

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 27th January, 2021

10.00 am

Online





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Wednesday, 27th January, 2021, at 10.00 am
Online**

Ask for: **Kay Goldsmith**

Telephone: **03000 416512**

Membership

Conservative (11): Mr P Bartlett (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, Mr K Pugh (Vice-Chairman), Mr D L Brazier, Mr A R Hills and Mr M A C Balfour (Substitute)

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

UNRESTRICTED ITEMS

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

Item	Timings*
1. Apologies and substitutes	10:00
2. Declarations of Interests by Members in items on the Agenda for this meeting.	
3. Minutes from the meeting held on 24 November 2020 (Pages 1 - 10)	
4. Covid-19 and winter response 2020-21 - Update (Pages 11 - 18)	10:05
5. Dermatology Services Update (Pages 19 - 26)	10:40
6. Wheelchair Services Update (Pages 27 - 40)	11:05
7. Work Programme (Pages 41 - 44)	

8. Future meeting dates

Please note the dates and times of the Health Overview and Scrutiny Committee for 2021/22. All meetings will begin at 10am.

- Thursday 4 March 2021 (*previously agreed*)
- Tuesday 8 June 2021 (*previously agreed*)
- Wednesday 21 July 2021
- Thursday 16 September 2021
- Tuesday 23 November 2021

- Wednesday 26 January 2022
- Thursday 3 March 2022
- Tuesday 7 June 2022

9. Date of next programmed meeting – Thursday 4 March 2021

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

19 January 2021

KENT COUNTY COUNCIL**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Online on Tuesday, 24 November 2020.

PRESENT: Mr P Bartlett (Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr D S Daley, Mrs L Game, Mr P W A Lake, Mr K Pugh (Vice-Chairman), Mr D L Brazier, Mr A R Hills, Cllr J Howes, Patricia Rolfe, Cllr S Mochrie-Cox, Cllr K Maskell and Mr M A C Balfour (Substitute)

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS**58. Declarations of Interests by Members in items on the Agenda for this meeting.**

(Item 2)

Mr N J D Chard declared that he was a Director of Engaging Kent.

59. Minutes from the meeting held on 17th September 2020

(Item 3)

It was RESOLVED that the minutes of the meeting held on 17 September 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

60. Healthwatch Kent and Medway - "Pharmacies and Covid: the reality"

(Item 4)

Robbie Goatham, Manager at Healthwatch Kent; Lucie Price, Outcomes Officer at Healthwatch Kent and Shilpa Shah, CEO at Kent Local Pharmacy Committee were in attendance for this item at the invitation of the committee.

1. The recent Healthwatch Kent report called "Pharmacies and Covid: the reality" was appended to the agenda. It outlined the experiences of local community pharmacies during the first wave of the Covid-19 pandemic.
2. Robbie Goatham and Lucie Price gave a verbal overview of the report. The increased pressure on pharmacies in the areas of staffing and finances were highlighted as areas negatively impacted by Covid-19.
3. Shilpa Shah updated the committee on recent developments and trends which had influenced the operations of the pharmacy sector in Kent. She confirmed that issues related to inadequate stock levels of PPE during the first wave had since been resolved and that pharmacies now had access to an emergency PPE portal set up by the Department of Health and Social Care.

4. Mrs Shah noted that a future Covid-19 vaccine had the potential to create challenges to the operating capacity of community pharmacies. It was cited that the total number of pharmacies in Kent had decreased, the delay between spending on pharmaceuticals and remuneration as well as the cost of delivery services were given as contributing factors.
5. Mrs Shah responded to comments and questions from the committee, including the following:-
 - a) Mrs Shah confirmed that central government had reimbursed pharmacies for delivering prescriptions to individuals who had received the NHS England shielding letter during the pandemic;
 - b) asked whether the overall sentiment of community pharmacists in Kent was positive or negative for the future, Mrs Shah affirmed that the outlook was largely negative when possible drug shortages, attributed to the possible effects of Brexit and Covid-19 were considered alongside financial pressures;
 - c) when asked to explain the cause of the recent spike in certain drug prices, Mrs Shah explained that price increases had occurred primarily due to a greater reliance on pharmaceutical imports, as a result of low domestic stock levels in certain areas;
 - d) asked whether electronic prescription systems could be improved to negate issues related to urgent and emergency submissions, Mrs Shah agreed that systems required further development and better communication with health services to improve accessibility and urgent use. She noted further that a greater level of information, training and support for individuals with basic IT skills would be necessary; and
 - e) when asked how a parity of esteem could be raised, so that pharmacies were merited a similar level of public respect as other health services, Mrs Shah commented that raising the profile of community pharmacies would be best served through Parliamentary promotion. Local MPs supporting local services was highlighted in this regard.
6. It was RESOLVED that the Committee:
 - a) note the report;
 - b) support the achievement of community pharmacies during the pandemic and express its appreciation for the work undertaken to keep the residents of Kent safe; and

- c) request a further update on the work of local pharmacies after the roll-out of the NHS 111 First service.

61. Covid-19 response and winter planning 2020-21

(Item 5)

Adam Wickings, Winter Director at Kent & Medway Clinical Commissioning Group; James Lowell, Covid-19 Kent and Medway Restart and Recover Programme Director at Kent & Medway Clinical Commissioning Group and Ray Savage, Strategy and Partnership Manager at SECamb were in attendance for this item at the invitation of the committee.

1. The Kent and Medway CCG had provided reports with updates on capital resource allocation during the Covid-19 pandemic as well as winter system and escalation planning for 2020-21.
2. Adam Wickings provided a verbal overview of the winter system and escalation plan for 2020-21. He outlined the function of his role as Winter Director, the pressures on Trusts across Kent and the separation of Covid and non-Covid beds and services. Mr Wickings emphasised that systems had been implemented to relieve local Trusts which had reached service capacity.
3. The Chair drew the Committee's attention to the agenda report by NHS England regarding the provision of breast screening. He informed the Committee that he had spoken to representatives from NHS England in advance of the meeting. He welcomed the update that cancer screening services had not been negatively affected by the second national lockdown.
4. Mr Wickings responded to comments and questions from the committee, including the following:-
 - a) a Member noted the impact of the pandemic on clinics and services indirectly responding to the Covid-19 pandemic, such as mental health services. Mr Wickings confirmed that clinics and services for patients suffering with long term effects from Covid-19 were being implemented. Mr Wickings noted further that additional investigations into Covid-19's impact on mental health services had been undertaken and that multi-agency cooperation was necessary for any response to the findings;
 - b) a Member made specific reference to a local hospice called Ellenor and asked whether charities (which were providing additional support during the pandemic) had received adequate levels of financial support. Mr Wickings undertook to provide a written update around Ellenor Hospice. On the wider contribution of charities, he informed the Committee that NHS funding routes at that time were unlike anything seen previously, which added complication and was constantly changing. He advised that no

decisions to remove funding from charities had been made, though could not guarantee such decisions would not be made in the future. The Member requested that such funding decisions be included in a future paper to the Committee;

- c) the agenda report included significant detail about various capital investment projects, and a Member questioned how quickly these could be brought forward. Mr Wickings explained that very few will have an immediate impact and the ability of Trusts to undertake the work was heavily curtailed by the pandemic. The CCG continued to monitor what work could begin soon;
- d) when asked what measures had been implemented to reduce the demand on hospitals in Kent, Mr Wickings confirmed that a system was in operation across all Kent and Medway Trusts which allowed hospitals under less pressure to help those under greater pressure. Measures included diverts and sharing staff. Local plans were also in place across the region to help set out how partners can all support the pressurised NHS services. In addition, the NHS had partnered with Kent County Council and Medway Council to provide “Designated Settings” which saw the opening of three covid-positive care homes to enable elderly patients suffering from Covid-19 to leave acute hospitals. Mr Wickings undertook to notify the Committee the location of those care homes; and
- e) a Member asked for more information on Swale rapid response design, and Mr Wickings undertook to provide the information outside of the meeting.

5. It was RESOLVED that the Committee:

- a) note the report; and
- b) request an update on the Covid-19 response and winter response for the 27 January 2021 meeting of the committee.

62. South East Coast Ambulance Service NHS Foundation Trust - provider update
(Item 6)

Ray Savage, Strategy and Partnership Manager at SECAMB and Bethan Eaton-Haskins, Executive Director of Nursing and Quality at SECAMB were in attendance for this item at the invitation of the committee.

- 1. South East Coast Ambulance Service NHS Foundation Trust had provided a report which updated the Committee on service developments since their March 2020 update.

2. Bethan Eaton-Haskins provided a verbal overview of the report and highlighted the launch of 111 First as the foremost service development between March and November 2020.
3. Mrs Eaton-Haskins addressed Covid-19 planning, response and governance. She informed the committee that investments had been made by the Service in reusable PPE, members of staff had been tested twice a week, control room staff capacity had doubled, whilst social distancing had been upheld. She noted that former airline industry employees had been employed as part of the control room expansion and that their customer service expertise had been of great benefit to the service.
4. Mrs Eaton-Haskins reassured the Committee that due to the flexibility and consistency of mobile staff testing, rates of staff illness and total staff hours lost had not been as high as originally anticipated.
5. Mrs Eaton-Haskins and Mr Savage responded to comments and questions from the Committee, including the following:-
 - a) Mrs Eaton-Haskins confirmed that newly hired temporary control room staff were employed under the NHS's national pay system "Agenda for Change";
 - b) Mrs Eaton-Haskins was asked what measures had been put in place to manage and reduce patient waiting times. She confirmed that three task and finish groups met each week to improve processes and act on recent developments; joint reviews in collaboration with Trusts had operated to reduce risk; and harm reviews had been undertaken to analyse the impact of extended waiting times;
 - c) a Member asked where ambulances had been directed in instances where the patient had been Covid positive. Mrs Eaton-Haskins explained that the Trust of destination was dependent on the patient's condition and their needs. It was also noted that patient preferences were taken into account where possible;
 - d) asked what had caused the patient diversion at the Medway Maritime Hospital on 23 November 2020 and the impact of this on patients, Mrs Eaton-Haskins confirmed that the pressure had arisen from high patient admission numbers, which had been resolved with the support of all Trusts across Kent who took additional patients without breaching their own capacity. No negative patient impact as a result of the diversion was noted; and
 - e) regarding the Clinical Assessment Service, the Chair asked for confirmation on the timing of the full roll-out across Kent. Mr Savage confirmed that '111 First' would be active

across Kent from Friday 27 November 2020. He outlined the progress of the go-live programme which began with Medway on 16 September, West Kent on 17 November, Darent Valley on 23 November and would conclude with East Kent on 27 November. Mr Savage detailed the operating procedures undertaken to govern the project and noted that positive results had been received from Medway regarding the impact of '111 First' in the area: 20-23% of patients had been re-directed from the Emergency Department to other appropriate services as a result.

6. The Chair thanked SECamb for their continued work protecting the people of Kent during the pandemic.
7. It was RESOLVED that the report be noted.

63. Children and Young People's Mental Health Service - update

(Item 7)

Karen Benbow, Director of System Commissioning at Kent & Medway Clinical Commissioning Group; Jane O'Rourke, Associate Director, Kent Children's & Maternity Commissioning Team at Kent & Medway Clinical Commissioning Group and Gill Burns, Director, Children's Services at North East London NHS Foundation Trust (NELFT) were in attendance for this item at the invitation of the committee.

1. The Chair began by highlighting the covering report in the agenda, which explained about the closure of Cygnet Hospital, Godden Green. The closure of the tier 4 in-patient mental health unit followed a serious incident which was under investigation by the service commissioner, NHS England. A report would be brought to HOSC for scrutiny once that had concluded.
2. The Kent and Medway CCG had provided a written update on Children and Young People's Mental Health Services, provided by North East London NHS Foundation Trust (NELFT) which encompassed the period April to September 2020.
3. Karen Benbow provided a verbal update and briefed Members on the Kent and Medway CCG's responsibilities in the commissioning arrangement with NELFT.
4. Jane O'Rourke provided an overview of service developments. She noted that whilst there had been an increase in demand since the onset of the pandemic, service delivery had continued on a face to face and virtual basis. She added that communication with partners had expanded, which had included crisis support and signposting services with schools and families. Mrs O'Rourke reassured the Committee that case risk assessments had been undertaken and that an increase in the complexity of cases had been noted by practitioners.

5. Gill Burns provided details of NELFT's adaptations which had ensured business as usual operation during the pandemic. She gave an overview of governance arrangements, as well as highlighting that robust clinical assessment was in place to determine whether digital or face to face support was required for a patient.
6. Mrs Burns informed the Committee that towards the beginning of the pandemic, the level of referrals had slowed down but in the last three months they had never been higher. The provider had met this increased demand through additional staff as well as asking staff to work weekends and evenings. She also highlighted the increased complexity of cases which was reflected in the increased use of Section 136 suites. She reflected that whilst the service was facing unprecedented demand, it was not in crisis. The provider and CCG had been successful in securing additional funding for the winter period which would help fund additional staff to support the crisis team.
7. Mrs Burns confirmed that NELFT had taken over the provision of the Kent and Medway Adolescent Hospital (KMAH), a tier 4 mental health service for young people. The March 2020 transfer included 11 in-patient beds and the transfer of 56 staff. Work was underway to build a bespoke S136 suite on site, which was due to complete in late December. She noted that the closure of Cygnet Hospital, Godden Green had led to a reduction in tier 4 beds for children and young people in Kent, which was putting pressure on the system. The long-term aim was to have "local beds for local children" and that patients are not placed out of area unless for a specific need.
8. Mrs Benbow, Mrs O'Rourke and Mrs Burns responded to comments and questions from the Committee, including the following:-
 - a) when asked about the caseload data, Mrs Burns stated it was accurate that there were a number of children waiting more than 52 weeks for neuro developmental assessment. There were no children waiting longer than 18 weeks for mental health assessments. The incumbent system in Kent was complex and since taking on the contract NELFT had worked hard to reduce waiting lists for neuro from 4 years to 2 years. However, the volume of current referrals would likely see this progress halted. Mrs Benbow added that both short and long-term commissioning actions were required to reduce waiting times further, such as the commissioning of additional assessments and cleansing waiting lists. Mrs Benbow noted that the development of the Care Navigator role was important to advance service improvements. Mrs O'Rourke added that successful bids had been made for school support teams in Kent;
 - b) Mrs Burns clarified the situation of clinical triage at the front door – all referrals are triaged within 48 hours of being

received, and those patients requiring crisis assessment would be seen within 4 hours; and

c) asked to clarify the meaning and rationale behind the term “cleansing the waiting list”, Mrs Benbow clarified that this was a data exercise. Mrs Burns explained that any patients waiting more than 52 weeks for treatment (a small percentage of the overall number) are included in an exception report each month. If there had been a lack of engagement from the young person and their family, there would be repeated attempts to contact them before closing their file. In other cases, the child may have been duplicated on more than one waiting list.

9. It was RESOLVED that:

- a) the report on Children & Young People's Emotional Wellbeing & Mental Health Service (Tier 3) be noted and Kent & Medway CCG be invited to provide an update at the appropriate time; and
- b) the closure of the inpatient unit at Cygnet Hospital in Godden Green be brought to HOSC once the investigation had concluded.

64. Work Programme 2020-21

(Item 8)

1. Members requested that a further update from Kent & Medway Clinical Commissioning Group on the Covid-19 response and winter response be added for the next meeting.
2. Members requested an update on the provision of urgent care in Swale be added for the next meeting, with the Committee's March meeting held as a reserve date for the item.
3. The Chair noted that the following items had yet to be scheduled:
 - An update on Tier 3 Children and Young People's Mental Health Services, following today's discussion.
 - An update on the work of local pharmacies following the roll-out of the NHS 111 First service at the appropriate time.
 - Orthotic and Neurological Services, which local data suggested was not meeting NICE guidelines.
4. It was RESOLVED that, with the addition of the items listed above, the committee's future work programmed be noted.

65. Date of next programmed meeting - 27 January 2021

(Item 9)

It was NOTED that the next meeting of the Committee would be on Wednesday 27 January 2021, commencing at 10.00 am.

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Item 4: Covid-19 and winter response 2020-21 - update

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 27 January 2021
Subject: Covid-19 and winter response 2020-21 - update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent and Medway Clinical Commissioning Group (CCG).

It provides background information which may prove useful to Members.

1) Introduction

- a) The Committee has received updates on the local response to Covid-19 since their July 2020 meeting.
- b) Members have been particularly keen to understand the impact of the pandemic on the waiting lists for services that were stopped during the height of the first wave.
- c) At its last meeting on 24 November 2020, the Committee received an update from the CCG about its preparations for winter in the context of the usual seasonal pressures, Covid-19 and leaving the EU. The CCG also presented a paper on the capital resources that had been made available to the local system to meet the demand from the additional pressures.
- d) The Kent and Medway CCG have been invited to attend today's meeting to run through their reports.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) '*Health Overview and Scrutiny Committee (22/07/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4>

Kent County Council (2020) '*Health Overview and Scrutiny Committee (17/09/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8497&Ver=4>

Kent County Council (2020) '*Health Overview and Scrutiny Committee (24/11/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8498&Ver=4>

Item 4: Covid-19 and winter response 2020-21 - update

Contact Details

Kay Goldsmith
Scrutiny Research Officer
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Covid-19 update for Kent Health Overview and Scrutiny Committee – January 2021

Content of this report is accurate for the deadline of paper submissions. Verbal updates will be provided at the committee meeting.

Current pressure from Covid-19

The NHS across Kent and Medway has been dealing with significant pressures from the pandemic for many weeks as a result of community infection rates being amongst the highest in the country since mid-November. High infection rates are now an issue across the country; and whilst Kent is no longer the highest we remain under very significant pressure.

NHS staff across all services continue to do everything they can to support patients and respond to the pandemic; whilst also supporting those with non-Covid related health problems. The extreme pressure over a prolonged period is taking its toll and many staff are exhausted.

On behalf of all NHS service leaders we would invite the Health Overview and Scrutiny Committee to acknowledge the monumental efforts that NHS staff have been making since the pressures of Covid-19 began almost 12 months ago. It has been a year like no other in the history of the NHS.

We are currently still facing the highest level of pressure on NHS services from Covid-19, and expect this to continue for a number of weeks. But the vaccine offers us all hope that in the months ahead we can get on top of the virus, reduce the number of people becoming seriously unwell and dying, and begin to return to normality.

Deaths linked to Covid-19

The impact of the pandemic on Kent residents has been significant. As of 17 January, in Kent there have been:

- 2,861 deaths within 28 days of a positive test
- 2,342 deaths with Covid-19 recorded on the death certificate

Many thousands more have been hospitalised with serious symptoms.

Hospital services have been under extreme pressure from late November through into January. The second wave of the pandemic has seen more than twice the number of Covid-19 patients in hospitals across Kent and Medway compared to the first wave. At the peak of the first wave there were approximately 600 confirmed covid positive patients in hospital beds. In this second wave we have seen over 1,200.

GP surgeries continue to provide a mix of remote and where required face-to-face appointments operating in covid-secure ways to limit the risk of infection. There have been some instances of practices needing to temporarily suspend face-to-face appointments in response to staff sickness or deep-cleans. Unfortunately there continue to be a minority of abusive reactions from patients related to frustrations with the limited access at this time. GP services are now a fundamental part of the vaccine programme (more information below).

Community services continue to support a wide range of patients from the housebound to those being discharged from hospital. Kent Community Healthcare NHS Foundation Trust will be playing a significant role in the Covid-19 vaccination programme as the lead co-ordinating organisation for the large scale vaccination sites.

Mental health services continue to see increased activity related to pandemic issues and the CCG is working with providers to extend access with a business case agreed for a 24/7 crisis phone line and media advertising to promote services available across Kent and Medway.

The Clinical Commissioning Group continues to provide the co-ordinating role as the system's command centre and liaison with NHS England/Improvement South East. A number of clinical staff from the CCG have been redeployed to support frontline services.

Staffing

Staff absences from Covid-19 infection and self-isolation following test and trace contact have had a significant impact on all services from hospitals to ambulance services and general practice. Absence rates are currently around 5% across all Kent and Medway providers. There has been an improvement in recent weeks; and with significant progress in vaccinating staff it is hoped that staffing rates will continue to improve.

Planned care

The NHS worked hard during the summer/autumn to restart and maintain other non-Covid services. Significant progress was made in restarting services and maintaining these as infection rates began to rise through November. This has meant overall bed occupancy in hospitals has been higher than in the first wave (where a major programme to discharge and pause non-urgent services took place in preparation for Covid-19 admissions).

However, due to growing pressure from Covid-19 infections, all hospital trusts in Kent and Medway have paused certain planned treatments. This began in early December and the majority of non-urgent surgery and diagnostics are currently paused, but being kept under constant review. Cancer and other services have worked hard to maintain urgent services through the second wave, and Kent has consistently being the highest performing area in the country for maintaining cancer treatments. A small number of urgent treatments have needed to be rescheduled due to individual operational pressures at the time appointments were due to happen.

We recognise the impact on individual patients of delaying non-Covid treatments. As soon as the immediate pressure from Covid-19 infections allows the NHS will aim to restart the non-Covid treatments that have paused.

Critical care transfers within and out of Kent and Medway

Critical care units across all Kent and Medway hospitals have been under extreme pressure over the last month. Services across all hospitals have worked together to manage the demand with more stable patients being transferred between units to try to ensure all units retain some capacity to accept new emergencies. We have also sought mutual aid from other hospitals outside of Kent and Medway; with Kent patients being transferred to a number of hospitals in other parts of the country.

We recognise the impact this will have for both patients and their relatives and we are working hard to repatriate Kent patients back to beds (either in hospitals or 'step-down' community services) in the county as soon as they are well enough.

A&E pressure and ambulance handovers

The pressure within hospitals, both in Accident and Emergency departments and inpatient services, have led to ambulance hand-overs taking longer than normal; with some waits of many hours at times during December and early January.

The hospitals and South East Coast Ambulance Service (SECAm) have worked together to ensure patients waiting in ambulances at hospital sites have been closely monitored and received the best possible care.

Ambulance crews waiting with patients at hospital has also increased the time some other patients have had to wait for an ambulance response to a 999 call. We have worked as an NHS system to try to maximise the number of patients with less serious conditions who can be treated on scene or taken to alternative services such as urgent treatment centres or minor injury units, rather than going to A&E. General Practice is also supporting ambulance crews with assessment of patients to avoid conveyance to A&E.

Military support

Military clinicians have joined the local NHS to work at the Queen Elizabeth the Queen Mother hospital and Medway hospital. These are highly trained clinicians who are working to support NHS clinicians in services including Accident & Emergency, Intensive Care and other clinically critical wards. There are around 20 military clinicians and we expect them to continue working with us until February.

A number of non-clinical military staff are also joining us in January to support with non-clinical patient facing and general operational support.

General Practice prioritisation

General practice has continued to run with telephone triage and as many remote consultations as possible, either by phone or video conference. Face-to-face appointments have continued to be available where clinically required (with a few exceptions such as when staff sickness at a practice has required a temporary pause of all on site appointments).

Following a national announcement in early January, Kent and Medway Clinical Commissioning Group has confirmed a list of priorities for General Practice and identified a number of non-urgent services which can be paused.

GP teams in Kent and Medway have been asked to prioritise services which support the response to the coronavirus pandemic. These include:

- Support for patients with Covid-19
- Care home support
- Serious acute illness and deterioration in long term conditions
- Support for people with mental health needs, learning disabilities and autism
- Support for digitally excluded/extremely clinically vulnerable patients with appointments
- Essential drug monitoring
- Palliative and end-of-life care
- High risk or poorly controlled long term condition care
- Postnatal care
- Blood tests for medicine monitoring to support high-risk long-term conditions.

Immunisations, vaccinations and cervical screening (smear tests) will also continue.

The following services are being suspended temporarily:

- IUCD checks and change
- Pessary change
- New patient checks
- Medication reviews in stable patients
- Frailty and over 75 routine annual review
- Minor surgery
- Non-urgent investigations
- Vitamin B12 injections unless clinically indicated
- Non-core and locally commissioned services, unless clinically deemed essential.

The suspension is planned until the end of March 2021 but will be kept under review.

Pulse Oximetry in community

One of the ways general practice is supporting Covid-19 patients is through home monitoring of blood oxygen levels. The service provides a pulse oximeter device to measure blood oxygen levels and contacts patients at regular points during their self-isolation to review oxygen levels. We currently have around 5,000 pulse oximeters as part of the home monitoring services across Kent and Medway.

Covid-19 has shown a particular symptom called 'silent hypoxia' where a patient can feel relatively well despite blood oxygen levels dropping to dangerous levels. Monitoring the highest risk patients with pulse oximeters is helping to detect silent hypoxia earlier and get patients into hospital services to receive oxygen support before symptoms become severe.

Covid-19 vaccination programme

The vaccination programme began in December with the William Harvey Hospital being the first service to receive supplies of the vaccine on 7 December. Services then began rolling out across other hospitals and in General Practice as part of a nationally co-ordinated programme.

We recognise that the phased roll out of the vaccination programme has meant that some areas have not had access to the vaccine as quickly as others; and that this has been of considerable concern to patients and local elected members. The NHS in Kent and Medway is committed to ensuring all priority groups receive the vaccine as quickly as possible and we are working hard to make this happen.

We also acknowledge that distance to a vaccine site varies. When GP led vaccine sites began being planned the only available vaccine was Pfizer, which has complex storage and transportation requirements. Since then the AstraZeneca vaccine has been approved and initial supplies made available. The AstraZeneca vaccine is easier to store and transport; and on 7 January the Government announced that vaccination sites should be within a 10 mile distance for everyone. As a result we are reviewing options for providing vaccinations at more locations.

As of 18 January there were 39 General Practice vaccination services running and all hospital trusts had active services; with 1,000s of people being vaccinated. By the end of January there will be active services covering all 42 Primary Care Networks in Kent and Medway. Large vaccination centres will also be opening in Kent during January/February.

- Access to the large vaccination centres will be through a national booking services (for people who are sent a letter based on the national priority list).
- Access to General Practice services is through invitations organised by the Primary Care Network delivering the vaccine service.
- Hospital services have to date been largely focused on vaccination health and care staff.
- Care home vaccination for residents is being delivered through the Primary Care Network (PCN) services, whilst most care home staff are being vaccinated through hospital based services, including those run at community sites by Kent Community Healthcare NHS Foundation Trust (KCHFT).
- Housebound patients will be vaccinated by a combination of PCN and KCHFT services

At the time of writing this report, data on the number of vaccines delivered was only published at national and NHS regional level (Kent and Medway being part of the South East region). A more local breakdown may be available for the HOSC meeting. Provisional data for mid-January showed Kent and Medway was in line with the national average for the number of people vaccinated.

The vaccine is a critical part of beating the pandemic, protecting the most vulnerable and helping everyone return to more normal lives. The NHS in Kent and Medway is committed to ensuring there are local vaccination services across the county.

Caroline Selkirk
Executive Director of Health Improvement
Kent and Medway CCG

Gail Locock
Director of Nursing and Quality
Kent and Medway CCG

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Item 5: Dermatology Services Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 27 January 2021

Subject: Dermatology Services Update

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

It provides background information which may prove useful to Members.

1. Introduction and Background

- (a) Dermatologists are specialist physicians who diagnose and treat diseases of the skin, hair, and nails.¹
- (b) DMC Healthcare was awarded the contract to deliver this service to residents of Medway, Dartford, Gravesham, Swanley and Swale from 1st April 2019. The previous service had been failing and there was a significant backlog of patients waiting for treatment.
- (c) On 23 June 2020, HOSC were notified that the Kent and Medway CCG had suspended its dermatology contract with DMC Healthcare, following CCG concerns about the provider's ability to meet NHS standard contract requirements.
- (d) Sussex Community Dermatology Services (SCDS) were appointed to temporarily provide the service from 13 July. SCDS have provided dermatology services across Sussex, Surrey, and Kent for more than ten years.

2. Previous Scrutiny

- (a) HOSC scrutinised the suspension of the dermatology contract at its meeting on 22 July 2020. In addition, it was highlighted that the Care Quality Commission (CQC) had intervened in two Medway based general practices that were provided by DMC Healthcare.
- (b) Medway's Health and Adult Social Care Overview and Scrutiny Committee (HASC) also scrutinised the decision. As the dermatology service is accessed by both Kent and Medway residents, the Medway HASC requested that the

Item 5: Dermatology Services Update

matter be brought to a Kent and Medway Joint NHS Overview and Scrutiny Committee (JHOSC) and this took place on 28 September 2020.

- (c) At the JHOSC meeting, the following was noted:
- i. The backlog of patients from DMC Healthcare had reduced from 7,500 in August to 800 at the time of the meeting.
 - ii. All patients in the inherited backlog had either been seen or had an appointment scheduled.
 - iii. New patients to the Service were being seen within 8 weeks.
 - iv. A deed of termination for the DMC healthcare contract was to be signed that week.
 - v. An independent harm review had been commissioned – the outcome would not be fully known until all patients from the backlog had received treatment.

- (d) At the culmination of the discussion, the following was agreed:

It was RESOLVED that the report be noted and that the CCG provide an update once the service had commissioned a new provider.

- (e) The Kent and Medway CCG have been asked to provide an update at this meeting.

3. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) 'Health Overview and Scrutiny Committee (22/07/20)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4>

Kent County Council and Medway Council (2020) 'Kent and Medway NHS Joint Overview and Scrutiny Committee (28/09/20)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8675&Ver=4>

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Meeting Title: Health Overview & Scrutiny Committee

Date: January 2021

Title of Report: Dermatology Update Report

Author: Caroline Selkirk

Executive Sponsor:

Finance Sign Off:

This paper is for: Information

On 22 June 2020, the CCG suspended the DMC Healthcare (DMC) provided North Kent dermatology contract due to concerns regarding the number of high and very high-risk patients with long waits. The contract was subsequently terminated by mutual agreement on 9 October.

In September 2020 three GP practice contracts managed by DMC, which had been subject to critical Care Quality Commission (CQC) visits and rectification requirements, were handed back to the CCG and terminated.

A separate Harm Review process has been initiated by the CCG for the patients affected by the suspected inadequacies in the dermatology service. This is an on-going process that is likely to take up to two years to complete and report. The CCG is engaging closely with NHS England and Improvement (NHSE/I) to ensure that this process is thorough and contributes to local and wider system learning.

The summary findings and recommendations for dermatology are outlined in this report together with the draft ones for primary care.

The CCGs Governing Body received the report at its meeting held in Public on 27th November. It noted the reviews and the lessons learned and will seek regular assurance that they are demonstrably incorporated into CCG business processes going forward.

Dermatology Background

From 1 April 2019 DMC Healthcare was contracted for a five-year period, with the possibility of a further two-year extension, to provide dermatology services to the population of north Kent (Medway; Dartford, Gravesham and Swanley; and Swale CCGs). This was under a contract for service that was awarded following an open procurement process conducted in the autumn of 2018.

The service covered all dermatology activity, including cancer care, as defined under the British Association of Dermatology Level 1 to 4 and commenced in April 2019.

From November 2019 onwards the CCG became increasingly concerned over the lack of submitted basic contract information. This included a patient tracking list (PTL) and referral to treatment (RTT) information. Informal Contract Performance Notice (CPN) processes were commenced moving to formal ones in February 2020.

The DMC attempts to address the data/information problems highlighted the inconsistency and gaps in their recording and data processing capability. Detailed examination of the information raised significant concerns about the chronological and priority management of patients including those with a suspected cancer.

Despite detailed weekly review meetings with DMC Board and senior leaders, the data quality and consistency did not improve. This lack of improvement cast even further doubt on the capability of DMC to manage patient pathways in the most clinically appropriate manner.

The CCG sought clinical expert opinion on the case profile on the waiting list and their opinion was uniform in that they were concerned that clinical harm may be occurring to these patients.

The mounting data evidence, backed by clinical expert opinion led, to the dermatology service being suspended on the 19 June with an interim alternative provision commissioned to deliver the service. This was under the terms set out in the NHS Standard Contract Conditions (NHSSC).

Following lengthy discussions and negotiations on 9 October DMC and the CCG agreed to mutually terminate the contract.

Primary Care Background

DMC were commissioned to provide primary medical care (GP services) after winning a tender on one Alternative Primary Medical Service (APMS) contract over five sites for approximately 28,000 patients. This commenced on 1 April 2019. They were selected to take on this contract following a procurement process. DMC took on this service following a period of on-going difficulty where three of the previous contract holders decided not to continue.

Additionally, separately to the APMS contract, individuals from DMC signed on to other GP contracts on a GMS basis in Medway. This provision was delivered via three individual GP practice contracts: Hoo St Werburghs Medical Practice, King's Family Practice and St Mary's Island.

During the first half of 2020, following several CQC inspections and the subsequent imposition of remedial action plans, DMC were served contractual notice across two of their primary care contracts in Medway. A mutual termination agreement was subsequently agreed and signed with DMC for all three contracts (two GMS and one APMS) at the beginning of September with new provision arrangements taking effect immediately after.

The CCG had to mobilise a complex and detailed programme of work to ensure patient safety but also to provide on-going robust and resilient primary care medical service access to the registered populations affected. Prior to the notice, the CCG's quality and primary care teams had been supporting the DMC practices over a number of months. This was to try and ensure that the practices were able to sustain delivery to their patients, to best possible standards and to meet their CQC registration requirements.

Two of these contracts (Hoo St. Werburgh Medical Practice and Kings Family Practice) have since been transferred to an alternative GP provider by way of a traditional standard General Medical Service (GMS) contract variation process with services being provided by a local GP provider.

For the remaining practices, the CCG has awarded a temporary 12-month contract to Medway Practices Alliance (MPA). This is to provide services at St Mary's Island Surgery, Chatham, and the GP 'branch' sites at Green Suite, Balmoral Gardens Healthy Living Centre, Twydall Clinic, the Pentagon Centre and the Sunlight Centre - covering in total 28,000 patients.

The temporary 12- month contract allows the CCG time to appropriately engage with patients and stakeholders: a comprehensive engagement process has already commenced to involve patients, staff and local communities in developing realistic options for the future of the services affected.

It is important to note that the quality issues within these contracts still exist, so the CCG is working with the new providers to resolve issues as soon as possible. On this basis a weekly contract meeting has been established with the new contract holders of all three contracts and a number of internal CCG teams (contracting, medicines optimisation, communications and quality and safety) to ensure that the service is stable and to tackle historic existing quality issues.

Lessons Learned Reviews

Four contracts with a key supplier of healthcare services (DMC) to the local north Kent population have been terminated, handed back to the CCG or transferred to new providers in a short period of time during 2020.

In both dermatology and the affected primary care practice areas there had been long standing historical difficulties in sustaining viable and quality services to the population of north Kent. DMC were commissioned and appointed following open processes to deliver improvements that sought to address these previous service challenges. The commissioned service solutions put in place have ultimately proved unsatisfactory.

In accordance with the principles of good governance, organisational learning and continuous quality improvement, the new Kent & Medway CCG has conducted a 'lessons learned' review exercise. This has been completed for dermatology and is in progress for primary care.

NHSE/I have been actively involved in the service and commissioning challenges that have affected primary care and dermatology services. They retain an on-going assurance interest in the CCGs conduct of the Harm Review that has been commenced across dermatology.

Dermatology Lesson Learned

The detailed review into the CCGs commissioning and contracting of dermatology services has been compiled by the CCG using internal expertise (undertaken by Justin Chisnall, previously Company Secretary of Medway CCG) and through an independent process commissioned by NHSE/I carried out by Moorhouse Consulting.

An internal CCG review has considered events and decisions from the notices given by Medway Community Healthcare (MCH) and by Medway NHS Foundation Trust (MFT), through to the procurement and suspension of the DMC north Kent dermatology contract. The review has examined the audit trail of review and decision making to identify any areas where processes can be amended or improved to reduce the risk of future contracts encountering similar issues.

The key findings from the review are:

- There was a lack of audit trail of robust contract management. Significant issues in the transfer and mobilisation of the service meant the CCG focussed in the first six months of the DMC service on a supportive approach to resolve performance issues, and contractual levers were not used until early 2020. The contract remained unsigned as DMC refused to sign on the terms included in the original tender
- Notice given by MCH on the community service was not acted upon for several months, meaning that normal procurement processes could not be followed for the interim community/primary care service and a waiver to tender was required to award this to DMC
- There is no evidence that Medway CCG considered refusal of notice of essential services for either the MCH or MFT notices, although it should be noted that there were existing performance and financial issues with both services
- Whilst the dermatology procurement was appropriately run, evaluated, moderated and approved; more detailed due diligence should have been undertaken, particularly during the mobilisation phase. This was not helped by the accelerated procurement and mobilisation process (six months) which appears to have been the result of accepting the MCH and MFT notices without securing an extension. This is to be further scrutinised by the CCG's independent internal auditors TIAA
- The responsibility of contract management for the DMC contract was allocated to a member of the commissioning team in addition to their usual duties
- Performance and assurance reporting relied on unvalidated and aggregate data from the provider, which provided false assurance to the Medway CCG Governing Body. Identified key recovery dates were breached without notification to the Quality, Finance and Performance Committee. Conflicting messages were sometimes given regarding the level of concern the CCG had regarding the service

The material recommendations from the review are:

1. Decisions to accept notice of cessation of essential services should be risk assessed and documented. Despite NHS contract rules which states that providers should serve no less than twelve months' notice, the CCG accepted the MFT notice of cessation in a shorter time period
2. Committee terms of reference / CCG scheme of reservation and delegation should reserve the authority for acceptance of provider notices to either the Governing Body or a Committee of the Governing Body
3. A market survey should be included as part of the risk assessment to assess the availability and capability of alternative providers; and seek NHSE/I recommendations when there is a potential lack of credible alternative providers
4. Sufficient time should be built into the mobilisation process to enable detailed due diligence to take place. This should include assuring the provider's reporting capability in order to identify any risks or concerns prior to contract signature
5. Formal signed contracts must be in place before any service provision commences

6. Management of contracts should sit within a dedicated single team and be subject to clear agreed processes. The level of contract management for each clinical contract should reflect the potential for quality and safety concerns as well as the financial value of the contract
7. Ensure there is sufficient capacity to manage provider performance, escalate issues and discuss performance on a frequent and recurring basis. Also, include a recovery tracker in all performance reports to closely monitor progress against agreed improvement targets
8. Unvalidated or provider-supplied aggregate data should be avoided in assurance and performance reports, and must at least be clearly flagged as such
9. Providers should start formal reporting from service commencement with acknowledgement that their performance may be impacted by potential outstanding issues from a previous provider(s)
10. There needs to be a clear forum between the CCG and regulators to discuss provider performance risks/ issues on a regular basis

Primary Care Lessons Learned Review

Using a similar methodology to that used across dermatology, an internal review has commenced into the learning that can be taken as a result of the handing back of three primary care contracts by DMC. This is still a draft process but is included in this report to ensure that firstly, the GB is sighted on the progress at an early stage and secondly, the links to the more advanced dermatology review.

The internal review is being led by the Director of Primary Care. The draft summary findings and recommendations are:

- Tighter contract management arrangements should be in place for all GP contracts (including GMS)
- There should be additional due diligence on a provider's capability carried out as part of any tendering or contract hand over which identifies risks, issues or prior concerns raised
- The CCG primary care contracting team should provide dedicated resource for large contracts with clearly defined lead officers and processes, as well as implement a multi-team approach cross the CCG including quality
 - There should be a joined-up process for identifying practice vulnerability at an early stage
 - Ensure any technical or digital developments occur over a reasonable period with appropriately dedicated digital resource.
 - Ensure strategic changes proposed at a GP practice level is spread over a realistic timetable
 - Prioritise implementation of the Kent and Medway Primary Care Strategy to support GP practice development and sustainability in general practice to address the enduring issue of primary care capacity across north Kent

- Formal reporting datasets from providers should be submitted regularly and monitored diligently from the beginning of any service commencing
- The CCG should use contractual levers at the earliest stage when concerns are raised
- Engagement with stakeholders, staff and the public should be more extensive and earlier in the procurement process

The internal review process will continue with specific input from the Primary Care Commissioning Committee (PCCC) and Primary Care Operational Group (PCOG).

A final report is expected to be concluded and presented to PCCC in January 2021.

The final report will be shared with the HASC following the PCCC and CCG Governing Body sign off.

Risk management

The management of risk to patient care and clinical outcomes is detailed in the above report. There are no material risks arising from this report that will impact on the Council's ability to achieve its strategic objectives.

Financial implications

There are no financial implications to Medway Council arising directly from this report.

Legal implications

There are no legal implications to Medway Council arising directly from this report.

Recommendations

The Committee is asked to NOTE the briefing

Lead Officer Contact:

Caroline Selkirk

Executive Director of Health Improvement

Item 6: Kent and Medway Wheelchair Service Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 27 January 2021

Subject: Kent and Medway Wheelchair Service Update

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

It provides background information which may prove useful to Members.

1) Background

- a) Millbrook Healthcare have been the providers of wheelchair services across Kent and Medway since April 2017.
- b) Over recent years, HOSC has received updates on the performance of the contract following concerns around waiting times for equipment, repairs, and assessment.

2) Previous monitoring

- a) HOSC has received regular updates from the CCG and Millbrook Healthcare since July 2018. Stakeholders such as the Centre for Independent Living in Kent (CiLK), the Wheelchair Service Users Group, and Healthwatch Kent have been involved in the discussions.
- b) The last formal update to HOSC was received on 29 January 2020. Key points included:
 - i) The waiting list for assessment and equipment had reduced, and there was a shorter average waiting time.
 - ii) Areas requiring improvement were repairs within three days and children's cases closed within 18 weeks. Remedial action plans were in place.
- c) Following its discussion, the Committee agreed the following:

RESOLVED that the report be noted, and that Thanet CCG¹ return to the Committee in 9 – 12 months' time. Should contract performance decline, the CCG should alert the Chair of HOSC as soon as possible, with a view to returning to the Committee with an update sooner.
- d) The committee have invited the CCG and provider to today's meeting to provide an update on performance.

¹ Thanet CCG was the lead commissioner of the service prior to the establishment of the single Kent and Medway CCG in April 2020.

3. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2018) '*Health Overview and Scrutiny Committee (20/07/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7919&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (13/09/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8122&Ver=4>

Kent County Council (2019) '*Health Overview and Scrutiny Committee (25/01/19)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

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>

Kent County Council (2020) '*Health Overview and Scrutiny Committee (29/01/20)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8285&Ver=4>

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Kent and Medway Wheelchair Service Update January 2021

Situation

This paper provides an update on the performance of the NHS-funded Kent and Medway Wheelchair Service. The wheelchair service continues to see a steady improvement in service performance, with the open episodes of care caseload and average waiting times now at expected levels.

- The waiting list has reduced to less than a third of the size it was at its peak
- Average waiting times have halved
- Episodes of care closed within 18 weeks have improved, meeting the national target for children
- Reduction in the number of complaints received
- Standard repairs completed within 3 working days remains an area where performance is below expected levels although progress has been made with an ongoing improvement plan in place.

Background

The Kent and Medway Wheelchair Service is provided by Millbrook Healthcare and commissioned by Kent and Medway Clinical Commissioning Group (CCG). There are currently 22,559 registered users of the service.

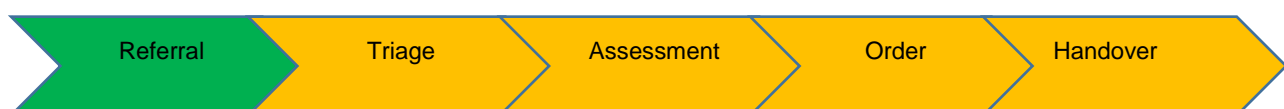
The wheelchair service provides buggies, manual and powered wheelchairs, pressure relieving cushions and custom made seating systems to meet the clinical needs of children, young people and adults with a long term (over six months) disability or illness to enable them to become independently mobile.

Additional funding was provided by Kent and Medway CCGs to overcome the impact of an unbalanced caseload inherited from the previous provider as well as an increase in recurrent demand, which resulted in service users experiencing long waiting times for assessments, equipment and repairs. In addition, Millbrook Healthcare also implemented improved processes and increased the number of clinical and support staff.

Performance Overview

There are five key stages to an episode of care (EOC) which should take a maximum of 18 weeks to complete however timelines will vary depending on clinical need and complexity.

Referrals



Referrals are received from healthcare professionals for example, GP’s, District Nurses, Occupational Therapists, Physiotherapists, Consultants and Health Visitors. In addition, existing users of the service may self-refer back into the service for a re-assessment if their condition or circumstances have changed.

Table 1 shows that between January 2020 and the end of December 2020 there has been a total of 4,811 referrals into the service, of which 15 per cent are referrals for children. Urgent referrals account for around 10 per cent of total referrals and follow a shorter pathway.

Table 1: Referrals received, January 2020 – December 2020

Referral Type	Children	Adult	Total
Routine	641	3,689	4,354
Urgent	105	376	481
Total	746	4,065	4,811

Chart 1 shows the increasing trend in the number of total referrals received by the wheelchair service over the last two years. In January 2018, 390 referrals were received, in January 2019 there were 460 referrals, and in January 2020, 564 referrals were received.

The chart also shows the significant impact that the pandemic has had on the number of referrals received by the wheelchair service, especially during the first lockdown where numbers dropped significantly.

Chart 1: Total number of referrals into the wheelchair service

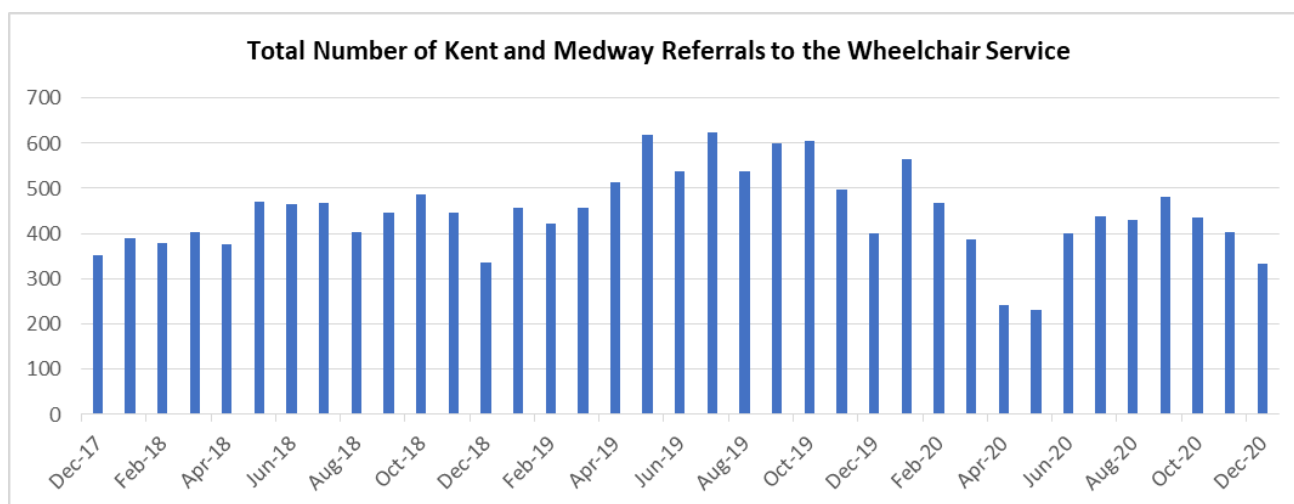
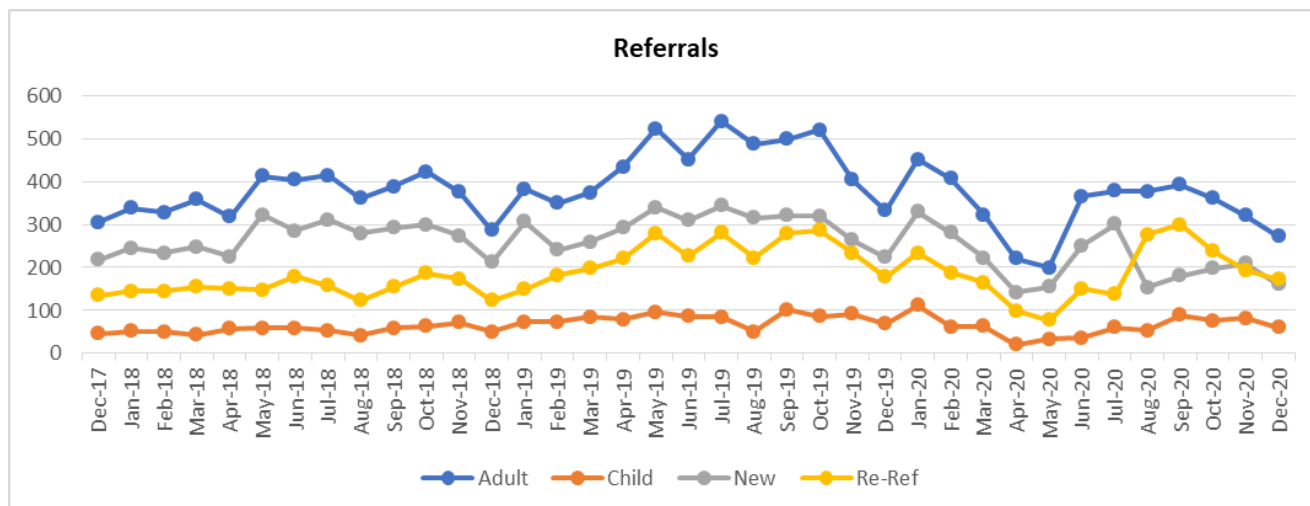
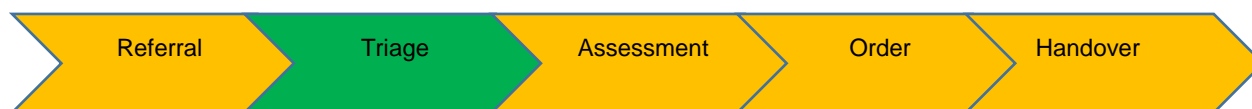


Chart 2 shows how referral rates picked up after the end of the first lockdown, initially with new referrals coming in and with self-referrals increasing as service users’ anxieties have eased. The number of child referrals has remained relatively constant throughout. Tier 4 and the third lockdown appear to be having an impact with referral rates declining again.

Chart 2: Referral breakdown

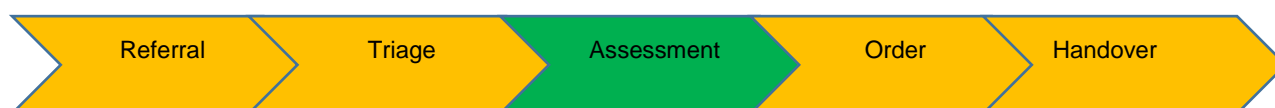


Triage



The aim is to triage referrals within 2 working days by approved personnel within the wheelchair service. Latest data to end of December 2020 shows that 92 per cent of referrals were triaged within this time. The reasons why some referrals took longer than expected include the fact that the service needed to go back to the referrer for more information and during the pandemic the service are conducting extended triages to try to gather as much information as possible to enable more efficient use of clinic time.

Assessment

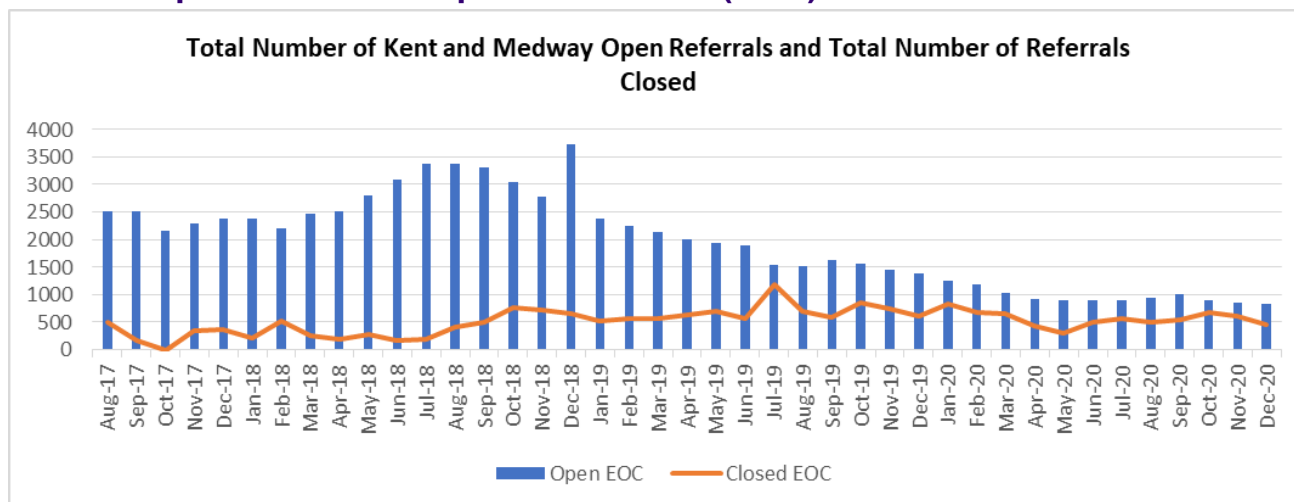


In November 2020, 78 per cent of urgent referrals were assessed within 2 working weeks of receipt of referral: reasons why some assessments took longer are due to service user availability, clinician/Rehabilitation Engineer availability and, some assessments needed to be conducted at service users’ homes which would usually have been clinic based.

Routine referrals should be assessed within 6 working weeks and latest data to end of November 2020 shows that 89 per cent were conducted within this time.

Previously there was a very large waiting list which resulted in service users experiencing unacceptable long waits to get an assessment and equipment. Chart 3 shows that there has been significant improvement in the size of the waiting list reducing from 3,313 in September 2018 to 822 in December 2020.

Chart 3: Open and closed episodes of care (EOC)



The number of children on an open episode of care has more than halved from 401 in September 2018 to 186 in December 2020, which is ahead of target levels. At the end of December 2020 there were 50 children who have waited over 18 weeks. Millbrook Healthcare reviews all of these children on a weekly basis to assess risk and to understand the barriers to help progress each case further along the pathway. Chart 4 shows the improvement in the size of the waiting list for child cases and the reduction in the number of children waiting over 18 weeks.

Chart 4: Children on an open episode of care

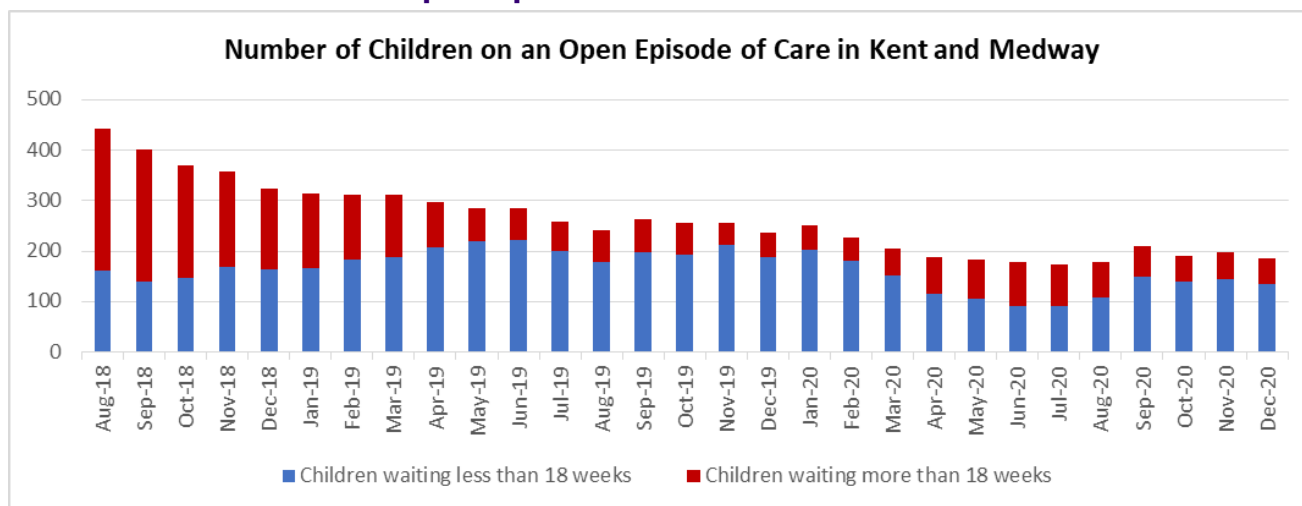


Chart 5 shows how the percentage of children on an open episode of care waiting less than 18 weeks has increased from 35 per cent in September 2018 to 73 per cent in December 2020. There are a number of reasons for delays to case closures which are service user led and therefore beyond the control of the wheelchair service, these include Did Not Attend appointments (DNA), admission to hospital, sickness, holiday, service users wishing to delay and more recently self-isolation or shielding. All episodes of care which have valid service user led reasons for non-attendance are recorded as exceptions. This enables data, with and without exceptions, to be recorded. Since February 2020, with service user led

exceptions considered, the service has met the 92 per cent target for percentage of children having provision within 18 weeks.

Chart 5: Percentage of Children waiting 18 weeks or less

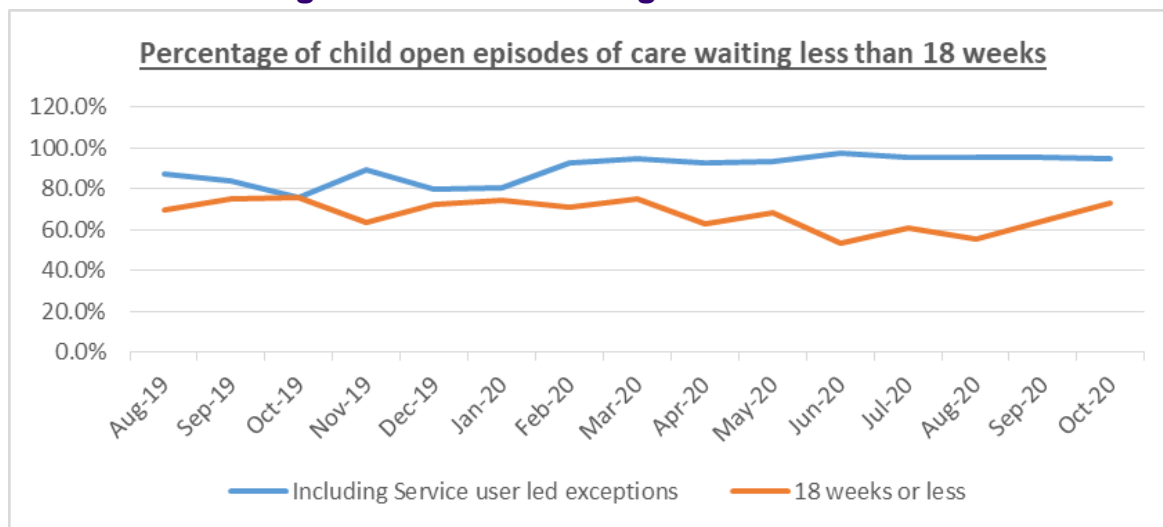
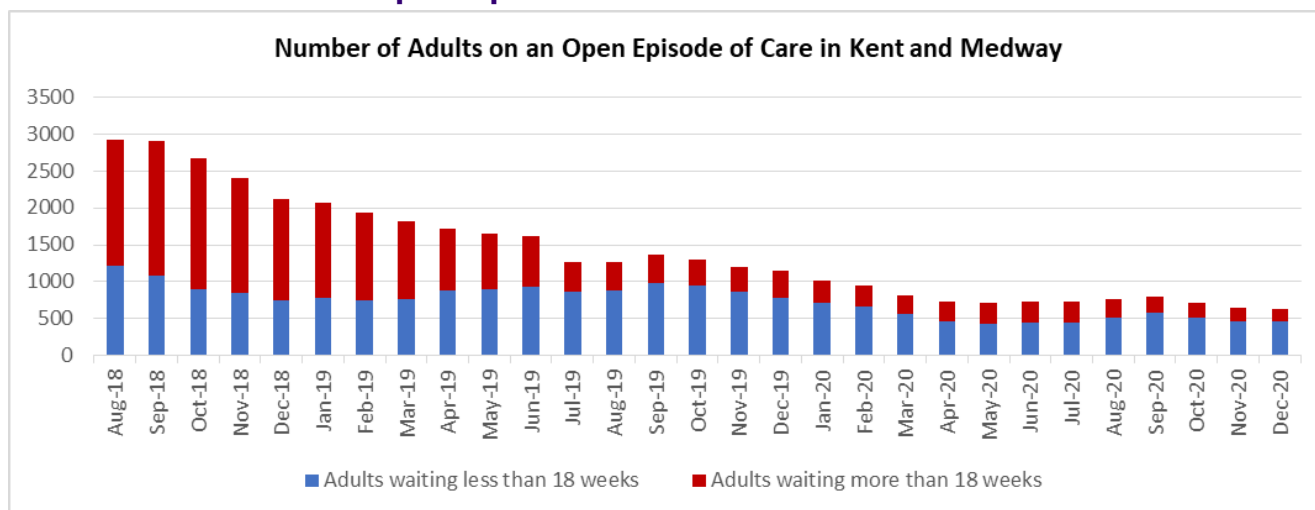


Chart 6 shows that the number of adults on an open episode of care has continued to decrease, from 2,912 in September 2018 to 625 in December 2020 which is ahead of target levels. The service has improved its performance towards the 18 week pathway target of 90 per cent for adults. In September 2018, just over a third of adults (37 per cent) on an open episode of care were waiting less than 18 weeks, in November 2020 this has increased to 72 per cent and when we take into consideration valid service user led exceptions this then increases to 81 per cent.

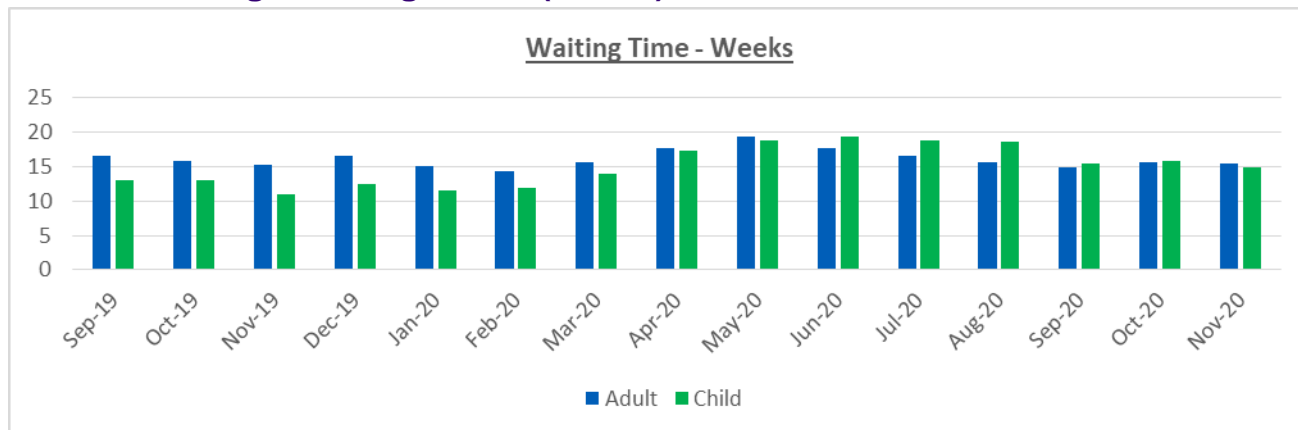
Chart 6: Adults on an Open Episode of Care



There has been a marked improvement in the length of time service users are waiting for provision. In September 2018, the average length of wait for those on an open episode of care was 29 weeks and since then waiting times have shortened considerably to 15.4 weeks in December 2020 which is within the 18 week target timeline.

Chart 8 shows that there has been an impact by Covid-19 on waiting times for some service users as average waiting times increased to a maximum of 19.2 weeks during the May – August period due to service users needing to self-isolate, shield or having reluctance to attend clinic appointments and the service having reduced access to schools. However, the wheelchair service has worked hard to progress open episodes of care and waiting times are beginning to return to pre-pandemic levels.

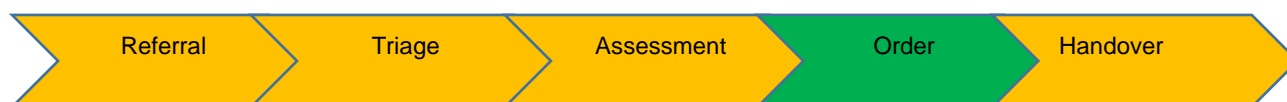
Chart 8: Average Waiting Times (weeks)



One of the key barriers that impact the ability of the wheelchair service to progress an episode of care is when service users fail to attend booked appointments; either did not give notice (DNA), gave very late notice (UTA) or was unable to be brought to appointment by a parent or carer (WNB). Since January 2020 these have accounted for over 800 missed appointments.

Whilst there are mechanisms in place to give a service user every opportunity to advise the wheelchair service well in advance, which include; appointment letters, a call to confirm the booking, and a reminder call 48 hours prior to appointment, the 802 missed appointments not only mean that the episode of care for these service users is extended, but it also means that other service users have missed out who could have been seen in their place.

Equipment Order

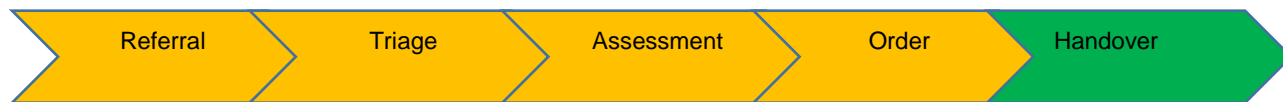


Following assessment a prescription is written which then enables equipment to be ordered, whether it be new or through the equipment recycling programme.

A strong emphasis is placed on the recycling of equipment and wherever possible once a wheelchair or part has passed through the decontamination process and been safety checked it will be utilised for building future provisions. Since January 2020, 1,711 wheelchairs were collected from service users whose provision was no longer required or due to a necessary change of equipment.

The wheelchair service conducts regular reviews of stock holding to improve availability of equipment and parts so that lead times for repairs or provisions are as short as possible.

Equipment Handover



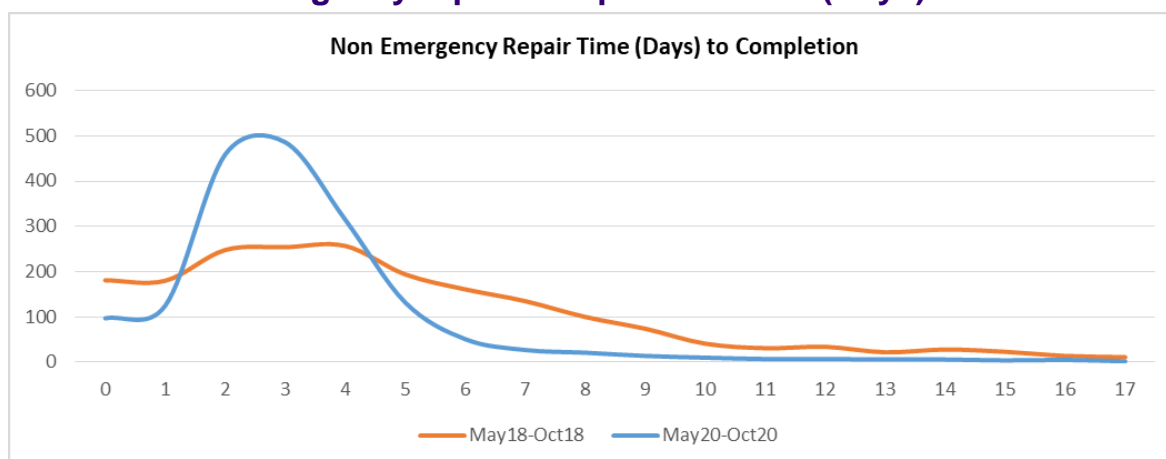
Equipment handover can be carried out in clinic or by one of the Field Service Engineers, dependent on the complexity. Between January 2020 and December 2020, 5,376 episodes of care were closed (789 children and 4,587 adults), of which 4,728 involved the handover of equipment including 525 specialist provisions.

Repairs

In November 2020 there were 244 non-emergency repairs completed, of which 62 per cent were completed within three working days. Some of the reasons why performance is below target is due to service users requesting a later repair visit that is more suitable for them or the service user not being available to contact and book a repair. Another reason is that to complete some repairs, a specialist part is required which have extended lead times.

Although performance is below expected levels, there has been an improvement in the length of time service users have to wait for a repair to be completed. Chart 9 illustrates the improvement in the time taken to complete non-emergency repairs. Previously we reported to HOSC that it was taking an average of 6 working days to complete a non-emergency repair and this has now shortened to an average of 4 working days. Further work still needs to be done and an ongoing improvement action plan is in place to drive and monitor progress.

Chart 9: Non-emergency repair completion times (Days)



An emergency repair needs to be completed within 24 hours and is defined as when the service user is rendered immobile and they do not have the use of a back-up wheelchair or is at risk of harm. Table 2 shows the steady improvement over the last two years in the percentage of emergency repairs completed within 24 hours, which is currently at 100%.

Table 2: Percentage of emergency repairs completed within 24 hours

	Nov-18	Nov-19	Nov-20
Emergency repairs completed within 24 hours	58.8%	88.9%	100%

Wheelchair Service Response to Covid-19

The impact of Covid-19 has resulted in an overall reduction in activity and a change in referral patterns with a significant decline in the number of both new and self-referrals received, an increase in average waiting times and an increase in the number of cases over 18 weeks for both adults and children.

Millbrook Healthcare’s response to the pandemic has been very positive and proactive with the Kent and Medway wheelchair service remaining open throughout. Initially the service prioritised urgent cases with clinical staff remaining on site triaging all referrals and assessing service users at home and in clinic who were deemed as meeting the urgent criteria. The service also continued to offer appointments and a repair service to any service users who were happy to engage with the service.

Service restoration has been dependent on service users’ willingness to be seen and assessed. The wheelchair service has worked hard to reduce service users’ anxieties as much as possible by giving them reassurance around the various measures Millbrook Healthcare has taken to manage the risk of Covid-19 to ensure that clinics are Covid-19 secure environments. The service also introduced the option of video assessments when appropriate to use for some service users and repairs are being completed outside of people’s property whenever possible.

Many service users were shielding and therefore cancelling appointments. In these cases, a clinician conducts a follow up call with the service user to risk assess the situation and try to progress the episode of care as much as possible. The wheelchair service has a process in place to monitor and manage the risk for service users who are shielding, self-isolating or choosing not to attend appointments due to Covid-19.

There is ongoing communication with service users, care teams, service user forums and the Service Improvement Board (SIB), to try to reassure service users that clinics are safe environments, and that every precaution is taken when doing a home visit. Millbrook Healthcare has proactively contacted vulnerable service users to do a wellbeing check. This also included contacting the families/carers of children who have waited near to 18 weeks or longer to try and encourage and reassure them to attend appointments and getting appointments booked.

Recently the referral rate has picked up and service users are returning and contacting the service to book appointments.

Personal Wheelchair Budgets

Personal Wheelchair Budgets (PWBs) are available by the Kent and Medway Wheelchair Service to support wider wheelchair choice for service users. The PWB scheme was introduced to broaden the scope of the mobility equipment that can be provided by taking advantage of other funding sources as well as NHS Wheelchair Service funding. This could be via other statutory agencies or charitable organisations, or a service users' own financial contribution. This is not to reduce what is on offer but to consider how service user wider care needs could be met with a joined-up approach and by pooling resources.

Service users can either accept the wheelchair prescribed free from the NHS or choose from one of the other options:

Notional PWB options			Third Party PWB
NHS provision	Top-Up	Alternative	
You can have a clinically-appropriate model from the NHS Wheelchair Service range	You can have additional features fitted to the wheelchair provided by the NHS	You can upgrade to an Alternative model within the NHS Wheelchair Service range	You can choose a model of wheelchair outside of the NHS range, provided it meets your clinical needs
The wheelchair is owned by the Wheelchair Service			You own the wheelchair
The Wheelchair Service is responsible for all maintenance and repair costs			You pay all repair costs
No cost to you	You pay the cost of the additional features PLUS The cost of any replacement Top-Up parts	You pay the difference between NHS provision and your chosen wheelchair	You pay the difference between NHS provision and your chosen wheelchair

Representatives from the Kent and Medway CCG and Millbrook Healthcare are members of the South East Regional Wheelchair Network Group who meet regularly to discuss PWBs and share learnings and identify areas where joint working could help progress engagement with other agencies. The Kent and Medway wheelchair service is focussed on raising awareness of PWBs and engaging with stakeholders to facilitate a more joined up approach to working and funding.

Quality and Safety Overview

The CCG conducted a quality visit, informally based on the CQC framework, on the 9th December 2019 which resulted in the service being rated overall 'Good'.

Overall / Domain category	Rating
Overall Rating	Good
Caring domain	Good
Responsive domain	Requires Improvement
Effective domain	Good
Safe domain	Good
Well Led domain	Good

However, the visit team found several areas within the Responsive domain that ‘Requires Improvement’ such as evidencing that learnings from complaints are driving improvements in service delivery and, the requirement for more proactive communication with service users.

Quality Review Group meetings between Millbrook Healthcare and the CCG quality team oversee the implementation of the action plan which captures the recommendations from the visit as well as reviewing performance against the wider quality and safety schedules to help sustain and drive further improvements in the Kent and Medway wheelchair service.

There has been significant progress over the last 12 months with many of the actions now completed, which include:

Infection, Prevention and Control:	<ul style="list-style-type: none"> • IPC Specialist advisors appointed by Millbrook
Information and Planning:	<ul style="list-style-type: none"> • Improved triage to ensure as much information is available for staff to review before appointments to enable better planning and outcomes
Communication:	<ul style="list-style-type: none"> • Improved internal communication with staff to share feedback received. • Improved communication with service users, supported by the Service Improvement Board • Improved positive feedback from service users in relation to their episode of care.
Training:	<ul style="list-style-type: none"> • Refresher training for staff around how to communicate with service users during clinical assessments and discussing future care requirements.
Safeguarding:	<ul style="list-style-type: none"> • Safeguarding champions being introduced within the service • Improved safeguarding training • Review of safeguarding policy to ensure Domestic Violence Bill is included and localised for the Kent and Medway service • Local safeguarding reporting and escalation posters updated
Complaints:	<ul style="list-style-type: none"> • Improved reporting on complaints themes and trends and actions taken by the service • Improved response times to complaints

Outstanding actions will be discussed with the new Millbrook Healthcare Governance Lead in January 2021 when they come into post with a view to closing. In normal circumstances the CCG would undertake a review quality visit but that is currently not possible due to Covid-19.

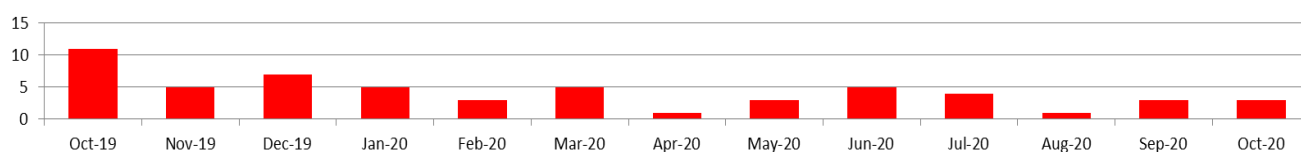
Recent improvements have been made to ensure the safety of patients who have been declining reviews due to the pandemic, with a comprehensive risk assessment and service

user advice tool implemented. The service is strengthening its reporting and investigation of incidents and serious incidents and has participated in the system wide serious incidents communities of practise, learning from other organisations and creating relationships to support joint investigations.

Complaints

There has been a downward trend in the number of complaints and concerns received by the wheelchair service, as shown in Chart 10. The main themes of these are around waiting times and the eligibility criteria. The appointment of a Community Liaison and Engagement Officer has helped to improve complaint handling and communication with service users.

Chart 10: Number of complaints received



Learnings from complaints have led to a number of changes within the service which have helped to strengthen its drive for better communication with service users, through better data gathering, timely information updates and greater interaction with service users. An escalation process within Customer Service has been introduced to ensure any concerns or complaints are dealt with as quickly as possible. The CCG has also worked with Millbrook Healthcare to improve the clarity of the eligibility criteria for both service users and clinicians which has also helped to reduce the number of complaints received regarding eligibility.

Service User Involvement and Stakeholder Engagement

The Kent and Medway wheelchair service and the CCG recognise the value and expertise service users can bring and are committed to ensuring that service users are involved in a real and meaningful way which influences the development of the service. The Service Improvement Board provides the opportunity to work in partnership with service users, carers and family members to ensure their voice is central in the delivery of the service improvement plan.

Providing mechanisms for service users to assess the wheelchair service from their own experiences and perspectives are important to help evaluate and improve the quality of the service. In addition to patient reported experience measures, the service has also introduced patient centred outcome measures as part of PWBs which involves creating measures that are most important to a service user and using these measures to understand how well the service has delivered against the agreed outcomes.

There is continued engagement with locally based forums such as Healthwatch Kent, the Physical Disability Forum (PDF) and the Centre for Independent Living to ensure that the wheelchair service listens and responds to service users' feedback. An example of our partnership working is reflected in the recent national Healthwatch awards where the PDF

were Highly Commended in recognition of their work in helping drive improvements in the service.

In order to provide a high quality wheelchair service that delivers personalised care for service users, it needs to be supported with stakeholders and other agencies. Millbrook Healthcare and the CCG are working together to engage with other health, social care and education partners to facilitate greater joined up working.

Conclusion

Since September 2018 there has been a significant improvement in the performance of the Kent and Medway wheelchair service. The waiting lists for equipment and repairs continue to reduce and average waiting times are within expected levels. However, although there has been steady progress in the number of repairs completed within three working days this remains an area below target and an action plan is in place to drive further improvement.

The wheelchair service has responded proactively to the Covid-19 pandemic ensuring that the service has remained open and providing information and support to service users across Kent and Medway. Despite the pandemic, improvements in service performance have still been made and the CCG and Millbrook Healthcare continue to work collaboratively to build on the good progress that the wheelchair service has delivered.

Item 7: Work Programme 2021

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 27 January 2021
Subject: Work Programme 2021

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

1. Introduction

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

The Health Overview and Scrutiny Committee is asked to consider and note the report.

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

4 March 2021		
Item	Item background	Substantial Variation?
New model of care for dementia patients with complex needs	To receive an update on the proposed new model (follows on from Frank Lloyd Unit closure)	To be determined
Ophthalmology Services	To discuss a possible change in provider for the service.	To be determined
Urgent Care provision in Swale	To receive greater clarity around the plans for Urgent Care provision in Swale	To be determined
Healthwatch Kent and Medway – “Pharmacies and Covid: the reality”	To receive an update on the response of local community pharmacies to the pandemic	No

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Single Pathology Service in Kent and Medway	Members requested an update at the “appropriate time” during their meeting on 22 July 2020	No
East Kent Maternity Services	Following the discussion on 17 September 2020, Members requested the item return once the Kirkup report has been published.	-
East Kent Hospitals University NHS Foundation Trust - Covid-19 update	Following the discussion on 17 September 2020, Members requested the Trust return with an update on their response to the pandemic and the CQC inspection.	-

Item 7: Work Programme (27 Jan 2021)

Provision of Child and Adolescent Mental Health Services at the Cygnet Hospital in Godden Green	To receive an update on the closure of the Tier 4 CAMHS service following the internal investigation by NHS England.	-
Children and Young People's Emotional Wellbeing and Mental Health Service - update	Members requested an update at the "appropriate time" during their meeting on 24 November 2020.	-
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents.	-
The Kent & Medway CCG – 18 months on	An opportunity to review how the first 18 months of the new single CCG has gone.	-
Provider updates	To receive general performance updates from each of the main local providers.	-
Update on the implementation of an integrated Care System across Kent & Medway	To receive an update on the implementation of ICSs, including Integrated Care Partnerships and Primary Care Networks.	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

Kent and Medway Joint Health Overview and Scrutiny Committee NEXT MEETING: TBC		
Item	Item Background	Substantial Variation?
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes
Specialist vascular services	A new service for East Kent and Medway residents	Yes
Changes to mental health provision (St Martin's Hospital)	KMPT's plans for the St Martin's (west) former hospital site, under their Clinical Care Pathways Programme	Yes