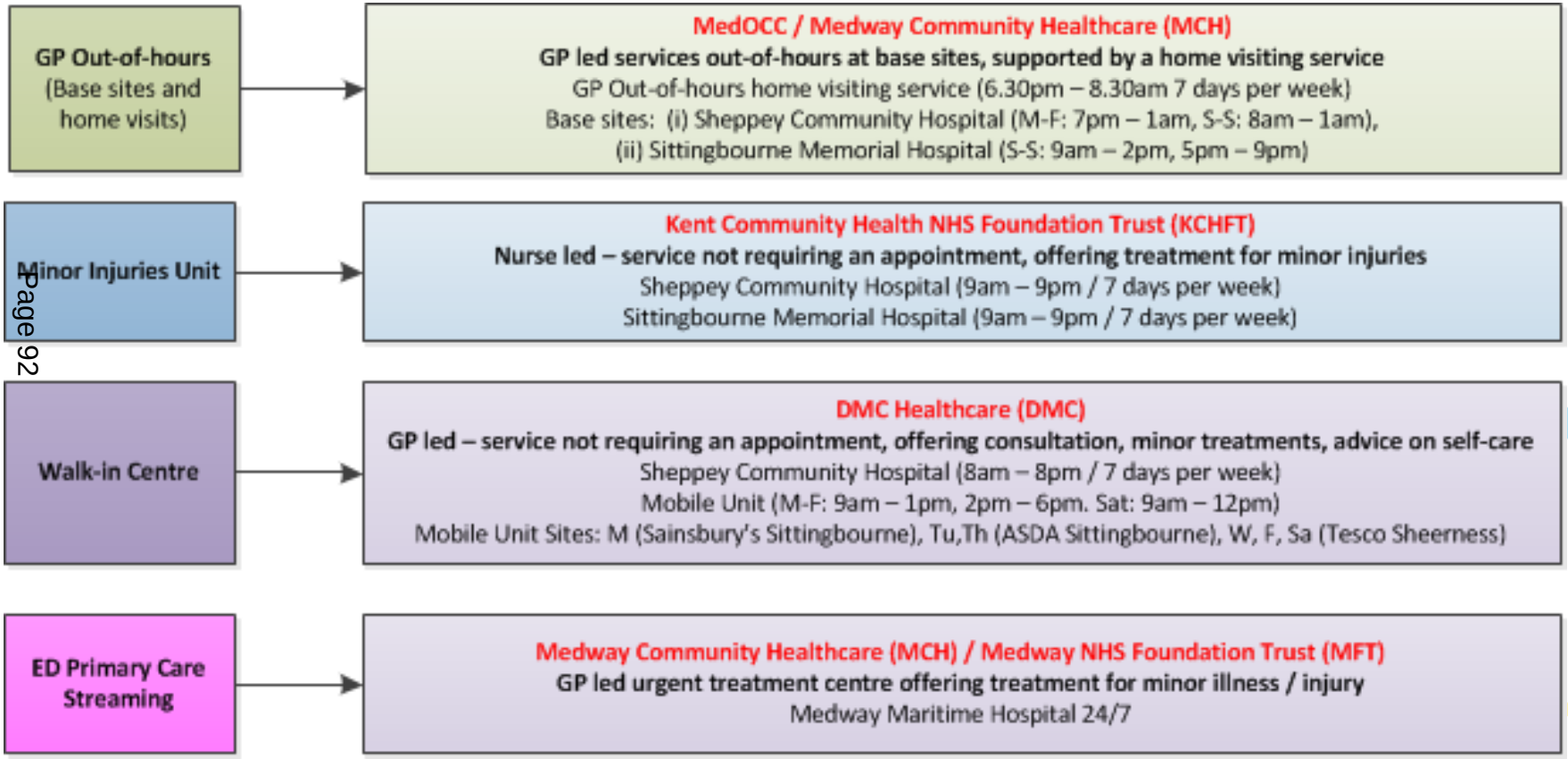
Urgent care provision across neighbouring CCGs

	West Kent	Medway	DGS	Swale
Population Served	498,000	301,652	271,000	**114,000 (2011 census – 40,300 (35%) Sheppey residents)**
Number of UTCs	2 UTC planned **(1 per 249,000 pop.)**	1 UTC **(1 per 301,652 pop.)**	1 UTC planned **(1 per 271,000 pop.)**	***2 UTCs + mobile unit (>1 per 57,000 pop.)***
Location(s)	• Tunbridge Wells Hospital • Maidstone Hospital	• Medway Maritime Hospital	• Site yet to be determined	• ***Sheppey Community Hospital*** • ***Sittingbourne Memorial Hospital*** • ***Supported by mobile unit***

Clinical Model Review

- As a result, **a full service specification/clinical model review has been deemed necessary**
- Available **data regarding current services continues to be analysed** so that we can:
  - Better **understand the ways in which current urgent care services are used**
  - Discuss how this understanding might **impact on the future urgent care clinical model** (including **clinical model alignment** with Medway CCG)
  - Understand any **implications for primary and local care**

Swale Urgent Care Services



Data Analysis

- Whilst some clinical analysis is still underway, an analysis of available data so far has **helped us better understand:**
  - **the reasons urgent care services are accessed**
  - **the urgent care needs of the local population**
- **Quantitative data (that can be counted) and qualitative data (that is descriptive – opinion/experience) have been considered** incl. activity figures, patient responses to surveys, clinical audit findings, and interviews with key stakeholders
- The CCG has invested in a **travel modelling exercise to better understand the access challenges** facing the local population

Walk-in Centre (WIC)

Sheppey Community Hospital

7 days per week / 12 hours per day

(8am – 8pm)

84 hours operating time per week

Mobile Unit

5.5 days per week / 8 hours per weekday / 3 weekend hours

M-F (9am – 1pm / 2pm – 6pm) / Sa (9am – 12pm)

43 hours operating time per week

M (Sainsbury's Sittingbourne), Tu, Th (ASDA Sittingbourne), W, F, Sa (Tesco Sheerness)

Reasons for attending the Walk-in Centre

In 2017/18 and 2018/19 data shows:

- **Between 94 - 96% of patients said they attended the Walk-in Centre because they could not access their GP** ('no appointment available', 'closed')
- Approximately **1% of patients gave 'not registered with a GP' as the reason for their attendance**
- Less than 1% **of patients gave 'convenience'**, and 'easy access' as the reasons for their attendance

Reasons for attending the Walk-in Centre

The types of comments we have heard stakeholders say:

- **“People see the service as a GP Drop-In Service”**
- “most people don’t think it has anything to do with urgent care, it’s just a way to see a GP or nurse”
- **“At the time it was set-up, doctors’ lists were closed and there was no way for unregistered patients to see a doctor locally…it was sold to the public as a GP Drop-In Service”**
- **“People want to access their own GP at their local practice most of the time, and if they can’t then they want a simple way of seeing a GP somewhere else”**
- “Access to GPs is an issue”
- **“LED displays in practices show ‘no appointments left – if you need to see a doctor access the Walk-in Centre at Sheppey Community Hospital’”**

How is the Walk-in Centre used?

In 2017/18 and 2018/19:

- There were approximately **51 attendances per day**
  - **84% of patients were seen at the Sheppey Community Hospital site** (approximately 4 patients per operating hour)
    - Approximately 10% more patients attended the Sheppey Community Hospital site for Walk-in Centre services in 2018/19 than in 2017/18
  - **16% of patients were seen on the mobile unit** (approximately 1 patient per operating hour)
- **There was little apparent seasonal variation** in activity

How is the Walk-in Centre used?

The types of comments we have heard stakeholders say:

- **“The site of the mobile unit changes and is not well publicised - people will go where they know they can access services”**
- “Surprised by the attendance figures for average daily attendances at Sheppey Community Hospital as I frequently see the service very busy between 8am - 9am”
- “LED display at Sheppey Community Hospital can state 2 - 4 hour wait first thing in the morning”
- **“Surprised by lack of seasonal variation”**

Who sees patients at the Walk-in Centre?

- In 2017/18 and 2018/19:
  - Approximately **69% of all patients are seen by a doctor**
    - 84% at Sheppey Community Hospital and 2% at the mobile unit
  - Approximately **31% are seen by a nurse**
    - 98% at the mobile unit and 18% at Sheppey Community Hospital)
- The Walk-in Centre at Sheppey Community Hospital is staffed by a GP (8am – 8pm), and the mobile unit is staffed with a nurse (9am – 1pm, 2pm – 6pm)

Walk-in Centre Attendances - Snapshot Clinical Audit (10/12/18)

68 patients seen at the Sheppey Community Hospital site (mobile unit not operating that day):

- **50% (34 patients) could have been seen by their own GPs if appointments had been available** (in line with 'GP Drop In' service**)**

- **38% (26 patients) required no medical treatment** and could have been treated either by self-help, calling NHS 111, or by consulting a local pharmacist and/or accessing over-the-counter medicines

- **3% (2 patients) could have attended the Minor Injuries Unit and no treatment was required**

- **9% (6 patients) would have potentially been suitable for treatment at an urgent care centre -** illnesses were not life threatening but required some aspect of care not commonly available at a GP surgery

Walk-in Centre Attendances - Snapshot Clinical Audit (12/12/18)

Mobile unit was not open on 10/12/18 – snapshot audit carried out for next operational day 12/12/18

9 patients seen on the mobile unit:

- **33% (3 patients) could have been seen by their own GPs if appointments had been available** (in line with 'GP Drop In' service)
- **67% (6 patients) required no treatment** and could have been treated either by self-help, calling NHS 111, or by consulting a local pharmacist and/or accessing over-the-counter medicines
- **0% of patients (0 patients) would have potentially been suitable for treatment at an urgent care**

Minor Injuries Units (MIUs)

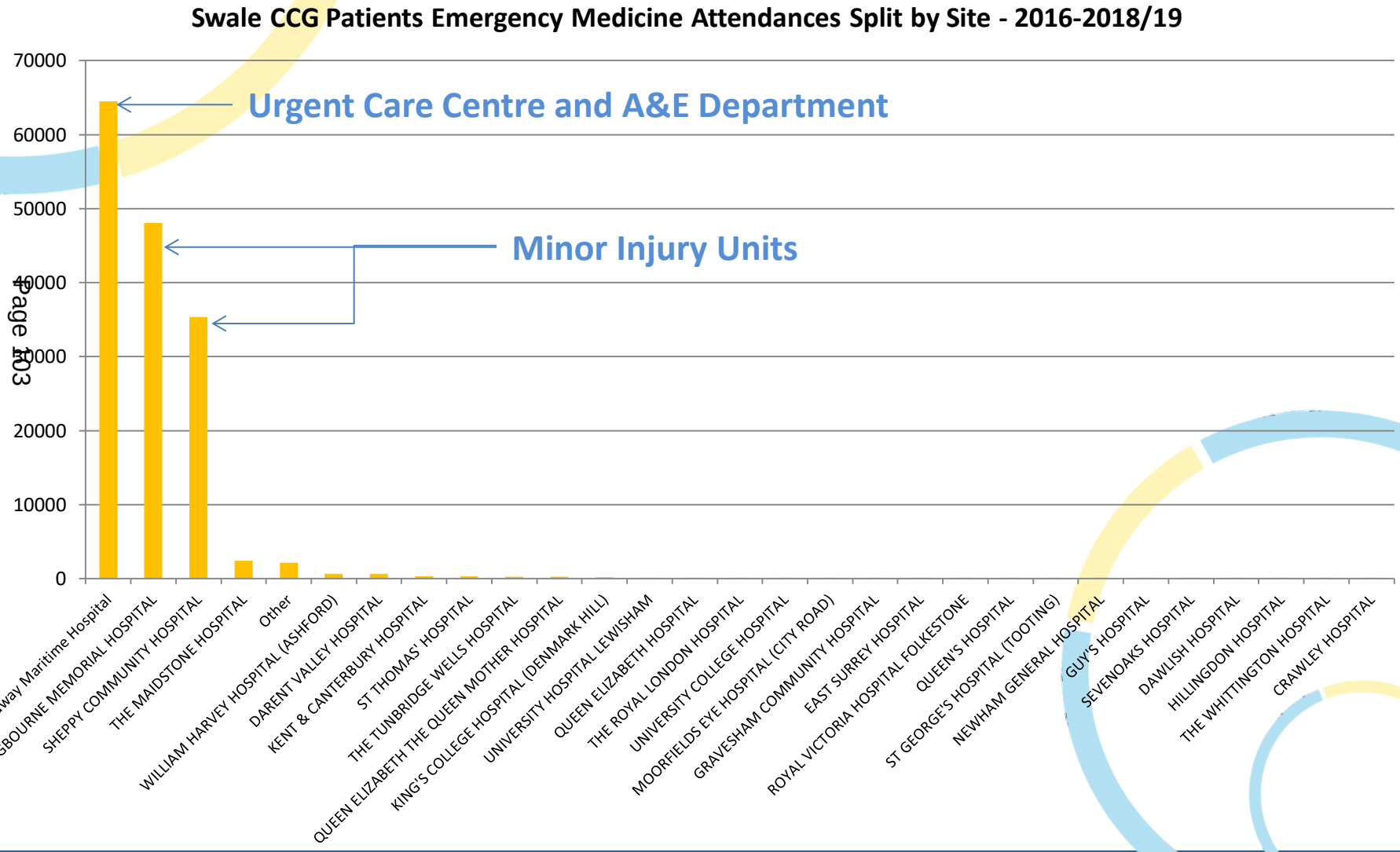
Sheppey Community Hospital
7 days per week / 12 hours per day
(9am – 9pm)
84 hours operating time per week

Sittingbourne Memorial Hospital
7 days per week / 12 hours per day
(9am – 9pm)
84 hours operating time per week

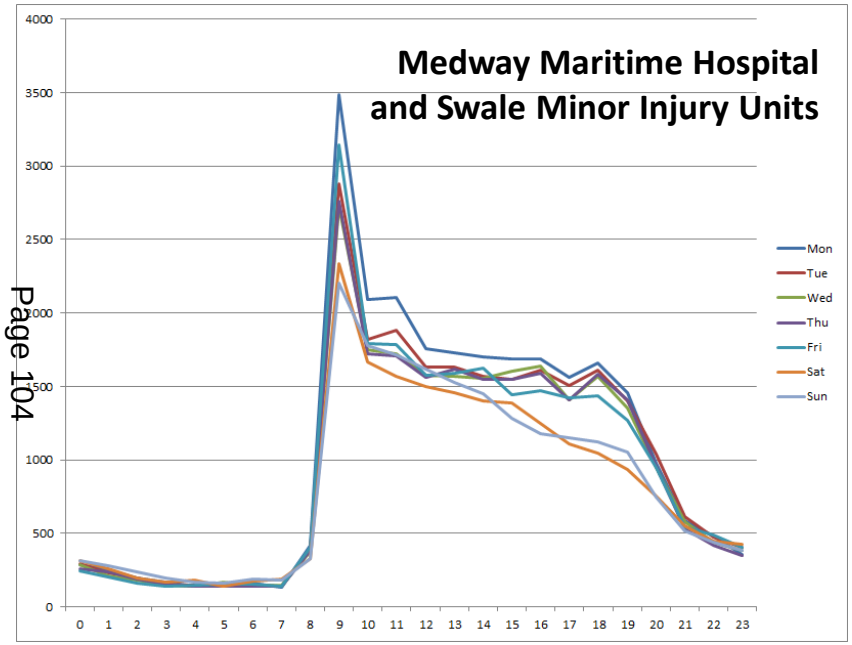
Medway NHS Foundation Trust

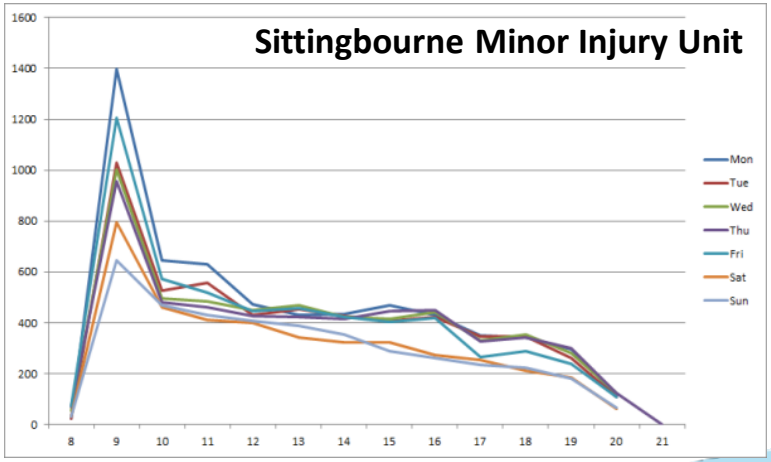
Urgent Care Centre and A&E Department
Medway Maritime Hospital
7 days per week / 24 hours per day

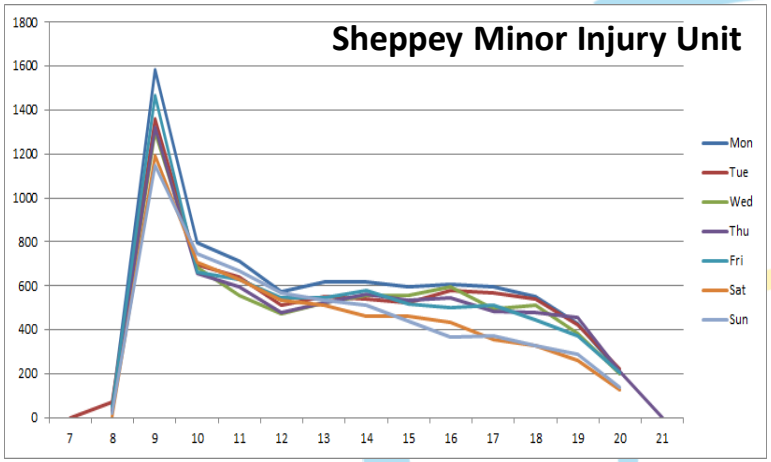
Where do patients go to access urgent and emergency care services?



Urgent and Emergency Attendances by Day of Week and Hour of Day







In 2017/18 and 2018/19 attendances at **Swale Minor Injury Units peak between 8am – 9am** and then begin to fall and level out from approximately 10am onwards

How are the Minor Injury Units used?

In 2017/18 and 2018/19:

- There were approximately **77 attendances per day**
  - **44% of patients (34) were seen at the Sheppey Community Hospital Minor Injuries Unit** (same site as the Walk-in Centre)
    - Approximately 3 patients per hour
  - **56% of patients (43) were seen at the Sittingbourne Memorial Minor Injuries Unit**
    - Approximately 4 patients per hour

How are the Minor Injuries Units used?

The types of comments we have heard stakeholders say:

- **“The Minor Injuries Unit is not as well understood as the GP Drop-In at Sheppey”**
- “There have been issues with early closures, or only one unit opening. People may have decided to go to Medway first”
- “Most people with sprains or broken limbs would go to Medway Maritime Hospital”
- **“Wound care is a local issue”**
- “Sittingbourne needs a Walk-in Centre as well – like Sheppey has, to address expected growth in the area”

How are other urgent and emergency care services used?

In 2017/18 and 2018/19:

- There were approximately **60 Swale patient attendances per day at Medway Maritime Hospital** (incl. approx. 4 Swale patients directed from NHS111)

- Approximately **10% of Swale patient attendances were at other services:**
  - **Maidstone Hospital (2017/18 – 845, 2018/19 – 1,901)**
  - **William Harvey Hospital (2017/18 – 224, 2018/19 – 516)**

- **34% of Swale patients accessing urgent and emergency care services receive 'no investigation with no significant treatment'** (based on Healthcare Resource Group analysis)

Minor Injuries Unit Attendances - Snapshot Clinical Audit (10/12/18)

124 patients seen across the two Minor Injuries Units in Swale:

- **40% of patients (49) were seen at Sheppey Community Hospital** (approximately 4 patients per hour)
  - **49% of these patients were suitable for treatment at an urgent treatment centre** (approximately 2 patients per hour)
- **60% of patients (75) were seen at Sittingbourne Memorial Hospital** (approximately 6 patients per hour)
  - **40% of these patients were suitable for treatment at an urgent treatment centre** (approximately 2-3 patients per hour)
- **10% (13) of all attendances could have been seen by their own GPs if appointments had been available**

What are the implications for the future urgent care clinical model?

Clinical Model Options

The CCG has not yet identified the clinical model options, but we are committed, not only to address the national requirements for NHS urgent care services, but most importantly, to **ensure that any clinical model options considered, meet the clinical needs of Swale residents** and to ensure that Swale community hospitals continue to be the focal points of locally delivered health services in Swale

A **detailed clinical review of available data from our urgent and emergency care services is underway** - findings are expected in September/October 2019

- This work is important as it will identify the clinical needs of Swale patients currently accessing the Walk-in Centre and Minor Injuries Units and propose model options for consideration

Clinical Model Options

Any clinical model options will need to:

- **comply with the NHS national requirements for consistency across urgent care services**, and this means that the Walk-in Centre and Minor Injuries Units will undergo some change
- **address the primary care needs of patients** currently accessing urgent care services because they feel they cannot access services through their local GP, whilst recognising the need to support local GPs and practice teams
- **consider travel issues** to ensure services are accessible
- **reflect the CCG's commitment to the future development and support of Swale's community hospitals**

What will happen next?

- The in-depth **independent clinical review of data will be completed**
- Identify and fully explore the possible clinical model options that address the issues identified within the analysis
- Liaise with this Committee regarding the options and the CCG's **communications and engagement plans**
- The NHS Long Term Plan requires that urgent care proposals are in place by **autumn 2020**

Item 9: Kent and Medway NHS 111 and Clinical Assessment Procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Kent and Medway NHS 111 and Clinical Assessment Service Procurement

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

It provides background information which may prove useful to Members.

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1) Introduction

a) The Local Urgent Care Programme review was first presented to HOSC in 2014 and since then there have been a number of updates. This item refers to NHS 111 Telephony and Clinical Assessment Service (CAS) as opposed to face-to-face urgent care services which are being procured separately.

b) The NHS England publication "Next Steps on the Five Year Forward View" set out the requirement for CCGs to establish Integrated Urgent Care Services (IUCS), in which a greater number of calls to NHS 111 are dealt with by a clinician. Under the Clinical Assessment Service (CAS), a clinician will be able to advise the patient if they genuinely need to attend A&E, with the ultimate aim of reducing unnecessary attendances to emergency departments.[1] The CAS is a team of clinicians made up of GPs, nurses, paramedics and pharmacists.[2]

2) Previous engagement with HOSC

a) In April 2018, HOSC received a briefing on the planned procurement programme across Kent and Medway. A month earlier, all eight CCG governing bodies in Kent & Medway approved the commencement of the formal procurement process. This process was stopped following an assessment of the Pre-Qualification Questionnaire (PQQ) evaluation which suggested the contract did not demonstrate value for money.

b) HOSC were advised that a new procurement process would commence in early 2019.

c) An interim contract was arranged for 1 April 2019 – 30 March 2020. East Kent would continue to be served by IC24, whilst North and West Kent and Medway would continue with the South East Coast Ambulance Service (SECAmb) (negotiations were underway).

[1] NHS (March 2017) Next Steps on the NHS Five Year Forward View, Chapter 2

[2] Kent and Medway CCGs (2018) Update Report to Kent Health Overview and Scrutiny Committee (HOSC), 23 Nov 2018 item 10

d) The IUC Programme Board were considering the possibility of entering into a contract with Sussex CCGs, and at the meeting in November were still at the investigation stage.

e) NHS England expected IUCSs to be implemented by 31 March 2019. In order to meet the national standards (and in light of a delayed procurement) the IUC Programme Board were putting in place a number of work streams to close any gaps in service.

f) At the time of the last meeting, the Kent and Medway CCGs were expecting preferred bidders for the new contract to be approved in summer 2019 and the contract to commence in April 2020.

g) Following the discussion at the meeting of 23 November 2018, HOSC Members made the following recommendation:

RESOLVED that:

- *an update be provided to the Committee at the conclusion of the procurement for the Kent and Medway NHS 111 and Clinical Assessment Service;*
- *NHS Dartford, Gravesham and Swanley CCG be invited to present a comprehensive update on the Local Urgent Care Programme in January 2019;*
- *the outcome of Swale and Medway CCGs Local Urgent Care Programme procurement be presented to the Committee at the appropriate time;*
- *a written report on operation and staffing of IC24 be provided to the Committee for assurance.*

h) The attached report relates to the first of the above recommendations.

3) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (23/11/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

Contact Details

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Report To	Kent Health Overview and Scrutiny Committee (HOSC)
CCGs applicable to	Kent and Medway CCGs
Meeting Date	19 September 2019
Report Title	NHS111/Clinical Assessment Service Procurement Update – Quarter 2 2019 (July - September 2019)
Report From	Stuart Jeffery, Deputy Managing Director Medway CCG, SRO Integrated Urgent Care – Kent and Medway
Clinical Lead	Dr Mark Whistler, Integrated Urgent Care Clinical Lead- Kent and Medway CCGs
Report Author	Jacqueline Sarakbi, Assistant Director for Integrated Urgent Care, Kent and Medway CCGs

Recommendation/Action Required:
Members are asked to **note** the status of the procurement award for the NHS111/CAS and be **assured** of the contract award process followed by the Kent, Medway and Sussex Joint Committee in accordance with their delegated responsibility.

Executive Summary:

Background

A key component of the Kent and Medway strategic networked model for Urgent Care is the new NHS111 Clinical Assessment service. In line with the aspiration of the 10 Year Forward View, this service will increase "hear and treat" outcomes by ensuring that patients are directed to the most appropriate clinician/service for their clinical need thereby reducing attendances and conveyances to ED departments. This new and improved service will provide 24/7 access to clinical advice and treatment, available over the phone and online.

This new service is required to deliver the following NHSE mandated Integrated Urgent Care Outcomes:-

1. Data and Information can be shared between providers.
2. The NHS 111 and urgent multidisciplinary clinical services need to be jointly planned and fully integrated.
3. The Summary Care Record (SCR) is available to the 111/Clinical Assessment Service (CAS) and elsewhere.
4. Care plans and special patient notes are visible to the Clinicians in the IUC and in any downstream location of care.
5. Appointments can be directly booked in-hours and to extended access primary care services - offering services in the evening and at weekends.
6. There is joint governance across Urgent and Emergency Care.
7. Suitable calls are transferred to a Clinical Assessment Service comprising a multi-

disciplinary team of GPs and other health and social care professionals
8. The Workforce Blueprint products and guidance are implemented across all providers

The NHS111 and Clinical Assessment Service in Kent, Medway and Sussex will provide patients with:

- NHS 111 Telephony and call management provision;
- A Clinical Assessment Service (CAS) across all KMS CCG's; the CAS will accept all 'Speak to GP' and 'Speak to a clinician within the service' dispositions;
- Advice and support to Health Care Professionals and Care homes;
- Co-ordinated clinical governance across all providers within the umbrella of 'Integrated Urgent Care Service';
- Access to the most appropriate clinician or service for their need;
- Access to a multi-disciplinary team enabling a robust "hear and treat" delivery of care thereby reducing pressure on EDs;
- The ability to be directly booked into services

Procurement Process

The 15 participating CCG Governing Bodies approved the large-scale collaboration for the procurement and the development of a single specification and contract. This agreement included the delegation of authority with respect to contract award to be managed through the Kent, Medway and Sussex NHS111 & CAS Joint Committee.

The Joint Committee approved the tender documentation, and the following procurement elements: -

- The service specification
- The Qualification and Technical question set (PQQ and ITT)
- The Weighting and Criteria
- The decision to publish a financial envelope
- Single stage procurement process

The contract period is for 5 years with up to a 24-month extension option and the estimated contract value at the outset of the procurement was £90,552,000 (including VAT). This single contract is jointly funded by each participating CCG

Route to award

The Kent Medway Sussex (KMS) Joint Committee met on the 9th July to review the evaluation of the bids received and were able to reach a unanimous decision to commence the procurement award process.

South East Coast Ambulance Service (SECAmb) NHS Foundation Trust were successful in their bid to deliver the new NHS111/Clinical Assessment Service (CAS) contract, in partnership with IC24 as sub-contractors for the service.

The final award of the contract was subject to further assurance processes being undertaken and conditions being met by the bidder.

There were 4 conditions that commissioners required the bidder to address prior to the contract award being formally announced (the outstanding 3 will be delivered and managed as part of the mobilisation of the contract and monitored through formal delivery stage gates and decision points).

The KMS Joint Committee met again on 6 August 2019 and confirmed that sufficient progress had been made and assurance gained to allow the decision to be made public.

The procurement timeline to date:

Date	Activity	Decision or action
8 February 2019	Start of Procurement Process for the NHS111/CAS service for Sussex, Kent and Medway	Successfully launched
18 April 2019	NHS111/CAS Procurement advert closes	The procurement process received two bids
23 April - 7 May 2019	Phase one of the procurement progressed through moderation for the Pre-Qualification Questions (PQQ).	One bid was ruled out due to insufficient information (Joint committee notified 22nd May)
20 May 2019	Procurement moved to phase two - Invitation To Tender (ITT).	Technical documents released to Kent and Medway and Sussex evaluators.
5 – 7 June 2019	Evaluation and moderation sessions run with all 51 evaluators from across the region; mix of skills and roles including workforce, digital, commissioning, clinical, public member / Healthwatch, communications, contracting and finance.	The moderation sessions led to a number of clarification questions; responses reviews and final score for each element established.
5 – 7 June 2019	An unseen scenario testing day was set for the bidder to respond to questions	These were also evaluated by subject matter experts including clinical and Lay / Healthwatch representatives.
9 July 2019	Review evaluation outcome and agree contract award	Joint Committee reached a unanimous decision to start the contract award process but agreed that contract award must be subject to conditions being met –

		set out in the outcome letter to SECAmb
7th August 2019	Joint Committee (to include SECAmb & IC24) to set out expectations and seek assurance that conditions will be met to the timelines set out	Assurance has been given on part of the conditions. Agreed to release communications (staff, stakeholders and public)
3rd September – Award Assurance Conditions:	Conditions need to be met and commissioners assured on: • A workforce plan that reconciles directly with the Financial Model Template. • Visibility of the sub-contractor partner's physical, data, cyber and IT risk management policies, processes and procedures. • An updated / enhanced comms and engagement plan • An overarching IM&T strategy	
By 30th September – Mobilisation Assurance Conditions:	Conditions need to be met and commissioners assured on: • The relationship with the sub-contractor (IC24) is being formally managed via a NHS Contract • Governance structures for the delivery model incorporating both the contractor and the sub-contractor • A clear plan on how the contractor and sub-contractor will work with the whole system including primary care, acute	

Points for Assurance

A robust procurement process has been followed, with Qualification Questions (PQQ) and then the Invitation To Tender, with the support of Arden & GEM CSU who ensured the process and procurement regulations were followed. The documents were evaluated by a total of 51 different evaluators from Kent, Medway and Sussex. These came from a mix of skills and roles including workforce, digital, commissioning, clinical (including mental health and pharmacy subject matter experts), public member / Healthwatch, communications, contracting and finance.

Commissioners have been encouraged by the level of partnership working that has obviously gone in to the bid preparation by SECAmb and IC24. Moreover, it is encouraging to see how

positively both parties have responded to the immediate conditions prior to the contract being formally awarded.

For the NHS111 / CAS procurement and mobilisation, the programme has also been required to go through a NHS England checkpoint process. NHSE have stated that the evidence required 'has been received and are pleased to note the clear governance and project management procedures in place" and have "received assurance from the CCGs that due process has been followed with their procurement partners so far in relation to this procurement".

As incumbents, the risk around exiting an integral component of the Urgent and Emergency Care pathway in Kent and Medway is reduced enabling stability during the winter period and potentially EU Exit. The ongoing CAS transformation currently underway with SECAmb on their interim contract will bring forward the delivery of some of the benefits of the CAS and will support winter pressures this year.

Current Performance Concerns

There are concerns across the county about SECAmb's performance, particularly around 999.

The new CQC rating for SECAmb was announced on the 15 August 2019. This has shown the Trust moving from Special Measures to "Good" for 999 and retaining "Good" for 111 and demonstrates the level of commitment, development, improvement and growth of the Ambulance Trust to address the organisation's previous issues.

There is demonstrated energy and positivity by the organisation to ensure that they successfully deliver the 111/CAS service across Kent and Medway which is compounded by their CQC achievement. This is strengthened by working in partnership with IC24 who is an experienced 111/CAS service provider both in East Kent and other areas of the country whose 111 performance is currently the best in the country. Both organisations have extensive experience in urgent and emergency care and collectively they have the ability to fully integrate 111 and 999 through a technical solution which will ensure that patients contacting 111 and 999 are connected with the most appropriate service/clinician for their clinical need outside of a hospital setting. This will ultimately result in an improved patient experience by integrating and enabling full integration and access of the Urgent and Emergency Care system and reducing pressure in other parts of the pathway.

Mobilisation and next steps

Mobilisation commenced in early September 2019 with the Joint Mobilisation Committee overseeing the mobilisation of the service up until the 1 April 2019 and will continue to have oversight of the service for at least the first six months following GoLive. This senior level scrutiny by the delegated Governing Bodies ensures a robust approach to mobilisation and contract management of the 111/CAS service.

Item 10: NHS Winter Planning 2019/20

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: NHS Winter Planning 2019/20

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

It provides background information which may prove useful to Members.

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1) Introduction

a) NHS England and NHS Improvement – South East and the Kent and Medway STP have been asked to provide an overview of preparations for 2019/20 winter period.

2) Recommendation

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

Background Documents

None

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Item 11: Re-commissioning of Special Care Adult and Paediatric Dental Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Re-Commissioning of Special Care Adult and Paediatric Dental Services (written update)

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

It provides background information which may prove useful to Members.

---

1) Introduction

a) Special Care Adult and Paediatric Dental Services, often referred to as Community Dental Services, include a range of dental services for those unable to get to their dental practice because of a disability or medical condition.

b) NHS England South East is responsible for commissioning the service locally.

2) Re-commissioning of service

a) The current contract covering the South East is due to end on 31 March 2021, and NHS England South East have therefore begun the re-commissioning process.

b) As well as a needs assessment carried out by Public Health England, the NHS contacted stakeholders during July asking for their feedback on the draft service specification and ran a series of market engagement events.

c) The papers provided for this meeting will update the Committee on the initial feedback along with any changes to the draft service specification.

d) Although this is a written update, NHS colleagues would welcome any feedback on what should be considered as part of the procurement. A specific request is also made in the papers from the NHS for any views from Members as to the proposed locations of services (letter dated 4 July 2019).

3) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

None

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Update for Kent Health Overview and Scrutiny Committee on NHS dental services

Background regarding the commissioning of dental services

NHS England holds contracts with dental care providers on behalf of the NHS, as part of its responsibilities for the commissioning and oversight of all NHS dental services (including general dental services, sedation services, community dental services and secondary care (hospital) dental services). General dental services, sedation services and specialist community dental services are commissioned in line with national regulations, with dental providers commissioned to deliver care and treatment as measured by units of dental activity.

About the services

Special Care Adult and Paediatric dental services (often known as community dental services) include a wide range of services provided for both children and adults unable to attend general dental services due to additional needs, for example those relating to physical or learning disabilities, or where they have a need for enhanced support to receive treatment.

Services are provided to patient groups with a variety of needs, some of the key groups are: adults and children with learning disabilities; those with physical or sensory disabilities; with complex medical problems: where patients need dentistry in their homes; where patients need general anaesthetic; and children in the care of social services or with complex social problems.

Recommissioning of Special Care Adult and Paediatric Dental Services

Contracts to deliver special care adult and paediatric dental services in the South East, including Kent, are due to come to an end in March 2021.

NHS England will shortly be commencing a procurement process to award new contracts to provide these services and are keen to ensure that the views of patients, the public, stakeholders and the profession are taken into account as part of this process to ensure services best meet the needs of patients within available funds.

Engagement and needs assessment

We worked with Public Health England to carry out a dental needs assessment to ascertain where there is the greatest need for these services.

We have also engaged with stakeholders, the public, patients and the dental profession to get their views which we will consider in finalising details of the procurement.

This engagement has included:

- **Workforce survey** – feedback from existing special care dental adult and paediatric dental staff

- **General dental practitioners** – feedback on how general dentists work with special care dental providers including views on any services which might better be provided in a general dental setting instead of by special care dental services
- **Market engagement events** – we held a number of events to engage with the market to ensure the services procured are sustainable and meet the needs of the population
- **Public feedback –** Public Health England worked with the Health and Wellbeing Alliance to gain the views of a wide range of groups representing the public
- **Patient feedback –** we gained the views of patients through an online survey and by providing easy read surveys in waiting rooms of existing special care and paediatric dental providers
- **Stakeholders –** we wrote to local stakeholders to advise them of the proposed procurement and ask for their views

We are in the process of working through this feedback and looking at any changes to make to the planned procurement as a result. **For Kent there are no proposed changes to the locations or service that is currently delivered.**

The **only proposed change is to improve services for patients by asking for appointments to be made available outside of the current weekday daytime hours.**

Timing

It has not been determined whether a formal procurement is required as there is a limited market of providers that are able to deliver this service. If formal procurement is required we are aiming to publish the Invitation to Tender in the winter of 2019 and award contracts in the summer of 2020 with new services in place from April 2021.

Additional Information on general dental services

NHS England is also currently in the process of recommissioning mandatory dental service contracts in Kent, Surrey and Sussex. These are to replace services where contracts have been terminated as well as where we have released funding from under-performing contracts to enable us to commission additional general dental services in the areas of greatest need.

A needs assessment was carried out which identified that Thanet was an area of need and that Margate was the area of greatest need within Thanet; however Thanet became an area of need due to a practice closure at Church Hill in Ramsgate in March 2018. Patients have since accessed care from other practices, either in Ramsgate or neighbouring areas.

We are particularly **keen to have the committee's views on whether to commission a new contract in Ramsgate to replace the March 2018 contract closure at Church Hill or to site the new contract in Margate which has been identified as having a slightly greater need through the needs assessment.**

The draft lot data sheet giving further information on this area is attached for your consideration together with the data that was used to identify the areas of greatest need to commission mandatory dental services across Kent, Surrey and Sussex.

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NHS England South (South East)

Wharf House
Medway Wharf Road
Tonbridge
Kent
TN9 1RE

england.southeastdentalfeedback@nhs.net

2 July 2019

Dear Stakeholder,

Re-commissioning of Special Care Adult and Paediatric Dental Services

NHS England South East is currently in the planning stages of re-commissioning of Special Care Adult and Paediatric Dentistry services, sometimes known as Community Dental Services, as the current contracts to provide these services in the South East and Dorset are due to come to an end on 31st March 2021.

As part of this process we are gaining feedback on the services currently provided to assess if this is the best way of providing them or if they could be delivered in a different way which would be better for patients. We are developing a service specification for the new contracts and will be considering feedback from the profession, stakeholders, patients and the public when doing this.

About the services

Special Care Adult and Paediatric Dental Services (often known as Community Dental Services) include a wide range of services provided for both children and adults unable to attend general dental services due to additional needs, for example, those relating to physical or learning disabilities, or where they have a need for enhanced support to receive treatment.

Services are provided to patient groups with a variety of needs, some of the key groups are: adults and children with learning disabilities; those with physical or sensory disabilities; with complex medical problems: where patients need dentistry in their homes; where patients need general anaesthetic or sedation; obese adults requiring a bariatric chair for treatment and children in the care of social services or with complex social problems.

Service needs assessment

Public Health England has carried out a service needs assessment to identify existing need for the services, as well as gaining feedback on potential enablers and barriers to accessing care from organisations advocating for and supporting groups of people with additional needs. We will be using this information along with patient and stakeholder feedback to influence design of future services.

Your feedback

We would be grateful for any feedback you have on these services which will then be considered alongside views from patients, the public and the dental profession to help to inform the new contracts. Please find attached a copy of the draft service specification for information.

Please can you send your feedback to england.southeastdentalfeedback@nhs.net **by 2 August 2019.**

We are also engaging with the dental profession and local commissioners to gain their views through a series of market engagement workshops on 15, 16 and 17 July 2019. More information is available on the government contracts finder website. You are welcome to attend one of these workshops, if you would like to do so please email us on england.southeastdentalfeedback@nhs.net including 'market engagement' in the subject header.

Thank you in advance for your feedback.

Yours sincerely

Sarah Macdonald

Director of Primary Care and Public Health Commissioning

NHS England and NHS Improvement South East

Primary Care Commissioning
NHS England South East (Kent, Surrey & Sussex)

Wharf House
Medway Wharf Road
Tonbridge
Kent TN9 1RE

4 July 2019

Dear Colleague,

Re: General dental services procurement

We would welcome your thoughts and feedback on the proposed procurement of some new contracts to provide general dental services in Kent.

NHS England is responsible for buying general dental services. Funding for these is set for existing contracts with no additional funding available.

Some dentists in the Kent, Surrey and Sussex areas have recently ended their contracts. We have also identified some underperforming contracts and are working to release funding from these contracts, as well as using funding where contracts have ended, to procure additional dental services in the areas of greatest need.

Working with Public Health England, we have carried out a dental needs assessment to identify where there is the greatest need for general dental services. We have used this information to develop proposals for new contracts to be procured in Kent, Surrey and Sussex.

Contracts provide a number of ‘units of dental activity’ or UDAs with 21,000 UDAs representing a full contract. In some areas we are planning to procure additional UDAs which will not constitute a full contract but would equate to part of a standard contract, this might be delivered on a part-time basis or as an addition to an existing contract.

Please see attached the locations and size of contracts which we are proposing to commission in Kent as well as a summary of the dental needs assessment.

The contracts commissioned will be in addition to current services with no changes planned to existing dental provision. The procurement will take place on a rolling basis with the first of these new contracts starting from April 2020.

We would like to hear your views about the proposed locations of the services as well as any other feedback you have. In particular we would like views on whether you would prefer a contract for Thanet to be based in Ramsgate or Margate and any reasons behind this.

Please could you let us have any feedback at england.southeastdental@nhs.net by **Monday 29th July 2019.**

If you have any questions or would like any further information about the procurement, please contact our local dental team on the above email address.

Yours sincerely

Sarah Macdonald

Director of Primary Care and Public Health Commissioning

NHS England and NHS Improvement South East

Appendix A

Kent general dental services procurement proposed lots

Location	Contract size (units of dental activity)
Canterbury	7,000
Dartford, Fleet Downs Ward	21,000
Aylesham	7,000
Deal	3,500
Dover	7,000
Sandwich	7,000
Sevenoaks, TN13 3PG	21,000
Sevenoaks town centre	3,500
Sevenoaks town centre	3,500
Faversham	21,000
Faversham	3,500
Minster	21,000
Sheerness	7,000
Sittingbourne	7,000
Ramsgate or Margate	21,000

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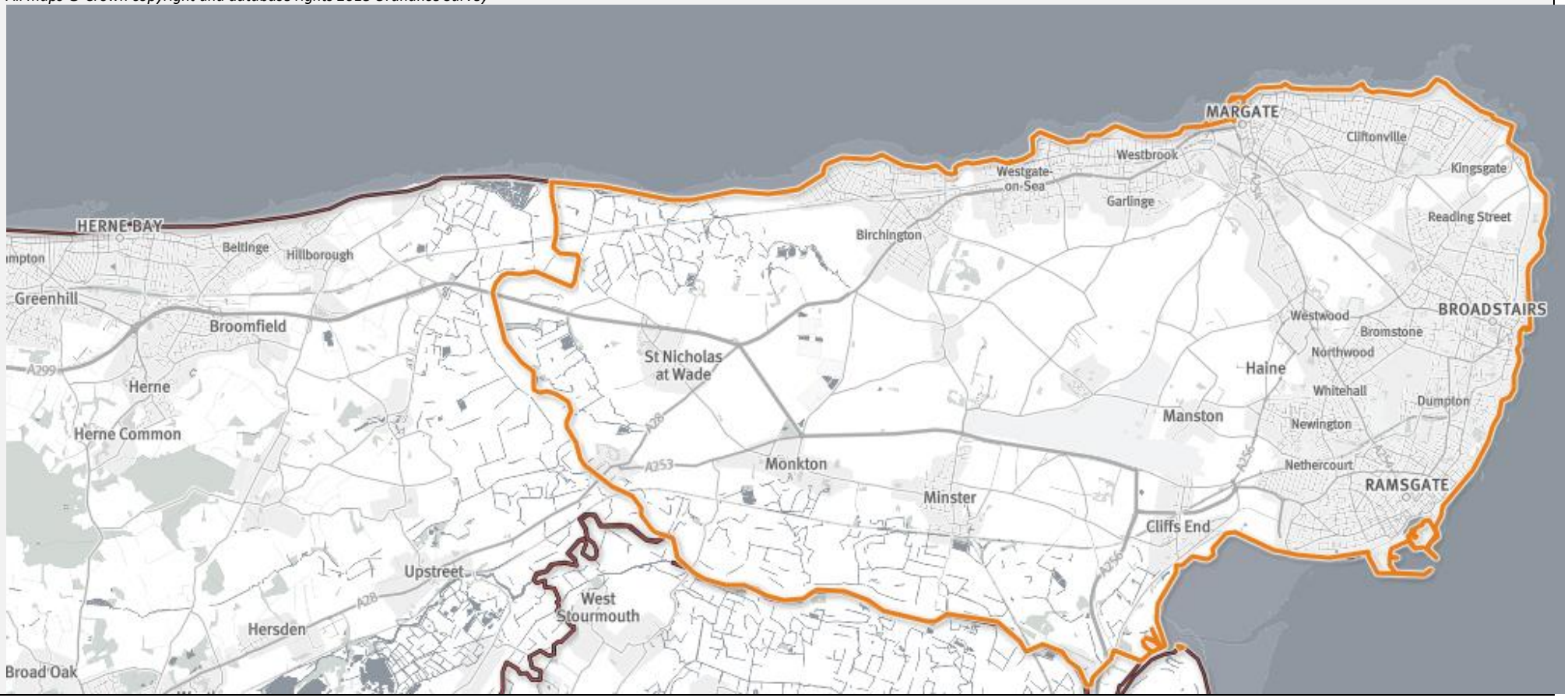
NHS England and NHS Improvement - South East (Kent, Surrey and Sussex)

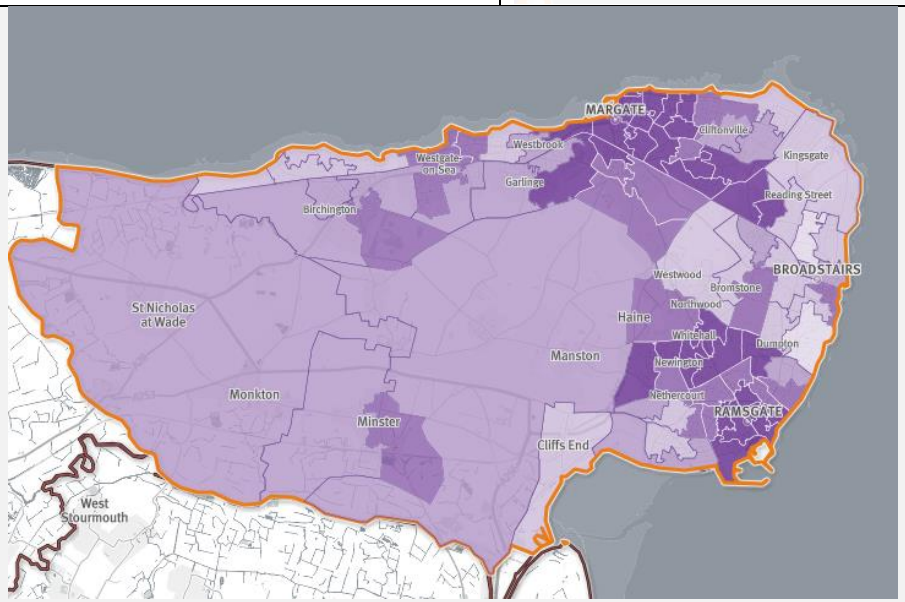
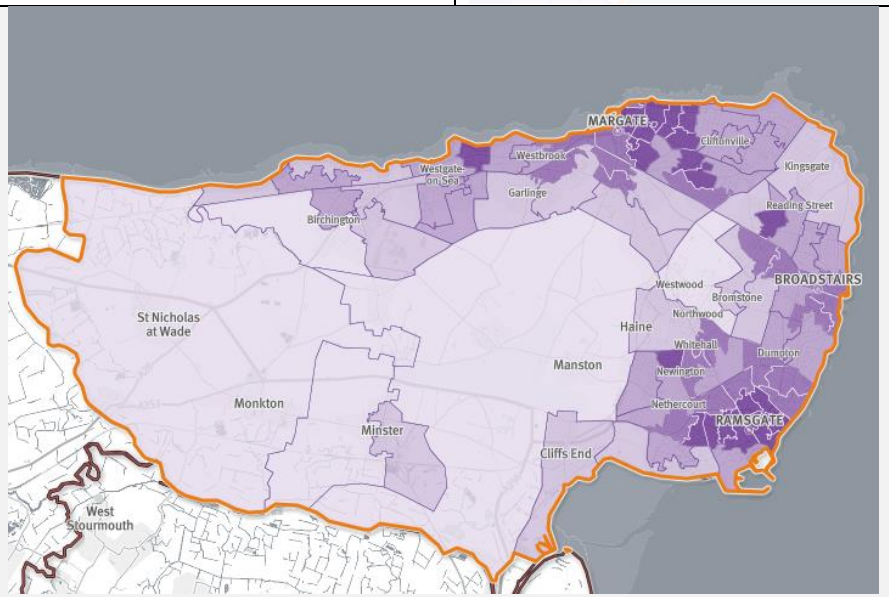
Mandatory Dental Services Procurement: Proposed Lot Profiles

Lot ID:		**Planning Area: Thanet**	
Lot Volume:	21,000	Total contracted UDA (2018/19):	202,800
Population Size, all ages, mid 2016 (ONS Estimates):	140,652	UDAs per person (total contracted UDAs/population):	1.4
% of children using GDS (Feb 2016 – Jan 2018):	61.8 %	Estimated GDS Annual Need (UDAs):	8,178
% of adults using GDS (Feb 2016 – Jan 2018):	53.3 %	Proposed number of UDAs to be commissioned:	21,000

Proposed Commissioning Intentions

1 Contract of 21,000 UDAs in Margate or Ramsgate – **this particular Lot**.



Index of Multiple Deprivation (IMD) 2015	Key Values for LSOAs within the selected boundary are shown. The colours represent the quintiles: 33.89 to 92.6 21.44 to 33.88 13.93 to 21.43 8.38 to 13.92 0.48 to 8.37	Population density Mid 2017 Total area 133.26 km²	Key Values for LSOAs within the selected boundary are shown. The colours represent the quintiles: 4,924.52 to 76,472.35 people/km² 3,264.35 to 4,924.51 people/km² 1,921.3 to 3,264.34 people/km² 549.15 to 1,921.29 people/km² 1.69 to 549.14 people/km²
			

Local Summary

Thanet's Index of Multiple Deprivation average score is 31.62 compared to England mean of 21.67.
There are 13 NHS dental contracts in Thanet including 1xIMOS (Ramsgate), 1xIMOS under sedation (Ramsgate) and 1x sedation (Ramsgate). In addition there are 3 CDS sites in Broadstairs, Ramsgate and Margate.
Thanet is the second most deprived Local Authority in KSS and is in the lower third for uptake of NHS dentistry for children, it is also in the upper third local authorities where children and adults are traveling most to see an NHS dentist. In 2018 there was a significant reduction in the number of contracted UDAs (the total number of UDAs dropped by 11.9%) due to practice closures and contract reductions[1].
Stakeholders are asked to advise whether Margate or Ramsgate should be chosen for the location of this contract. The methodology has shown that Margate is overall higher for deprivation, population density and access to an NHS dentist, however Ramsgate has recently suffered a high profile practice closure therefore it may be preferable to site this contract there.

[1] GDS OHNA – Executive Summary table Page4/5

Item 12: Strategic Commissioner Update – Development of a single NHS Clinical Commissioning Group for Kent and Medway (written update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Strategic Commissioner Update – Development of a single NHS Clinical Commissioning Group for Kent and Medway (written update)

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

It provides background information which may prove useful to Members.

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

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1) Introduction

a) Since January 2018, HOSC has received updates from the Kent and Medway STP about the establishment of a single Clinical Commissioning Group (CCG) with a single accountable officer for Kent and Medway.

b) At its meeting on 23 November 2018, the Committee were informed that the move to a single Strategic Commissioner would need to be authorised by NHS England.

c) At its meeting on 23 November 2018, the Committee made 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) The Committee is invited to note the attached written update from Glenn Douglas, Accountable Officer for Kent and Medway CCGs. The Kent and Medway STP is scheduled to return to HOSC in January 2020.

2) Recommendation

RECOMMENDED that the Committee note the report and request the Kent and Medway STP to return in the new year with an update.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (23/11/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (26/01/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4

Contact Details

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 SEPTEMBER 2019

DEVELOPMENT OF SINGLE KENT AND MEDWAY CLINICAL COMMISSIONING GROUP

Report from: Glenn Douglas, Accountable Officer Kent and Medway CCGs

Author: Simon Perks. Director of System Transformation Kent and Medway STP

Summary

At its meeting in June 2019, the HOSC received a briefing on the proposed development of an integrated care system across Kent and Medway. In particular, the meeting was informed about the proposed establishment of:

- An Integrated Care System (ICS) fully operating across Kent and Medway from April 2021
- A single CCG operating at a Kent and Medway level from April 2020 (formed through the merger of the existing eight CCGs)
- Integrated Care Partnerships, operating across local geographies of circa 250,000 to 500,000 resident population
- GP-led Primary Care Networks (PCNs), serving a registered population of circa 30,000 to 50,000, acting as the provider and delivery vehicle for local care.

This briefing provides a high level summary of the work to date in establishing these arrangements, and in particular the development of a single CCG.

RECOMMENDED that the Committee note the report and request the Kent and Medway STP to return in the new year with an update.

1. Policy Framework and Background

1.3 The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established across the country by April 2021. These will be based on existing Sustainability and Transformation Partnership (STP) footprints, with the driver and intended benefits being the refocus of commissioning and care provision on population health needs and addressing health inequalities (unacceptable differences in health and life expectancy for some communities compared to others).

1.4 The national Plan is clear that each Integrated Care System will need streamlined commissioning arrangements to enable a consistent set of decisions to be made at system level. This will involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that

support care providers (through integrated care partnerships) to partner with other local organisations to deliver population health, local service redesign and implement the requirements of the Long Term Plan.

1.5 In Kent and Medway, work along the lines of the Long Term Plan has been underway for many months. We recognise that whilst Kent and Medway has many achievements to be proud of over the past six years and previously, there are a number of ongoing core issues that our current commissioning groups have not been able to address and which have impacted negatively on care and outcomes. These include:

- non delivery of key access and care standards, including for cancer, diagnostics and emergency care
- fragmented provision across a number of services, most notably children's services
- chronic workforce issues in many areas and particularly within primary care
- inefficient service provision, resulting in less than optimum patient experience/outcomes and unsustainable recurrent financial problems across much of Kent and Medway
- prevention not being consistently prioritised.

1.6 These are not just challenges for us: the need to improve population health and wellbeing, patient experience and quality of care, and to make best use of NHS resources (staff, funding and buildings) was set out in the Five Year Forward View and has formed the basis for the work of all NHS organisations and for sustainability and transformation partnerships ever since.

1.7 As a result system leaders in Kent and Medway have been developing plans for an integrated care system to address these issues through:

- reduced duplication of management and clinical effort, enabling reinvestment of resource in to the development and delivery of local care
- consistent outcomes being set at a 'system' level to reduce health inequalities, whilst enabling local partnerships greater freedom to decide how they develop and offer care to meet these outcomes
- accelerated decision making and a more collective and responsive approach to addressing major challenges across Kent and Medway and reducing inequity of care
- less competition and greater collaboration between partners
- reinvigorated primary care services working as equals alongside the larger local providers.

1.8 Through the STP Programme Board, local leaders commissioned the development of a System Transformation Programme Initiation Document (PID). The PID outlines the initial case for change and governance framework required to deliver the various programmes of work to implement an integrated care system by April 2021. Noting that the PID is a dynamic document that will evolve over a period of time, the Programme Board approved the first version of the PID in June 2019. This is now being approved by the constituent partners.

1.9 As the PID makes clear, we firmly believe that developing a single CCG as part of a new Kent and Medway integrated care system is a real opportunity for us to achieve commissioning at scale by knowledgeable local clinicians from across the patch, backed up by local service design and delivery, by partnerships focused on patient needs. A Kent and Medway CCG will enable us to:

- overcome the fragmentation that undermines our current effectiveness
- offer consistent support to the new primary care networks enabling them to develop rapidly everywhere in Kent and Medway to play their full part in the new health and care system
- better develop the pipeline and mix of staff that the NHS needs, including new roles to extend the care available to support people's mental and physical health and wellbeing through primary care networks, providing a much more holistic approach
- describe the needs of our whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations
- strengthen the focus on righting health inequalities
- take on some of the assurance and regulatory functions currently delivered by NHS England and NHS Improvement.

1.10 Kent County Council is actively involved in the system transformation work at a number of levels, including membership of the following key oversight and management groups:

- STP Programme Board
- STP Non-Executive Directors Oversight Group
- System Transformation Executive Board
- System Commissioner Governance Oversight Group
- Kent and Medway STP Clinical and Professional Board
- The four Integrated Care Partnership Boards

2 Update on System Transformation Developments

2.3 Following the June meeting of the HOSC key milestones were noted as part of the next steps:

2.3.1 ***Ongoing engagement with the members of the CCGs to agree to progress actions to move to a single CCG***:

The proposal to merge the existing CCGs in to a Kent and Medway system commissioner (alongside the establishment of local integrated care partnerships and primary care networks), is being led and driven by the eight CCG GP clinical chairs. In turn the clinical chairs are having considerable discussions with their respective GP *memberships across Kent and Medway and with the Local Medical Committee (LMC).*

A number of meetings have already taken place with GPs regarding proposals to develop a single CCG by April 2020 and feedback from these discussions is helping shape and refine the proposals. Examples include ensuring the 'golden-thread' of GP clinical leadership is apparent across all levels of the new care system; having GP representation on the CCG Governing Body from each of the current constituent areas; and ensuring there is an effective and clear engagement framework whereby local issues and concerns can be played in to local and system wide governance processes.

A further example is our commitment to ensure that current primary care commissioning/customer care teams remain locally focused and contactable.

GPs are also represented, and co-chair, the Kent and Medway Clinical and Professional Board and the Primary Care Board. The former is expected to become the quasi 'clinical cabinet' of the proposed new CCG, ensuring further clinical and professional representation and input in to the statutory health commissioning organisation.

Each of the CCG Governing Bodies and GP memberships will be asked to vote on the proposal to merge the CCGs to form a single Kent and Medway CCG prior to the formal application being made to NHS England by 30 September 2019.

2.3.2 ***Support and development of Primary Care Networks to ensure readiness for funding and emerging functions in 2019/20****:*

The 42 Primary Care Networks across Kent and Medway have been formally registered. Each network has appointed a local GP clinical director.

Primary Care Networks are groups of practices working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area to deliver proactive,

personalised, coordinated and more integrated health and social care. They typically cover populations of 30,000 to 50,000 registered patients to best meet the needs of local neighbourhoods.

Networks went live from 1 July 2019 and they are now providing extended access to primary care services through this joint partnership working. Networks will be expected to take on additional local care services as they become fully established over the coming months and work as part of the emerging local Integrated Care Partnerships. As part of this there is recognition that a significant programme of support and development will be required to ensure each network is able to take on these responsibilities and work to reinvigorate primary care across the system.

2.3.3 ***Provider led development of the Integrated Care Partnerships****:*

Four Integrated Care Partnerships have now been confirmed which between them cover the whole of Kent and Medway: Medway and Swale ICP, East Kent ICP, West Kent ICP, and Dartford, Gravesham and Swanley ICP. Medway and Swale ICP will cover the whole of the existing Medway and Swale CCG areas.

Integrated care partnerships will be provider led collaboratives, including primary care and voluntary sector organisations, each operating across a population of around 250,000 to 500,000. This is a fundamental shift from the competitive internal market that has existed in the NHS for almost 30 years. ICPs will hold a single contract with the Kent and Medway CCG and will decide collectively how services are to be developed and provided to meet the outcomes set by the CCG. Importantly, this will include determining the service offer for preventative, well-being and local care services. ICPs will need to be fully authorised by the CCG before they can hold a contract.

It is expected that ICPs will become fully established across Kent and Medway from April 2021. In the period April 2020 to April 2021, it is planned that the Kent and Medway CCG will retain all of the existing CCG responsibilities, with the majority of CCG commissioning staff remaining in their current portfolio areas. However, during the year it is expected that staff and functions will start to work in shadow ICP and PCN form, ultimately with staff transferring to the new arrangements by April 2021. This will leave the single CCG to focus on its strategic and ‘at-scale’ commissioning responsibilities.

Whilst the ICPs are in their early stages of development, good progress is already being made and Kent County Council is actively involved in the ICPs leadership boards and working groups.

2.3.4 ***Submission to NHS England in June to establish and operate as a System Commissioner and Integrated Care System from April 2020***

Further national guidance has been received from NHS England on the timetable for application for CCG merger:

- 30 September deadline for CCG's to apply for merger
- October 2019 – Regional review panel to review application
- November 2019 – National review panel to review regional recommendation and determine approval or refusal (notification to CCGs is expected by 30 November 2019)
- April 2020 – Merger of CCGs and formal establishment of single CCG for Kent and Medway
- April 2021 – national expectation that all areas of the country will be functioning as integrated care systems with ICPs operating.

2.3.5 ***Continue exploratory discussions with local authorities on the alignment and integration of health and social care commissioning.***

Kent County Council, along with Medway Council, is actively involved in the system transformation programme. Discussions are ongoing regarding current and future commissioning arrangements, building on the solid arrangements already in place within Kent.

3 Risk management

3.1 There is a full risk management framework in place for the system transformation programme. Risks are proactively managed through the overall risk register and each of the programme risk registers, and reported through the governance framework to the STP Programme Board as required.

Current material risks relate to: ensuring sufficient resourcing of the programmes alongside delivering business as usual; securing the CCG Governing Bodies and GP Membership approvals to apply for merger; ensuring effective support arrangements are in place to enable ICPs and PCNs to fully establish themselves; and ensuring ongoing and effective engagement with the various stakeholders across Kent and Medway.

4 Engagement

4.1 As part of our application, we are required to evidence how we have effectively engaged and discussed our proposals with a range of stakeholders, including the public and Healthwatch. We also need to evidence how we have taken their comments on board as part of our proposals.

4.2 In June we published the Programme Initiation Document (PID) as outlined above and this is being considered at public board meetings across Kent and Medway. In addition, we have produced a public summary of the PID along with frequently asked questions, and a supporting presentation to engage with patients, public and hard to reach groups. We have run an on-line survey which asked the public for their views and comments. These are currently being analysed and have been used to refine our proposals prior to going to Governing Bodies in September.

4.3 We have worked closely with our Kent and Medway STP Patient and Public Participation Group (PPAG), which has been supporting us to engage with members of the public and giving us their feedback.

4.4 As part of our on-going plan to engage with stakeholders on the proposal for a single CCG, we plan to publish our case for change over the coming weeks. This will outline the challenges facing the health and wellbeing of people across Kent and Medway, how we plan to address these and the associated benefits to patients, staff and other stakeholders in developing an integrated care system and single CCG across Kent and Medway.

4.5 We have written to all key stakeholders including local MPs and local and district councils, copy of letter dated 29 July to Kent County Council attached (appendix 1).

Links to the Long Term Plan

4.6 In response to the Long Term Plan and to support the development of our local five year plan of which system transformation is a clear part of, we are also engaging on a number of priorities where the public can have their say to help shape our future plans. For example, we know we need to improve children's services across Kent and Medway and in particular the equity of care received; something we believe could best be supported by a single commissioner. We have worked with Healthwatch Kent and Healthwatch Medway to speak to children, young people, parents and families and are currently expanding on this work with the development of surveys and other engagement activity.

4.7 The plan will be a continuation of our work to date and support the move towards becoming an integrated care system. It will be a shared plan between the NHS and local authorities and will reflect the commitment in Kent and Medway to join up public health, health and social care services to improve the health and wellbeing of the population.

4.8 It will cover delivering a new service model for the 21st century; increasing the focus on population health and becoming an integrated care system; prevention; further progress on care quality and outcomes; giving our staff the backing they need; delivering digitally enabled care; and using taxpayer's investment to maximum effect. Within sections on prevention, care quality and outcomes we will cover: improving performance on waiting times for A&E, referral to treatment, and cancer; addressing dementia diagnosis rates; transformation of urgent and emergency care; five year prevention plans on

smoking, alcohol and obesity; and confirming increased investment in mental health for adults and children and young people.

4.9 Throughout the summer, we are running a range of engagement activities to test our thinking and help shape the plan and our local priorities to tackle local health inequalities. We are also reviewing existing patient and public engagement feedback on the key themes of the NHS Long Term Plan, so our plan is aligned to the wealth of local feedback we already have on how health and care services need to improve.

4.10 The first draft of our response to the Long Term Plan will also be submitted to NHS England and NHS Improvement at the end of September, with a final version incorporating their feedback submitted for sign off in November. The plan and an easy read summary will be published following NHS England and NHS Improvement review and approval. Engagement with stakeholders across Kent and Medway will continue beyond the publication of the plan.

5 Financial implications

5.1 There are no financial implications to Kent County Council arising directly from this report.

6 Legal implications

6.1 A number of formal commissioning agreements are held between the Council and the Kent CCGs. Subject to the application to merge being successful, these agreements will need to be reviewed prior to any novation, alteration or cessation.

7 Recommendations

7.1 RECOMMENDED that the Committee note the report and request the Kent and Medway STP to return in the new year with an update.

Lead officer contact

Simon Perks
Director of System Transformation
Kent & Medway STP
Email: simon.perks@nhs.net

Appendices

1. Letter to stakeholders, including Kent County Council, dated 29th July 2019
2. Kent & Medway System Transformation Summary

Transforming health and social care in Kent and Medway

NHS

Via email

Kent and Medway Sustainability and Transformation Partnership
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Kent
ME20 6WT

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Email: mtw-tr.kmstp@nhs.net
Web: www.kentandmedway.nhs.uk

Monday, 29 July 2019

Establishing a single NHS Clinical Commissioning Group for Kent and Medway

Dear colleague,

Further to various meetings and discussions you may have been party to, we would like to update all council leaders and chief executives on our work towards merging the eight clinical commissioning groups (CCG) in Kent and Medway to form a single CCG for the whole area.

The development of a single CCG is part of our work to establish an integrated care system; in line with work happening across the country to deliver the NHS Long Term Plan. This is fundamentally about improving how health and care organisations work together to offer the best support to people living in their area. An integrated care system has three core elements, outlined below and summarised in the attached booklet:

- GP practices working together in networks – called **primary care networks (PCNs)**
- four new **'integrated care partnerships'** across Kent and Medway, drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care
- **a single commissioning organisation for Kent and Medway**, led by local doctors, to take a 'bird's eye view' of health priorities for local people and look at where shared challenges, such as cancer and mental health, should be tackled together.

Our achievements

Since April 2013, when CCGs became responsible for planning and purchasing health services to meet the needs of our local populations, we have seen some real successes across the county which have confirmed the value of clinically-led commissioning:

- far more services provided out of hospital such as geriatrician clinics in Medway, Canterbury, Ashford; diabetes care, prevention and treatment in west Kent and Swale, cataract clinics in Herne Bay, the Healthy New Towns initiative in Ebbsfleet, urgent home visiting service in South Kent Coast, which improve convenience for patients and attendance rates, to name just a few
- the introduction of GP-led multidisciplinary teams working both proactively to manage the health of people with multiple conditions at risk of hospital admission and reactively, to treat them at home whenever possible when they suddenly deteriorate
- high-quality GP services sustained in the face of ongoing challenges with recruitment and retention, with practices supported to work closely together, improving resilience and maintaining services for patients
- redesigned eating disorder services which no longer limit access to those below a certain body mass index, or have an artificial divide between children's and adult services, but instead focus strongly on early intervention for all ages.

Clinical knowledge, expertise and passion were key to driving through these improvements and only GP-led commissioning could have delivered them.

Our frustrations

However at the same time, the configuration of CCGs in Kent and Medway has made it difficult for us to:

- provide the coherent joined-up direction that providers in Kent and Medway need, eliminating confusion and duplication
- deal as effectively as we would wish with issues facing the provider trusts in the county , including performance against constitutional standards, other issues of quality, and overspends, maximising bang for our commissioning buck
- tackle issues affecting the whole population of Kent and Medway, such as cancer and children's services, which need a single approach
- leveraging our collective knowledge, expertise and strength to improve population health and prevent illness, moving to outcomes-based not activity-focused commissioning.

Local focus – primary care networks and integrated care partnerships

We are aware that there may be concerns about a loss of local focus as the eight CCGs come together to form one. However, we believe that the new primary care networks and integrated care partnerships will strengthen the ability of the NHS to design and provide care tailored to the needs of its local communities and through greater partnership working build a more sustainable workforce.

The PCNs will assess unwarranted variations in health within their populations and work within ICPs to address them, ensuring that the focus is always on patient and population needs.

PCNs provide great opportunities for more multi-professional working and access to a wider skill mix to look after patients' medical and non-medical needs. For example, from April 2021, every PCN is expected to have a social prescribing link worker, who will help patients to get the most out of community and voluntary support, reducing the impact of loneliness on their health.

ICPs will bring together PCNs and all the different health and care organisations as the key health and care partnership within a given area, to work as one, agreeing together how services are designed and delivered and funding for their area is spent. They will also take local responsibility for prevention and promoting the health and wellbeing for their populations. They will work for the good of the patient and the population rather than working in silos can happen now.

Outcomes-based commissioning by the single Kent and Medway CCG will enable this. For instance, if the CCG commissions ICPs to improve the proportion of people with severe and enduring mental illness who are in work, one may need to work with the voluntary sector to improve training and job opportunities, another with local councils on housing, and a third with the police on hate crime prevention: each taking the actions required to deliver the outcome for its population.

We are and will continue to engage with patient and public representatives to ensure the voice of the people we serve is clearly heard within the new arrangements.

Benefits of a single CCG

A Kent and Medway CCG will enable us to:

- overcome the fragmentation that undermines our current effectiveness
- offer consistent support to the new primary care networks (PCNs), enabling them to develop rapidly everywhere in Kent and Medway to play their full part in the new health and care system
- better develop the pipeline and mix of staff that the NHS needs, including new roles to extend the care available to support people's mental and physical health and wellbeing through primary care networks, providing a much more holistic approach
- provide authoritative leadership to the new integrated care partnerships (ICPs) and let contracts that are both transformative and deliverable
- describe the needs of our whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations

- strength the focus on righting health inequalities
- take on some of the assurance and regulatory functions currently delivered by NHS England and NHS Improvement.

Best of both worlds

We have heard from some that this is about re-creating structures of the past. That is not so. The very clear gain from the Health and Social Care Act was the introduction of GP-led commissioning. Managers and clinicians working together can do far more than either can do in isolation.

At the same time we need to recognise our limitations and how we can do things better. The proposed changes have been developed by the NHS for the NHS and have their roots in the very clear need for services to be high quality, integrated and sustainable.

We believe that a single commissioner as part of an integrated care system for Kent and Medway will enable us to achieve the best of both worlds: commissioning at scale by knowledgeable local clinicians from across the patch, and local service design and delivery, by partnerships focused on patient needs.

And, while we recognise the initial focus is on establishment of a system commission, we also recognise that the integrated care system is made up of the sum of its parts and equal focus is needed on the other elements.

Therefore, we would welcome the chance to **come and discuss these changes** with your members and seek your views on proposals for a single commissioner, the development of the integrated care system and how you would want to work with the system commissioner as part of a shared leadership model.

In September, we will need to submit our application to NHS England to obtain agreement for creating a single Kent and Medway CCG. We will be including views from stakeholders in the submission and, if you agree, we would like to include a letter of support from your council.

If you have any questions or would like to arrange a meeting to discuss the proposal in more detail, please contact Executive Assistant Mandy Cordwell by emailing mandy.cordwell@nhs.net or call 07920 765700. You can find more information on our website at www.kentandmedway.nhs.uk/ics and a link to the public survey, which is live until 16 August.

Yours faithfully,

Glenn Douglas
Accountable Officer
Kent and Medway CCGs

Ian Ayres
Managing Director
Medway, West and
North Kent CCGs

Caroline Selkirk
Managing Director
East Kent CCGs

Inc: Summary booklet

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Transforming health and social care in Kent and Medway

Kent County Council kent.gov.uk

Medway Serving You

NHS

Helping local people live their best life

Improving health and care in Kent and Medway

Quality of life, quality of care

www.kentandmedway.nhs.uk/ics

Introduction

People in Kent and Medway deserve safe, high-quality health and social care services that are joined-up and meet their needs now and into the future. This will help everyone live their best life, and get great treatment, care and support.

The NHS, social care and public health organisations in Kent and Medway have made progress by working together as the Kent and Medway Sustainability and Transformation Partnership.

We want to improve services for people in Kent and Medway so they:

- are more personalised to them and focused on the various health and care needs of individuals
- help people to stay healthy and, where possible, avoid ill health
- are easier to access, where possible locally in their community and out of hospital.

To do this, we need to change some things about the way we organise ourselves. We believe this will improve care for patients and help us meet rising demand for NHS and social care services.

Where are we starting from?

We have been working together since 2016 and achieved some real successes:

- more GP appointments, available from 8am to 8pm
- a new medical school approved in Canterbury to train NHS staff for the future
- better joined-up care for frail older people, co-ordinated through multi-disciplinary teams
- support in the community to avoid prolonged hospital stays
- joined-up services to help people improve their health with a one-stop service for people who want to lead a healthier lifestyle
- supported 27 local suicide and self-harm prevention projects
- a public consultation and decision to create hyper acute stroke units to save more lives
- a review of health and care services in east Kent which will lead to a public consultation
- we've also been looking at how we can spend money better and we saved £2m in 2017/18, through medicines projects and £1m in pathology
- we secured more than £25million in national funding for schemes including capital, estates and IT, plus support for GPs
- we invested in recruiting and retaining GPs
- Health and social care services worked better together than ever over winter 2018/19
- we've been listening to local people and patients groups; involving them in lots of our work.

We've had a lot of success. But we know there is more we need to do. You have told us health and care organisations need to work more closely together at every level, focusing more on preventing ill-health, to meet your needs and cope with rising demand. So, we're making some changes...

Why do things need to change?

Until people need health and care services, most have no idea how many organisations there are or how complicated it can be to find the person you need to talk to.

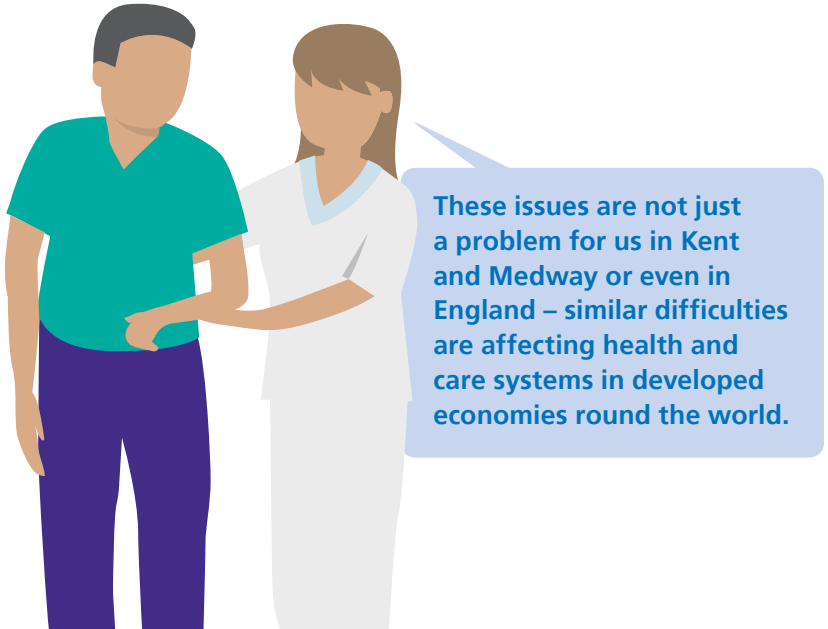
Sometimes services duplicate one another. Sometimes there are gaps which can lead to problems going unrecognised and people missing out on the treatment and support they need.

People who have several health conditions can find that no one sees the whole picture or supports them as a whole.

Different health and care organisations have lots of competing priorities, which can sometimes stop them working together in the wider interest of patients.

And there's no single organisation with an overview of the health needs of the whole of Kent and Medway, backed by the funding to deliver change.

All this means that health and care services are less effective, efficient and patient-centred than they need to be.



Other issues faced by health and care services are:

- population changes – more people need care, and many people living with complex disabilities or health problems need a great deal of care
- the number of people living in Kent and Medway is predicted to rise by 414,000 (almost a quarter) by 2031
- over 528,000 – that's almost one in three – local people live with one or more significant long-term health conditions, including around 12,000 people with dementia
- many people (including children) have poor mental health, often alongside poor physical health
- unacceptable differences in health and life expectancy
- women in the most deprived areas of Thanet live on average 22 years less than those in the least deprived
- if staffing were in line with the national average, there would be 175 more GPs in Kent and Medway. Over half our practice nurses are aged over 50 and could retire within 10 years
- there is a shortage of skilled staff, especially senior hospital doctors, to cover rotas 24 hours a day, seven days a week
- services need to change to reflect advances in medicine and treatment
- modern lifestyles do not make it easy for people to lead healthy lives – which can increase their chances of long-term health problems
- in some parts of Kent and Medway around 25 per cent of people smoke. Around one in 10 adults are obese and more than a quarter don't get enough physical activity
- we need to use our funding wisely and effectively to develop and deliver services that people need both now, and in years to come
- we cannot meet the current and future needs of local people with our existing budgets.

What is the plan?

our local plan

We want to make some organisational changes to enable us to provide better and more joined-up services.

This will see us become an integrated care system, in line with national policy, with:

- GP practices working together in networks – called primary care networks
- four new integrated care partnerships across Kent and Medway, drawing together all the NHS organisations in a given area and working more closely with social care
- a single clinical commissioning group for Kent and Medway, led by local doctors, to take a 'bird's eye view' of health priorities for local people and look at where we can tackle shared challenges together such as cancer and mental health.

This will help us to deliver better care for local people including the commitments set out in the NHS Long Term Plan, published in January 2019.

What difference will it make?

For people living in Kent and Medway it will mean:

- more support to stay fit and well before things become a problem – including active reminders sent direct to you, and clinical initiatives to, for instance, identify people at higher risk of a stroke
- better access to the care you need, when you need it, in a way that suits you – whether that's in the evenings or at weekends, over the phone, by video link or a standard face-to-face appointment, with a physiotherapist, nurse, clinical pharmacist, GP, or support from a non-medical service
- more focus on your physical AND mental health and wellbeing, recognising that people have different personal aims and needs – we'll respond to what matters to you, not the condition or disease that you may have
- more care out of hospital, with staff working together as a single team to plan and support people with complex health and care needs stay as well as possible and get the care they need when they need it
- better identification of the issues that need tackling and a real focus on quality services, wherever they are provided.

For staff it will mean:

- making a bigger difference to local people – something we all strive to do
- higher job satisfaction and better work/life balance with each professional able to focus on what they do best
- greater resilience for teams and individuals supporting each other
- greater influence on how resources are used to best effect for patients.

How our new system will help you live your best life

Everyone involved in health and social care will be working together in different, more joined-up ways. From family doctors, to mental health staff, community teams and our major hospitals, we're going to be pooling our resources, skills and expertise to make care and support better for our residents.

While some of the details of how the new arrangements will work are still being developed, the basics are set out here.

Integrated care system

All organisations in health and social care work together in different, more joined-up ways.

Single clinical commissioning group

Led by doctors and other healthcare professionals and focusing on the health needs of whole population, the commissioning group takes a bird's eye view of the whole system.

Four integrated care partnerships (ICP)

New partnerships drawing together all the NHS organisations in a given area such as hospitals, general practice, community, mental health and social care.

Primary care networks (PCN)

Groups of GP practices will work together with expanded teams to offer you better access and an expanded range of support, quickly when you need it.

Keeping our population in good health

The new system will support 1.8 million people across Kent and Medway to get better joined-up care and to stay well.

Primary care networks

To improve care for patients, GP practices have been working together and with other teams in local networks across Kent and Medway.

This means patients can access a greater variety of services through their GP practice, sometimes needing to visit other surgeries within their network.

On 1 July 2019, groups of GP practices will form primary care networks. Networks, which will generally cover 30,000 to 50,000 people, can employ staff directly. From 1 July, they will all be providing bookable appointments in the evenings and at weekends, and are expected to provide further services over coming months and years. There will be about 42 primary care networks in Kent and Medway, each with an accountable clinical director.

As networks become established, patients will have access to a much wider team of experts. The plan is for there to be 20,000 more staff across the country by 2024, supplementing the care already provided by GP practices. New roles include clinical pharmacists, physician associates, physiotherapists, community paramedics and social prescribing link workers.

This is in addition to the specialist nurses, dementia and mental health workers, health and care co-ordinators and social care staff who will increasingly be working with GP practices in primary care networks as part of larger shared teams. They will plan how to keep people with the highest need well and ensure they get the right care quickly when they need it.

Working together in this way will strengthen GP practices, which are the bedrock of the NHS, and make sure that a wide range of care is available as locally as possible. Over time, primary care networks will be responsible for the majority of care and will provide a local, expert view of the health of their local population.

Dr Faye Hinsley

Dr Faye Hinsley is a GP at Headcorn Surgery in west Kent.

"It will be fantastic to have more health professionals in our team and we will be able to provide services that meet the specific needs of our communities, rather than referring them elsewhere.

"In the first year in particular, introducing clinical pharmacists and social prescribers will make a huge difference to the pressure on our GPs. Pharmacists will be assisting with the medication needs of our patients, which takes up a significant amount of GP time, and our social prescribers will be working to support people who feel socially isolated and help connect them with various existing community projects.

"In time, we will be able to partner directly with mental health support providers so that counselling is easier to access. We will be able to bring in nurses with specialist expertise and create opportunities for integrated volunteer support. In this way, the whole community will be able support the health and wellbeing of children and adults."

It's not always about the GP

Not everyone who phones a GP practice for an appointment needs to see a GP.

About 30 per cent of requests are to do with back, neck or joint pain, which might be better seen by a physiotherapist with enhanced skills who can assess and advise you.

Pharmacists can also provide advice and medication for minor ailments.

You might also be seen by a health care assistant, nurse, or stop stop smoking advisor, for example, depending on what care or advice you need.

The whole you

Sometimes people's health can be best helped by services which are not part of traditional health and social care, such as community groups, or advisors. When GPs or other healthcare professionals refer people to non-medical services, supported by a link worker, this is called 'social prescribing'. It takes care of the whole you.

Integrated care partnerships

One of the common problems people face is dealing with lots of different services provided by different organisations that don't always talk to each other well. It's frustrating for patients, carers and staff, in fact, for all of us.

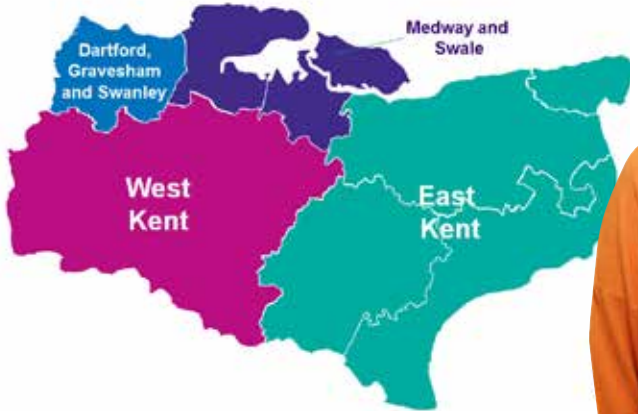
To solve this, we're creating **integrated care partnerships (ICPs)**, bringing together all the different health and care organisations within a given area so they work as one. While each organisation will hold a budget, they will agree together how funding is spent locally. Primary care networks will be a major part of these partnerships and will deliver much of the care, including all the GP services. This is supported by national policy that puts the focus on collaboration and joined-up care.

We're in the early stages of working out what our four integrated care partnership will look like and what their role will be but we expect ICPs to:

- free up staff to work in teams based on skills and patient needs, regardless of who they work for (children and young people, and people with long term conditions particularly benefit)
- help local people to support their health and wellbeing, focusing on the areas with greatest need
- reduce unacceptable differences in health and life expectancy by tailoring help to different communities in the way they need support (such as people with severe and enduring mental illness)
- design and deliver the best services to meet the needs of everyone they serve, within the funding available
- achieve the best value for money.

They also present the opportunity to work more closely with council colleagues whose role in care and preventing ill-health is critical. It's not just about the obvious services – social care, public health – but also the importance of education, planning, housing, environmental health, leisure and more.

We're proposing four integrated care partnerships from April 2020 based on how patients use hospital services: one each for east Kent; Dartford, Gravesham and Swanley; Medway and Swale; and west Kent.



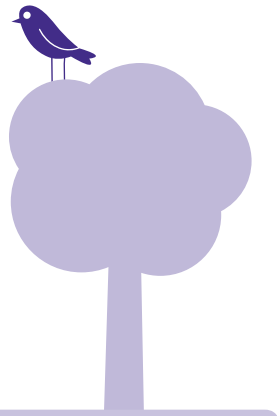
A single clinical commissioning group for Kent and Medway

At the moment, we have eight clinical commissioning groups (CCGs) across Kent and Medway. They are responsible for spending the health budget to meet local people's needs.

This can mean variation in the services provided across the county and the effect on people's health can be different. Sometimes, this is a good thing, because different populations need different services, but it doesn't always work well and it can lead to increases in health inequalities and differences in life expectancy.

With the integrated care partnerships and primary care networks focusing on local populations, GPs leading the eight groups are considering merging the existing clinical commissioning groups to set up a single Kent and Medway CCG to focus on the health, wellbeing and care needs of the whole population.

They would delegate authority to a governing body, which would have GPs on it as well as other health professionals.



A Kent and Medway commissioning organisation would take a bird's eye view of challenges across the county and commission some services such as cancer, mental health, children's services and prevention. It would assess the needs of our population and define what the integrated care partnerships must achieve to meet those needs.

If governing bodies and GP members agree this is the right way forward, we will submit an application to NHS England in September 2019 and aim for the single commissioner to start in April 2020.

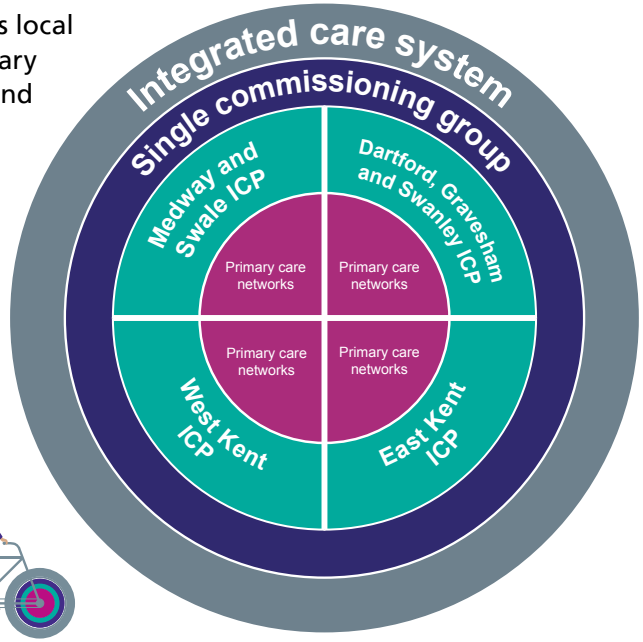
Pages 158

The Kent and Medway integrated care system

The NHS Long Term Plan published in January 2019 set out a clear expectation that integrated care systems (ICS) will cover all areas of England by 2021 and should aim to bring together local health and care organisations to redesign care and improve population health through shared leadership, responsibility and action.

In addition to the elements already described, we expect the Kent and Medway integrated care system to include the following by April 2021:

- a partnership board, representing commissioners and providers from across the health and care spectrum, as well as local government, the voluntary and community sector and other stakeholders
- patient and public representatives so patients help to shape their NHS in the new arrangements
- a clinical and professional board to provide clinical leadership
- formal partnership arrangements with elected members of local authorities through Health and Wellbeing Boards and Health Overview and Scrutiny Committees.



What's next?

Over the coming months we will be:

- continuing to develop our plans for the new system including talking to GPs, staff, patients, local authorities, provider trusts, and our independent patient champions Healthwatch Kent and Healthwatch Medway
- launching our people strategy, which sets out how we will support our existing staff and look at ways to attract more health and care professionals to our area
- publishing a five year plan for our area – paying particular attention to children's services, mental health and cancer
- publishing our primary care strategy – which sets out how we will support GPs across Kent and Medway to become networks of practices.

Towards the end of the year, we plan to publish our response to the Long Term Plan. Our five year plan will set out how to deliver the ambitions of the NHS Long Term Plan in Kent and Medway.

Have your say

While this booklet does not have all the answers, it sets out the reasons behind the plan, some of the intended benefits and what this means for you and our next steps.

We'll keep talking to you, but for now, we'd like to know what you think. Your views will help shape our plans for the future.

1. Have we explained these plans clearly?

- ☐ Yes it's very clear
- ☐ It could be better explained
- ☐ It's fairly clear
- ☐ I don't understand
- ☐ Not sure

2. If it's unclear, what needs explaining better?

3. What benefits do you think the changes will bring?

4. What concerns do you have about the changes?

5. Any ideas, or other comments which could help us, help you?

About you

How would you describe your gender?

Male ☐ Female ☐

Other ☐ Prefer not to say ☐

What is your date of birth?

_____ / _____ / _____

Do you consider yourself to have a disability or long-term health condition?

(e.g. diabetes, asthma, epilepsy, mental health condition)

Yes ☐ No ☐ Prefer not to say ☐

How would you describe your ethnicity?

- ☐ White British
- ☐ White Irish
- ☐ Any other White background (Please specify below)
  - ☐ Mixed White and Black Caribbean
  - ☐ Mixed White and Black African
  - ☐ Mixed White Asian
- ☐ Any other mixed background (Please specify below)
  - ☐ Asian or Asian British Indian
  - ☐ Asian or Asian British Pakistani
  - ☐ Asian or Asian British
  - ☐ Bangladeshi
- ☐ Any other Asian background (Please specify below)
  - ☐ Black or Black British Caribbean
  - ☐ Black or Black British African
  - ☐ Any other Black Background
  - ☐ (Please specify below)
  - ☐ Chinese

Any other ethnic group (please specify)

_____

☐ Prefer not to say

What town/city do you live in?

_____

Send this page to:

Freepost KENT & MEDWAY NHS, New Hythe Lane, Aylesford, Kent ME20 6WT

Alternatively, you can fill in our survey online at www.kentandmedway.nhs.uk/ics or email us at comms.kentandmedway@nhs.net

The deadline for responses is Friday, 16 August.

Frequently asked questions

Does this mean that local practices will close and people will be forced to travel long distances to big 'hubs' to seek advice and care?

No, the idea is that practices will pool resources and by working together they will be able to offer more services and facilities. You might need to travel to a different practice or facility if you are seeing a doctor in an evening or during a weekend or for a specific clinic or procedure, but you'll have the opportunity to be seen much more quickly and by the right clinician for you. Everyone is different, but we believe that what patients value most highly is quick and stress-free access to care at a time that suits them.

How will ICPs work across Kent and Medway?

ICPs are alliances of health and care organisations who will work together to deliver care by collaborating within a defined geographical area. Locally serving between 250,000 and 700,000 people, ICPs will spearhead the drive to reduce health inequalities, put prevention to the fore, design and deliver care that meet patient needs and adhere to best practice standards, and get best value for money from the available budget.

Our clinical commissioning group governing bodies and trust boards will be looking at proposals to establish four ICPs covering West Kent, Dartford, Gravesham and Swanley, Medway and Swale, and East Kent incorporating commissioners and provider organisations to develop and deliver services.

When will the ICS come into being?

We will be working as an ICS by April 2021 although we anticipate much closer working across the health and care system in advance of that date, with a single CCG being established as part of this from April 2020.

You can read more frequently asked questions on our website at www.kentandmedway.nhs.uk/ics

Published June 2019
25.06.19

Our vision is for everyone in Kent and Medway to have a great quality of life by giving them high-quality care.

Quality of life, quality of care

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If you would like this booklet in a different format, please phone 01622 211940 or contact us using the details on page 18.

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Item 13: Draft Work Programme 2019 - 2020

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 September 2019

Subject: Draft Work Programme 2019 - 2020

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

Contact Details

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Draft Work Programme

Health Overview and Scrutiny Committee

Item	Objective
26 November 2019	
Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service	*For information and Review* – to receive an update from the CCG, including data around disparity.
CCG Annual Assessment (written update)	*For Information and Review* - to receive a written report on the CCG Annual Assessment as part of the annual return.
Dermatology Services Procurement	*For information and Review* – to receive an update from the CCG.
Urgent Care Review Programme - DGS CCG	*For information and Review* – to receive an update from the CCG.
The Maidstone and Tunbridge Wells Stroke Service	*For information and Review* – to receive an update from the Trust.
29 January 2019	
Strategic Commissioner Update	*For Information and Review* - To receive an update from the Commissioner on developments within the STP and integrated care partnerships
Kent and Medway STP – Publication of the Primary Care strategy	*For Information and Review*
Wheelchair Services	*For Information and Review*

To be scheduled:

- *Kent and Medway NHS and Social Care Partnership Trust (KMPT) – Update* (Members requested an update be received at the “appropriate time” during their meeting on 1 March 2019).
- *Health and Wellbeing Annual Report*
- *South East Coast Ambulance Service update*
- *East Kent CCGs – Special Measures*
- *East Kent Transformation (including A&E reconfiguration)*
- *East Kent Orthopaedic services*