HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 16th September, 2021

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 16th September, 2021, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Kay Goldsmith**

Telephone: **03000 416512**

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mr D Watkins and Mr A R Hills
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
Green and Independents (1):	Mr S Campkin
District/Borough Representatives (4):	Councillor D Burton, Councillor J Howes, Councillor M Peters and Councillor P Rolfe

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Membership The Committee is asked to note the change in Borough and District Council membership.	10.00
2.	Substitutes	
3.	Declarations of Interests by Members in items on the Agenda for this meeting.	
4.	Minutes from the meeting held on 21 July 2021 (Pages 1 - 8)	
5.	Covid-19 response and vaccination update (Pages 9 - 14)	10.05

6.	Children and Young People's Mental Health Service - update (Pages 15 - 28)	10.25
7.	NHS 111 service update (Pages 29 - 50)	11.00
8.	Provision of GP services in Kent - written item (Pages 51 - 56)	11.30
9.	Eradication of mental health dormitory wards - written update (Pages 57 - 68)	
10.	Work Programme (Pages 69 - 74)	
11.	Date of next programmed meeting – 11 November 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

8 September 2021

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, County Hall, Maidstone on Wednesday, 21 July 2021.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr A R Hills, Mr S R Campkin, Mr H Rayner, Cllr J Howes, Cllr P Rolfe, Cllr S Mochrie-Cox and Cllr S Coleman

ALSO PRESENT: Ms K Constantine and Mr R Goatham

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

UNRESTRICTED ITEMS

15. Membership
(Item 1)

The Chair welcomed Mr Hills back to the Committee and Members noted the change in membership.

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

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

17. Minutes from the meeting held on Thursday 10 June 2021
(Item 4)

RESOLVED that the minutes from the meeting held on 10 June 2021 were a correct record and they be signed by the Chairman.

18. Covid-19 response and vaccination update
(Item 5)

Paula Wilkins, Chief Nurse (Kent and Medway CCG) was in virtual attendance for this item.

1. Mrs Wilkins introduced the report and provided a verbal update on developments since the report was published. She confirmed that there had been a total of 2.25 million vaccinations in Kent and Medway (1.25 million first doses and 1 million second doses), with 57% of 18–29 year olds and 67% of 30-39 year olds vaccinated. She noted that vaccination centres had provided 20% of vaccines, whilst primary care had delivered 80%. She verified that 60 pop-up clinics had been operated in the week beginning Monday 12 July.

Hospitalisation rates were addressed, it was verified that rates had increased, though not to the level experienced in the second wave and that there were 62 Covid-19 positive patients in Kent hospitals with 4 in intensive care.

2. Mrs Wilkins informed the Committee that there had been 3,998 total deaths from Covid-19 in Kent and Medway at the time of the meeting.

3. A Member of the Committee asked what vaccination plans had been put in place for university cities. Mrs Wilkins confirmed that plans for pop-up vaccination sites had evolved. She noted that most university students would be offered the vaccine over the summer.

4. It was questioned whether there were plans to vaccinate under 18s and if so whether informed consent would be used. Mrs Wilkins confirmed that there were no plans to vaccinate under 18s as a general age group and that children were only vaccinated if they had, or lived with someone that had, a deficient immune system, which was in line with Joint Committee on Vaccination and Immunisation (JCVI) guidelines.

5. The Committee requested a written update on phase 3 (Autumn/Winter) of the vaccination programme be circulated to Members before the next meeting, as the phase would be underway before the September meeting. Mrs Wilkins agreed and expected this to be available mid-August.

6. Mrs Wilkins reassured the Committee that 'Hands, Face, Space' had been maintained in all clinical settings to protect vulnerable patients and staff, despite the conclusion of social restrictions.

7. RESOLVED that the report be noted.

19. Provision of Ophthalmology Services (Dartford, Gravesham and Swanley) *(Item 6)*

David Peck, Director of Dartford, Gravesham and Swanley ICP (Kent and Medway CCG) and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust) were in attendance for this item.

1. Mr Peck gave a verbal overview of the report. He outlined the service options which were considered following the decision taken by Moorfields to cease operations at Darent Valley Hospital and confirmed that there had been a smooth transition of patients to the new service provided by the Maidstone and Tunbridge Wells NHS Trust. It was confirmed that an options appraisal would be undertaken.

2. Asked whether other services had been affected by providers issuing notice due to a lack of financial viability to provide services, Mr Peck confirmed that ophthalmology faced unique financial challenges and that similar financial risks did not exist in other services.

3. A Member raised the impact of the service development on public accessibility and asked if improvements had been considered, with a specific focus on public transport and the increased cost to patients. Mr Peck committed to improve public accessibility and recognised that service delivery had been the initial priority. Mr Peck added that as part of the Kent and Medway CCG's Strategic Estate Strategy it was the intention that ophthalmology services be returned to the Dartford, Gravesham and Swanley area as soon as was practical.

4. A Member asked whether Maidstone and Tunbridge Wells NHS Trust were able to operate a satellite ophthalmology service at the Darent Valley Hospital using the service's previous facility. Mr Peck confirmed that the previous facility at Darent Valley Hospital had been repurposed for other outpatient capacity and that the theatre space had been used to clear the Hospital's surgical backlog.

5. Asked what measures had been put in place to ensure that longer notice periods were adopted and standardised, Mr Peck confirmed that the notice period in future contracts would be increased from 6 to 12 months.

6. One Member, Councillor Mochrie-Cox, suggested that the change should be considered a substantial variation of service. However, the Committee considered that on balance it was not.

7. RESOLVED that:

a) the Committee does not deem the proposed changes to ophthalmology services to be a substantial variation of service.
b) the report be noted.
c) an update on the effectiveness of the service changes be received at the appropriate time.

20. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview *(Item 7)*

Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant cardiologist (*Maidstone and Tunbridge Wells NHS Trust); and Mark Atkinson, Director of Integrated Care Commissioning - West Kent (Kent and Medway CCG) were in attendance for this item.*

1. Dr Jhund provided a verbal overview of the Clinical Strategy Overview report. He recognised Maidstone and Tunbridge Wells NHS Trust's strong performance throughout the pandemic and highlighted areas of sustained improvement, which included cancer services. Reassurance was given to the Committee that future service developments had been planned with patient needs, engagement and cooperation in mind.

2. RESOLVED that the Committee:

a) agree to receive regular updates on Maidstone and Tunbridge Wells NHS Trust clinical strategy; and
b) agree to determine on an individual basis if the workstreams constitute a substantial variation of service.

21. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology reconfiguration
(Item 8)

Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant Cardiologist (*Maidstone and Tunbridge Wells NHS Trust); Dr Paul Blaker, Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust) and Mark Atkinson, Director of Integrated Care Commissioning - West Kent (Kent and Medway CCG) were in attendance for this item.*

1. Dr Nunn outlined the proposed service changes set out in the report and addressed the challenges which affected the existing service. He broke down the key areas of cardiology and confirmed that under existing arrangements services were split or duplicated across the Maidstone and Tunbridge Wells sites. It was noted that patient travel between both sites was common and had caused delays to treatment which put services outside of national guidelines in particular instances. He verified that neither site had a specialist cardiology ward and that it had been proven that patient outcomes were better in specialist facilities. The benefits of the proposed staffing arrangement were detailed, Dr Nunn confirmed that a 24-hour service would be operated, which had not been previously possible with a split workforce. He added that service consolidation allowed scope for the future development of other specialist services.

2. Dr Jhund confirmed that three months of partner and community engagement had been planned and included a formal public consultation.

3. Following a question from the Chair, Dr Jhund gave assurance that there would be no service closure as a result of the proposed change, and provision for some services (such as outpatients) would remain on both sites.

4. There had been discussion within the Trust around whether the proposal was significant, and it had been decided that a 3 month consultation would be held. The Chair thought the public would appreciate an inclusion of the preferred site, from the Trust's point of view, in the consultation documents. Dr Jhund did not want to prejudge any outcome but offered that clinically the preferred site was Maidstone Hospital because of its adjacency to the planned hyper-acute stroke unit (HASU) and it benefited from better transport links. Dr Nunn noted that clinicians had recognised the transport and location advantages of a centralised service at Maidstone Hospital.

5. Members asked whether a public accessibility impact assessment had been undertaken. Dr Jhund confirmed that specialist and outpatient services would remain unchanged on both the Maidstone and Tunbridge Wells sites. He added that work had been undertaken to improve bus routes and car parking for patients and visitors.

6. Dr Maiden highlighted the quality of care and value for money benefits of the proposed service centralisation. A comparison was made with the service improvements at HASUs and ASUs. He argued that due to increased productivity (by having specialists on one site all the time) access to services would actually increase.

7. Dr Nunn noted that there was significant pre-existing patient travel between the Maidstone and Tunbridge Wells Hospitals, and that patients would be better off with the proposed re-location.

8. A Member was concerned that the community impact of service changes was not given enough weighting in decision-making, and asked that such impact be considered to a greater extent in future decisions.

9. Members asked what lessons had been learnt from previous consultations that could be applied to the upcoming one. Dr Jhund highlighted the importance of engaging early and widely, as well as understanding where there is a gap in expertise and going out to find it. He confirmed the public consultation pack would be more accessible than the pack included in the Committee's agenda and added that a bank of former patient stories had been maintained which would be drawn upon to provide context.

10. Members believed that whilst the proposed changes were significant, they were not substantial.

11. RESOLVED that:

a) the Committee does not deem the proposed reconfiguration of cardiology services across Maidstone and Tunbridge Wells NHS Trust to be a substantial variation of service.
b) the report be noted.

22. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Digestive Diseases Unit
(Item 9)

Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Maiden, Chief of service for medicine and emergency care and Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust); Dr Laurence Nunn, Consultant Cardiologist (*Maidstone and Tunbridge Wells NHS Trust) and Dr Paul Blaker, Consultant Gastroenterologist (Maidstone and Tunbridge Wells NHS Trust) were in attendance for this item.*

1. Dr Jhund explained to Members that this proposal expanded on plans first brought to the Committee's attention in January 2020 (as part of the General Surgery reconfiguration at Maidstone and Tunbridge Wells NHS Trust).

2. Dr Maiden provided a verbal overview of existing digestive diseases services and outlined the planned changes. He confirmed that the service operated 7 days a week and cared for both general medical and gastroenterology patients, with the planned service change consolidating complex gastroenterology patients onto a single site (Tunbridge Wells). The current service configuration led to inefficiencies because specialists were split across two sites. He highlighted the benefits to service sustainability of the proposed model, in terms of the consolidation of workforce and improved service efficiency. Any service disruption was expected to be minor, and it was confirmed that the majority of acute gastroenterology services already operated from Tunbridge Wells. The foremost challenge anticipated from the proposed change was cited as the backfilling of the existing gastroenterology ward with general medical patients.

3. Dr Jhund addressed the staged engagement plan detailed in the report which included quality impact assessments; travel time analysis; and minor change justification. It was noted that the plan had been formulated in consultation with Healthwatch Kent. He confirmed that 1% of patients would be affected by the proposed service change. Reaffirmation was given that endoscopies and outpatient services would remain at Maidstone Hospital.

4. RESOLVED that:

a) the Committee does not deem the proposed reconfiguration to be a substantial variation of service.
b) the report be noted.

23. Dental Services in Kent (written item)

(Item 10)

1. The Chair introduced the report and explained that a question had been received in advance of the meeting from a member of the public about service provision for homeless residents. The Chair confirmed the enquiry would be investigated.

2. A Member reported an apparent difficulty for residents in registering with an NHS dental practice. They were particularly concerned with the impact of poor dental health on young people and encouraged a greater focus on preventative dental work.

3. The Chair asserted that an update on Dental Services in Kent should be brought to the Committee following the embedding of new practices in Minster, Canterbury, Tonbridge and Swale. Following a request, the Chair agreed that the density of provision across age groups be included in the update.

4. RESOLVED that the report be noted, and an update paper be brought to the Committee once the cited new services have been established.

24. Major Trauma Centre provision in Kent (written item)
(Item 11)

RESOLVED that the report be noted.

25. Follow up from previous meeting - the funding of community pharmacies
(Item 12)

RESOLVED that the update be noted.

26. Work Programme 2021
(Item 13)

1. The Chair reminded Members that the provision of GP Services in Kent would be considered at the September meeting and invited the Committee to send specific areas of interest to the Committee's clerk for forwarding to the NHS. Members noted concern around:

    - The use of virtual instead of physical appointments.
    - Concern that the first point of contact with a Practice is not always a positive experience.
    - Apparent unaccountability of failing practices.
    - Who decides how the future of services will look – efficiency of provision isn't always the answer.
    - The progress with the rollout of hubs.

2. The Chair acknowledged that an update on Kent's integrated care system (ICS) was needed at the appropriate time to analyse the effectiveness of Kent and Medway CCG as the single health commissioning body for Kent.

3. A Member suggested a future item on the health and wellbeing of Gypsies and Travelers, citing poor health and low life expectancy as areas of concern. Mr Goatham (Healthwatch Kent) offered to provide information where available. The Chair agreed this would be looked into.

4. RESOLVED that the report be noted.

27. Date of next programmed meeting – 16 September 2021 at 10am
(Item 14)

(a) **FIELD**

(b) **FIELD_TITLE**

Item 5: Covid-19 response and vaccination update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: Covid-19 response and vaccination update

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

It provides background information which may prove useful to Members.

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1) Introduction

a) The Committee has received updates on the local response to Covid-19 since their July 2020 meeting.

b) The Kent and Medway CCG has been invited to attend today's meeting to update the Committee on the response of local services to the continuing covid-19 pandemic as well as the progress of the vaccination rollout locally.

2) Previous monitoring by HOSC

a) HOSC received its most recent update in July 2021. For the vaccination rollout, the CCG were in the early stages of phase 3 planning. HOSC asked to receive a written update once firm plans were in place (expected mid-late August).

b) Following the discussion, the Committee resolved to note the report.

c) The CCG has been invited to attend today's meeting and provide an update.

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 (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

Kent County Council (2021) 'Health Overview and Scrutiny Committee (27/01/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8499&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (4/03/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8500&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (10/06/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8501&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (21/07/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4

Contact Details

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Scrutiny Research Officer
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Transforming health and social care in Kent and Medway

NHS Kent and Medway Clinical Commissioning Group

Covid-19 update for Kent Health Overview and Scrutiny Committee – September 2021

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

The report is provided by the Kent and Medway Clinical Commissioning Group (KMCCG) on behalf of the Integrated Care System. It is an overview to the NHS response to the pandemic and includes work being delivered by a wide range of NHS partners.

Vaccination programme

The Covid-19 vaccination programme across Kent and Medway continues to progressed well. Since the last HOSC update, key changes to the programme have been roll out of the vaccination offer to 16 – 17 year olds and the national approval to offer the vaccine to 12-15 year olds, further details below.

VACCINATION PROGRESS

Figures on vaccine progress are published nationally each Thursday. As of 2 September, the position in Kent and Medway was:

- 2,472,010 vaccines in total
- 1,308,664 first doses
- 1,163,346 second doses completed

Percentage uptake across the priority groups:

Cohorts	First dose uptake	Second dose completion	Whole pop. fully vaccinated
1 (Care home residents and carers)	98%	88%	86%
2 (80+ years and health and care frontline staff)	96%	97%	93%
3 (75-79 year olds)	97%	98%	95%
4 (70-74 year olds and extremely vulnerable)	95%	98%	94%
Total 1 – 4	**96%**	**97%**	**93%**
5 (65-69 year olds)	94%	99%	93%
6 (clinically vulnerable aged 16-64)	88%	95%	83%
7 (60-74 year olds)	92%	98%	90%
8 (55-59 year olds)	91%	98%	89%
9 (50-54 year olds)	89%	97%	86%
Total 1 – 9	**92%**	**97%**	**90%**
10 (40-49 year olds)	83%	94%	78%
11 (30-39 year olds)	71%	83%	59%
12 (18-29 year olds)	65%	62%	41%
Total 10 – 12	**72%**	**80%**	**58%**
13 (16-17 year olds)	45%	16%	7%
All cohorts	**83%**	**90%**	**74%**

16 – 17 YEAR OLDS

As highlighted above, 16-17 year olds are now able to get the Covid-19 vaccine. For 16-17 year olds with no underlying risk factors only one dose of the Pfizer vaccine will be given. For this group people are being contacted by GP led services or can use walk-in clinics. Young people aged 16-17 can provide self-consent for all immunisations and this includes the Covid-19 vaccination.

Young people within three months of their 18th birthday will be offered two doses and can use the national booking service as well as walk-in clinics.

12 – 15 YEAR OLDS

On 3 September the Joint Committee on Vaccination and Immunisation (JCVI) published a statement saying they are not recommending vaccination of all 12-15 year olds. The Government has asked the national Chief Medical Officers to consider the wider impact on schools and society. We will update the committee on the position at the meeting.

A small cohort of 12-15 year olds are being advised to have the vaccine. This is specifically if the young person has underlying health conditions that put them at increased risk from Covid-19 or if they live with someone who is immunosuppressed. On 3 September, the JCVI updated their guidance on the conditions considered to put young people at increased risk from Covid-19, expanding it to also include:

- haematological malignancy
- sickle cell disease
- type 1 diabetes
- congenital heart disease

Children with poorly controlled asthma and less common conditions, often due to congenital or metabolic defects where respiratory infections can result in severe illness, should also be offered COVID-19 vaccination. The full JCVI guidance is online here. Vaccination of 12-15 year olds requires consent by their parent/legal guardian.

THIRD DOSE FOR IMMUNOSUPPRESSED

On 1 September the JCVI issued guidance that a third dose should be offered to people who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV and recent organ transplants. These people may not mount a full response to vaccination and so may be less protected than the wider population. This offer is separate to any potential booster programme.

BOOSTER PROGRAMME

At the time of finalising this report the NHS was awaiting formal guidance from the JCVI and then a subsequent decision by the Government on whether there will be a booster programme to provide third doses. We will update the committee verbally at the meeting.

VACCINATION CENTRES

Across Kent and Medway we continue to have over 20 vaccination sites available through the national bookings service and continue to run a range of walk-in clinics (these change from week to week but 10-15 different options including a mobile unit are routinely available). All local options for vaccination sites are published on our vaccination pages of the KMCCG website and through national NHS websites for locating nearest clinics.

www.kentandmedwayccg.nhs.uk/covid19vaccine

National Covid-19 vaccine walk-in clinic finder

Covid-19 cases and deaths

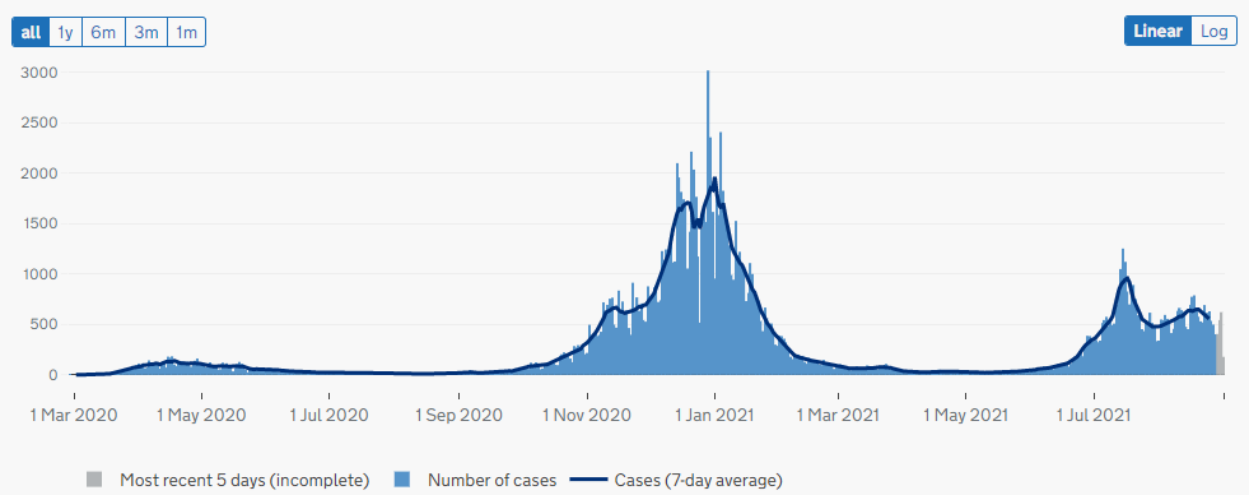
Community infection rates across Kent rose in mid-July to a peak of 956.7 per 100,000 (7 day average) then dropped to a rolling average of 555 at the end of August.

The number of people in hospital beds with confirmed Covid-19 is currently around 125 (of which 14 are in intensive care beds). This is a rise from 25 in hospital and 2 in intensive care when we updated HOSC in July. Hospitals are coping well with this increase. More detail on wider hospital pressures is provided later in the report.

Deaths from Covid-19 remain low, although there are unfortunately still a number of deaths on a weekly basis. As of 3 September in Kent there have been:

- 4,055 deaths within 28 days of a positive test
- 4,640 deaths with Covid-19 recorded on the death certificate

The graph below shows the **daily confirmed cases** in Kent over the duration of the pandemic:



Source: 3 Sept 2021 https://coronavirus.data.gov.uk/details/cases?areaType=utla&areaName=Kent

Hospital elective care treatments

The NHS across Kent and Medway continues to work hard to reschedule routine treatments and good progress is being made. Rescheduling treatment will prioritise those with the highest clinical need and those who have been waiting longest. The overall total of people on waiting lists is increasing as new referrals are made, but the percentage seen within 18 weeks is increasing; the average waiting time is falling; and the number of people waiting over a year is falling.

Latest figures were published on 12 August, providing data for June 2021, and show the number of people waiting over 52 weeks reduced by a further 800 in June. August data is due to be published shortly.

	April 2021	**May 2021**	**June 2021**
Total incomplete pathways	143,974	150,752	153,366
Total within 18 weeks	92,867	103,028	108,888
% within 18 weeks	64.5%	68.3%	71.0%
Average waiting time in weeks	10.7	10.5	9.9
Total 52 plus weeks	7,963	6,815	6,010

Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22, 12 Aug 2021
https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/

General Practice pressure

The CCG continues to work with general practice, the Local Medical Committee and wider NHS partners to address pressures facing general practice and the challenges patients are having contacting practices and arranging appointments. A separate report with further information on actions to support GP services will be brought to the November HOSC meeting.

Conclusion

All parts of the NHS continue to work extremely hard to meet patients' needs which have built up through the period of lockdown restrictions. We maintain our attention on supporting people needing hospital care for Covid-19; delivering the vaccination programme; and addressing backlogs and increased demand now that lockdown restrictions have been largely lifted.

As an appropriate precaution we continue to recommend the wearing of face coverings and maintaining social distancing for staff, patients and visitors to all healthcare settings.

Caroline Selkirk
Director of Health Improvement
and Chief Operating Officer
Kent and Medway NHS
Clinical Commissioning Group

Paula Wilkins
Executive Chief Nurse
Kent and Medway NHS
Clinical Commissioning Group

Item 6: Children and Young People's Emotional Wellbeing and Mental Health Service - update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

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

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

It provides background information which may prove useful to Members.

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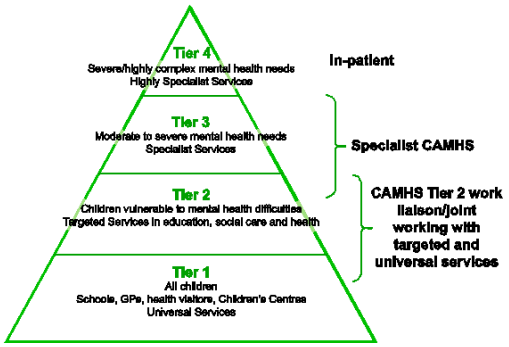
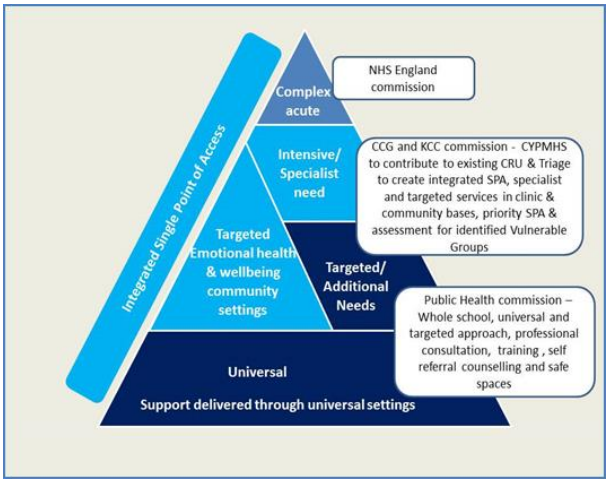
1) Introduction

a) Children and young people's mental health services (CYPMHS) is an umbrella term covering a wide range of services commissioned by the NHS and local government. The diagram to the right helps explain the four tiered provision of the overall service.[1]



2) The Kent contract

a) In Kent and Medway, North East London Foundation Trust (NELFT) provides Targeted and Specialist Mental Health Services to children and young people (tiers 1-3). The service is jointly commissioned by KCC and the Kent and Medway CCG, and the diagram on the right shows how this is modelled.



b) The 5-year contract commenced in September 2017 (with an option to extend by a further 2 years) and has a total value of £82,505m.

c) Specialist in-patient provision for CAMHS (Tier 4) is commissioned by NHS England and is therefore not under scrutiny at today's meeting.

[1] Parliament (2014) CAMHS as a whole system https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34206.htm#note29

3) Previous visits to Kent's HOSC

a) CYPMHS has come to HOSC regularly over recent years. Concerns have centred on waiting times; service provision because of capacity issues; and communication during waiting times.

b) The commissioner and provider last attended HOSC in November 2020. Key points from that update include:

- Demand was increasing, with referrals from the previous three months at their highest ever level.
- Appointments had continued. Demand was being met by longer operating hours and additional staff.
- Robust clinical assessments were in place to determine if a young person needed a virtual or face to face appointment.
- There had been an increase in the complexity of cases which was reflected in the increased use of Section 136 suites.[2]
- There were cases where children were waiting more than 52 weeks for neuro developmental assessment. There were no children waiting longer than 18 weeks for mental health assessments.
- Communication with partners had increased, including interventions such as signposting schools and families.
- In March 2020 NELFT had taken over the provision of the Kent and Medway Adolescent Hospital (KMAH), a tier 4 mental health service for young people (commissioned by NHSE/I).

c) Representatives from the CCG have been invited to attend today's HOSC meeting to provide an update on the delivery of the service, particularly reflecting on the impact of the pandemic.

4. Recommendation

RECOMMENDED that the report on Children & Young People's Emotional Wellbeing & Mental Health Service be noted and Kent & Medway CCG be invited to provide an update at the appropriate time.

[2] A Section 136 suite is a place of safety where police may detain members of the public under Section 136 of the Mental Health Act if they appear to have a disorder of the mind, are in a public place and present a risk to themselves or others.

Background Documents

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

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

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

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

Kent County Council (2019) *'Health Overview and Scrutiny Committee (01/03/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7926&Ver=4

Kent County Council (2020) *'Health Overview and Scrutiny Committee (05/03/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&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

NHS information: https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/nhs-services/children-young-people-mental-health-services-cypmhs/

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KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16TH SEPTEMBER 2021

ITEM NAME

Report from: Jane O'Rourke, Associate Director, Children's and Maternity Commissioning Team, Kent and Medway Clinical Commissioning Group CCG

Brid Johnson, Director of Operations, Essex and Kent, North East London NHS Foundation Trust

Gill Burns, Children's Services Director, Essex and Kent, North East London NHS Foundation Trust

Author: Sue Mullin, Senior Programme Manager, Children's Emotional Wellbeing and Mental Health, Kent and Medway Clinical Commissioning Group

Summary

Covid-19 has had a significant impact on children, young people and their families with general demand increasing across all emotional wellbeing and mental health services and a concerning rise in acuity and complexity for those children who need urgent or emergency care. This is a national increase, with other areas in the South East experiencing higher demand in some pathways, however the increase in Kent and Medway has put extreme pressure on services. The Kent and Medway Covid-19 response, supported by NHSE/I and NHS investment, has paid particular attention to increasing emotional wellbeing and mental health service capacity and supporting the pressures within crisis, eating disorder and neurodevelopmental pathways. There is an established and coordinated system-response, with oversight from the Mental Health, Learning Disability and Autism Improvement Board and the Kent and Medway Integrated Children's Delivery Board. Action planning and delivery is continuing across agencies to increase crisis prevention services, support general hospital resilience and increase inpatient capacity.

The children and young people's mental health system is dynamic and complex. Kent and Medway's whole-system approach to children and young people's mental health is considered an area of good practice regionally with well-established Local Transformation Plan programmes and services. The national targets described in the

NHS Long Term Plan around access to mental health services have been consistently exceeded across Kent and Medway. However, we are not complacent and are ambitious in meeting the needs of our children, young people and young adults.

We have prioritised the following areas:

- Developing a new neurodevelopmental pathway
- Focusing on the 18 to 25 offer and transition from children to adult services
- Increasing emotional wellbeing and mental health capacity across the system
- Increasing investment and securing additional investment from national programmes
- Increasing resilience within schools and primary care to access/respond to emotional wellbeing needs of children and young people

1. Estimated prevalence and access targets – recent update

For children and young people aged 5 to 16, the prevalence of probable mental disorders has increased statistically significantly between 2017 and 2020, from 10.8% of the population in 2017 to 16.0% (one in six) in 2020, according to a nationally representative survey commissioned by NHS Digital.

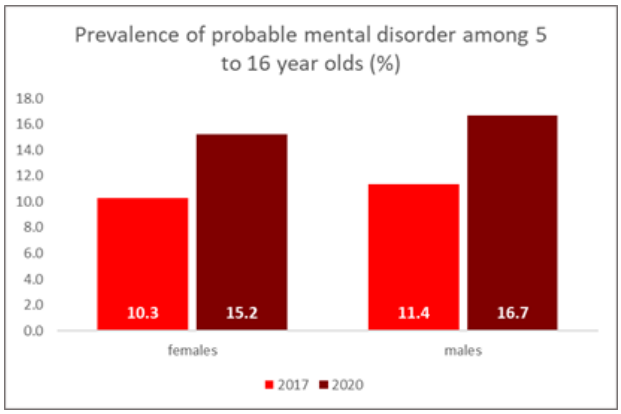

Chart 1

Applying these prevalence estimates to the Kent and Medway under-18 population would suggest that 55,250 children and young people have a probable mental disorder and an additional 33,150 children and young people (9.6%) have a possible mental disorder. Certain groups of young people are particularly vulnerable to mental illness, for example: women aged 17 to 22 years and children and young people who have experienced trauma through adverse childhood experiences.

Kent and Medway CCG are required by NHSE to set out the route to achieving the national target of increasing access to specialist mental health support. The Kent Local Transformation Plan and Medway Local Transformation Plan sets out the CCG and stakeholder response to the 5 Year Forward View (5YFV) and NHS Long Term Plan

requirements in relation to children and young people's emotional wellbeing and mental health.

The national access target increases every year and has been achieved and exceeded across Kent and Medway since 2016/17. In 2021/22, 43.7% (15,665) of Kent and Medway children and young people with a diagnosable mental health condition were able to access treatment compared to a 35% national target.

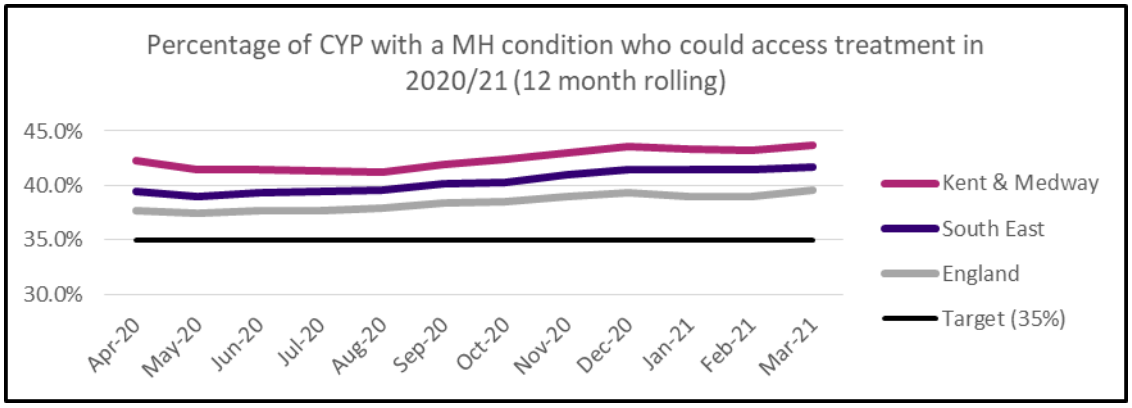

Chart 2. Source: NHSE

In 2021/22 the NHS Long Term Plan and Spending Review target is for 16,613 children and young people in Kent and Medway to receive a mental health service. Our planned commissioning will see us exceeding this target by providing a service to at least 17,703 children and young people. By March 2024, Kent and Medway CCG is working to meet a trajectory of 22,158 children and young people receiving a service (3,500 above the national ambition).

2. Covid-19 Impact

2.1. National and regional findings

NHSE local sub-regional analysis of Covid-19 has shown that the 2020/21 increase in children and young people's mental health referrals has been within the region of 70-107%. NHS Benchmarking warns of a 20 to 60% surge in children and young people's mental health referrals in 2021/22. For the South East region where the surge has been higher, this figure is expected to be between 40 to 60%. NHSE South East programmes' team expect the Kent and Medway increase in 2021/22 to be lower than neighbouring counties, but still high at 40 to 50%.

Across the NHSE South East Provider Collaborative[1] geography (for Kent this is a Kent and Sussex footprint) delays to Child and Adolescent Mental Health Services (CAMHS) Tier 4 admissions/transfers have been increasing. As commissioner for Tier 4 beds, NHSE report inpatient demand has been on an

[1] Provider Collaboratives are responsible for managing the budget and patient pathway for specialised mental health, learning disability and autism care for people who need it in their local area, covering adult low and medium secure, CAMHS tier 4 and adult eating disorder services.

unsustainable upward trend since June 2020, particularly with regard to eating disorder beds. The graph below shows children and young people for which a referral has been received in the South East region where they are yet to be admitted. Delays in admission have a significant impact on the local system where children and young people are held and managed at home or in acute paediatric wards.

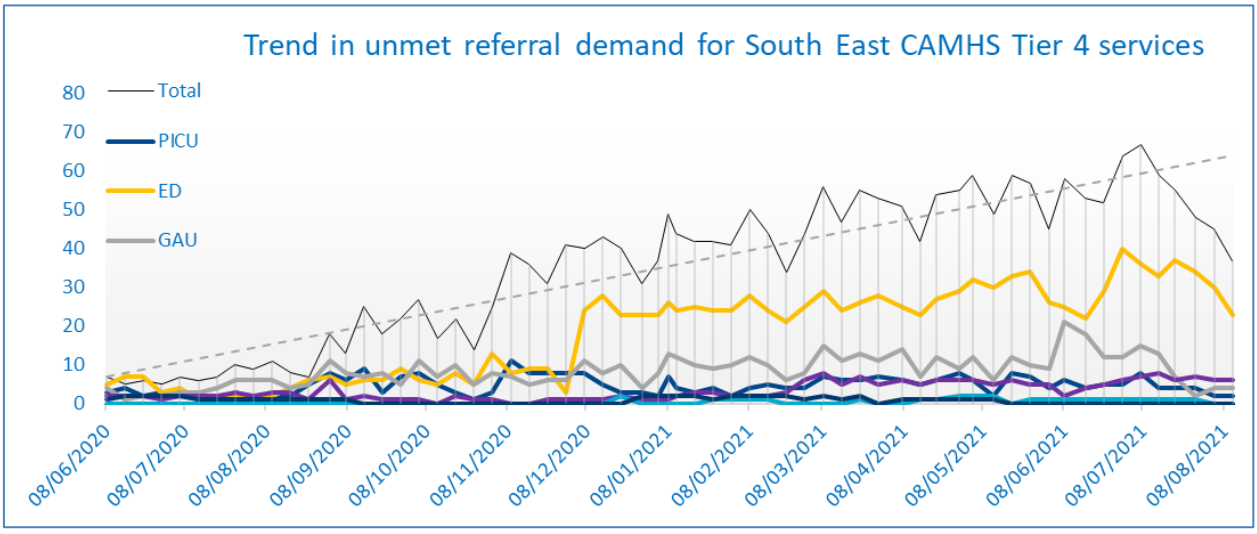

Chart 3. Source: NHSE/I

2.2. Kent and Medway findings

2.2.1. General increase in referrals

Referral rates into all emotional wellbeing and mental health services reduced during lockdowns and increased once children and young people returned to school. The graphs below are of two large services: NELFT's Kent and Medway mental health services, and KCHFT's children and young people's counselling service. Both services share a single point of access (SPA) and statistically significant increases in referrals were seen in autumn 2020 and spring 2021.

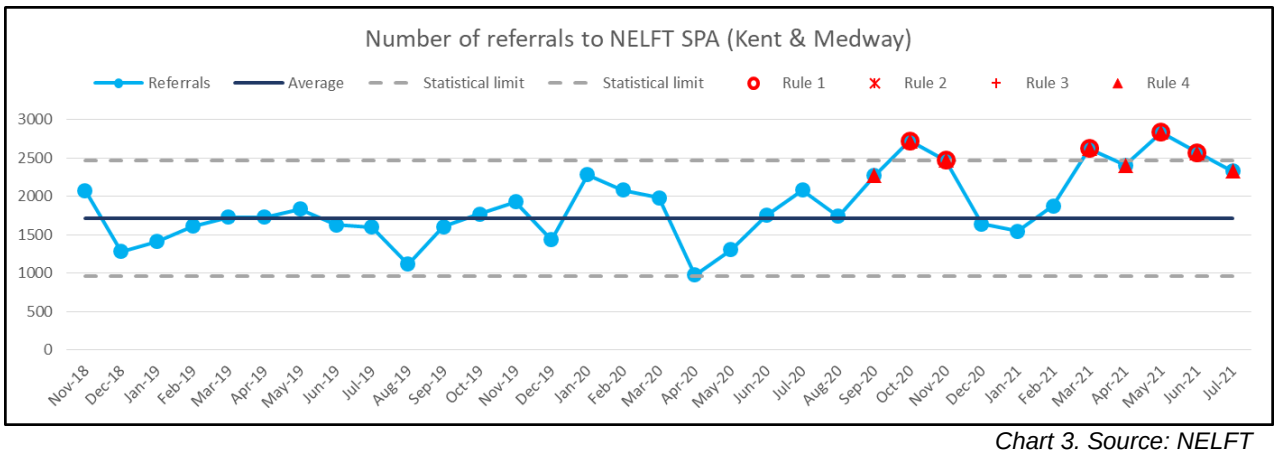

Chart 3. Source: NELFT

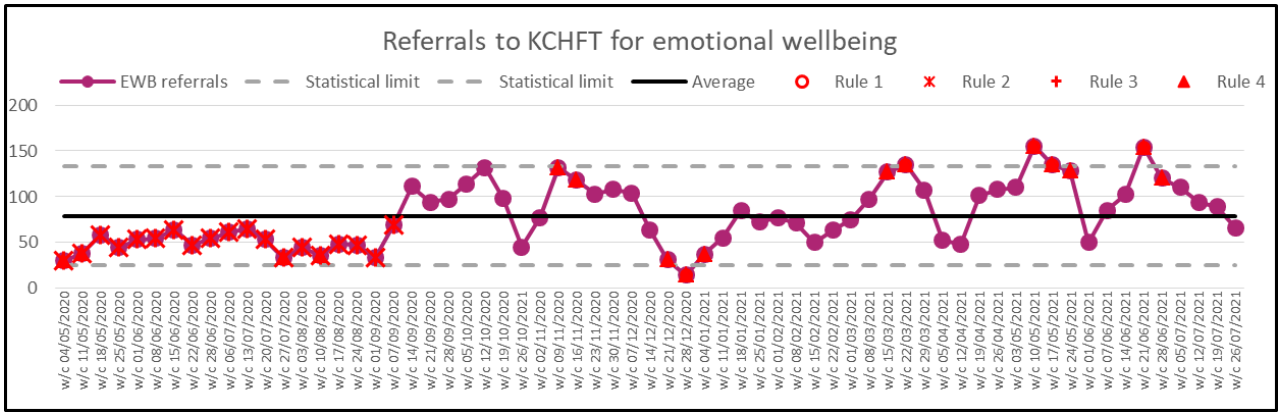

Chart 4. Source: KCHFT

Most services have reported an increase in children and young people experiencing anxiety, depression and increased needs associated with trauma. Porchlight delivers a range of emotional wellbeing services in Kent and Medway and explain: *Workers have noticed an increase in more complex cases over the last four weeks. Workers now have more young people on caseload working with Early Help. There is an increase in domestic abuse being reported within the family home and the safeguarding work has increased*. (April 2021)

2.2.2. Increased demand in specialist pathways:

Specialist pathways are experiencing an increase in the complexity and acuity of children and young people entering services, which is reflected in other services such as acute hospital trusts and children's social care. The key pressures are within the:

- **Eating disorder pathway:** The number of children and young people seen has been statistically significantly higher in the last 3 months (with 211 seen in March 2021 compared to the pre-Covid-19 average 154 per month). The service is currently meeting national targets relating to NICE concordant treatment timeframes.
- **Urgent and emergency care pathway**: Children and young people who are in a mental health crisis or acutely unwell: Self harm admissions into hospital trusts increased to 76 admissions in October 2020 and 59 in February 2021 (monthly average across Kent and Medway is 44). The increase in October 2020 was experienced by all acute setting and more prominent in east Kent in February 2021. In quarter one of 2021/22, acute paediatric wards reported a large and sustained number of very complex children and young people needing care. Delays in finding Tier 4 inpatient beds resulted in a system response (including KCC and NHSE/I) to resolve the pressure in the system.
- **Neurodevelopment diagnostic pathway**: Unlike emotional wellbeing and mental health services, there has been no referral suppression for diagnostic assessments during the lockdowns. This has been further

exacerbated by the invalidation of the diagnostic assessment licence (ADOS) during Covid-19 as it cannot be used virtually or while wearing PPE. This has had an impact on the waiting times for NELFT and the four paediatric providers in Kent and Medway.

2.3. Kent and Medway CCG Response

Below is a brief set of highlights of the combined response of agencies to support the emotional wellbeing and mental health of children and young people over the past 12 months and forward plan into 2021/22

2.3.1. NELFT's Children and Young People's Mental Health Service

NELFT provide the majority of children and young people's mental health specialist interventions in Kent which are received through the Single Point of Access and delivered through their locality teams and crisis team. Despite a significant increase in referrals (see Chart 3), NELFT report an overall reduction for children and young people waiting over 18 weeks for treatment as they continue to prioritise and focus on patients experiencing long waiting times.

Kent CYPMHS & Neurodevelopmental and Learning Disability Service
Apr 20 - Mar 21

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Total Caseload (NLDS & CYPMHS)	11,670	11,635	11,937	12,756
Caseload - NEURO ONLY	7,077	6,736	7,456	7,077
Caseload - CYPMHS ONLY	4,593	4,899	4,481	5,679
Referrals received - CYPMHS	3,696	5,439	4,075	4,813
Referrals received - Neuro	885	1,358	1,106	814
Number waiting for first assessment - CYPMHS	1,031	375	285	524
Number waiting for routine treatment - CYPMHS	1,756	964	1,159	1,537
Number waiting for treatment - Neuro	3,237	2,821	3,288	3,133
Number of discharges (inc Neuro)	5,383	5,480	5,390	5,477

Chart 5. Source: NELFT

NELFT are one of 5 providers across Kent and Medway that deliver neurodevelopmental diagnostic assessments. The number of children and young people waiting for both autism and/or ADHD (attention deficit hyperactivity disorder) diagnostic assessments is significantly high. NELFT have worked with the CCG, KCC and paediatric providers under the SEND Written Statement of Action plan to address the current pressure in the pathway. Their response to the pressures have recently included:

- Collaborative work with commissioners to transfer all children and young people over 17 years old to Psychiatry UK for Autism Spectrum Conditions (ASC) diagnostic assessments (380 families offered a transfer of service to Psychiatry UK for their assessment)
- Additional investment to offer assessments to those who have waited the longest
- Autism Diagnostic Observation Schedule (ADOS) training for staff commenced in January 2021 to support ASC assessments
- Virtual drop in sessions commenced in the Jan 2021 for children and young people and their families waiting for assessments
- Consultant Pharmacist and Nurse Prescriber appointed to support the prescription and prescribing processes and Attention Deficit Hyperactivity Disorder (ADHD) assessments
- Shared care pilot commenced in May 2021 with 2 GP practices for ADHD Children and Young People
- ASC project commenced to contact over 2,000 families with children aged 13 to 16 years old to conduct a Clinical Harm Review

2.3.2. Additional Investment

During 2020/21, NHSE issued guidance to CCGs to ensure that investment into children and young people's mental health services was increased in line with the Mental Health Investment Standard (MHIS). Across Kent and Medway, investment is delivered under the Local Transformation Plan/Long Term Plan framework which articulates a commitment to growing capacity from early intervention and prevention services through to specialist services. In addition to the MHIS growth, Kent and Medway CCG bid for and received investment from NHSE winter pressure funding and System Development Funding, specifically targeted to address the Covid-19 impact.

For 2021/22, the CCG's commitment to increased investment for children's emotional wellbeing and mental health services continues within the requirement to meet Kent and Medway CCG's Long Term Plan commitments and the stretch targets recently published in the NHS Mental Health Delivery Plan for 2021/22. This plan outlines the stretch targets to be met utilising the Spending Review additional investment of £79m nationally for children and young people's mental health. In 2021/22 the CCG have committed to invest over £31m into children and young people's emotional wellbeing and mental health services to meet the commitments within the NHS Long Term Plan and Local Transformation Plan.

2.3.3. Focus on specialist pathways

During 2020/21, the CCG has worked with NELFT to increase their workforce capacity within the crisis response service and increased case coordination and liaison with the acute trusts. The CCG developed a crisis vigilance dashboard which brings together information from specialist services, acute trusts, Local Authorities and NHSE/Provider Collaborative T4 commissioned services to support the monitoring of pressures and capacity across the system.

During quarter one of 2021/22, NHSE/I, KCC, Medway Council, providers and the CCG convened to respond to the significant pressure around availability of Tier 4 inpatient beds and the subsequent impact on local systems, in particular the acute hospital trusts, NELFT and social care. The crisis pathway action plan was developed and addresses identified pressures. Twice weekly system calls were implemented to ensure traction to address issues such as patient safety, service capacity and workforce competency across the complex and crisis pathways, including eating disorders pathway.

During 2021/22, a number of initiatives are being implemented under the crisis pathway action plan arrangements to address specialist pathway pressures, including, investment into an increased intensive home treatment model for children and young people who are in a mental health crisis or acutely unwell with their mental illness. This offer will reduce the reliance on and rate of growth of T4 CAMHS bed use. Other large programmes of investment which will be implemented this year include increasing the eating disorders offer (to include restricted feeding and preventative support pathways) and rolling-out of increased mental health workforce within acute hospitals.

2.3.4. Increasing capacity

During 2020/21 the focus was to meet as much of the increased demand as quickly as possible, this was delivered through 3 main routes:

- **Coordination of existing capacity** within a number of services. For example, providers whose main activity is delivering interventions in schools have been able to support the self-harm prevention pathway by taking appropriate referrals that come through the SPA. This coordination has enabled a degree of increased system resilience.
- **Expansion of existing services**. For example the expansion of Kooth online counselling, Be You LGBT+ peer support and suicide prevention programmes to extend in age up to 25 and across the geography of Kent and Medway.
- **Commissioning of new services**. For example, intensive family support service, bereavement support and an increased 18 to 25 offer.

The plans for 2021/22 include:

- Expansion of NELFT's crisis offer to include intensive home treatment model
- Roll-out of Paediatric and Young Adult Mental Health Liaison model across all acute trusts
- Expansion of the Emerge outreach advocacy support service to two new sites for children and young people aged 10-25 years who present to A&E because of self-harm, suicidal ideation, or emotional crisis
- Mobilisation of newly commissioned services including: specialist bereavement service for children and young people, suicide bereavement service for young adults and an unaccompanied asylum seeking children mental health support
- Expansion of the Mental Health Support Teams in Schools programme to initiate a further 4 teams by the end of the year (a total of 22 will be established by 23/24 delivering over 10,500 individual interventions a year)
- Provider Collaborative/NHSE commissioned increase of 3 general inpatient beds in Kent and Adolescent Hospital plus 3 additional 72 hour beds

2.3.4 Communication, information and engagement

Over the past 12 months, commissioners and providers across Kent and Medway have coordinated their communications to target families and schools with supportive information and advice. This coordination across agencies has been productive and the partnership approach has continued into 2021/22. In the past 12 months, over 75,000 crisis card have been issued to a range of agencies to give directly to children and families when they need additional help. More recently a 'How are you feeling?' booklet has been posted to households in Kent and Medway and a Kent and Medway CCG Wellbeing Information Hub has been launched. .

Engagement activities with children, young people and families has continued over the past year despite Covid-19 restrictions. Both HeadStart Kent and Medway Local Council have conducted large scale surveys of the school-aged populations. In addition The Local Transformation Plan participation workers have continued to work virtually and contact has remained high. Service users have continued to feedback qualitative information on the impact of commissioned services.

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Item 7: South East Coast Ambulance Service NHS Foundation Trust: 111 Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: South East Coast Ambulance Service NHS Foundation Trust (SECAmb): 111 Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the South East Coast Ambulance Service NHS Foundation Trust.

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1. Introduction

(a) South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides the local NHS 111 service. It is also the provider of ambulance services and the regional Hazardous Area Response Team (HART).

(b) The Care Quality Commission (CQC) rated the Trust "Good" in all areas but one ("are services effective" was rated "requires improvement" in a report published on 13 August 2019.

(c) HOSC received its last update on the services SECAmb provides in March 2020. SECAmb did not begin providing the 111 service until April 2020 so no performance data was available at that time.

(d) During its meeting on 10 June 2021, the Committee asked several questions around the provision of 111 services, including the provider's role in triaging mental health patients. Members asked that SECAmb be invited to attend the Committee and provide an update on the 111 service.

2. Recommendation

RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2021) *'Health Overview and Scrutiny Committee (5/03/2020)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&Ver=4

Kent County Council (2021) *'Health Overview and Scrutiny Committee (10/06/2021)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8501&Ver=4

Care Quality Commission, 13 August 2019, https://www.cqc.org.uk/provider/RYD

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 SEPTEMBER 2021

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Report from: Bethan Eaton-Haskins, Executive Director of Nursing and Quality, SECAmb
Author: Ray Savage, Strategic Partnerships Manager (SECAmb)

Summary

This report follows the update in November 2020 and further updates to the committee on the South East Coast Ambulance Service NHS Foundation Trust's mobilisation of the NHS 111 contract, including the establishment of the Clinical Assessment Service (CAS) and the development of 111 First. The key areas included are go-live of the NHS 111 contract, establishment of 111 First and Direct Access Bookings, operational performance and recovery, the impact of COVID-19 and the development of the new SECAmb NHS 111 Operations Centre in Medway.

1. Background

1.1. In 2012, South East Coast Ambulance Service NHS FT (SECAmb) and Care UK (formerly Harmoni) were awarded the contract to provide NHS 111 services across Kent & Medway, Surrey, and Sussex (excluding East Kent).

1.2. At the end of the 5-year contract period in March 2019, Surrey commissioners procured a new provision with Care UK (now Practice Plus Group) specifically to focus on the Surrey Heartlands geographical area, with a contract start date of the 1st April 2017 (extended twice). East Kent also started a new provision with Nestor Primecare Services Ltd (Primecare) on the 1st September 2016, however, Primecare's decision to end the contract prematurely in December 2017 saw the transfer of the NHS 111-service provision to the not-for-profit social enterprise - Integrated Care 24 Ltd (IC24). Both these procurements followed a competitive tendering process.

1.3. The Kent & Medway, and Sussex (KMS) commissioners advised both SECAmb and IC24 that a joint county procurement would take place with one provider delivering the NHS 111 service across Kent & Medway and Sussex from the 1st April 2020 however, the start date of the new contract was delayed by 6 months until the 1st October 2020.

1.4. This delay of 6 months which was primarily attributable to the COVID-19 pandemic, would enable the Kent & Medway, and Sussex commissioners to incorporate in the new NHS 111-service a Clinical Assessment Service (CAS) as outlined in the Urgent and Emergency Care Route Map (November 2015). It was also recognised that the NHS 111 service, going forward, would be a key system partner in the delivery of the Integrated Urgent Care programme, of which the Clinical Assessment Service would be a key element, therefore an interim arrangement was put in place with both SECAmb and IC24 continuing to deliver their respective NHS 111 services.

1.5. On the 12th July 2019, following a competitive procurement process, SECAmb was confirmed as the preferred bidder for the Kent & Medway, and Sussex (KMS) NHS 111 CAS service.

1.6. The new five-year contract, awarded in August 2019 by NHS commissioners across Kent & Medway, and Sussex, was valued at £90.5m. SECAmb and IC24 had previously provided NHS 111 to parts of Kent and Medway, Sussex, and Surrey but would now work in a joined-up way.

1.7. The significant impact of the COVID-19 pandemic and the uncertainty it caused further delayed the go-live by 6 months and the contract was finally mobilised on the 1st October 2020.

Since the last update to the HOSC in November 2020, the Trust has:

- continued to respond to the COVID-19 pandemic
- mobilised the NHS 111 Integrated Urgent Care (IUC) CAS
- delivered the NHS 111 First programme, which was launched across the region, via a pilot, in Medway on the 16th September 2020, and subsequently implemented across Kent & Medway, and Sussex by the end of November 2020, aligned to the national roll out - timelines and milestones put in place by NHS England
- SECAmb worked collaboratively with commissioners to implement the digital 'interoperability road map' across the region

1.8. COVID-19 brought significant challenges in the period prior to the 'go-live' of the new NHS 111 CAS contract, with levels of activity not experienced before by an NHS 111 provider, delayed the mobilisation by 6 months, and has continued to challenge the delivery of the 111 service with sustained higher than planned levels of activity to date.

1.9. These increased activity levels have affected all NHS 111 providers across England.

1.10. South East Coast Ambulance Service NHS FT (SECAmb) is the only 111 CAS to go-live nationally since the 1st January 2020.

2. Service Mobilisation

2.1. Prior to the award of the KMS NHS 111 CAS contract, SECAmb had already been increasing the number of clinical staff in its 111 operations centre as well as broadening the clinical expertise available to support the health advisors, either when a patient required a clinical call back due to complex medical conditions or when an NHS pathways disposition required a clinical validation. The CAS would also provide clinical support to a Health Advisor (HA) during a call if required.

2.2. Following the announcement of the award, the Trust, working with its sub-contractor, IC24, started to plan the integration of the two services to form a single NHS 111 CAS service across Kent & Medway, and Sussex.

2.3. The key areas of focus for the integration of the two legacy and incumbent services (SECAmb/IC24) were:

- Digital interoperability, including telephony systems, compatible digital hardware, network connectivity and system testing to ensure that all clinical risk management standards would be met etc.
- IC24 staff training on the SECAmb 'Computer Aided Dispatch' system (Cleric)
- Robust governance frameworks in place and understood
- Resilience and contingency plans in place
- Implementation of a full Electronic Prescribing Service (EPS), incorporating First of Type (FoT) with NHS Digital for the Cleric Computer Aided Dispatch (CAD)
- Creation of a fully integrated CAS, with a clinical multi-disciplinary team to oversee patient flow across the integrated urgent and emergency care system, with a focus on mitigating the risk to other emergency care services and providers with effective, clinical intervention
- Delivery of Direct Appointment Booking (DAB) to ensure that patient flow through the healthcare system is managed more effectively, reduced unheralded demand and addressing healthcare service provider capacity inequalities across the region

2.4. Service delivery is from 4 key sites:

- SECAmb's existing site in Ashford
- IC24's existing site in Ashford
- SECAmb's East Emergency Operations Centre in Coxheath
- SECAmb's West Emergency Operations Centre in Crawley

2.5. A recruitment programme commenced due to the additional workforce required. This included both health advisors (HA) and clinical staff for the CAS.

2.6. Complimentary rotas for both SECAmb and IC24 staff were established to ensure that rota profiling matched expected demand, following a clinical skill-mapping exercise to ascertain which clinicians would be needed at what times to ensure apposite clinical care..

2.7. On the 1st October 2020 at 11:00, the switch over from the two independent service providers took place into the one service provision.

3. 111 Clinical Assessment Service (CAS)

3.1. The NHS 111 CAS was a key part of NHS England's transformation of NHS 111 into a key partner in the delivery of the Integrated Urgent Care (IUC) programme.

3.2. NHS 111 is available 24/7 and is free for the caller either via a mobile or a landline and can also be accessed online via www.111.nhs.uk.

3.3. Prior to the development of the 111 CAS, NHS 111 would receive calls from the general public via the 111 number and the calls would be answered by a Health Advisor (HA).

3.4. The HA would use the NHSE, Clinical Decision Support System (CDSS), NHS Pathways, to reach a disposition (outcome) and linking in with the Directory of Services (DoS), would present a number of appropriate endpoints for signposting the caller to. This is unless an emergency response was needed, a clinical call back was required,

or the call could be closed without the need for onward referral. The system used by SECAmb in both its 999 and 111 services, is NHS Pathways.

3.5. NHS Pathways is the NHS E preferred CDSS tool for 111 services and is the only one that directly links to the DoS.

3.6. NHS Pathways telephone triage system is also used across England in the following settings:

- NHS 111
- 999
- Integrated Urgent Care Clinical Assessment Services
- NHS 111 Online
- Reception points in emergency departments

3.7. NHS Pathways is a Department of Health and Social Care owned tool, commissioned by NHS England and delivered by NHS Digital.

3.8. NHS Pathways principally works through a series of algorithms that link to clinical questions. Each time the HA asks a question and enters the response, the algorithm will then present new questions until a disposition is reached. It is important to note that life-threating questions are asked early in the process to ensure that an urgent or emergency disposition is reached quickly, e.g., when an ambulance response is required.

3.9. When the disposition is for an emergency response by an ambulance, the patient details are immediately electronically transferred to the trust's 999 emergency operations centre and appear on the ambulance dispatcher's screen.

3.10. The transformation from the original NHS 111 service into the NHS 111 IUC CAS, significantly increases the level and breadth of clinical support available to the HA. The clinician in the CAS will speak directly with the patient either whilst still connected, or when completing a clinical call back.

3.11. Certain dispositions may automatically result in a caller being advised that a clinician in the CAS will call them back to discuss their presenting condition. Also, many ED (as per NHS E 111 First criteria) and all ambulance category 3 and 4 NHS Pathway dispositions will be transferred to the 'clinical queue' (a virtual list of calls requiring clinical input), which is monitored 24/7 by clinical safety navigators and supported by 24/7 GP oversight. This is to ensure that calls are appropriately risk assessed and managed to meet clinical need and call back timeframes.

3.12. Prior to the award of the KMS 111 CAS contract, SECAmb had already been in the process of broadening the range of clinical specialists and developing a multi-disciplinary team in both its NHS 111 Operations and 999 Emergency Operations Centres and therefore, was in a good position to build on award of the contract.

3.13. The level of clinical expertise and support now available through the CAS includes:

- Dental nurses
- Mental health practitioners
- Advanced clinical practitioners (e.g., an Advanced Nurse Practitioner)

- Paramedics and specialist paramedics
- Midwives
- Pharmacists
- General practitioners
- Urgent care practitioners
- Paediatric nurses
- Palliative care nurses
- Registered general nurses

3.14. Through this expansion of the CAS, NHS 111 is able to accept more dispositions, and this has been evidenced in the number of patients referred to the CAS. Prior to the formal launch of the CAS in October 2020, an average of 28,000 per month were being referred to the CAS, and since October 2020 this average has increased to 42,000 referrals per month (see Appendix A).

3.15. NHS 111 has now been established as a key first point of contact for clinical advice/guidance not only for patients but also health care professionals, in the delivery of integrated urgent and emergency care.

3.16. SECAmb has continued to integrate both its 111 and 999 operations and has a dedicated management team who provide clinical and operational oversight for both, creating resilience and robustness in the delivery of the service, in addition to enabling the sharing of best practice, which has been made possible digitally through a single computer platform.

3.17. The 'Cleric', Computer Aided Dispatch (CAD) computer system is used across both 111 and 999 as well as being installed in the IC24 contact centre to provide a seamless digital platform for service delivery, along with enabling several SECAmb staff to be dual trained in the answering of both 111 and 999 calls, therefore enhancing the resilience of both services.

3.18. SECAmb has also undertaken several pilots in its 111 CAS during the COVID-19 pandemic to improve patient accessibility to senior clinicians and to enhance patient care. These include the 2020 NHS England National Paediatric Consultant pilot, which saw paediatric specialists working as part of the SECAmb 111 CAS, leading the care for children accessing 111 and the use of Video Consultation (VC) technology to enable patients' access to GP's, particularly beneficial during the COVID-19 pandemic lockdowns.

3.19. The introduction of the Kent & Medway Care Record (KMCR) has given NHS 111 IUC CAS clinicians access to patient records to support patient assessment and clinical decision making.

3.20. Following 18 months of collaboration, working with NHS England, NHS Digital, Commissioners, and the Computer Aided Dispatch system provider – Cleric, SECAmb was the first ambulance service in England to implement an Electronic Prescribing Service (EPS) in its own CAD during May 2021. EPS is an integral part of the CAS and enables other clinicians like Advanced Nurse Practitioners, Urgent Care Practitioners, Pharmacists as well as the General Practitioners (GPs) working in the CAS to generate prescriptions and electronically send them to a dispenser (such as a pharmacy) near to the patient.

3.21. During July 2021, the NHS 111 IUC CAS went live with the Pathways Clinical Consultation Support (PaCCS) tool, further enabling clinicians to remotely consult with patients during a clinical call-back as well as enabling the referring of patients into new pathways, e.g., Same Day Emergency Care (SDEC).

4. NHS 111 First

4.1. NHS 111 First was a national initiative by NHS England to reduce the unheralded (walk-in) activity that would have traditionally self-presented at an acute hospital's emergency department (ED). This is achieved through a patient contacting NHS 111 in the first instance and following a telephone triage, a disposition (outcome) would be reached. This could result in an ambulance being dispatched or an appointment/arrival time offered at an appropriate end point.

4.2. NHS England's ambition was to have NHS 111 First in place by the 1st December 2020 as a response to public behaviour during the first wave of the pandemic when attendances at emergency departments reduced significantly and call volumes into NHS 111 dramatically increased as patients sought urgent medical advice from alternative sources.

4.3. SECAmb, along with system partners and commissioners, set about achieving this through a programme of digital interoperability where appointment slots/arrival times are made available to NHS 111 with the appropriate end point having the capability to generate an appointment slot and receive an electronically transmitted Direct Appointment Booking (DAB).

4.4. Across Kent & Medway, and Sussex, Medway was the first system to go-live with NHS 111 First across Kent & Medway, with a soft launch on the 16th September 2020. In Sussex, the first acute trust to go-live was the East Sussex Healthcare NHS Trust.

4.5. The development of NHS 111 First was not to be limited to booking appointment slots for EDs and therefore highlights other appropriate end points earlier, e.g., GP surgeries, Urgent Treatment Centres, Same Day Emergency Care (SDEC), surgical assessment units, community frailty teams etc.

4.6. Despite the challenges of linking the different providers digital systems, NHS 111 First DAB was fully implemented across Kent & Medway, and Sussex during December 2020.

5. Directory of Services

5.1. The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways providing real time information on available services to support clinicians and HAs in NHS 111 and emergency medical advisors in 999 and patients (via NHS 111 online).

5.2. The DoS is automatically accessed when NHS pathways reaches a non-emergency disposition and will give the HA a list of end points/pathways to refer the caller into, in a priority order, with the most appropriate service available as the first option.

5.4. The interoperability between NHS Pathways and the DoS requires a patient's condition(s) to be entered only once and avoids the patient being asked several times to repeat the same information.

5.5. The clinical commissioning groups have dedicated DoS leads whose primary responsibility is to maintain the profiles on the DoS, liaise with end users and ensure any amendments are made in a timely manner due to the DoS being a live directory. The DoS leads are supported by a regional DoS lead who liaises with NHS Digital on a regular basis.

6. Performance

6.1. SECAmb's NHS 111 service has been on a significant journey prior to, during and post mobilisation of the new contract, transitioning from a traditional NHS 111 service to a full, complex and integrated CAS with several interoperability challenges as well as the NHS England/Digital initiatives this entails.

6.2. The NHS 111 IUC CAS was the only mobilisation to have taken place during the COVID-19 pandemic, working through the volatility in activity, changes in patient behaviours and service provision across the system, and staffing levels that the pandemic brought.

6.3. The service had experienced unprecedented levels of activity during February 2020, followed by a decrease in March, however, there has subsequently been a steady increase of activity through the summer. This trend continued into the autumn and winter with the service activating the national contingency on a regular basis during December and January (2021) due to a combination of increased call activity linked to the implementation of NHS 111 First and short-term staffing abstraction issues, predominantly COVID-19 related to infection outbreaks in the Trust's contact centres.

6.4. During October 2020, the number of 'calls offered' was 105,146 and overall has continued to increase to a figure of 138,884 in July 2021. February 2021 was the only month when the number of calls fell below the October level with circa 89,000 calls (see Appendix B).

6.5. These pressures have continued throughout 2021, with activity continuing to significantly exceed the originally forecast/commissioned levels. This has resulted in working with KMS commissioners to agree funding for increased staffing levels to meet the 'new' demand.

6.6. Some of the key contributing factors for the continuing high levels of activity are:

- The COVID-19 pandemic and patients not having accessed health services during the periods of lockdown
- Illnesses usually seen during the winter period continuing into the summer months
- Callers expressing difficulty in accessing Primary Care or being redirected to NHS 111 from Primary Care providers
- Communication promoting NHS 111 as the first point of contact for urgent medical advice.

6.7. The service has also experienced rapidly changing demand profiles with a clear increase in activity prior to the traditional 18:00, Monday to Friday, call levels. This change in demand required a significant review of the existing rotas for HAs and CAS clinicians and continues to be monitored in conjunction with the ongoing recruitment campaign for all staffing groups.

6.8. The ongoing recruitment programme is meeting the required contracted staffing levels for both health advisors and clinicians for the CAS based on the agreed forecast levels of demand however, current demand is routinely in excess of the activity levels currently funded.

6.9. The time it takes to answer a call is the 'service level' and as the call volume continued to increase, inevitability the time taken to answer a call has become challenged. During the past 10 months, the service level has ranged from 90% call answering in 60 seconds at the beginning of March 2021 to 19.7% in July 2021 (see Appendix C).

6.10. The service also saw a deterioration in call abandonment performance. The abandonment rate after 30 seconds for quarter 1 (April, May, June 2021) was 13% against a target of 5%. This was discouraging when compared to quarter 3 of 2020 with an abandonment rate of 6.67%. As with the service level, the extenuating circumstances within which the NHS 111 service is operating must be taken into consideration. This deterioration in both call answering responsiveness and abandoned call rates is reflected across all 111 providers nationally.

6.11. Performance in the NHS 111 IUC CAS for clinical contact rate has been consistently above the national average, with the past 3.5 months achieving over 148,000 cases being directed into the CAS. For quarter 1, the KMS NHS 111 service achieved a clinical contact rate of 46% compared to a national achievement of 41% (see Appendix A/D).

6.12. NHS 111 ambulance referral rates have continued to be strong and have delivered below the national rate, underpinned by SECAmb consistently achieving a referral rate to 999 of c9%, with an average of 92% validation of all C3 and C4 dispositions resulting in c62% of incidents being downgraded to an alternative outcome (see Appendix E).

6.13. When a disposition is reached for an emergency treatment centre, cases are clinically reviewed and during July 2021 55.5% of these cases were diverted to alternative providers.

6.14. SECAmb's ED referral rate has been consistent at c9% and again, this is below the national average with SECAmb being the 4th best performer amongst NHS 111 providers (see Appendix F).

6.15. During the first 6 months of the CAS being operational, 49.5% of ED dispositions, following validation, were signposted to a non-ED service.

6.16. The Trust has continued to work closely with commissioners and NHS England (NHS E) since the launch of the CAS and NHS 111 First programme, as these services have developed further.

6.17. NHS 111 First DAB continues to be successful with SECAmb continuing to book more appointment slots/arrival times than most other 111 services. March 2020 saw c300 direct appointments made. May, June, July and August saw an average of 26,280 (27%) of all patients triaged by 111 receiving a DAB. The direct benefit of this is to support system partners in managing capacity by converting unheralded activity into heralded activity (see Appendix G).

7. Staff Engagement

7.1. Staff within the 111-operating environment have been constantly working under pressure with the continuing high levels of activity, programme mobilisation, launch of 111 First, COVID-19 related absences, and the ongoing recruitment campaign.

7.2. Staff wellbeing has been a priority with a continued focus on facilitating support while at work and also through services available outside of the workplace. Some of the key initiatives in place are:

- Desk top fans
- Agile working provision
- Roll-out of staff uniform
- A wellbeing room for staff to relax
- Access to the senior leadership team
- Weekly Q n A forum for all staff to access via “Ask111leaders”
- Coloured identification lanyards
- Updated eating areas, including outside space
- Wellbeing Hub

8. Patient Satisfaction

8.1. The number of complaints that the 111 service has received has directly correlated to the periods of sustained high levels of activity. The month of June 2021 saw 22 complaints received against 126,452 calls offered or 0.01%, compared to 9 in February 2021 against 87,249 calls offered or 0.01% (see Appendix H).

8.2. The complaint themes again correlated with activity levels, with April, May and June 2021 receiving the most complaints for ‘delays in a call back’ (see Appendix H).

9. Combined Ambulance Make Ready Centre, 999 Emergency Operations Centre and 111 Operations Centre

9.1. Work is progressing on the building of the new and exciting joint 999 Emergency Operations Centre and 111 Operations Centre in Gillingham. This new unit will incorporate the Make Ready Centre for ambulance operations in the Medway area and house the relocation of the 111 Operations Centre from Ashford and 999 Operations Centre from Coxheath.

9.2. This co-location further enhances the integration of and aids the development of synergies between both the 999 and 111 services, which is a key part of the Trust’s Strategic Plan to deliver new integrated services over a wider area. In addition, having both of these services housed in the same building will facilitate the sharing of best practice especially as both are using the same computer system, Cleric, and NHS

Pathways as the triage tool. This is a key feature for both services as it allows the continued training and development of staff to undertake both 999 and 111 calls.

10. Recommendations

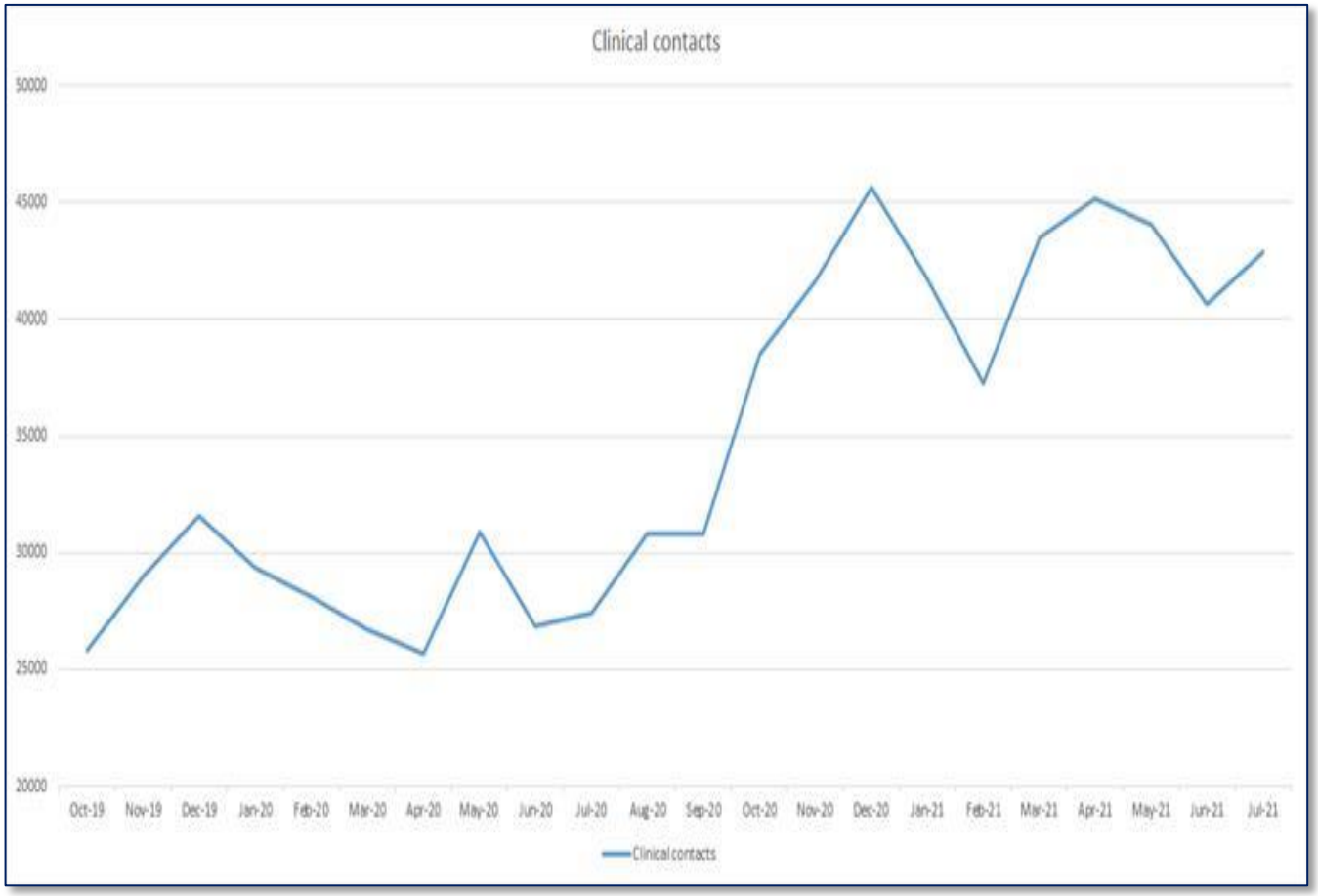
10.1. The committee is asked to note and comment on the update provided.

Lead Officer Contact

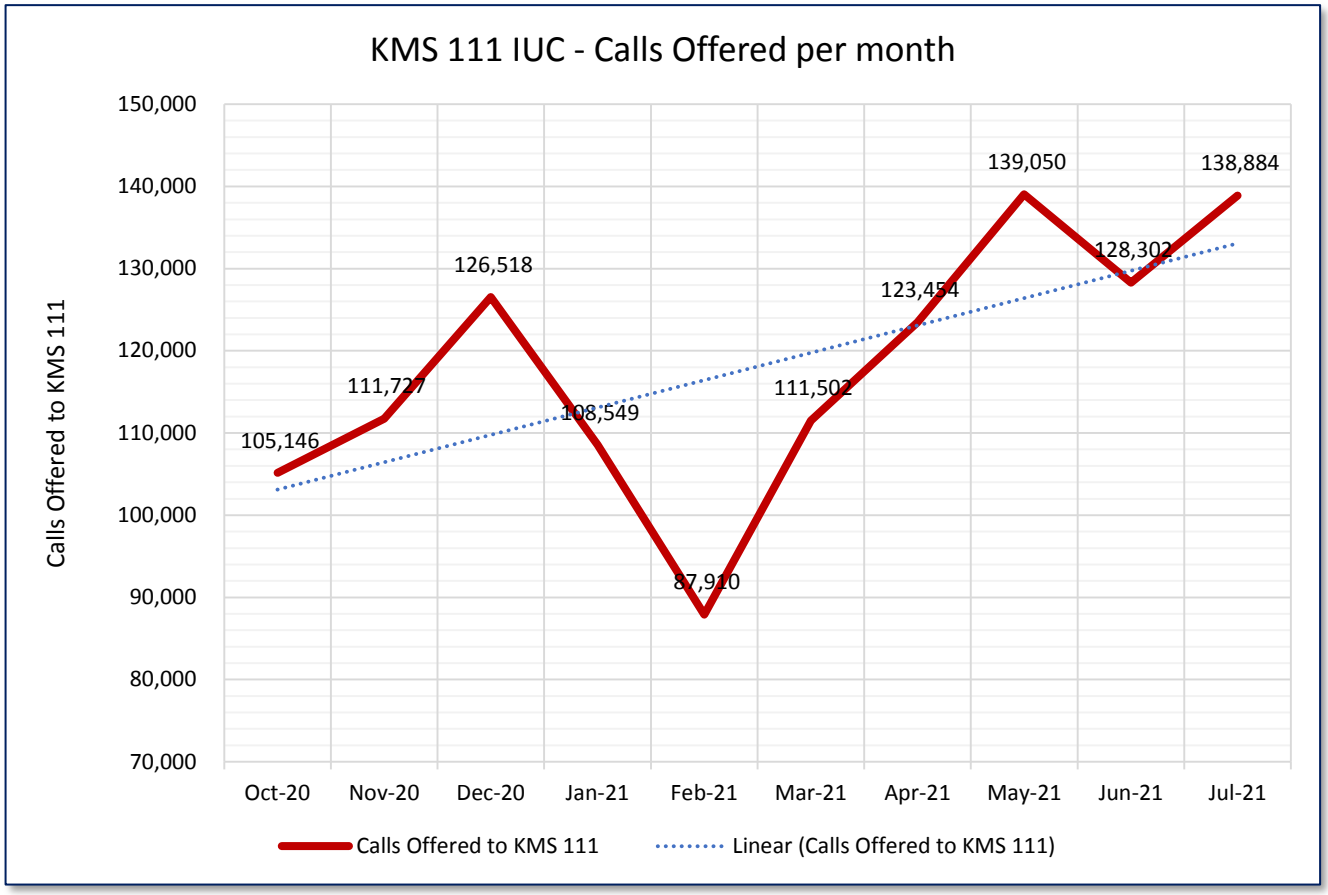
Ray Savage, Strategic Partnerships Manager (SECAmb)

Appendices

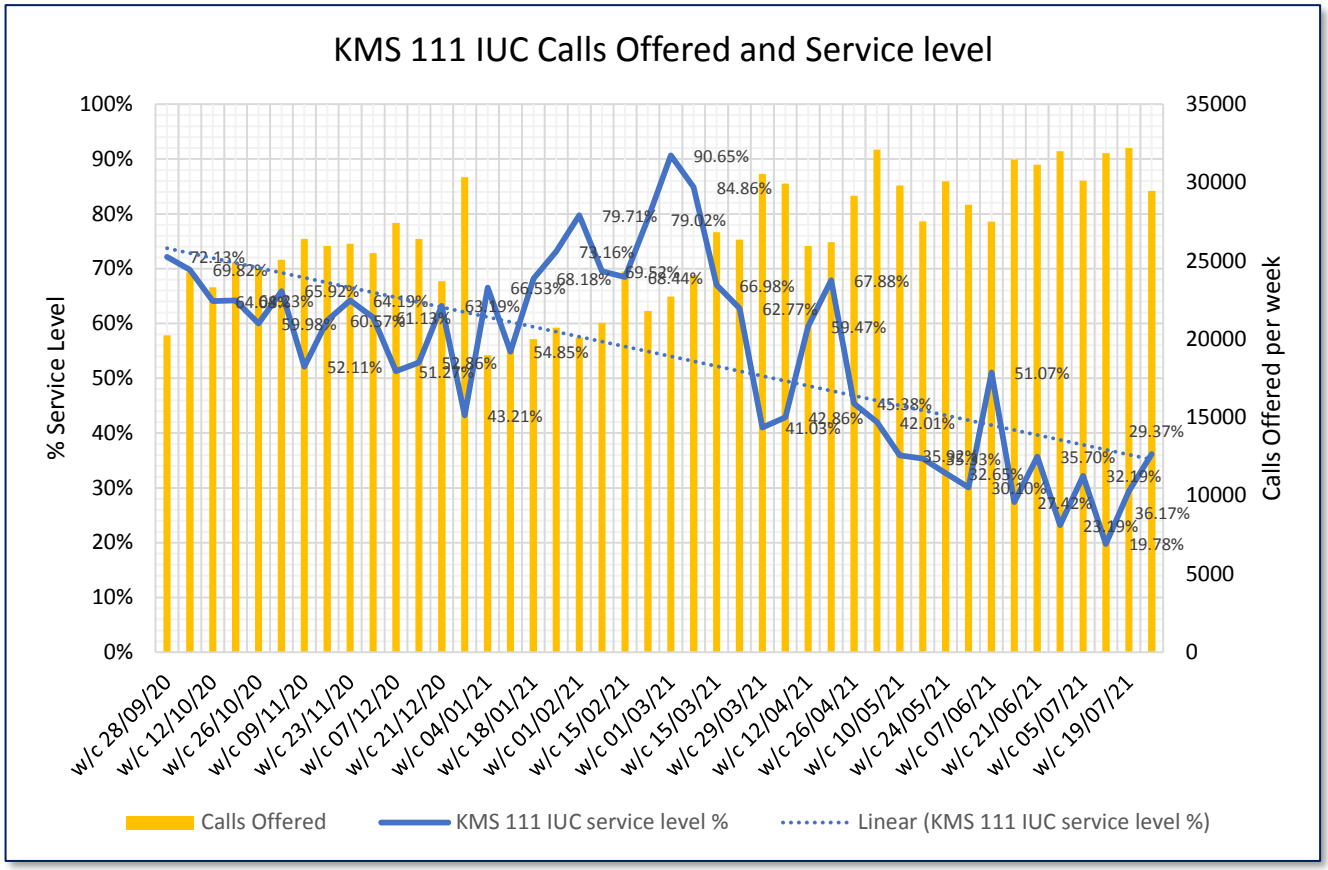
Appendix A – Cases Referred to the CAS



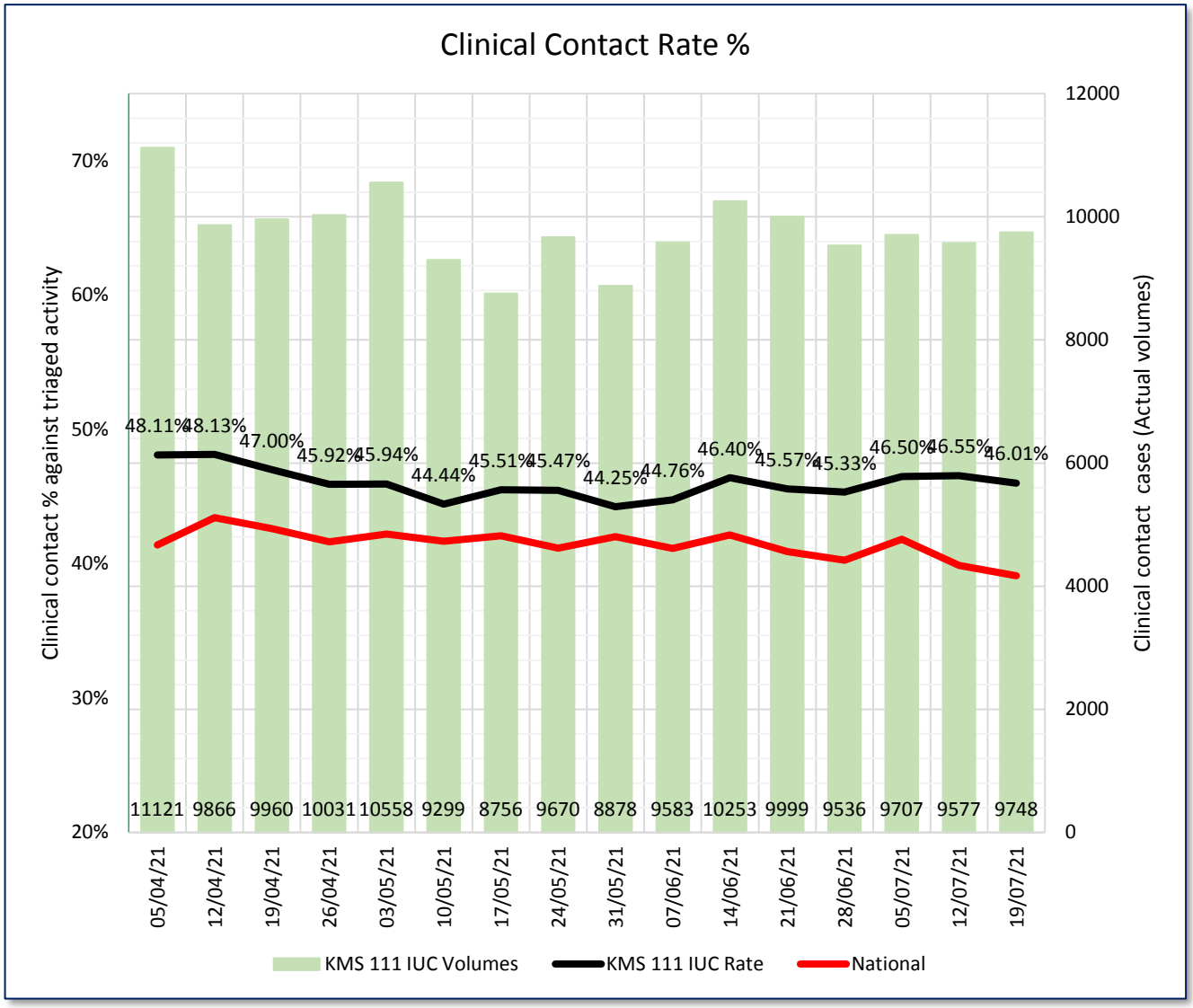
Appendix B – KMS 111 IUC - Calls offered per month



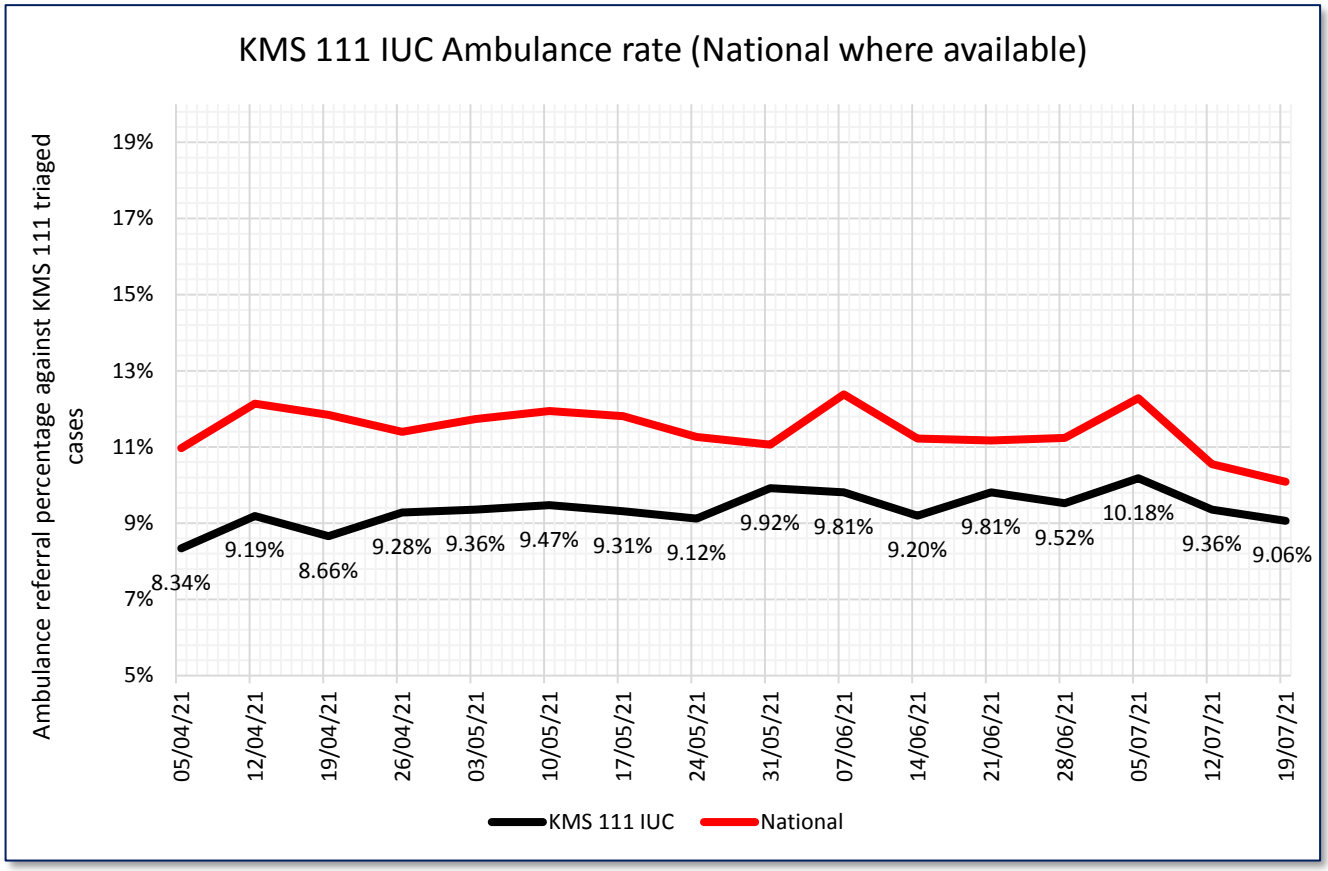
Appendix C – KMS 111 IUC - Calls offered and service Level



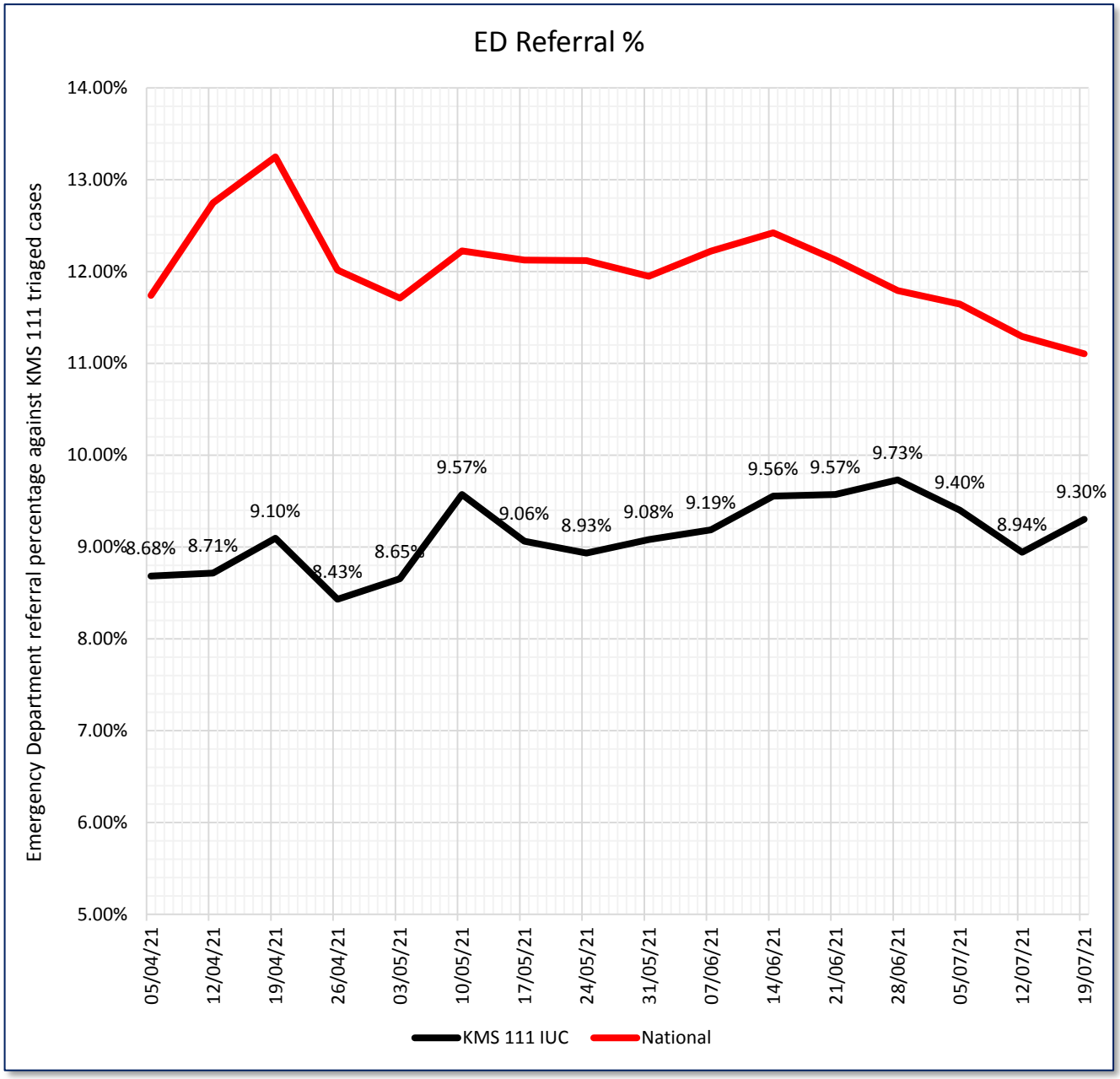
Appendix D – KMS 111 IUC - Clinical contact rate



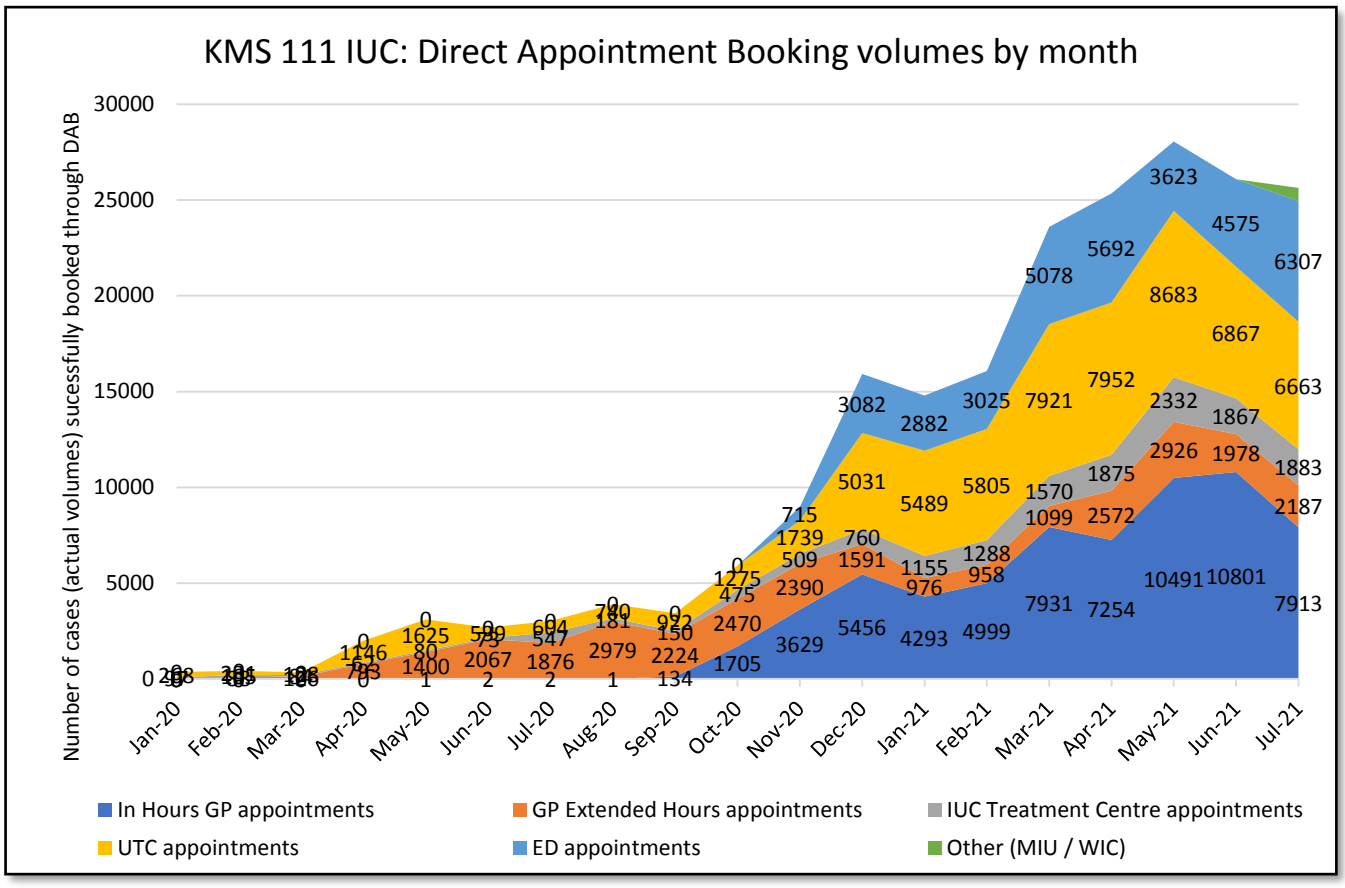
Appendix E – KMS 111 IUC - ambulance referral rate



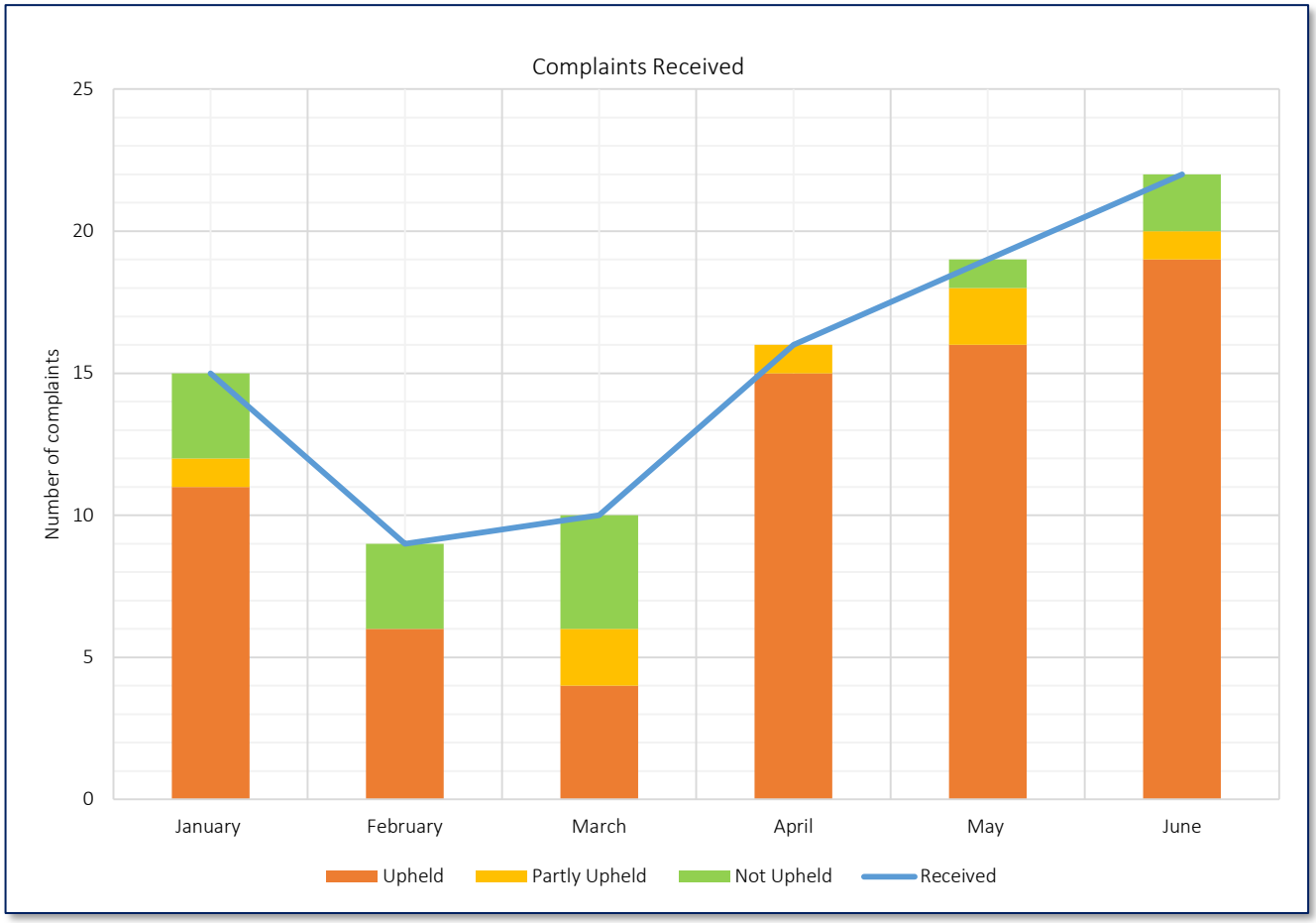
Appendix F – KMS 111 IUC - ED referral rate

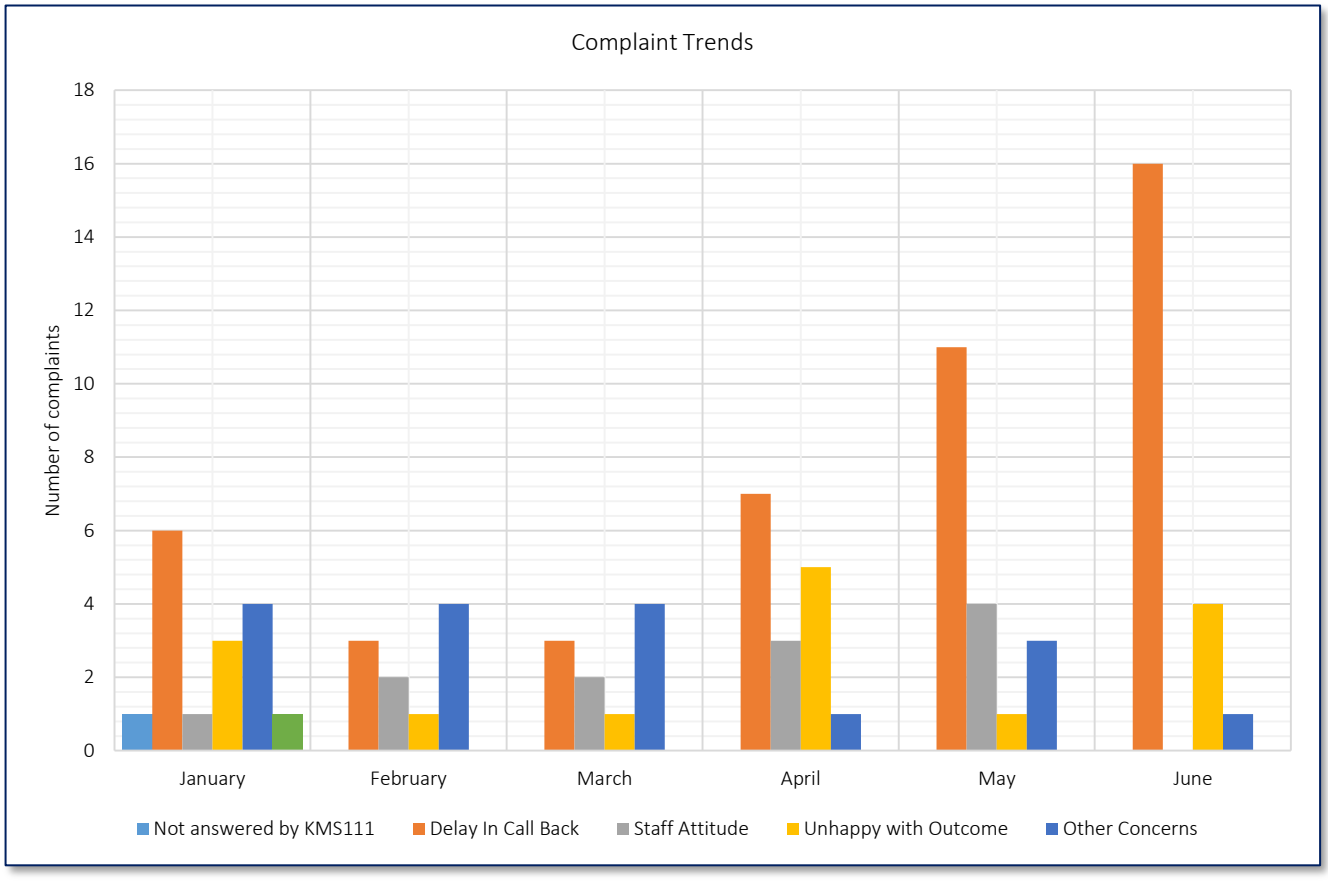


Appendix G – KMS 111 IUC - DAB by month



Appendix H – Patient satisfaction





Background papers

None

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Item 8: Provision of GP Services in Kent – discussion paper

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: Provision of GP Services in Kent – discussion paper

Summary: The Kent and Medway Clinical Commissioning Group will be bringing a paper to the Health Overview and Scrutiny Committee in November 2021.

This paper provides background to the subject which may be useful to Members. Members of the Committee are invited to submit questions for the CCG ahead of the November meeting.

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1) Introduction

a) HOSC has raised concerns about the provision of GP services locally. Members have raised concerns about the quality of services, the use of virtual instead of face-to-face appointments, and access issues.

b) The Kent and Medway CCG were invited to present a paper at today's meeting, but unfortunately the relevant senior managers are unable to attend due to a conflicting schedule with the Primary Care Commissioning Committee meeting.[1]

c) To ensure Members get the most out of their time with the CCG in November, Members are encouraged to submit questions ahead of the meeting so the CCG can prepare full responses. Questions can be raised at today's meeting, or submitted via the Clerk.

d) The following report seeks to provide some background information into how GPs work, what issues have been recognised nationally, and suggestions for lines of enquiry the Committee may wish to pursue.

2) A basic introduction to GPs

a) All doctors working as a GP in the UK health service must be on the GP Register (maintained by the General Medical Council) and have a licence to practise.

b) There are a range of ownership models for General Practices, from single-handed practices to small partnerships with salaried GPs to larger companies that provide GP services. Most GPs are now part of a Primary Care Network

[1] Meeting details for the Primary Care Commissioning Committee can be found online via this address: https://www.kentandmedwayccg.nhs.uk/news-and-events/events/event-details?occurrenceID=522

(PCN), which is a group of practices working together (there are 42 across Kent and Medway).

c) The formal responsibility for commissioning primary care services sits with NHS England. However, CCGs have increasingly taken on delegated powers, whilst adhering to national guidelines.

d) GP practices must hold an NHS GP contract to run an NHS-commissioned surgery. The contracts set out mandatory requirements as well as making provision for other services practices may choose to deliver. There are three types of GP contract:

i) **General Medical Services (GMS)** - the national standard GP contract, and most commonly used.

ii) **Personal Medical Services (PMS)** – this is being phased out, but currently allows CCGs or NHS England to negotiate with local practices (as opposed to agreed nationally, like the GMS).

iii) **Alternative Provider Medical Services (APMS)** – allows private companies and third sector providers to provide primary care services, as well as allowing GPs to offer services outside of the "core" ones.

e) The GP contract will set out the geographic or population area to be covered. It will also set out which of the five services are to be provided:

i) essential services (to be offered 8am – 6.30pm Monday – Friday);
ii) out-of-hours services (practices can opt out of providing this, though commissioners will then need to find alternative provision);
iii) additional services (such as minor surgery);
iv) enhanced services (which GPs can opt in to provide);
v) locally commissioned services (which are set locally and GPs can opt in to provide.

f) GP funding is complex, with sources including:

i) The **global sum payment** – money for delivering the core parts of the contract. The level of fund is based on a practice's patient workload and certain unavoidable costs, as well as out-of-hours and enhanced services if these are provided. It is not calculated on the actual recorded delivery of services, but pays a weighted sum for each patient on a practice's list.
ii) The **Quality and Outcomes Framework** – a voluntary programme where practice's can sign up to receive additional payments if they show good performance against certain indicators.
iii) Premises – lease costs or mortgage payments are generally reimbursed.
iv) Payments for providing enhanced services.
v) Fees for private services (e.g. sick certifications and travel prescribing).

g) Workforce costs are usually the biggest expenditure for a practice. GP partners are paid from the money that remains once all other expenditure has

happened. They are personally liable for any losses made by the practice. Salaried GPs receive a contracted wage, but they are not a Partner in the business nor own shares in it.

h) GP practices are regulated by the Care Quality Commission.

3) Issues around provision of services

a) GP surgeries across the country are experiencing significant and growing strain with rising demand, practices struggling to recruit staff, and patients having to wait longer for appointments.[2]

b) The British Medical Association (BMA) reports that the number of patients per practice is 22% higher than it was in 2015, but the GP workforce has not grown with this demand. There are now just 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015. This compares with an average of 3.5 in comparable nations.[3]

c) Current efforts to train more GPs are proving successful; in 2019 the highest number of GP training places were accepted in the history of the NHS. Despite this, the number of full-time equivalent GPs has decreased as there are more GPs leaving the profession or reducing their hours. The reasons cited by GPs for retiring early or reducing their working hours often focus on their unsustainable workload and pension issues.[4]

d) The Kings Fund considered ways in which access to GPs may be improved. Ways included:

i) Improving doctor retention - work is being undertaken in this area, with methods including financial and educational support, and better access to mental health support.
ii) Addressing the pension issue will require action from HM Treasury and the Department of Health and Social Care.
iii) The NHS long term plan committed to expanding the number of wider professionals working in general practice (such as physiotherapists, nurses, clinical pharmacists and mental health professionals), and that commitment is supported by significant investment in the new GP contract framework. More diverse teams will enable practices to offer person-centred care and reduce the workload of individual doctors.
iv) Utilising technology and recognising the impact this can have on supporting access and capacity.
v) Alternative provision, such as access hubs and placing GPs in Accident & Emergency departments (Evidence suggests that these services, particularly hub models, can sometimes create new demand rather than diverting existing demand).
vi) Extending opening hours.

[2] BMA (2021) Pressures in general practice
[3] ibid
[4] Kings Fund (2020) Why can't I get a doctor's appointment? Solving the complex issue of GP access

e) The report noted that access was only one aspect of service provision, with coordination or continuity of care just some of the others which are just as important (if not more than).

4) Scrutiny by HOSC

a) HOSC's Terms of Reference (see 17.138 in KCC's Constitution) task the Committee with scrutinising the provision of health services in Kent. The Kent and Medway CCG, and Local Medical Committee, have been invited to attend today's meeting and answer questions around the provision of local GP services.

b) Members may wish to ask questions around:

- What is being done locally to improve the recruitment and retention of doctors?
- What alternative primary care provision is being introduced?
- What role can technology play in improving service provision?
- What is the local ratio of fully qualified GPs per 1000 patients?
- What is the level of demand on services and what is the direction of travel?
- What is the average waiting time for an appointment and does this vary across the county?
- What percentage of practices are rated "good" or "outstanding" by CQC?

5. Recommendation

RECOMMENDED that the Committee notes the contents of this paper and submits any questions to the Clerk ahead of the next meeting.

Background Documents

Kings Fund (2020) GP Funding and contracts explained, https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained

Kings Fund (2020) Why can't I get a doctor's appointment? Solving the complex issue of GP access, https://www.kingsfund.org.uk/publications/solving-issue-gp-access

BMA (2021) Pressures in general practice, https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice

Kent & Medway CCG, Primary Care Networks, https://www.kentandmedwayccg.nhs.uk/about-us/who-we-are/primary-care-networks

General Medical Council, https://www.gmc-uk.org/

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Item 9: Mental health transformation - Eradication of mental health dormitory wards – written update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: Mental health transformation - Eradication of mental health dormitory wards – written update

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Summary: This report falls under the transformation of mental health services in Kent and Medway.

The Committee has determined that this workstreams does not constitute a substantial variation of service.

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1) Introduction

a) The Committee received a paper at its 10 June 2021 meeting setting out the proposal to remove the final mental health dormitory ward in Kent & Medway. The ward is called Ruby Ward and is currently located at Medway Hospital.

b) Kent and Medway NHS and Social Care Partnership Trust (KMPT) has been allocated £12.56m of capital funding to replace dormitory wards used by older adults with mental health issues, including dementia, with purpose-built accommodation.

c) KMPT are seeking to use the funding to support the construction of a new facility on the KMPT Maidstone site, which will increase overall capacity by two beds.

d) Following discussion, the Committee determined the proposal did not constitute a substantial variation of service.

e) KMCCG began a seven week public consultation on Tuesday 3rd August and it will run until midnight on 21st September. They have asked that the attached written update be presented to HOSC for their information.

2) Recommendation

RECOMMENDED that the update on the eradication of mental health dormitory wards be noted and the Kent & Medway CCG be invited to provide an update at the appropriate time.

Item 9: Mental health transformation - Eradication of mental health dormitory wards – written update

Background Documents

Kent County Council (2021) *'Health Overview and Scrutiny Committee (10/06/21)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8501&Ver=4

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KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 16TH SEPTEMBER 2021

TRANSFORMING MENTAL HEALTH SERVICES IN KENT AND MEDWAY - ERADICATING DORMITORY WARDS

Report from: Caroline Selkirk, Executive Director for Health Improvement/ Chief Operating Officer, Kent and Medway Clinical Commissioning Group

Author: Karen Benbow, Director of System Commissioning, Kent and Medway Clinical Commissioning Group

Summary

The NHS in Kent and Medway is working in partnership to improve mental health services. This includes planning for a new inpatient facility for older adults with mental health issues. Providing high-quality and safe accommodation for patients is an integral part of the therapeutic process and has a significant bearing on the experience of patients, their families and loved ones.

Following a successful bid for £12.65m of government funding as part of the national drive to eradicate outdated dormitory wards, it is proposed to build a new facility for older adults including single ensuite bedrooms for 16 patients (rising from 14) at Kent and Medway Health and Social Care Partnership NHS Trust's (KPMT) Maidstone site. To access this government funding, work must begin towards the end of 2021 to be scheduled for completion in November 2022, to meet the national deadline for eradicating dormitory wards.

The new, purpose-built facility will be available to anyone who needs it wherever they live in Kent and Medway and will replace the single last remaining mental health dormitory ward, Ruby Ward, which is currently operating at Medway Maritime Hospital. It will offer greater privacy, access to outside space and improved infection control measures, which is an increasingly important concern in light of the COVID-19 pandemic. This proposal is part of local ambitions to provide high-quality and safe accommodation for patients who need it, within the context of a programme of wider mental health transformation and services delivered in the community as well as in a hospital setting.

At its meeting on 16th June 2021, Kent HOSC received an update on the Ruby Ward programme and agreed that it did not deem the proposed reprovision of services from Ruby Ward, Medway Maritime Hospital to a new location at the Maidstone Hospital site to be a substantial variation of service. As Medway HASC did decide the proposals were substantial variation, Kent and Medway Clinical Commissioning Group is now consulting with HASC, and staff and members of the public, on the proposal for the relocation of Ruby Ward. This report has been developed to give

HOSC members an update on the progress of the programme and accompanying consultation. This report covers:

- Updates on the programme timeline and an outline of the early stages of implementation planning with specific reference to the proposed transfer of staff and patients.
- An overview of the formal public consultation on the Ruby Ward proposals which began on 3rd August 2021 and will end on 21st September 2021.

Background

Ruby Ward is an inpatient mental health ward for older adults with functional mental illness (for example, severe depression, schizophrenia, or bi-polar conditions). The last remaining dormitory style ward in Kent and Medway, Ruby Ward is currently based on the first floor of a building at Medway Maritime Hospital in a ward space originally designed for physical rather than mental health patients. It has 14 beds but only 10 can be used because of the layout of the ward. There is little space for therapeutic activity or to receive visitors and there is limited access to outside space and garden. Ruby Ward's dormitory style accommodation and shared bathroom facilities means that only female patients can be cared for on the ward at present.

The Government has a policy to eradicate dormitory wards for mental health patients as they do not provide an environment that offers the privacy, dignity, and safety mental health patients expect and deserve. Kent and Medway Clinical Commissioning Group (KMCCG), working in partnership with Kent and Medway NHS and Social Care Partnership Trust (KMPT), is therefore proposing to replace Ruby Ward with a purpose-built new facility with single ensuite rooms, dedicated therapeutic areas and garden space. To do this, the NHS has developed proposals to relocate Ruby Ward to KMPT's main site at Hermitage Lane in Maidstone. KMPT has been allocated £12.65 million government funding to build a new facility that would be able to accommodate men as well as women within national same sex accommodation guidelines. While inpatient care accounts for a small proportion of all mental health services, it is important that when people need to go into hospital the environment where they are cared for supports their rehabilitation and recovery.

KMPT takes a needs-led approach to inpatient admissions, meaning that the trust provides inpatient beds on a Kent and Medway-wide basis, with different specialist facilities and different specialist teams caring for patients in different places. There is not a concept of 'local' specialist inpatient beds designated for particular communities – all inpatient services are provided for all Kent and Medway residents.

Patients requiring admission to hospital for mental health care may not be admitted to a unit closest to their home, but they will be admitted to the most appropriate facility to meet their needs. Whilst Ruby Ward is located in the former Medway CCG catchment area, it takes patients from across Kent and Medway.

A robust process to identify possible sites for the new build has been undertaken, including looking extensively at potential sites in Medway. However, only one site, in Maidstone, met the criteria – adequate space; availability of the site for work to begin to meet a November 2022 deadline for the build; ownership of the land for the building to be a KMPT asset; co-location with general acute hospital services; and

co-location with other inpatient mental health services. Therefore, the preferred option is for Ruby Ward to be relocated to the Maidstone site. This process was set out in more detail in papers discussed and considered at the June 2021 HOSC meeting. It is also described in the consultation document and pre-consultation business case which can be seen at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

This proposal and option is currently the subject of a public consultation, and consultation directly with the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC), led by KMCCG. A final decision on the proposed relocation of Ruby Ward will be taken by KMCCG's Governing Body in late November 2021.

Programme timeline

The diagram below shows where the programme currently is in the overall programme timeline.

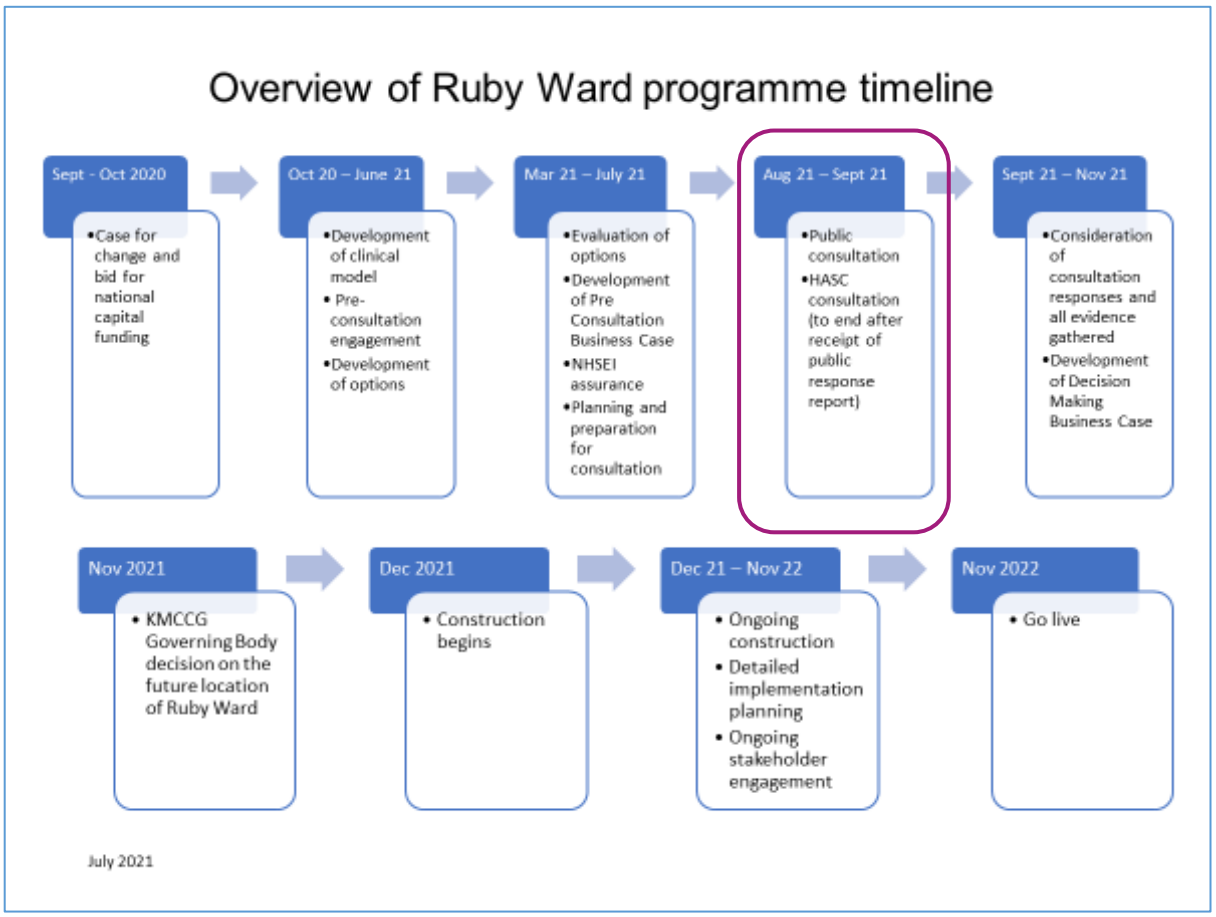

Fig 1: An overview of the Ruby Ward programme timeline

Planning for implementation

Much of the programme team's current focus is on delivering the public consultation and beginning to scope the plan for the decision-making business case (DMBC) for KMCCG Governing Body to consider at their meeting on 25 November 2021. A brief overview of the current implementation planning for the programme is set out below.

Clinical and organisational leadership

A multi-disciplinary project group has been established, led by KMPT's Head of Service for Older Adults, to plan the operational requirements of the proposed new ward. This includes the necessary workforce planning, recruitment (as required), equipping the new facility and planning the relocation of patients and staff. They are also looking closely at how to enhance hospital-to-community links to ensure best admission and discharge practice as part of the patient care pathway.

Transition and workforce planning

Significant focus is being given not just to planning the building and fitting out of a new facility, but also how it would get up and running and how the transition would be managed from the current Ruby Ward to the proposed new one. The KMPT older adults' service lead and HR business partners are working closely with the programme leadership to plan and deliver staff engagement, and, if the proposal to relocate Ruby Ward is agreed, the necessary formal HR consultation with all staff who would be impacted by the move.

It is hoped that existing nursing and non-nursing staff on Ruby Ward will want to move to the proposed new unit, especially as it would provide a modern therapeutic environment that will be a much improved place to work. However, it is recognised that due to personal circumstances, some staff members may not wish to travel further or move to the proposed new location in Maidstone. Through working with Medway NHS Foundation Trust and colleagues at Medway Maritime Hospital and assessing opportunities at other KMPT facilities on the Medway site, it is anticipated that all staff who do not wish to move, can be redeployed.

The table below sets out the milestone points in the planned engagement and consultation process with Ruby Ward staff. As any move to a new facility would not be until November 2022, this engagement process will take place over a number of months.

Staff engagement stage	Date
Informal engagement meeting with ward staff to discuss options and what preferences they have were the proposed move to go ahead	August to September 2021
Outcome of KMCCG decision making on the future location of Ruby Ward	November 2021

Liaise with Medway NHS Foundation Trust Deputy Chief Operating Officer to open dialogue about opportunities for staff at Medway Maritime Hospital	September 2021 – April 2022
Work with other Heads of Service to identify opportunities in the Medway area e.g. Liaison, rehab, specialist services	September 2021 – April 2022
Ongoing group and one-to-one conversations about staff preferences	October 2021 – April 2022
Formal staff consultation paper presented to Joint Negotiation Forum	April 2022
30 day formal HR consultation period (including group and individual consultation meetings)	May 2022
Implement change (notice given to staff, formal redeployment process etc)	Summer 2022
New unit open	November 2022

Patient referral and admissions to the proposed new unit

The same referral and admission process for patients as now would continue. Currently patients are supported in the community by primary care and specialist community mental health teams. Where a patient's needs change and they become acutely unwell they will be assessed by urgent and emergency care services such as A&E, psychiatric liaison, or crisis resolution home treatment teams. If a patient's needs cannot be met in the community and an admission is required, an appropriate bed will be identified by the KMPT patient flow clinical team.

KMPT ensures patients are admitted for inpatient care based on the most appropriate bed for their needs, rather than just the closest available bed.

If the proposed relocation of Ruby Ward is approved, there would be a transition period where patients receiving care on the current Ruby Ward would be prepared either for discharge back home with the right onward care package in place when they are considered clinically well enough to leave hospital – as now, or, in close discussion and detailed planning with patients and their loved ones, they would be transferred using patient transport and settled into the new ward.

Consultation update

HOSC members received an update at the meeting on 10th June 2021 which included an overview of plans for a six week formal public consultation on the Ruby Ward proposals. Members were asked about appropriate and proportionate

engagement on the proposed change and agreed that they did not deem the proposal to be a substantial variation of service.

KMCCG has decided to run a seven week consultation, adding an additional week to the six weeks initially suggested by HASC in March 2021. This is to allow an extra week in September, after the summer holidays, for people to have their say. The consultation started on Tuesday 3rd August and will run until midnight on 21st September. KMCCG is committed to ensuring that HOSC members are engaged and involved with the development of the proposals and welcome the Committee's formal response to the public consultation before the end of the consultation on 21st September.

Consultation activity is a mix of online and face-to-face engagement (working in a covid-safe way and within government guidelines), exploiting digital means to reach people, but also recognising that not everyone can or wants to engage digitally. Public consultation activity over seven weeks includes a series of drop-in exhibitions, online listening events, focus groups and telephone polling. It also includes outreach to existing patient and community groups and forums. There is a consultation document, and summary, and an online and printed questionnaire. Web pages at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward provide more detailed background information. Anyone who does not have access to the internet can write to or telephone the CCG and information can be sent to them.

We are engaging with those who live in the areas most likely to be impacted by the proposal, and with those particularly who may not have access to private transport and who rely on public transport to visit loved ones in hospital. KMCCG can confirm that the proposed consultation activity addresses both these points.

The table below provides an overview of current and planned involvement and engagement activity during the consultation period. In addition to this activity, we are working hard with our stakeholders and partner organisations to promote the consultation across multiple channels.

Engaging with HOSC

We welcome HOSC members support for, and involvement in, our consultation activity and would be happy to offer additional or ad hoc briefing sessions to members as required. We look forward to receiving HOSC's formal response to the consultation by midnight on **Tuesday 21st September 2021**.

Consultation phase	Activity summary
Weeks 1-7 (3 August – 21 September 2021)	**Advertising (local papers, local radio and online) and social media advertising to promote consultation (weeks 1-7)** • Print advertising in five KM Media Group print publications including: Medway Messenger, Sheerness Times Guardian, Sittingbourne News, Gravesend & Dartford Messenger – 20 appearances between 11th August 2021 and 16th September

	2021. • Accompanying online/digital adverts between 10th Aug 2021 and 21st September 2021. • 148 Radio advertising spots on local radio station KMFM across Medway, West Kent and Maidstone will start w/c 23rd August and will run for 30 days. • Targeted social media advertising using Facebook and Twitter as primary mechanisms is underway to raise awareness. **Information at NHS/community sites (weeks 1-7)** • We are providing hard copies of posters in A4 and A3 sizes along with a digital poster which is being used through 'escreens' across partner organisation sites and facilities. **10 focus groups with patients, service users, carers, including those specifically impacted by the proposals, seldom heard, and protected characteristic groups (weeks 6-7)** • We are recruiting focus group attendees via an independent agency to ensure we get a representative mix of attendees to reflect the groups outlined above. Focus groups will be held during September to maximise the opportunity for people to attend after the summer holiday period. **Online public listening events x4** We have planned to host four online public listening events on the following dates and are promoting these via our website and through stakeholder groups and networks. Promotional information includes signposting to register with login details for the events sent to those registered two days before the date: • Wednesday 25 August 2021 – 6:30pm to 8:30pm - **delivered** • Tuesday 7 September 2021 - 6.30pm to 8.30pm • Wednesday 15 September 2021 – 6:30pm to 8:30pm. • **Additional date to be agreed.** **Exhibition drop-in events x3 across geographies** • We are planning three drop-in events at locations in Sittingbourne, Gillingham and Maidstone and are in the process of booking venues at central locations with high footfall rates. Our first exhibition will take place on Saturday 11 September 2021 – 10.30am to 3.30pm: Sunlight Centre, Gillingham. • The exhibitions will include programme representatives to listen to the views of attendees. Finalised date and venues will be added to the consultation page of the KMCCG website and promoted through our channels and networks.

Telephone interviews

A specialist independent research agency is undertaking telephone interviews with 750 residents across the Kent and Medway area with a specific focus on Medway and Swale and north and west Kent (catchment areas with the largest number of patients using the current Ruby Ward). Interviews started the week of 23rd August and will run until the interview quota has been filled or until the end of the consultation period on 21st September. At time of writing, over 300 interviews have been successfully completed.

Attendance at existing meetings of stakeholder groups (virtual and face-to-face weeks 1-7)

- We are presenting at patient and public involvement meetings across Kent and Medway during August and September. As some groups will not be holding meetings over the summer, we are arranging for updates and opportunities to complete the consultation questionnaire to reach them through newsletters, bulletins and virtual briefing sessions.
- Programme representatives presented the proposals to the KMCCG patient and public involvement meeting which includes the CCG's lay representatives on Wednesday 18th August 2021.
- The proposals were discussed at the Medway and Swale Integrated Care Partnership (ICP) Board meeting on 19th August 2021 and the West Kent ICP Board at its meeting on 26th August 2021.
- KMPT's 'Keeping Connected' engagement pool received a presentation on Thursday 2nd September with attendees representing volunteers and carers with an interest in mental health services. Follow-up information was sent out via the engagement pool to over 100 contacts.
- A dedicated briefing session has been arranged for representatives from Local Mental Health Network Groups on Wednesday 8th September.

Staff listening events x 3

- An independently facilitated event with KMPT Ruby Ward staff was undertaken on Monday 16th August and an event with the wider staff of KMPT was conducted on Friday 3rd September. Staff discussed a range of issues around the proposals, including opportunities the new build would create, desired design features, and the transition and relocation process for patients. Staff will be offered 1:1 discussions to address their individual concerns and circumstances around the proposed move and will take part in a HR consultation process which is separate to this consultation.
- A further session for the wider KMPT staff is planned for 16th September.

E-bulletin to full stakeholder list with reminder of public events (both virtual and face-to-face) and encouraging responses to

	formal questionnaire • Information and updates about the consultation will be included in all scheduled KMCCG stakeholder and community bulletins. **Medway HASC update and mid-point review (week 3/4)** • HASC received an update at its meeting on Tuesday 17th August and follow-up information in response to specific questions about the consultation. We continue to work with HASC members to ensure they have opportunities for informal briefing and information sharing as part of our consultation activity. **Update to Kent HOSC** • This written update has been submitted to the Kent Health Overview and Scrutiny Committee (HOSC) for its meeting on 16th September 2021. HOSC members were part of the communications cascade notifying them of the consultation launch on 3rd August and we are in regular contact with the Democratic Services team to ensure that any questions are answered with the ongoing offer of informal and ad hoc briefing as required. **Proactive and reactive media relations to encourage further editorial coverage of the consultation (in addition to paid advertising)** • We are working with local media outlets to identify opportunities for additional editorial coverage of the consultation. **Other mid-point activity** • We will update the CCG governing body and KMPT's board during the consultation period. We are reviewing responses and feedback to confirm if further targeted work is required. A regular communications cascade of information via established channels and networks is in place to ensure information about the consultation remains high on the agenda for our partners and stakeholders.
Post public consultation (Late September – end November 2021)	• Independent analysis of consultation feedback and drafting of reports. • Public consultation response report shared with KMCCG GB and with Medway HASC. • KMCCG receives HASC response to the consultation. • Development of Decision-Making Business Case. • Consultation responses report to feed into decision-making business case for CCG GB decision on proposed change.

Recommendations

Members are asked to:

- Note the update on the programme timeline provided in this report.
- Note the early stages of implementation planning – particularly regarding the proposed transfer of staff and patients.
- Note the formal consultation activity that is underway and consider any additional engagement or briefing opportunities that may be required by HOSC members.
- Continue to work with the CCG during the consultation and note the date for providing a response to KMCCG on its consultation on the proposed relocation of Ruby Ward.

Lead officer contacts

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Appendices

None

Background Papers:

None

Item 10: Work Programme 2021

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 16 September 2021

Subject: Work Programme 2021

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

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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 and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as 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

23 November 2021		
Item	**Item background**	**Substantial Variation?**
Covid-19 response and vaccination update	To receive an update on the response of local health services to the ongoing pandemic.	No
Provision of local GP services	Postponed item from 16 September.	-
Provision of Ophthalmology Services (Dartford, Gravesham and Swanley)	To receive an update on the effectiveness of service change, as brought to the Committee in July 2021.	No

26 January 2022		
Item	**Item background**	**Substantial Variation?**
Covid-19 response and vaccination update	To receive an update on the response of local health services to the ongoing pandemic.	No
Provision of Child and Adolescent Mental Health Services at the Cygnet Hospital in Godden Green	Postponed item from 16 September. To receive an update on the closure of the Tier 4 CAMHS service following the internal investigation by NHS England.	-
Dental provision	Members requested an update once 5 new services had bedded in during their meeting on 21 July 2021.	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Implementation of the Integrated Care System	To receive an update on the ICS and single CCG. ***This will be held as an informal member briefing and removed from the future work programme***.	-
Single Pathology Service in Kent and Medway	Members requested an update at the "appropriate time" during their meeting on 22 July 2020.	No
Urgent Care review programme - Swale	Members requested an update at the "appropriate time" during their meeting on 10 June 2021.	TBC
East Kent Maternity Services	Following the discussion on 17 September 2020, Members requested the item return once the Kirkup report has been published (expected 2022).	-
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents.	-
Transforming Mental Health and Dementia Services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Provider updates	To receive general performance updates from each of the main local providers.	-
Update on the implementation of hyper-acute stroke units	Following a discussion at their meeting on 22 September 2020, HOSC asked for an update "at the appropriate time". Currently waiting on decision from Secretary of State following a referral from Medway Council on the CCG's final decision.	-

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: 20 October 2021 at 10am		
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

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