HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 26th January, 2022

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 26th January, 2022, 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
Labour (1):	Ms K Constantine
Liberal Democrat (1):	Mr D S Daley
Green and Independent (1):	Mr S R 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.	Substitutes	10:00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes from the meeting held on 11 November 2021 (Pages 1 - 6)	
4.	Phlebotomy Services at Deal Hospital (Pages 7 - 10)	10:05
5.	Covid-19 response and vaccination update (Pages 11 - 22)	10:25
6.	Dental Services in Kent (Pages 23 - 28)	10:50
7.	Hyper Acute Stroke Units - implementation update (Pages 29 - 36)	11:15

8. Children and Adolescent Mental Health Service (CAMHS) Tier 4 provision (Pages 37 - 42) 11:45

9. Maternity Services at East Kent Hospitals University NHS Foundation Trust - written update (Pages 43 - 48) 12:10

10. East Kent Transformation Programme - written update (Pages 49 - 58) 12:15

11. Work Programme (Pages 59 - 64)

12. Date of next programmed meeting – 2 March 2022

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

18 January 2022

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 Thursday, 11 November 2021.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chair), Mr A Kennedy, Mr J Meade, Mr A R Hills, Ms K Constantine, Mr D S Daley, Mr H Rayner, Cllr D Burton and Cllr M Peters

IN ATTENDANCE: Dr A Duggal (Interim Director of Public Health), Mrs K Goldsmith (Scrutiny Research Officer) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS

38. Introduction

The Chair expressed his shock at the recently announced criminal activity by David Fuller in hospitals provided by the Maidstone and Tunbridge Wells NHS Trust. An independent inquiry had been announced and was due to report in 2022. The Chair asked for "Maidstone & Tunbridge Wells Trust - Mortuary security" to be added to the work programme, for scheduling once the investigation had concluded.

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

(Item 2)

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

40. Minutes from the meeting held on 16 September 2021

(Item 3)

RESOLVED that the minutes from the meeting held on 16 September 2021 were a correct record and they be signed by the Chairman.

41. Covid-19 response and vaccination update

(Item 4)

Paula Wilkins, Chief Nurse and executive lead of the vaccination programme, K&M CCG was in attendance for this item.

1. Ms Wilkins introduced the report and provided a verbal update on developments since the report was published. She confirmed that: a total of 2.8m vaccines had been given in Kent and Medway; that 58% of people eligible for a booster had received one; that the case rate per 100,000 had reduced, with a higher rate among the 0-59 age group; that 177 Covid-19 positive patients were in Kent and Medway hospitals, 20 of which were in intensive care; and that elective care had continued.

2. Members were invited by the Chair to ask questions. Discussion included:

a) A Member asked for clarification on the difference between the third vaccine dose and booster, including eligibility. Ms Wilkins confirmed that the third dose and booster were distinct and had begun their rollout at the same time. The third dose was intended for the immunosuppressed only, who were identified by coding. Members were informed that recipients of a third dose would be eligible for a booster after 6 months.

b) Ms Wilkins was asked what guidance Members could share with their constituents to highlight the continued risk of Covid-19. She encouraged Members to share the health advantages of the vaccine, which included the reduced risk of death. She noted that it was important to stress in communications with residents, that the vaccine did not prevent people from contracting Covid-19. The committee were reminded that mask wearing remained a personal choice, though were encouraged in NHS buildings.

c) A Member asked what had been done to engage hard to reach communities regarding the vaccine programme. Ms Wilkins verified that an inequalities group had engaged with minority groups and worked to consider culturally sensitive information. She noted that the work of the group was long-term and extended beyond the vaccine programme.

d) Asked what steps had been put in place to mitigate the impact of protests on the vaccination of 12-15 year olds in schools, Ms Wilkins explained that initially vaccination of the age group could only be delivered through the Public Health run school vaccination programme, but that had since been relaxed, allowing the use of designated walk-in vaccine centres.

RESOLVED that the report be noted and the item return at the next meeting.

42. Provision of GP Services in Kent
(Item 5)

Bill Millar, Director of Primary Care, K&M CCG and Dr Caroline Rickard, Kent Local Medical Committee were in attendance for this item.

1. The Chair welcomed the attendees and invited them to introduce the report.

2. Dr Rickard explained the role of the Kent Local Medical Committee. This included independently representing and advocating for the interests of general practice; representing the majority view of GPs to NHS England, K&M CCG and other national and local organisations; and providing advice and support to GPs on all professional matters.

3. Mr Millar outlined developments since the report was published. He confirmed that NHS England had published “Our plan for improving access for patients and supporting general practice” on 14 October 2021, and that the CCG had been in contact with practices following this.

4. The Chair confirmed that some Members had shared questions in advance of the meeting, which were addressed in the report. He also told the Committee about

concerns he had received from the Health Reform and Public Health Cabinet Committee about access to primary care services.

5. Members recognised the benefits of virtual appointments but did not think they were effective in all cases. Mr Millar noted that 70% of feedback from virtual consultation patient surveys had been positive. It was acknowledged that patients without internet access did not have access to the survey. Dr Rickard reminded the Committee that virtual triage originated from an NHS England directive during the early stages of the pandemic. She added that the proportion of virtual and face-to-face consultations varied between practices and was influenced by their size and capacity. The wider responsibilities of GPs beyond patient consultations were highlighted, such as writing prescriptions and managing recruitment.

6. A Member asked whether a salaried employment arrangement, as opposed to the existing GP contractor model, could better meet the demands of communities. Dr Rickard said this had been debated by GPs but was not favoured because there would be a loss of historical community knowledge with a salaried model.

7. Concerns were raised by a Member relating to staffing levels and GP-patient ratios. Members wanted to see a GP-patient ratio breakdown by district. Dr Rickard and Mr Millar stressed that the challenges faced in primary care were not limited to staff shortages. It was also highlighted that primary care was not just delivered by GPs but a wider group of professionals including paramedics, physiotherapists and social prescribers, therefore the GP-patient ratio had limited use. Mr Millar confirmed that work with partners nationally had been undertaken to help to address staffing levels, in particular in Swale and Thanet. He added that the Kent Medical School would provide part of a long-term solution. Dr Rickard detailed the additional challenges faced in primary care, which included increased overall demand, partly caused by suppression during lockdown and increased elective care waiting times, requiring additional support. She noted that staffing issues had been exacerbated during the pandemic, the link between the abuse of staff, increased vacancies and reduced capacity was made. The difficulty in access was a reflection of the unprecedented demand on the system.

8. Dr Rickard was asked who was responsible for Kent's GP workforce, including recruitment. She confirmed that there was no overall office of accountability and recognised the challenges of recruitment, including the length of training and competition for GPs nationally. The role of Primary Care Networks (PCNs) was highlighted, and Mr Millar offered to provide a briefing note about this. He also confirmed that a General Practice Strategy was underway, and the Committee requested to be involved in its development.

9. A Member commented that GPs services were often impacted by other structural or service changes within the healthcare system.

At 11am, the committee and attendees stood in silence for two minutes to mark Remembrance Day.

10. Members encouraged practices to use their websites and social media accounts further, in order to keep local communities up to date on practice specific developments. The link between poor communication and patient dissatisfaction was noted. Mr Millar confirmed that additional support would be offered to individual

practices by the CCG. Telephone systems were more complicated as they were the responsibility of individual practices, though a national specification was been developed. Dr Rickard hoped the issue of improving and standardising communication would be assisted by the new funding announced by the Government.

11. The correlation between highly regarded practices and good patient contact, as well as the need to share best practice was raised by a Member.

12. It was recognised that the use of personal fitness devises, such as Fit-Bit, could be helpful to GPs in their diagnosis and that the improved use of technology was an area of expansion.

13. Members condemned the abuse received by GPs and primary care staff.

14. Dr Rickard was asked whether practice receptionists (often the first point of contact for a patient) received standardised training. She verified that whilst there was no universal or mandated training package, the Kent & Medway GP Staff Training Service shared resources and guidance with practices. Dr Rickard agreed to take the issue back to the Local Medical Committee.

15. Dr Rickard confirmed, following a Member question about page 47 of the agenda pack, that nursing associates were nursing apprentices who had transferred from acute services to primary care.

16. A Member explained that people's dissatisfaction was with access to clinical care, not the clinical care itself. They asked for a quantified analysis of the unmet need in the system, though recognised the difficulty in fully achieving this.

17. Mr Millar referred to the GP Estates Strategy that had been written, following a question around how Section 106 contributions could be better used to create additional system capacity. The Committee requested to see the Strategy. Dr Rickard noted that the only way of delivering new GP practices was for existing branches to expand as no new General Medical Services contracts were being issued.

18. Asked what impact the ability of NHS 111 to directly book GP appointments had on primary care, Mr Millar confirmed that it was a contractual requirement. He encouraged patients to contact their GP directly but recognised that NHS 111 provided patient choice. He agreed to consider whether that access could be promoted further.

19. Mr Millar was asked whether Patient Participation Groups (PPGs) had been reconstituted following a hiatus during the early pandemic and if their role as a conduit for community feedback could be strengthened. He recognised the importance of PPGs and confirmed that whilst some had continued virtually, there was a lack of uniformity across Kent. He offered to look into this further.

20. The need to identify, share and celebrate positive improvements within primary care was stressed by Members.

21. Members highlighted the issue of some practices closing for lunch, which had contributed to lower public access and satisfaction. They did not suggest that GPs

should forgo their lunch and rather suggested that practices put plans in place to ensure that services were available throughout the day. Mr Millar offered to look into the issue outside of the meeting.

22. The Chair thanked the attendees for their answers and Members for their contributions. Dr Rickard thanked Members for the points raised and encouraged further engagement with the Kent Local Medical Committee.

23. The Chair requested that a follow up report be brought to the Committee in March, including the following items:

a) Detail around how contracts for new GP surgeries were awarded
b) More information around the closure of practices over lunch
c) A quantified analysis of unmet need in primary care
d) Primary care estates information, including the use of Section 106 money and role of councillors in securing new provision
e) An update on the rollout of the Primary Care Network and development of the General Practice Strategy
f) The GP Estates strategy
g) How e-consult might be better utilised, and what role personal fitness devices might play in the future
h) The role and importance of PPGs and whether they were all running again

RESOLVED that the report be noted and the item return to the Committee in March 2022.

43. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology Reconfiguration (written update)
(Item 6)

RESOLVED that the report be noted.

44. Work Programme
(Item 7)

1. Following the recent announcement by the Secretary of State that the implementation of 3 Hyper-Acute Stroke Units (HASUs) in Kent and Medway could commence, the Committee requested a paper on the implementation plan at their next meeting. The paper should cover travel times, whether data now supported a fourth HASU, the clinical pathway of a stroke patient, rehabilitation work, and whether there was confidence in the ability of ambulances to achieve the necessary travel times. The provider SECAmb should be invited for the latter point.

2. Members asked that an update on winter pressures and flu in relation to Covid-19 be included in the standing Covid-19 update at the next meeting. The possible impact of all front line NHS staff required to be fully vaccinated by April 2022 was also requested.

3. As per the Chair's announcement at the beginning of the meeting, "Maidstone & Tunbridge Wells Trust - Mortuary security" would be added to the work programme.

4. The closure of Deal Hospital's phlebotomy unit was added by the Chair.

RESOLVED that the Work Programme be noted, subject to the inclusion of the above items.

Item 4: Phlebotomy services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Phlebotomy services

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

It provides background information which may prove useful to Members.

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1) Introduction

a) In early November 2021, the Chair of HOSC was made aware of an unexpected closure of the Blood Unit at Victoria Hospital in Deal. The CCG were approached for comment and provided the attached written response.

b) The CCG has been invited to attend today's meeting and answer the Committee's questions.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

None

Contact Details

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NHS
Kent and Medway
Clinical Commissioning Group

Phlebotomy services update for Kent HOSC

9 December 2021

Background

HOSC members requested an update on the phlebotomy services which have stopped being provided by Kent Community Health NHS Foundation Trust (KCHFT) from Victoria Hospital in Deal and Queen Victoria Memorial Hospital (QVMH) in Herne Bay.

Historically, Kent Community Health NHS Foundation Trust provided blood tests at the two hospitals. This service was initially established many years ago to support outpatient clinics from East Kent Hospitals that were run from the community hospital sites. Some GP practices have also used the service for their patients. Phlebotomy services are however part of routine care that all general practices are contracted to provide.

Considering options to maintain local phlebotomy capacity

The KCHFT phlebotomy service was not being directly commissioned/funded by the CCG; and primary care already holds a contract to provide phlebotomy under the Primary Care Quality Standards (PCQS) contract. Therefore, once it was established that general practice was able to provide the equivalent capacity there was no need to seek alternate or new providers to take on the services.

Under the terms of the PCQS general practice can sub-contract the service to another provider and the CCG facilitated discussions on this, however, assurances were received that general practice could provide enough capacity to cover the level of phlebotomy that was being provided by KCHFT.

Public engagement

It was always the intention that phlebotomy services would continue to be provided locally in both Deal and Herne Bay. The intention was for a seamless transition and minimal change for patients as a result of phlebotomy moving from the KCHFT provided service to a general practice provided service from local surgeries. The CCG did work with local practices to plan communications to explain the changes, but there was not a formal consultation. Final agreements did take longer than planned to confirm and as a result the timing of communications about changes did happen close to the switch from KCHFT to local practice provision at the end of October.

Final position now in place

From 1 November 2021 the service arrangements are as follows:

Herne Bay

- **The Park Surgery** provides blood tests at the Queen Victoria Memorial Hospital in Herne Bay.
- **The Heron Medical Practice** provides blood tests at one of their surgeries, all of which have already been offering blood tests.

Deal

Patients of the following surgeries will have their blood tests at their registered surgery:

- **Manor Road Surgery**
- **St Richard's and Golf Road Surgery**
- **Balmoral Surgery**
- **Cedars Surgery**

Any patients who have historically had blood tests at Queen Victoria Memorial Hospital, Herne Bay or Victoria Hospital, Deal but are not registered with any of the practices named above, will be able to access blood tests through their surgery.

Concerns about wider impact on Deal community hospital

Some patients and local residents in the Deal area have asked if the change to the phlebotomy service is linked to any other potential removal of service from the Deal Community Hospital. We can give the following reassurances on this:

- KCHFT as the owner of the site has confirmed that it sees the hospital as an important local resource and has no plans to remove other services.

- The CCG also believes local community hospitals like the Deal site are an important part of the overall provision of NHS care and has no plans to decommission services provided at the hospital.

- The CCG has contacted other NHS Trusts that also use the site. Both East Kent Hospitals University NHS Foundation Trust and Kent and Medway Health and Social Care Partnership NHS Trust (mental health) have confirmed that then do not have any plans for changes to the services they run from the site.

References made on social media suggesting that the hospital is facing closure and is set to lose the x-ray department are entirely without foundation and we have contacted the account responsible to ask that the misinformation is corrected/removed.

Item 5: Covid-19 response and vaccination update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

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 November 2021, where it received an update on elective care waiting lists, the rollout of the booster vaccine and the continued risk posed by the virus.

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

Kent County Council (2021) 'Health Overview and Scrutiny Committee (16/09/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8759&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (11/11/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8760&Ver=4

Contact Details

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Covid-19 update for Kent Health Overview and Scrutiny Committee – January 2022

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.

1 Vaccination programme

1.1 SUMMARY OF PROGRESS

Official figures on vaccine progress are published nationally each Thursday. As of 13 January 2022, the position in Kent and Medway was:

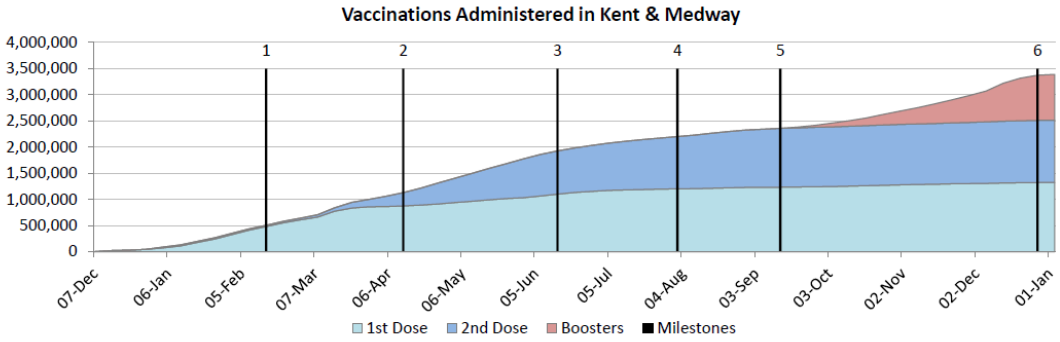
- 3,718,097 vaccines in total
  - 1,409,030 first doses
  - 1,302,681 second doses
  - 1,006,386 third/booster doses

From local data the latest highlights are:

- 90% of people in the top nine priority groups have had a booster.
- 67% of all groups aged 18-49 have had a booster
- 83% of all eligible groups have had a booster

1.1.1 A YEAR IN NUMBERS

The Covid-19 vaccine programme in Kent and Medway has been an extraordinary story of thousands of NHS staff, partner agencies and volunteers working together to mobilise the biggest vaccination programme in the history of the NHS. The graph and table below chart the progress of the vaccine programme from our first vaccine given in December 2020.



Key	Cohort	Milestones	Cumulative vaccinations
1	1-4	14 Feb 2021	455,230
2	5-9	15 April 2021	1,142,047
3	10-12	18 June	2,043,046
4	13 (16-17 year olds)	4 Aug 2021	2,354,119
5	16 (12-15 year olds)	13 Sept 2021	2,473,572
6	Deadline for boosters	31 Dec 2021	3,601,600

1.2 VACCINATION OFFER FOR UNDER 18S

The vaccination offer to under 18s has changed since the last report to HOSC. The offer has been extended and now includes:

Age range and risk level	Covid-19 vaccination offer
16 to17 years (all)	2 doses 8 weeks apart; and booster dose 91 days after 2nd
12 to15 years (higher risk)	2 doses 8 weeks apart; and booster dose 91 days after 2nd
12 to 15 years (no added risk)	2 doses of vaccine, 12 weeks apart
5 to 11 years (higher risk)	2 doses (10 micrograms dose) 8 weeks apart

For all under 18s there should be a minimum 4-week interval between a Covid-19 infection and receiving any dose of the vaccine.

Vaccination of 12 to 15-year-olds is now being given through the schools immunisation programme and available through booked/walk-in clinics at specific vaccination centres approved to vaccinate under 16s. The Kent Community Health NHS Foundation Trust has begun a second round of school visits to offer the second dose and first doses to any child not already vaccinated.

Current uptake for under 18s is summarised below:

- 16 to 17 years: 69% first dose, 66% second dose
- 12 to 15 years: 56% first dose, 13% second dose
- 12 to 15 years at risk: 60% first dose, 26% second dose

1.3 VACCINATION AS A CONDITION OF EMPLOYMENT

Vaccination as a Condition of Deployment (VCOD) comes into force from 1 April 2022 and will apply across the public, NHS and independent health sector. It requires affected people to be vaccinated with two doses, meaning first doses must be done by 3 February. Guidance defines those in scope of the regulations as:

The regulations apply to health and social care workers who are deployed in respect of a CQC regulated activity, who have direct, face-to-face contact with service users. This include individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of a CQC-regulated activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope.

The CCG has been coordinating a joint group of workforce leads from local providers to assess the potential impact of staff who do not wish to be vaccinated. Our local NHS Trusts all have staff vaccination rates between 93% and 96% for first doses, based on current information. Data for general practice and other affected services is being compiled.

All providers continue to promote the vaccination to the small percentage who have not taken up the offer already with 1-2-1 conversations as well as broader publicity.

1.4 VACCINATION INEQUALITIES

The vaccination programme is continuing to reach out to those who have not taken up the vaccination or not completed the full course. Medway Council's Public Health team is helping the programme identify priority cohorts where up-take is lowest and we have a vaccine inequalities task and finish group in place.

NHS England has recently made funding of approximately £100k per system available to support inequalities initiatives. We are currently finalising plans for how to use this money in Kent and Medway. Priority groups for our inequalities work include:

- People who are homeless
- People with learning disabilities
- People who are pregnant
- Care workers
- Under 30s
- People from Black ethnic groups
- People from Eastern European backgrounds
- Areas of deprivation with low uptake

The approach for each group will include a tailored approach to:

- Communications and engagement -using the insights related to the specific factors related to any complacency or confidence in the vaccine to support uptake.
- Access –using local knowledge and insights about barriers in access and how these can be overcome.

1.5 VACCINATION CENTRES

To deliver the accelerated booster programme there was a significant increased the number of sites offering jabs; with a mix of bookable and walk-in sites. In December 2021 there were over 75 sites across Kent and Medway.

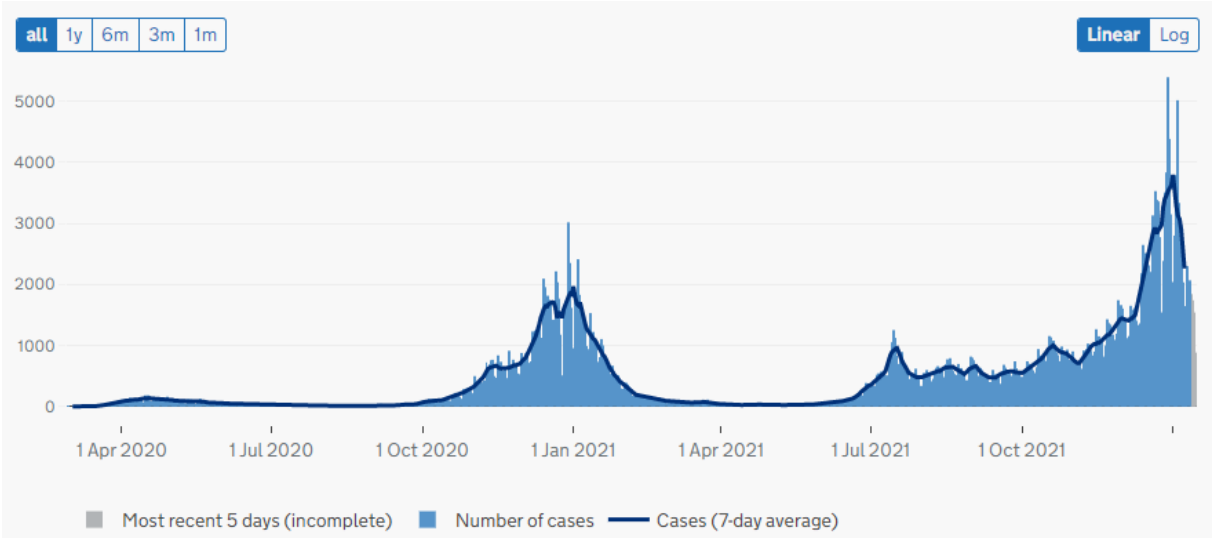
As we move to the next phase of the vaccination programme we are exploring options for ensuring a sustainable offer which balances patient accessibility with the system's ability to offer the capacity required from sustainable and efficient sites. The CCG vaccination team has been discussing options with vaccination services across each of the four Health and Care Partnerships. Detailed planning will require further information on national plans for additional doses of the vaccination.

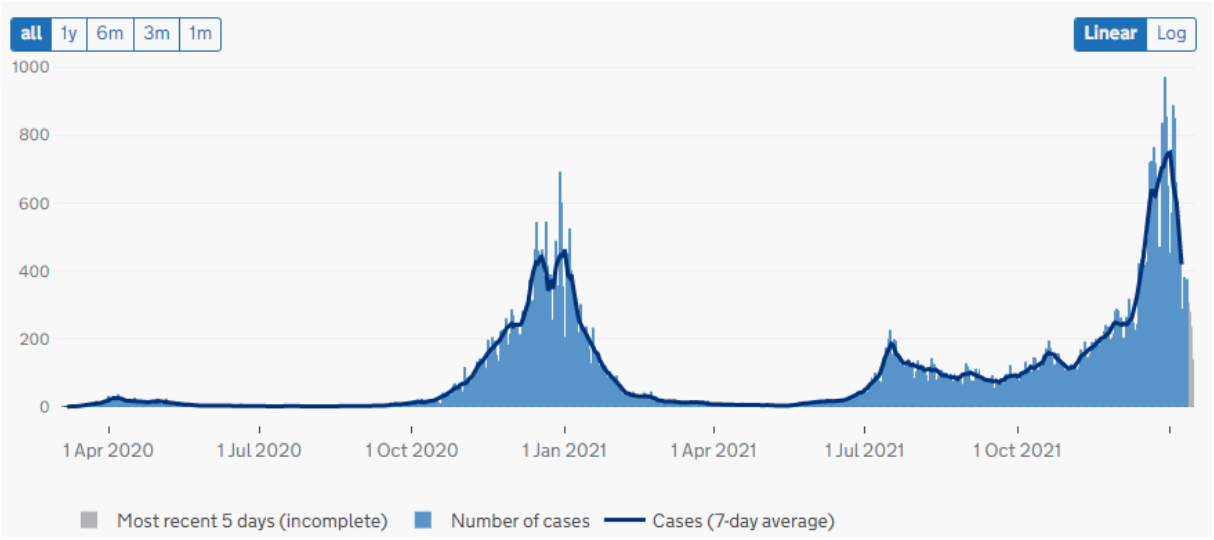
Maintaining the 'evergreen offer' for people who are not yet vaccinated and completing boosters for those who have been unable to get one due to a recent covid infection will require vaccination centres to continue running in the months ahead. The potential demand will however be relatively low compared to peaks of the programme. Whilst the vaccine continues to need deep freeze storage and has strict regulations around transportation it is likely that there will be fewer vaccination sites and a move back towards booked appointments. It is recognised that this would be less convenient for some patients and we will continue to work with local authority partners to ensure there is transport support for vulnerable people.

2 Covid-19 cases and deaths

Cases of community infection increased significantly with the Omicron variant, but rates are now falling. For 16 January, infection rates per 100,000 were 996 in Kent and 1,052 in Medway (compared to around 300 in mid-November).

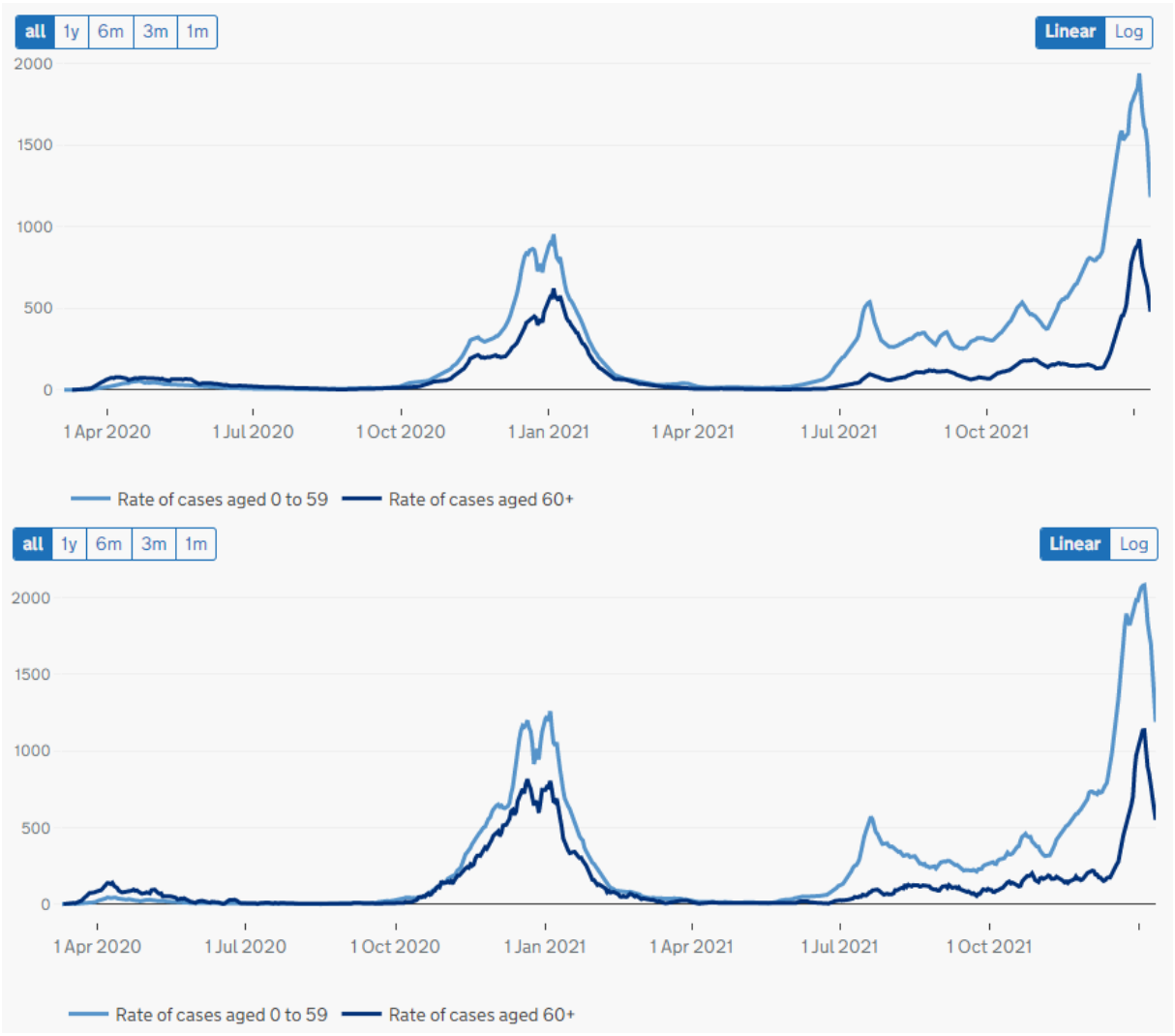
The graphs below show the trend in **daily confirmed cases** over the duration of the pandemic (Kent first graph and Medway second graph):





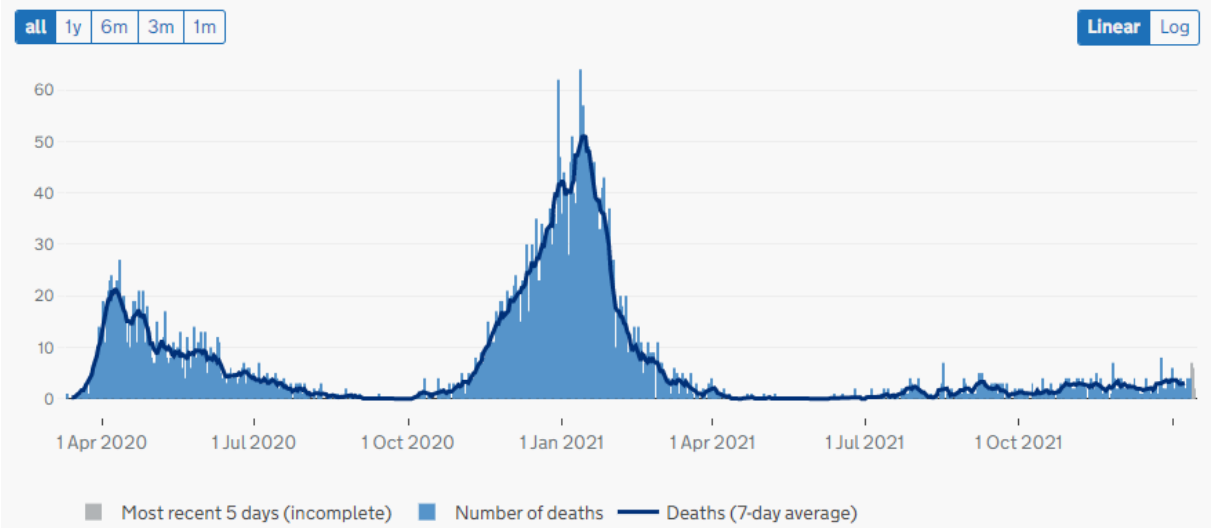
Source: 16 January 2022 https://coronavirus.data.gov.uk/details/cases

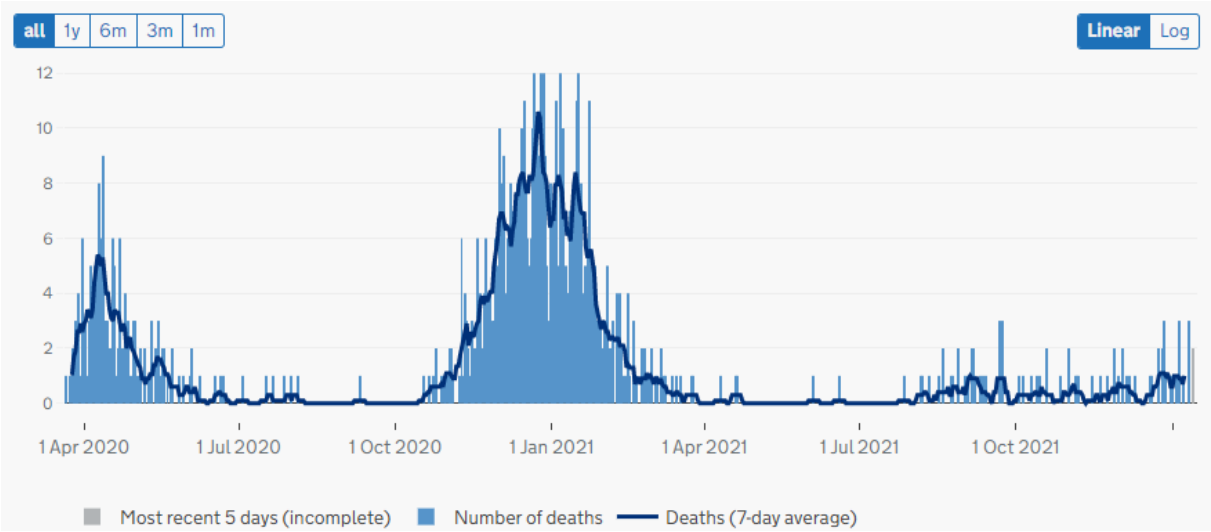
In recent weeks the number of infections in **people aged over 60-years-old** had increased, but is now falling again, as shown in the graphs below (Kent first graph and Medway second graph):



Source: 16 January 2022 https://coronavirus.data.gov.uk/details/cases

Deaths linked to Covid-19 remain relatively low compared to earlier waves in the pandemic as shown by the graphs below (Kent first graph and Medway second graph):





Source: 16 January 2022 https://coronavirus.data.gov.uk/details/deaths

As of 16 January 2022, cumulative Covid related deaths from the start of the pandemic are:

	Deaths within 28 days of positive test	Covid-19 recorded on death certificate
Kent	4370	4,924
Medway	828	869
Total	**5,198**	**5,793**

3 Hospital pressures

Through December and January hospitals have been extremely busy with a mix of Covid-19, the usual winter increases in demand, and the on-going work to address planned treatment backlogs.

The NHS across the UK has been planning for a potentially significant increase in hospitalisations linked to high Omicron infection rates in the community. The most recent data suggests Omicron causes a milder illness for most people compared to previous variants. Combined with high vaccination rates this means the numbers of people experiencing severe illness is lower than earlier waves. However, the sheer number of infections in the community and the infection moving into older age groups meant hospitalisations increased considerably from the position of around 200 in November to 460 in early January. On 14 January 2022 there were 410 Covid-19 patients in hospitals across Kent and Medway; of which 8 were in intensive care.

There continues to be regular cross-Kent and Medway operational planning involving all acute trusts, community trusts, ambulance services, mental health, social care and primary care in order to manage pressures. The CCG's Operational Command Centre (OCC) continues to co-ordinate this work and liaise with NHS England. Recent activity has included identifying additional super-surge bed capacity if it is needed and discharge initiatives to reduce bed occupancy.

- All acute hospitals have been exploring options to use space such as outpatients, education centres, gyms etc for opening additional inpatient beds.
- Community hospitals reviewing capacity and discharge opportunities.
- Maximising availability of care home beds and wider social care to support timely discharge of medically fit patients.
- Working with independent sector providers to identify additional capacity.
- Kent and Medway is one of eight systems to be given a Nightingale Super Surge Hub. This is a temporary structure based at William Harvey Hospital. Construction will be complete by the last week of January, but the unit will only be opened if absolutely needed due to all other surge capacity being full.

4 Elective care treatments

The current national priority is managing high levels of urgent and emergency care demands; however, all hospitals are seeking to maintain elective treatments. Standing down elective care is built into plans for managing further Covid-19 hospitalisations. We will only cancel appointments if we absolutely must, and for the shortest time possible. For people who are affected by a cancellation we apologise for the inconvenience. Appointments will be rescheduled as quickly as possible.

Latest figures for elective care waiting lists were published on 13 January, providing data for November 2021. The November figures show a reduction in the number of patients waiting over 52 weeks and a reduction in the average waiting time; compared to the increases that had been seen

in September and October. The South East England NHS region's combined data for September as a comparator.

	Total incomplete pathways	Total within 18 weeks	% within 18 weeks	Average waiting time (weeks)	Total 52 plus weeks
April 2021	143,974	92,867	64.5%	10.7	7,963
May 2021	150,752	103,028	68.3%	10.5	6,815
June 2021	153,366	108,888	71.0%	9.9	6,010
July 2021	160,380	113,860	71.0%	10.2	5,765
August 2021	162,175	113,778	70.2%	10.8	5,757
September 2021	168,618	116,997	69.6%	11.1	6,093
October 2021	170,307	116,497	68.4%	11.3	6,225
November 2021	**171,344**	**118,025**	**68.9%**	**10.8**	**5,948**
SE England Nov 21	803,179	546,990	68.1%	10.8	28,828

Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22, 13 January 2021
https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/

The table below provides the Kent and Medway level data for November 2021 on the ten specialties with the highest number of 52+ week waits:

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (weeks)	92nd percentile waiting time (weeks)	Total 52 plus weeks
Trauma and Orthopaedic	22,728	13,841	60.9%	12.5	51.7	1,789
General Surgery	20,225	12,857	63.6%	11.7	50.0	1,459
Ear Nose and Throat	15,258	7,867	51.6%	17.3	48.8	1,016
Gynaecology	14,404	9,583	66.5%	11.6	37.0	574
Urology	10,012	6,581	65.7%	11.4	37.6	375
Ophthalmology	16,289	11,526	70.8%	11.9	29.0	183
Other - Surgical	10,294	7,575	73.6%	9.7	32.6	174
Plastic Surgery	1,788	1,110	62.1%	12.9	41.0	85
Gastroenterology	10,881	7,565	69.5%	10.9	31.7	47
Neurosurgical	1,033	766	74.2%	9.5	37.6	45

5 Conclusion

The vaccine programme delivered a major increase in boosters through December and continues to work to get more people vaccinated. Hospitals have seen very significant pressure through the holiday period but have coped well; and thankfully the level of community infection rates is now falling. All NHS services expect to remain very busy through the rest of the winter months, though the majority of the demand is not Covid-19 infections. The whole health and care system is working together to respond in the most effective ways possible to maximise the quality and timeliness of care.

Covid response / recovery lead:

Caroline Selkirk
Executive Director of Health Improvement
and Chief Operating Officer

Covid vaccine programme lead:

Paula Wilkins
Executive Chief Nurse
Kent and Medway NHS

Clinical Commissioning Group

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Item 6: Dental commissioning in Kent

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Dental commissioning in Kent

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

It provides background information which may prove useful to Members.

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1) Introduction

a) NHS England is responsible for commissioning primary dental care services to meet local needs and priorities, managed through local area teams.

b) Contracts are issued to independent providers based on an oral health needs assessment which identify the level of dental need for a particular community.

c) Contracted providers fulfil a certain number of "units of dental activity" (UDAs) in return for an annual amount of money.

d) The Committee received a paper at its 21 July 2021 meeting, setting out how dental services were provided during the height of the pandemic along with information about a number of procurement exercises for new services. No representatives were present at that meeting, and following discussion the committee:

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

e) The new dental services included in that paper were 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.

f) NHS England South East have been invited to attend today's meeting and answer questions from the Committee about dental provision in Kent.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

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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The Impact of COVID-19 on Access to Dental Services

COVID-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Social distancing in waiting rooms and additional infection, prevention, control measures (IPC) within surgeries must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020 and in December 2021 the need for fallow time was removed in certain clinical circumstances. As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate, this is known as AAA. Following clinical assessment where this did not address a patient's needs, dental practices were then able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement (NHSE/I) worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices were required to deliver 60% of their contracted activity (80% for orthodontics) and this increased to 65% (85% for orthodontics) on 1 October 2021. From 1 January 2022 practices are required to deliver 85% of their contracted activity (90% for orthodontics) to reflect that fallow time is only required in some clinical circumstances.

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate in line with Government guidelines. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, if the practice does not have a "buddy" arrangement with another practice they are able to refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

Current situation

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still not 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4, nor when practices have been required to deliver 60% during the first half of 2021/22 and 65% in quarter 3. The resulting backlog is going to take some considerable time to address and will continue to be carried out on a risk based approach focussing on patients with the greatest clinical need.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who have attempted to have a dental check-up may not have clinically needed this at that time. While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

NHS and private dental care

Whilst most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit some of their surgery time will not be spent on face-to-face care due to fallow time. A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS, this is because practices are contracted to provide a set amount of NHS dentistry per year and so are unable to increase the number of NHS appointments they can offer. However, some are able to increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and this is why sometimes patients may only be offered a private appointment when they contact practices. As capacity may change due to the number of patients who contact the practice with an urgent need, patients may need to contact several practices over a varied timescale to obtain an appointment.

Finding a dentist

Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist or by ringing the Kent Dental Helpline on 0300 123 4416 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

Improving access

Funding has been offered to all practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There are nine practices in Kent that currently have the staffing levels to safely undertake additional sessions, specifically for patients that would be new to those practices. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.

Following a round of procurement in 2019 four brand new dental practices were established in Dartford, Dover, Faversham and Sevenoaks, with a further five in Canterbury, Margate, Sandwich, Sheerness and Sittingbourne being awarded increases to their existing NHS contracts. As part of the same procurement programme, a new practice in Minster on the Isle of Sheppey has recently received planning permission so will be opening in the coming months, plus another new practice is due to open soon in Tonbridge. Overall, this is an increase equivalent to 24 whole time NHS dentists across Kent.

Since April 2020 there have been three practices in Kent which have decided to cease providing NHS dentistry for a variety of reasons. High Street dental practices are independent contractors and therefore free to make such business decisions, NHSE/I has no authority or influence over this.

Where an NHS contract terminates, the funding associated with it returns to NHSE/I to be reinvested in local dentistry by procuring permanent replacement services and/or increasing the provision of specialist dental services. Our Consultant in Dental Public Health is currently compiling oral health profiles which will determine the priority for future commissioning of services across the whole of Kent which we anticipate may identify a need for further increased dental services in the area.

Kent statistics

UDAs commissioned:	2,418,779
Approx. WTE dentists:	346
No. dental practices:	196
UDAs per head of population:	1.30 (South East region average of 1.38)
UDAs from contracts handed back:	7,470
Increased UDAs from 2019 procurement:	168,000
Approx. WTE dentists:	24
UOAs commissioned:	158,005
No. patients per year:	7,524
No. orthodontic practices:	16

UDAs and UOAs (units of dental activity and units of orthodontic activity) are the activity measure for most High Street dental contracts. Each contract must provide a set number of UDAs/UOAs per year in return for a set annual payment. Checks are carried out each year to ensure that all practices are delivering the contracted activity; money is recovered where activity falls short of that agreed.

Item 7: Reconfiguration of Acute Stroke Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Reconfiguration of Acute Stroke Services

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

It provides background information which may prove useful to Members.

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1) Introduction

a) The Kent and Medway CCG is establishing three Hyper Acute Stroke Services (HASUs) in Kent and Medway. These will be located in Maidstone, Ashford and Dartford.

b) The implementation follows a long period of planning, consultation, and challenges. These are set out briefly in section 2.

c) The Kent and Medway CCG has been invited to attend today's meeting and provide information about how the new services will be implemented, particularly in light of HOSC's concerns raised back in 2019. These centred on travel times; staffing levels over the long-term; and inequalities. The NHS is invited to engage with the Committee on how implementation of the HASUs will ensure delivery of the best possible service for Kent residents.

2) Timeline of previous scrutiny

a) It is acknowledged that significant work has been undertaken to get to this point, and for the benefit of HOSC members who may not have been on the Committee at the time, the timeline below provides a brief summary of HOSC's involvement since the review commenced. Following the Kent HOSC decision in May 2019, the Committee's role is overview and scrutiny of the implementation.

i. 2014 – review of provision of stroke services began.

ii. Summer 2015 – Kent and Medway health scrutiny committees both deem the proposals to be substantial. A Joint Overview and Scrutiny Committee is convened.

iii. Early 2018 – Following an expansion of the programme, Bexley and East Sussex also deem the changes to be substantial, and a new Joint Overview and Scrutiny Committee is constituted.

iv. February 2019 - the Joint Committee of CCGs (JCCCGs) agreed to reconfigure stroke services across Kent and Medway and establish three HASUs.

v. February 2019 – the JHOSC considers the decision of the JCCCGs and recommends the home authorities support that decision.

vi. March 2019 – the Medway HASC considered the JCCCG decision and decided to refer it to the Secretary of State.

vii. May 2019 - the Kent HOSC considered whether to refer the decision of the JCCCGs to the Secretary of State. Following that discussion, the Committee resolved the following:

a. To ask the NHS to note and consider the strong reservations the HOSC has about the plans for reconfiguring acute and hyper-acute stroke services across Kent and Medway and the potential impact they could have on the following in particular:

1. *Travel times;*
2. *Staffing levels over the long-term; and*
3. *Inequalities.*

b. That the HOSC accepts the rationale for the changes and the move towards centres of excellence across the County, recognises that there is no perfect arrangement of services and that the current proposals may be the optimal way forward at this current time and that any further delay may have a negative impact on health outcomes across the County.

c. That the HOSC recognises the work of the JHOSC and the positive impact ongoing engagement with the NHS has had, notably the decision by the JCCCG to develop stroke rehabilitation services and introduce them to many areas where they do not currently exist, including Thanet, and requests that the NHS engage regularly with the HOSC on the further development and implementation of the proposals to ensure they deliver the best possible service for Kent.

viii. Feb 2020 – Separate from the health scrutiny process, there was a judicial review process. This concluded with findings in favour of the JCCCG decision.

ix. Nov 2021 – Following a referral from Medway Council's HASC, the Secretary of State confirmed support for the JCCCG decision.[1]

[1] https://www.gov.uk/government/publications/irp-kent-and-medway-advice

3. Recommendation

RECOMMENDED that the Committee consider and note the report and that the CCG be invited to return with an update at the appropriate time.

Background Documents

None

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NHS
Kent and Medway
Clinical Commissioning Group

Kent Health Overview Scrutiny Committee

Reconfiguration of Acute Stroke Services

Background:

A review of the provision of acute stroke services in Kent and Medway commenced at the end of 2014 and in February 2019 the Joint Committee of CCGs approved a Decision Making Business Case to support the implementation of three Hyper Acute and Acute Stroke Units (HASUs) in Ashford, Maidstone and Dartford. This decision was challenged via two Judicial Reviews and a referral to the Secretary of State for Health and Social Care, resulting in a significantly extended HASU implementation timeline from the original date of April 2020 to at least 2022/23. The Judicial Reviews found in favour of the NHS in February 2020 and the Secretary of State confirmed support for the reconfiguration in November 2021.

Since the NHS decision in February 2019, there have been three emergency temporary changes to stroke services in Kent and Medway:

- Tunbridge Wells Hospital stroke service (provided by Maidstone and Tunbridge Wells NHS Trust – MTW) transferred to Maidstone Hospital (also provided by MTW) in September 2019 due to staffing challenges.
- In April 2020, in response to Covid, East Kent Hospitals University Foundation Trust (East Kent Hospitals) transferred its stroke services at William Harvey Hospital in Ashford and Queen Elizabeth the Queen Mother Hospital in Thanet to the Kent and Canterbury Hospital. The stroke service remains at Kent and Canterbury at this time.
- Medway Hospital stroke service closed in July 2020 due to staffing challenges and the majority of stroke patients that would previously have gone to Medway Hospital are now going to Maidstone Hospital with a small number going to Darent Valley Hospital.

The current position is that we have acute stroke services provided from Darent Valley Hospital, Dartford, Maidstone Hospital, Maidstone and Kent & Canterbury Hospital, Canterbury. In April 2021 we established the Kent & Medway Integrated Stroke Delivery Network which will improve all aspects of stroke care from prevention to life after stroke.

Implementation of Hyper Acute Stroke Units

Each of the three acute trust providers are refreshing their hyper acute stroke unit estates plans to ensure they remain fit for purpose in preparation for the full business case which will require NHSE/I approval due to the total value exceeding £15m.

The funding for the reconfiguration is being found by the Kent & Medway health system from the capital allocation over a likely 3 year period. Monies to commence implementation planning have released in order to make swift progress.

Whilst the Covid pandemic environment has impacted the delivery of acute care and the provision of comparable data/information, it is positive to note that the consolidation of existing services onto 3 sites has resulted in notable improvements. This is evidenced by the improvements in SSNAP performance for some of the key metrics. In summary, from December 2019 to September 2021 Darent Valley has moved from a D to a C, Maidstone has moved from a C to A and EKHUFT has moved from a D to an A in a number of the metrics outlined below:

		West Kent, North Kent, Medway			East Kent		
		Darent Valley Hospital	Medway Hospital	Maidstone District General Hospital	Queen Elizabeth Queen Mother Hospital	William Harvey Hospital	Invicta Ward Kent and Canterbury Hospital
Pre-pandemic benchmark	Oct-Dec 2019	D	E	C	D	D	NA
	Jan-Mar 2020	D	E	D	D	D	
Current stroke service model	Apr-June 2020	*no score	NA	D	NA	NA	A
	Jul-Sept 2020	*no score		B			A
	Oct-Dec2020	D		B			A
	Jan-Mar 2021	D		A			A
	Apr-June 2021	D		A			A
	Jul-Sept 2021	C		A			A

SSNAP patient centred outcomes: April-June 2021				
	National benchmark	Darent Valley Hospital	Invicta Ward Kent and Canterbury Hospital	Maidstone District General Hospital
% of patients scanned within 1 hour of clock start	55.9	68.3	83.8	76.0
% of patients scanned within 12 hours of clock start	95.9	100.0	97.5	99.3
% of patients directly admitted to a stroke unit within 4 hours of clock start*	51.5	60.5	77.7	81.9
% of patients who spent at least 90% of their stay on stroke unit	81.3	87.7	97.2	96.3
% of all stroke patients given thrombolysis (all stroke types)	10.4	9.6	20.2	13.9
% of patients assessed by a stroke specialist consultant physician within 24h of clock start	84.9	74.3	95.5	95.1
% of patients who were assessed by a nurse trained in stroke management within 24h of clock start	91.1	96.4	99.5	96.6
% of applicable patients who were given a swallow screen within 4h of clock start	74.4	83.1	95.3	85.8

*No score due to minimum dataset recorded during Covid-19 pandemic

Rag rating	
	Equal or better than national benchmark
	Within threshold of national benchmark
	Not meeting national benchmark

It is important to note that whilst the improvement is very positive other areas of SSNAP such as workforce can only be improved once we implement hyper acute stroke units. Data on the total number of strokes and stroke related activity is being compiled and reviewed. The pandemic,

particularly in 2021, directly impacted the numbers of people attending hospital for other reasons and therefore is potentially not reliable for future planning. However, based on historic and current data in terms of total numbers of strokes and the break down by geographical area, there is no evidence that a 4th HASU is viable. This will be kept under review.

We are also reviewing patient outcomes from different geographies especially those areas where patients are travelling further than previously (Thanet, Ashford, Medway and Tunbridge Wells) to ensure improved outcomes are evidenced for all.

The implementation plans are now being finalised and continue to support the units in Dartford and Maidstone in going live as soon as they are able, likely to be mid-2023. As previously, the estates work required at the William Harvey Hospital in Ashford is more extensive and will take longer to deliver. It is hoped this can be completed by late 2023.

In relation to journey times, a possible stroke is a category 2 call which is a response time to the patient within 18 minutes. As with all sectors of health and social care, SECAmb have faced unprecedented demand and the additional challenges of reduced staffing and ambulance hand over delays. Despite this category 2 response times in K&M remain generally stable and better than national performance. In the most challenging times, average performance has been outside of 18 mins. For example, in January 2022 the mean response time has been 33 minutes however it is important to note these are unprecedented times and further resource will be invested as part of the HASU business case. Despite this, access to stroke services is much improved, as demonstrated above.

Work to support the development of rehabilitation pathways continues through the Integrated Community Stroke Service (ICSS) subgroup, which has seen engagement and enthusiasm from community, acute and wider services; recognising the vital interdependencies. A recent snapshot audit has resulted in a specialist review of clinical models with an aim to incorporate new ways of working so that we are best prepared to support the HASUs. In alignment with this, the results from the first national Post-Acute Operational Audit (PAOA) for stroke services have been published and analysis is now underway to inform service development.

In respect

Rachel Jones
Executive Director Strategy and Population Health K&M CCG
5th January 2022

Item 8: Children and Adolescent Mental Health Service Tier 4 provision

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Children and Adolescent Mental Health Service Tier 4 provision

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

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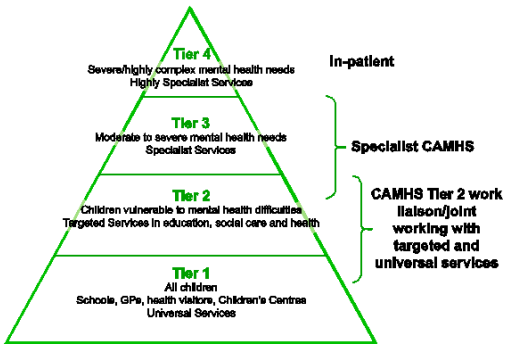
1) Introduction

a) Children and Adolescent Mental Health Service (CAMHS) *(also referred to locally as 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]



b) 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).

c) Specialist in-patient provision for CAMHS (Tier 4) is commissioned by NHS England and provided by the Sussex Partnership NHS Foundation Trust (SPT).

d) SPT has asked to present the attached paper to HOSC to set out how the service is provided.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

None

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

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Health and Scrutiny Oversight Committee Report

Update on CAMHS Tier 4 (specialist inpatient /day patient and alternatives to admission) Provider Collaborative

1. Context

Sussex Partnership NHS Foundation Trust (SPFT) is the lead provider of the Kent and Sussex Provider Collaborative for Child and Adolescent Mental Health (CAMHS) Tier 4 Services. The provider collaborative (PC) operated in shadow form from October 2020 until going live on 1st October 2021. Provider Collaboratives are a key ambition in the NHS Long Term Plan for mental health services and once 'live' formally take on the responsible commissioner role for a defined population of specialised commissioned services with NHSEI retaining accountability.

The current CAMHS Tier 4 services in the Provider Collaborative network are:

- KMAH – a CAMHS General Adolescent Unit (GAU) located in Staplehurst, Kent that provides 11 beds and 3 day places/outreach. There is an additional enhanced Treatment Pathway.
- Chalkhill – a CAMHS General Adolescent Unit (GAU) located in Haywards Heath, Sussex that provides 16 beds and a 5 day place with an urgent help service.
- Elysium Brighton and Hove - a CAMHS Specialist Eating Disorder Service (SEDU) that provides 16 beds.

2. Purpose of Update Report

This update paper is to sight the HOSC on the context and background of the Provider Collaborative.
We would like to update on the current developments and future developments.

The Provider Collaborative and NHSEI anticipate to be in a position to provide a report regarding lessons learnt from the unplanned closure of the CAMHS Tier 4 unit in Godden Green in October 2021 including recommendations from the independent enquiry of the serious incident to HOSC in April 22.

3. Background

This Provider Collaborative brings together CAMHS Tier 4 and community providers from across the footprint as well as case managers and supporting staff and services. We have established a clinical partnership and each member of this is developing a thorough understanding of the services commissioned to meet the needs of the population and the patient cohort.

The partnership enables a more collaborative and joined-up approach to commissioning and associated service delivery through admissions and discharge planning, increasing the likelihood of patients getting access to appropriate services that best suit their needs at the earliest possible opportunity including accessing appropriate community treatment rather than going into hospital if it's not needed.

As a partnership we have formed a Clinical Activity Panel (CAP) and Single Point of Access (SPA) for CAMHS Tier 4 services. The CAP consists of senior clinicians, managers from Tier 4 in-patient services /crisis teams and specialist community CAMHS / Eating disorder services and senior representatives from social care nominated directly by the respective Directors of Children's Services. By bringing together clinical and operational experts we are ensuring that clinical decisions are made by the most appropriate people to better enhance patient care.
The SPA operates a full service finding and gatekeeping function. This allows a better grip of the cohort and releases clinical capacity in teams who were previously bed searching. Case Managers oversee all young people who are referred for admission and those in units as well as unit quality assurance

4. Medium Term Bids

Following the closure of Godden Green and Ticehurst, the Provider Collaborative was successful in being awarded 3 schemes in the South East to increase capacity and access to Tier 4 services within our area. Scheme's 1 and 2 are due to come online by April 2022.
These schemes -

1) 3 Additional General Acute beds at Kent and Medway Adolescent Hospital and the addition of 3 short stay beds. The short stay beds allow for a seamless pathway from crisis to inpatient and back to home as these will fall under the enhanced treatment pathway so they remain with their teams.
2) Day hospital for Sussex predominantly working with Eating Disorders.
3) Increase PICU capacity (Psychiatric Intensive Care unit). We are currently working with Sussex Partnership Foundation Trust as they have a potential site to be able to locate this unit. This unit will be accessible to Kent patients and others who require a PICU bed.

5. Kent & Medway System Rapid Response

The Provider Collaborative along with NHSE/I and the local Kent and Medway system initiated the Kent and Medway System Rapid Response. This was convened at pace to review and address the pressures within the crisis and complex pathways, in particular the length of delays in children and young people accessing

CAMHS Tier 4 services while on acute paediatric wards (or in Places of Safety) in Kent & Medway and their associated care pathways in May 2021. The response initiated a shared action plan which resulted in the below positive outcomes for Tier 4-

- 16 CYP waiting for CAMHS Tier 4 services at the beginning of June 2021, reduced to 3 by October 2021, representing an 81% reduction in CYP waiting for Tier 4 services.
- Reduction in wait times for a Tier 4 bed for those children waiting on a paediatric ward from 55 days to 13 days.

The rapid response was stood down on the basis of these outcomes and the Kent and Medway referrals for Tier 4 beds remains low.

6. Phase 2 Provider Collaborative Development

The medium-term bids above are phase 1 of our clinical development, phase 2 is to enhance current services and to use anticipated savings from reduced inpatient admissions for alternatives to admission that will further reduce bed days. We will be working with our partners, local services and children/young people/families to further develop the model, responding to local need.

Nina Marshall
Provider Collaborative Program Manager for Kent and Sussex CAMHS Tier 4 Services and Adult Eating Disorders.
13/01/2022

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Item 9: Maternity Services at East Kent Hospitals University NHS Foundation Trust (written update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Maternity Services at East Kent Hospitals University NHS Foundation Trust (written update)

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

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

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1) Introduction

a) EKHUFT is currently subject to increased scrutiny following the performance of its Maternity Services.

b) An Independent Investigation into East Kent Maternity Services is currently underway, led by Dr Bill Kirkup. Whilst this investigation is ongoing, there is a limit on the extent of HOSC's scrutiny, though at their meeting on 17 September 2020 the Committee agreed that an update should be provided once the final investigation report had been published. This is not due until Autumn 2022.

c) Whilst the Committee's scrutiny is limited at this time, and it cannot investigate individual cases, the Chair has asked the Trust to provide an update on progress made to date in improving its maternity services. This is in light of recent news stories about the Trust's services in this area.

2. Recommendation

RECOMMENDED that the Committee note the update and the Trust be invited to return at an appropriate time.

Background Documents

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 (22/07/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Item 9: Maternity Services at East Kent Hospitals University NHS Foundation Trust (written update)

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

Care Quality Commission, East Kent Hospitals University NHS Foundation Trust, Overview and CQC inspection ratings, https://www.cqc.org.uk/provider/RVV

Independent Investigation into East Kent Maternity Services, https://iiekms.org.uk/about-the-investigation/

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East Kent Hospitals University NHS Foundation Trust

East Kent Hospitals Update for Health Overview and Scrutiny Committee

Maternity Services Update: 17 January 2022

1. Introduction

1.1 East Kent Hospitals is on a journey of improvement to provide high quality maternity care for women and their families, and to learn the lessons from past failures.

1.2 Over the last two years the Trust has introduced significant improvements to its maternity services including:

- a new and expanded leadership team for the service
- more staff, including consultants, midwives and support staff
- increased consultant presence on the labour wards
- improved staff training
- improved how we recruit and supervise temporary and junior doctors
- introduced centralised cardiotocographic (CTG) monitoring which allows babies' health during labour to be displayed on monitors in the labour ward and viewed by consultants elsewhere in the hospital or on call
- Stronger governance arrangements.

1.3 This paper outlines further improvement work underway, in response to feedback from women and families, our staff, national clinical experts and our regulators.

1.4 The Trust is determined to take all necessary steps to improve services so that everyone who uses our maternity service has an excellent standard of care.

2. Maternity Strategy

2.1 The Trust's Strategy for Excellence in Maternity Care, sets out the Trust's commitment to the women and families of east Kent to work tirelessly to provide high quality maternity care, which is safe, effective and centred on the women that need it.

2.2 The strategy incorporates feedback from women and families – to those who have received excellent care, and those we have failed by not providing the right standard of care – and also from our staff, on what they need to be equipped with to deliver a safe high-quality service.

2.3 It also incorporates recommendations from independent investigations, findings and feedback into maternity care at the Trust, to ensure the recommendations and lessons learned from these are fully embedded.

2.4 The recommendations include those from the NHS England maternity support programme, NHS Improvement, the Care Quality Commission, Kent and Medway Clinical Commissioning Group, Kent and Medway Local Maternity Systems, the Maternity Voices Partnership and Healthwatch Kent.

3. Care Quality Commission visit

3.1 The Care Quality Commission (CQC) inspected the maternity units at William Harvey Hospital and QEQM Hospital, and the Trust's community midwifery teams in Canterbury and Dover in July 2021 and published their reports into the inspection on 15 October.

3.2 The overall CQC rating for the service remains 'requires improvement'. As this was a focused inspection, no ratings were produced for safe, caring, effective, responsive and well-led, and the previous ratings (good for caring, effective and responsive, requires improvement for safe and well-led) remain in place.

3.3 The inspection did not identify issues with the hospital service and labour ward but identified the stretched staff resources in the community service, and the need to have in place robust ways to escalate staffing issues.

3.4 Like many maternity services around the country, the service has experienced significant staff shortages, compounded by staff absences associated with Covid-19 during all three waves of the pandemic, in addition to high demand. Traditionally, community midwives have been asked to support the hospital maternity units at busy times.

3.5 The Trust carried out a comprehensive staffing review and temporarily reduced the number of midwifery services it offers by suspending the home birth service until staffing is in a more sustainable position.

3.6 In September 2021, the Trust Board approved £1.6 million investment, in addition to national funding received, to fund an additional 38 midwives. Recruitment is underway. As midwives start there is period of induction and training before substantively joining the service.

4. Governance and Leadership

4.1 In September 2021 the Trust Board established a Maternity and Neonatal Assurance Group to provide continued and targeted oversight of Maternity and Neonatal Services across the Trust.

4.2 The Maternity and Neonatal Assurance Group is chaired by the Chief Nursing Officer and reports directly to the Board on delivery of the Trust's Maternity Improvement Plan, to ensure improvement actions are embedded as business as usual.

4.3 The Group includes oversight and monitoring of:

- key performance indicators and risks within the service
- ongoing audits of completed improvement actions
- triangulating feedback from complaints, incidents, compliments and service user feedback through Maternity Voices Partnership (MVP) and Safety Champion to ensure actions delivered have the required impact on patient safety and experience
- progress against recommendations from external reports e.g. Ockenden and CQC
- impact of NHS England/NHS Improvement (NHSE/I) supported culture programme.
- progress against the Clinical Negligence Scheme for Trusts maternity incentive scheme
- reports provided by the Local Maternity System.

4.4 Trust Board oversight of the service is also provided by an Executive Maternity Safety Champion, the Chief Nursing Officer, and a Non-Executive Maternity Safety Champion and we continue to work closely with the Maternity Voices Partnership.

4.5 A new Interim Director of Midwifery joined the Trust in July 2021 and the Director of Operations role is now solely focussed on Women's Health. Recent recruitment has also included a governance lead and two patient experience midwives.

4.6 A dedicated Freedom to Speak Up Guardian for maternity services has been recruited, in additional to existing Trust-wide roles, to further embed a culture where staff feel able to speak up when they have concerns. The roles provide confidential advice and supports staff to raise concerns and with ensuring that concerns raised are handled effectively.

4.7 A service-wide meeting takes place daily to assess any new or emerging staffing challenges, or issues related to activity across the service, including hospital and community teams, to agree plans, as required, to maintain safety for all areas.

5. NHS England and NHS Improvement Assurance Visit

5.1 The Trust continues to work closely with some of England's leading maternity experts and with our regulators to ensure that we have done - and we are continuing to do – everything we can to improve care.

5.2 Members of NHS England's national maternity team and NHS regional team conducted a joint virtual and onsite visit on 10 December 2021. They met with service leaders and held focus groups with staff at both William Harvey and QEQM hospitals.

5.3 The team recognised positive progress including increased staff training levels and staff feedback was positive, focussed on the improvement work and the additional support for staff wellbeing.

5.4 Areas identified for further improvement included having access to a second, fully equipped operating theatre at QEQM Hospital, and improving communications with staff. Planned c-sections now take place in the main operating theatres at QEQM Hospital and an additional resuscitaire has been purchased.

5.5 Work is also underway to review the estate and identify options to expand the size of the delivery rooms at both hospitals.

6. Current services

6.1 Throughout the COVID-19 pandemic, all NHS Trusts have had to make difficult decisions to limit visitors to hospital to prevent the spread of infection.

6.2 With the easing of restrictions, a partner or support person can attend every antenatal appointment and scan with a pregnant women throughout their pregnancy. A birth partner can

also be present for the duration of the labour and birth and only the birth partner can visit while in hospital.

6.3 Due to continued staffing pressures arising from the Covid pandemic, the home birth service remains restricted. As staffing levels improve as a result of the additional recruitment we will be able to provide more birthing options.

7. Independent Investigation

7.1 An independent investigation into the maternity and neonatal services provided by the Trust is underway, led by Dr Bill Kirkup. It is expected to cover the period since 2009.

7.2 The Trust has welcomed this independent investigation and continues to do all it can to assist and support the investigation team.

7.3 The Terms of Reference for the investigation were published in Parliament on 11 March 2021 and can be found on the investigations' website.

7.4 The investigation is expected to report later this year.

Ends.

Item 10: East Kent Transformation

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: East Kent Transformation Programme (written update)

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

This is a written update only and no NHS representatives will be present at the meeting.

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1) Introduction

a) The NHS in east Kent has been developing plans to improve the way services are delivered at the three major hospitals in the area, Kent and Canterbury Hospital, Queen Elizabeth the Queen Mother Hospital in Margate, and the William Harvey Hospital in Ashford.[1]

b) This programme of work has been under consideration for many years. In November 2017 the NHS announced a 'medium list' of two potential options and has been working since then on developing these options.[2] The shortlist of options was announced on 16 January 2020.[3] The two options are:

i) Two site emergency department model with William Harvey Hospital as the Major Emergency Centre

ii) One site emergency department model with Kent and Canterbury Hospital as the Major Emergency Centre

2) Substantial Variation of Service

a) Medway Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) considered the proposals relating to Transforming Health and Care in East Kent on 16 October 2018. They determined that the reconfiguration constituted a substantial variation in the provision of health services in Medway.

b) The Kent Health Overview and Scrutiny Committee (HOSC) most recently considered the item on 21 September 2018. The Committee has also deemed the changes to be a substantial variation in the provision of health services in Kent.

c) In light of the above, and in line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny)

[1] https://www.kentandmedwayccg.nhs.uk/get-involved/current-engagement-projects/east-kent-hospitals

[2] https://www.ekhuft.nhs.uk/patients-and-visitors/about-us/delivering-our-future/

[3] https://kentandmedway.nhs.uk/latest-news/nhs-leaders-in-east-kent-confirm-shortlist-for-hospital-improvements/

Regulations 2013, formal scrutiny of the East Kent Transformation lies with the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC).

d) The JHOSC will consider whether the reconfiguration should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations. The JHOSC must recommend a course of action to the relevant Overview and Scrutiny Committees. **The JHOSC cannot itself refer a decision to the Secretary of State**. This responsibility lies with the Kent County Council HOSC and the Medway Council HASC separately, once the JHOSC has concluded its work.

3) The role of the Kent HOSC

a) Due to the significant impact that the proposed changes in East Kent may have on Kent residents, it has been decided that updates will be provided to HOSC on a periodic basis to keep members informed on the programme.

b) The Kent and Medway JHOSC met on 2 December 2021. The update report that was provided at that meeting is attached to this paper. Members of HOSC are asked to note the contents of the report but are unable to make any further comment until such time that the Kent and Medway JHOSC makes a recommendation to the Committee.

4. Recommendation

RECOMMENDED that the Committee note the report.

Background Documents

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

Medway Council (2018) *'Health and Adult Social Care Overview and Scrutiny Committee (16/10/2018),* https://democracy.medway.gov.uk/mgAi.aspx?ID=19800

Kent County Council (2021) *'Kent and Medway NHS Joint Overview and Scrutiny Committee, (2/12/2021),* https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8940&Ver=4

Kent and Medway CCG, Current engagement projects – East Kent hospitals, https://www.kentandmedwayccg.nhs.uk/get-involved/current-engagement-projects/east-kent-hospitals

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KENT AND MEDWAY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

2 December 2021

East Kent Transformation Programme – update

Report from: **East Kent Transformation Programme**

Author: **Rachel Jones**
Executive Director of Strategy and Population Health
Kent and Medway Clinical Commissioning Group

Introduction

The purpose of this report is to provide an update to the Committee on the status of the East Kent Transformation Programme, led by Kent and Medway Clinical Commissioning Group (KMCCG) and East Kent Hospitals University NHS Foundation Trust (EKHUFT). JHOSC members received an update on the programme in March 2021 and since that time there have been developments to the national process for allocating capital funding for new hospitals under the Government's Health Infrastructure Plan (HIP)[1] and the New Hospitals Programme, that relate to the East Kent programme.

Background and context

Hospital services in east Kent need significant national investment to ensure we have three excellent hospitals providing the very best care for our communities. The East Kent Transformation Programme, led by local hospital doctors and GPs working with frontline staff, patients, the public and other stakeholders, has developed two options to deliver safe, high quality, sustainable hospital services for local people. Both options require approximately £460 million of central capital investment. They provide a once in a generation opportunity to make the changes needed to deliver the quality and consistency of health services that the people of east Kent need and deserve.

East Kent's clinical community and health and care leadership agree that either option would deliver significant improvements for local people compared to now. To date, both options have evaluated strongly, and both have pros and cons. No preferred option has been identified and no decision has been made as the current national process means formal public consultation cannot take place until a capital allocation for the programme has been identified. Local clinicians are united in their view that that the current situation is untenable, that no change is not an option and either option is better than the status quo. Key stakeholders, including MPs, councillors, voluntary and community sector groups and organisations, agree with this position and are supporting the need for significant investment in east Kent.

Current status of the East Kent Transformation programme

[1] The government's plan to deliver a long-term, rolling 5-year programme of investment in health infrastructure

The Pre-Consultation Business Case (PCBC), setting out the 'case for change' and detailed investment case for both options, was approved by Kent and Medway Clinical Commissioning Group's Governing Body and East Kent Hospitals University NHS Foundation Trust's Board in July 2021. In August, the document was reviewed as part of NHS England's Stage 2 Assurance process where it was successfully assessed against rigorous criteria for planning and delivering service change and reconfiguration. However, the programme cannot currently move forward to formal public consultation on the options until confirmation of approval of Treasury funding for the capital element of the programme is secured.

On 15th July 2021, the Department of Health and Social Care (DHSC) invited expressions of interest from NHS trusts who wish to be considered for inclusion in the next wave of the Health Infrastructure Plan (HIP). The process is aimed at identifying a further 8 new hospitals to add to the government's existing commitment to fund and build a total of 40 new hospitals in England by 2030. The expressions of interest (EOI) process stipulates that the submission must be trust-led (as capital would be allocated directly to the trust under this national scheme).

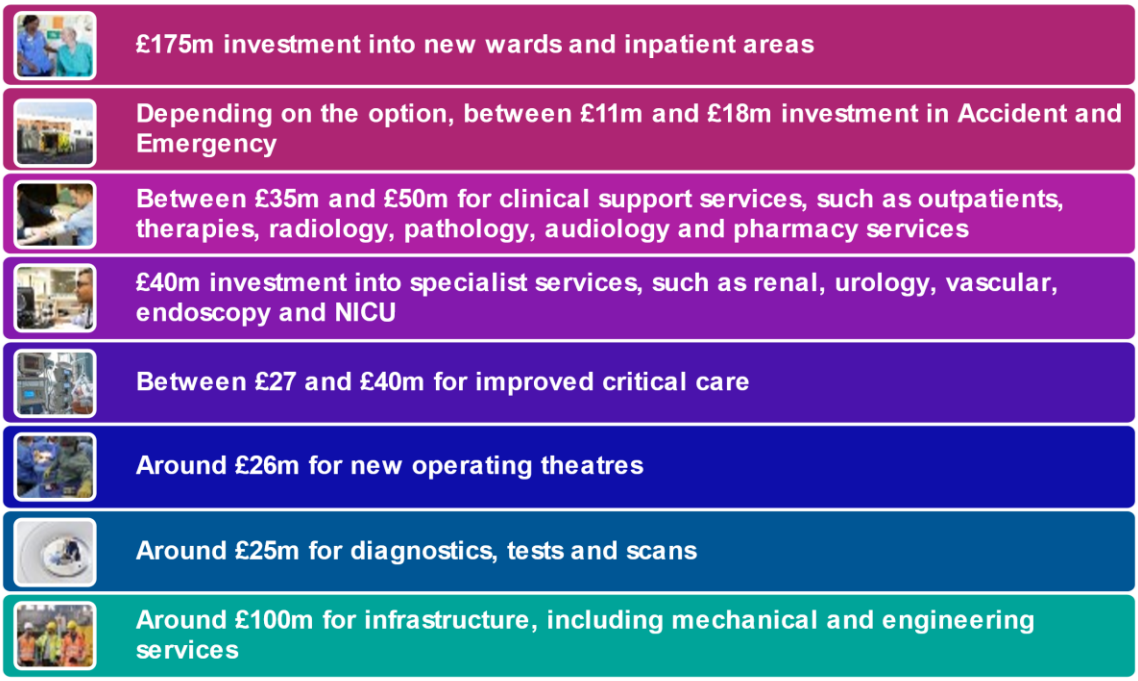
A robust EOI for the east Kent programme has been completed and submitted, seeking the capital required to deliver vital new hospital buildings and facilities for the people of east Kent. We now await feedback on our submission. The two options under consideration are:

- Option 1 – Major emergency centre with specialist services at William Harvey Hospital in Ashford, emergency centre at Queen Elizabeth The Queen Mother Hospital in Margate and an elective surgical centre with a 24/7 Urgent Treatment Centre at Kent & Canterbury Hospital in Canterbury

- Option 2 - Major emergency centre with specialist services at Kent & Canterbury Hospital, elective surgical centres with 24/7 Urgent Treatment Centres at William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital

An overview of the breakdown of investment on hospital services is set out below.

What £460m means in service investment



Under either option, the investment would support improvement in a wide range of service areas including:

- New wards, operating theatres and inpatient areas
- Clinical support services such as outpatients, radiology, pathology, audiology and pharmacy services
- Specialist service investment in areas such as renal, urology, vascular, endoscopy and NICU (neonatal intensive care unit)
- Funding for diagnostics, tests, and scans and to support wider hospital infrastructure.

The East Kent Transformation Programme's EOI describes how the proposed scheme (under either option) supports the health and care system's strategic goals and will deliver significant benefits to patients, staff and the local community. Competition for hospital capital is high and we expect to be asked to provide further evidence in support of our bid over the coming months. It is anticipated that the decision on the final 8 hospitals to form part of the national programme will be announced in the spring of 2022.

Stakeholder support for the East Kent investment case

We continue to engage with stakeholders to demonstrate the depth and unity of stakeholder and community feeling about the need for the east Kent healthcare and hospitals investment case. The programme team has worked closely with a wide range of political, academic, health and care system and community stakeholders who support the consensus amongst clinicians and health and care leaders that either option would be significantly better than the status quo in terms of providing local people across the whole of east Kent with the high quality, sustainable hospital and healthcare services they need and deserve.

We place a high value on the support and advice of JHOSC members in helping us shape the East Kent Transformation Programme over the last five years and in making strong representation on behalf of east Kent residents. We appreciate that JHOSC members hold different views about the options, and we will make sure that our formal public consultation ensures that these views can be discussed and considered in detail. Before public consultation can happen, we appreciate JHOSC's support for the programme's investment case and will continue to update members about the progress of our EOI.

Recommendations

JHOSC members are asked to:

- Note the information provided in this update and to continue to work with KMCCG and the wider east Kent transformation programme to support our work for urgent significant investment in the east Kent health system.

Lead officer contact: Rachel Jones
Executive Director Strategy and Population Health
Kent and Medway Clinical Commissioning Group

Appendix A

Transforming east Kent's hospital services – our case for change

The NHS in Kent and Medway has been developing plans for major investment in east Kent's hospital-based services and to improve the way services are delivered at the three major hospitals in east Kent. Local doctors and other clinical leaders have worked together to create proposals to modernise outdated hospital buildings and to change the way that services are organised, which, if implemented will deliver significant improvements in health and care and allow the system to respond to changes in the way in which we treat people with serious illness. This work, known as the East Kent (EK) Transformation Programme, outlines an ambitious and exciting plan for east Kent, based on the vision set out in the national *NHS Long Term Plan*.

Hospitals in East Kent have been struggling for many years to provide services in the current configurations and are also trying to provide services from hospital buildings that are not fit for delivering modern healthcare and have reached the end of their useful life. The plans have been discussed with a wide range of stakeholders and, whilst there are differing views on the two current options (both have pros and cons and both would bring significant improvements for patients and NHS staff in east Kent), there is agreement that the current position is untenable. There is agreement we must now invest in east Kent hospital services to make them fit for the future and make improvements. The proposals have been developed from a compelling evidence base and will provide certainty for the future. There has been a lack of strategic and capital investment in acute services in east Kent over many years, which this work seeks to address.

An integral part of this work has been the development of a 'pre-consultation business case' or PCBC which contains all the evidence and data to support the options to be put forward for public consultation. Part of the process of getting to public consultation is through assurance where our regulators, NHS England and NHS Improvement (NHSEI), check whether the options for consultation meet key tests designed to make sure the options will deliver improvements for patients, and be a good use of public money. The programme has now completed this assurance process with our regulator, NHS England/Improvement confirming that the PCBC meets the key tests.

Along with assuring the PCBC, securing a commitment of capital is a critical requirement for the progression of the east Kent transformation work, and we require an agreement of Treasury funding – around £460million - before we can proceed to formal public consultation.

Our investment case

There is a compelling case for investment in and, re-organisation of, our hospital services within East Kent Hospitals University NHS Foundation Trust (EKHUFT).

The work on the East Kent Transformation Programme to date, led by doctors and other clinical leaders, has resulted in a shortlist of two potential options for investing in hospital services. Both options would improve outcomes and patient experience and make sure services are safe, high

quality and sustainable for the long-term for the people of east Kent. Both options will deliver significant improvements to the current position and to patient care.

Not having this investment in east Kent and not delivering either option in east Kent will mean:

- our backlog maintenance requirements in East Kent Hospitals will rise to unprecedented levels over the next five years and we will continue to work out of buildings that have come to the end of their useful life;

- 78% of our buildings will continue to need significant investment to meet modern standards and it will cost at least £121m just to catch up with basic maintenance required on the buildings, now;

- a loss of up to £600m of economic impact to east Kent's businesses; and,

- the opportunity to create up to 400 jobs (up to 7,800 'job years'[2]) across east Kent will be lost.

Most importantly, for patients:

- more than half our beds will still be provided in old fashioned 'nightingale' wards with less than 8% of beds (80 beds) being single rooms;

- East Kent Hospitals University NHS Trust will lose the opportunity of developing over 570 ensuite rooms and bays, directly impacting on its ability to manage infection effectively;

- more than 1,200 inpatients will continue to be transferred between our hospitals each year, to get access from more than one specialist team, currently working from different sites;

- just 15% of the communal areas in our hospitals will meet the requirements of frail and disabled people; and

- only 9 of the 36 'expected' national clinical standards would be met in east Kent.

Securing capital funding for these changes is critically important given the challenges the system faces. We must have national capital funding identified to be able to move forward to formal public consultation and to then implement our improvement plans.

Developing our pre-consultation business case (PCBC)

The PCBC for investment in east Kent hospitals is the result of extensive work over the last five years by clinicians and leaders from across the NHS and social care in east Kent. All major providers and the local authority have contributed to its development with local clinical commissioners. Extensive engagement with colleagues, patients, carers, Healthwatch and other patient representative groups, the public and other stakeholders has guided and informed this work.

[2] Job years turns different jobs into a single metric i.e. a construction job would only be available in east Kent for 9 years, whereas a job in the NHS would be available for 35 years.

This PCBC is a comprehensive technical and analytical document that will provide the information and evidence to support NHS Kent and Medway Clinical Commissioning Group (CCG)[3] to assess and decide to consult on the options it presents for investing in and changing how acute hospital services are organised in east Kent. It sets out in detail the case for change; the proposed new clinical models of care that will help meet the challenges and opportunities described in the case for change; the robust process undertaken to develop options for how those clinical models may be delivered and to identify, assess and evaluate the proposals for change; the final set of proposals and the benefits we expect from them; and the assurance process, including the evidence for meeting the Government's 'five tests' for reconfiguration of health services.

The scope of the PCBC covers investment in all three acute hospital sites in east Kent (the Kent and Canterbury Hospital, the William Harvey Hospital, and the Queen Elizabeth Queen Mother Hospital) and looks at better ways of organising and delivering the following hospital services in east Kent:

- urgent and emergency care services
- specialist inpatient services (including those provided for a wider population beyond east Kent)
- paediatrics
- maternity
- planned care.

Services currently located at Royal Victoria Hospital and Buckland Hospital are outside of the scope of the PCBC.

[3] Modelling for our PCBC was undertaken before 1 April 2020 when the four east Kent clinical commissioning groups were replaced by a single clinical commissioning group (CCG) for Kent and Medway. Data is therefore broken down to show the picture for each of the four former clinical commissioning groups: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.

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Item 11: Work Programme 2022

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 26 January 2022

Subject: Work Programme 2022

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

2 March 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 GP services in Kent	An update on the provision of services, following the discussion at the meeting on 11 November 2021.	-
Transforming Mental Health and Dementia Services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Urgent Care review programme - Swale	Members requested an update at the “appropriate time” during their meeting on 10 June 2021.	TBC
Children and Young People’s Mental Health Services	To receive an update on the provision of services.	-
Burns service review	To receive information about a review of burns services by NHS England Specialised Commissioning	TBC
Maidstone and Tunbridge Wells NHS Trust – Mortuary Security	To receive information about what improvements have been put in place to improve security at the Trust’s mortuary services.	-
Maidstone and Tunbridge Wells NHS Trust – cardiology reconfiguration	To receive an update following the public consultation.	No

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Single Pathology Service in Kent and Medway	Members requested an update at the “appropriate time” during their meeting on 22 July 2020.	No
Provision of Ophthalmology Services (Dartford, Gravesham and Swanley)	During their meeting on 21 July 2021, Members asked for an update on the effectiveness of the service changes be received at the appropriate time.	
East Kent Maternity Services – outcome of the independent enquiry.	Following the discussion on 17 September 2020, Members requested the item return once the Kirkup report has been published (expected 2022).	-
Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview	To receive updates on the Trust’s clinical strategy and determine on an individual basis if the workstreams constitute a substantial variation of service. The following items have been to the Committee and not deemed to be substantial: Cardiology Services, Digestive Diseases Unit.	TBC
Access to health services by the Gypsy, Roma and Traveller Community	To understand what is being done to improve the access to health services by this community. (This was a member request).	
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-

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

Kent and Medway Joint Health Overview and Scrutiny Committee NEXT MEETING: TBC		
Item	**Item Background**	**Substantial Variation?**
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes
Specialist vascular services	A new service for East Kent and Medway residents	Yes

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