

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 11th May, 2022

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 11th May, 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 2 March 2022 (Pages 1 - 6) | |
| 4. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Elective Orthopaedic Services (Pages 7 - 24) | 10:05 |
| 5. Health Inequalities of the local Gypsy, Roma and Traveller Community (Pages 25 - 30) | 10:25 |
| 6. Single Pathology Service for Kent and Medway (Pages 31 - 44) | 10:50 |

7. Children and Young People's Mental Health Service - update (Pages 45 - 60) 11:10
8. GP recruitment attraction package for Medway, Swale and Thanet (pilot) (Pages 61 - 70)
9. Roll out of the Spring Covid-19 Booster (written item) (Pages 71 - 80)
10. Elective waiting lists in Kent and Medway (written item) (Pages 81 - 86)
11. East Kent Transformation Programme (written update) (Pages 87 - 94)
12. Work Programme (Pages 95 - 98)
13. Future meeting dates

All meetings will begin at 10am and be held in the Council Chamber, Sessions House, Maidstone, Kent, ME14 1XQ.

Thursday 6 October 2022
Wednesday 30 November 2022
Tuesday 31 January 2023
Tuesday 28 March 2023
Wednesday 10 May 2023
Wednesday 19 Jul 2023

14. Date of next programmed meeting – 7 July 2022 at 10am

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

3 May 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 Wednesday, 2 March 2022.

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

ALSO PRESENT: Mr R Goatham and Dr J Jacobs

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

UNRESTRICTED ITEMS

56. 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.

57. Minutes from the meeting held on 26 January 2022
(Item 3)

RESOLVED that the minutes from the meeting held on 26 January 2022 were a correct record and they be signed by the Chair.

58. Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology Reconfiguration
(Item 4)

Miles Scott, Chief Executive; and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships at Maidstone and Tunbridge Wells NHS Trust were in attendance for this item.

1. Dr Jhund gave a verbal overview of the report which addressed the Cardiology Reconfiguration engagement process and the resulting impact on the options appraised by the Trust's Board on 24 February 2022. He confirmed that the results of the public consultation had reflected an overall preference for the unit to be based at Maidstone Hospital. He thanked Healthwatch Kent for their public engagement assistance. He addressed key issues raised in the consultation results, which included travel concerns. He cited mitigations in relation to the issues raised, which included evaluating parking and transport arrangements. Addressing the future developments, he informed Members that a business case would be the next step.

2. A Member asked for assurance that there would be no inconsistencies in the Trust's public transport network and that the reconfiguration would not negatively impact patient accessibility. Dr Jhund committed to work closely with residents and local partners to consider and accommodate their transport needs, which constituted a core part of forward planning. He gave further reassurance that future public transport changes would be appropriately publicised.
3. Mr Scott reassured the Committee that the Trust had maintained its bus subsidy and that car parking capacity had been permanently increased in early 2020.
4. A Member asked whether shuttle bus services were available to patients. Dr Jhund agreed to explain the public transport offer in a future update and confirmed that it would be included as part of the review.
5. Dr Jhund agreed to report back the Committee on the Cardiology Reconfiguration.

RESOLVED that the report be noted.

59. Maidstone and Tunbridge Wells NHS Trust - Mortuary Security

(Item 5)

Miles Scott, Chief Executive; and Dr Amanjit Jhund, Director of Strategy, Planning and Partnerships at Maidstone and Tunbridge Wells NHS Trust were in attendance for this item.

1. Mr Scott reiterated his shock and disgust at the crimes committed by David Fuller whilst employed as a maintenance supervisor at the Trust. He gave an update on the Trust's ongoing activities to increase mortuary security. He confirmed that approval had been given by the Secretary of State for Health and Social Care to establish a compensation scheme. He reassured Members that the Trust had fully cooperated with the police and ongoing independent inquiry.
2. A Member asked what measures had been implemented to increase mortuary security. Mr Scott outlined the measures in place, which included swipe card access, CCTV coverage of fridge doors and that bodies were held in seal body bags with the fridges locked. He declared full compliance with NHSE directives on the issue.
3. Following a question from a Member, Mr Scott confirmed that monthly audits of the mortuary security measures were undertaken.
4. The Chair asked that the Trust provide the Committee with a written summary of their reaction to Sir Jonathan Michael's report following its publication.

RESOLVED that the report be noted.

60. Covid-19 response and vaccination update

(Item 6)

Caroline Selkirk, Executive Director for Health Improvement; and Paula Wilkins, Chief Nurse at Kent and Medway CCG were in virtual attendance for this item.

1. Ms Wilkins introduced the Covid-19 vaccination update report and provided an overview of recent developments. She confirmed that the Spring Booster programme and vaccinations for the 5-11 age group would begin on Monday 21 March, with vaccination remaining available to all eligible groups. Mrs Selkirk drew Members' attention to the increased demand placed on the health system by Covid-19 and the winter spike over previous months, with the impact on elective care noted. She informed the Committee that the Nightingale surge hub at the William Harvey Hospital was scheduled to close by 31 March.
2. The Chair asked whether patients were transferred between Trusts to resolve capacity issues and elective care backlogs. Mrs Selkirk confirmed that waiting lists were shared between Trusts and that there was a system of cooperation in place to address backlogs. She reassured Members that further cooperation was being explored. The Chair requested to see further detail on this at a future meeting.
3. A Member asked for assurance that vaccination status would not negatively impact the employment of NHS staff in Kent. Ms Wilkins reassured Members that no employees had or would lose their job as a result of their vaccination status. She noted that individual risk assessments were carried out on staff where necessary.
4. Mr Goatham asked for an indication of timescales for the 'My Planned Care' platform implementation. Mrs Selkirk agreed to update the Committee and Healthwatch Kent following the meeting.
5. The Chair thanked the attendees for the report and answers provided. He informed the Committee that it would be the last regular Covid-19 and vaccination update, with a Spring Booster programme update scheduled for the next meeting.

RESOLVED that the report be noted.

61. Transforming mental health and dementia services in Kent and Medway

(Item 7)

Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning at Kent and Medway CCG; Taps Mutakati, Deputy Chief Operating Officer at Kent and Medway NHS and Social Care Partnership Trust; and Dr Katie Collier were in attendance for this item.

1. Mr Oldfield gave a verbal overview of the Mental Health Transformation report. He highlighted the reduction in detentions under Section 136 of the Mental

Health Act since 2020 and ongoing impact of the pandemic on mental health services.

2. A Member noted that the decrease in Section 136 detentions detailed in the report was likely linked to Covid-19 social restrictions as the detentions could not be made in a domestic setting. It was added that Section 135 detentions were a possibility in this environment. A breakdown of Section 135 was requested by a Member, Mr Oldfield agreed to report the requested figures back to the Committee.
3. A Member asked that dementia friendly environments be supported and developed wherever possible. Mr Oldfield agreed to share details related to the Harmonia Dementia Village in Dover with the Committee.
4. A Member asked for an explanation of out of hours mental health services and whether 72 hours call back periods were used. Mr Oldfield reassured Members that out of hours services had expanded significantly, as a result of increased funding, with increased investment in crisis services the most significant development. Mr Oldfield acknowledged that recruitment had been a significant challenge for mental health services in Kent. Mr Mutakati confirmed that a 48-hour call back time was used by the service mentioned and offered to look into instances where this had not been the case.
5. Dr Collier clarified, following a question from a Member, that neuroimaging was overseen by a neuroimaging group which included psychologists, neurologists and professionals from Kent and Medway NHS and Social Care Partnership Trust (KMPT). It was confirmed that MRIs were subject to national reporting protocol. She confirmed that the group were investigating patient waiting times.
6. In response to a question from a Member, Dr Collier confirmed that 9 Primary Care Networks had been chosen for a dementia coordinator pilot, with a focus placed on Networks with lower diagnosis rates. She informed the Committee that every Network in Kent would have a dementia coordinator from April 2022.
7. A Member commended the workshops and engagement carried out since the topic was last reported to the Committee. Following a request by a Member, Mr Oldfield agreed to circulate a report on patient feedback in due course.

RESOLVED that the report be noted.

62. Urgent Care Review programme - Swale *(Item 8)*

Justin Chisnall, Director of Integrated Care Commissioning Medway and Swale at Kent and Medway CCG was in attendance for this item.

1. Mr Chisnall explained the three phased transformation of Swale's two Minor Injury Units into Urgent Treatment Centres. He reminded Members of the

Committee's previous consideration and detailed developments since that time. He confirmed that the development of the Sheppey site was planned first, with the timescale for the Sittingbourne site not yet known. The Urgent Treatment Centre service offer was described and included the ability to book appointments through 111.

2. A Member asked whether Urgent Treatment Centres were planned in relation to a population requirement and whether a campaign to explain their functions and services was planned. Mr Chisnall confirmed that the Centres were a long-standing commitment of the former Swale CCG and linked to ambitions to tackle local health issues. He reassured the Committee that capacity needs assessments were undertaken. He added that a significant amount of information on Urgent Treatment Centres was in the public domain which addressed expectations and their functions.
3. The Chair invited future updates on the transformations and related public communications.

RESOLVED that:

- a) the Committee does not deem the proposed changes to urgent care by the Kent and Medway CCG to be a substantial variation of service;
- b) the report be noted.

63. Provision of GP Services in Kent (Item 9)

Bill Millar, Director of Primary Care at Kent and Medway CCG and Dr Jack Jacobs from the Local Medical Committee were in attendance for this item.

1. Mr Millar gave an update on the provision of primary care in Kent. He addressed information previously requested by the Committee, which included that: 50,000 additional appointments had been offered in January, when compared to December 2021, though Members were reminded of the December booster drive; 102 practices had a digital telephone system, with ongoing work to expand use; the General Practice Estates Strategy was published and shared with Members. He confirmed that the CCG's Primary Care Commissioning Committee would be discussing attracting and retaining GPs at its March meeting.
2. Members raised their concerns that, as cited in the report, 1 in 6 general practices closed for lunch, which impacted patient accessibility. Mr Millar clarified that there was no stipulation in the General Medical Services Contract that prevented practices from closing for lunch.
3. Dr Jacobs explained the importance of the general practice partnership model in allowing practices to invest in their local communities and ensure a continuity of care, which correlated to positive long term health outcomes.

4. In relation to the digital telephone system used by many practices, a Member asked what data was collected and how it was used. Mr Millar confirmed that the information was used primarily to analyse demand and capacity. He noted that the Primary Care Commissioning Committee would be considering the issue publicly.
5. Following a question from a Member, Mr Millar confirmed that Kent's 35 Primary Care Networks served between 20,000 and 60,000 patients each.
6. Mr Millar explained the functions of GP Federations and their distinction from Primary Care Networks. It was noted that Federations were composed of groups of GPs who sought to deliver contracts outside of a practice or Primary Care Network's remit. He confirmed that Federations covered a larger area than Primary Care Networks and were accountable to the terms of their respective contracts.
7. In response to a question from a Member, Mr Millar agreed to share a list of all successful and anticipated Section 106 contributions with Members.

RESOLVED that the report be noted.

64. Work Programme

(Item 10)

1. The Chair confirmed that an update on the Covid-19 Spring Booster programme would be brought to the next meeting. A Member asked that vaccination safety data be included in the Spring Booster update.
2. The Chair noted that a report on Trust duties of cooperation had been added to the work programme.
3. A report on Child and Adolescent Mental Health Services operational realities, including engagement with partners in education and other relevant stakeholders, was requested by a Member.
4. A Member asked that an update on the development of eConsult be added to the work programme.

RESOLVED that the work plan be agreed.

- (a) **FIELD**
- (b) **FIELD_TITLE**

Item 4: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy – Elective Orthopaedic Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy – Elective Orthopaedic services

Summary: This topic of this report falls under the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust.

The Committee has yet to determine if this proposal constitutes a substantial variation of service.

1) Introduction

- a) At its meeting on 21 July 2021, the Committee received a paper about the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust (MTW). This item falls under that reconfiguration and specifically relates to elective orthopaedic services.
- b) “Orthopaedic surgery is a specialty dealing with acute injuries, congenital and acquired disorders and chronic arthritic or overuse conditions of the bones, joints and their associated soft tissues, including ligaments, nerves and muscles.”¹

2) Potential Substantial variation of service

- a) The Committee is asked to review whether the proposal constitutes a substantial variation of service.
- b) Where the Committee deems the proposed changes as not being substantial, this shall not prevent the HOSC from reviewing the proposed changes at its discretion and making reports and recommendations to the NHS.

¹ Royal College of Surgeons <https://www.rcseng.ac.uk/news-and-events/media-centre/media-background-briefings-and-statistics/orthopedic-surgery/>

3) Recommendation

If the proposed change to elective orthopaedic services is *substantial*:

RECOMMENDED that:

- (a) the Committee deems the proposed reconfiguration of elective orthopaedic services across Maidstone and Tunbridge Wells NHS Trust to be a substantial variation of service.
- (b) Kent and Medway CCG be invited to attend this Committee and present an update at the earliest opportunity.

If the proposed change to elective orthopaedic services is *not substantial*:

RECOMMENDED that:

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

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

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

Increasing Orthopaedic Elective capacity.

Part of the regional elective recovery plan:

A new Barn Operating Theatre Unit at MTW NHS Trust

A summary of our plans, communication and engagement for providing new elective orthopaedic capacity at Maidstone Hospital

HOSC Briefing. For information
11/05/2022



Contents

• Background.	p3
• Introduction	p4
• Case for change	p5
• Working together to develop elective orthopaedic services The current orthopaedic service	p6
• The proposed way forward	p7
• What are “Barn theatres”	p8
• The clinical model	p9
• The key benefits of the proposed way forward	p10
• Engagement and communications plan	p11
• The level of engagement required	p13
• Level of engagement framework	p14
• Timeline	p15

Background

NHS priorities and operational planning guidance 2022*

The last two years have been the most challenging in the history of the NHS. Staff across the service – and many thousands of volunteers – have stepped up time and time again:

- expanding and flexing services to meet the changing demands of the pandemic
- developing and rolling out new treatments, new services and new pathways to respond to the needs of patients with COVID-19 and those without
- pulling out all the stops to recover services that have been disrupted.

- <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/> NHS England

Rising to the challenge of restoring services and reducing the COVID backlogs

“Requires significantly increasing the number of people we can diagnose, treat and care for in a timely way.

This will depend on us doing things differently, accelerating partnership working through integrated care systems (ICSs) to make the most effective use of the resources available.

Every system in the country is developing an elective care recovery plan, with **an ambitious goal to deliver around 30% more elective activity by 2024/25 than before the pandemic.**”

Significant funding has been made available to the NHS to support new elective surgical hubs, increased bed capacity and equipment to increase elective activity and enable **separation of elective and non-elective activity.**

Introduction

National picture - Clearing the Orthopaedics backlog

Evidence submitted by The British Orthopaedic Association in Sep 21 to the Health & Social Care Committee

“Waiting lists in orthopaedics were already a concern prior to the pandemic and had been consistently climbing over recent years. They have been severely affected by the Covid-19 pandemic, when so few operations took place – orthopaedics has been disproportionately affected as long term musculoskeletal conditions were mostly given the lowest priority.”

As things stand, orthopaedics (nationally), not only has the greatest total number of patients waiting, but also the greatest number who have been waiting more than one year. This represents a huge volume of people, of all ages, truly living in agony and misery as they await their treatment.” *

** Evidence submitted by The British Orthopaedic Association in Sep 21 to the Health & Social Care Committee Inquiry on ‘Clearing the backlog caused by the pandemic.’*

K&M regional picture – Strongly performing elective recovery

MTW Trust, in particular, is a national lead in eliminating 52 week waits

As part of maintaining this recovery, **in line with the national direction, the K&M regional NHS are supporting the development of dedicated elective hubs.**

The case for change

Across Kent & Medway, despite strong recovery, there are still over 1700 people who have been waiting over a year for an elective orthopaedic operation

Page 13



- There is a compelling need to **separate emergency and elective flows and ring fence orthopaedics, this is vital for COVID and other infection control.**
- Mixing emergency and elective activity leads to higher cancellation rates
The same day cancellation rate is more than double at The Tunbridge Wells Hospital (TWH) than at Maidstone Hospital , where emergency activity is separated
- Kent and Medway (K&M) NHS is heavily reliant on independent sector to provide additional orthopaedic capacity. For Maidstone and Tunbridge Wells Trust (MTW) alone this amounts to approximately 1000 cases a year. This comes at significant cost.
- The Tunbridge Wells Hospital (TWH) is a trauma unit and emergency surgical centre, elective and non-elective activity is not easily separated there. The Maidstone Hospital unit is a very effective unit but has only one dedicated elective orthopaedic theatre
- The TWH elective orthopaedic theatre, located in the emergency centre, is less efficient, providing less operations per list. Patients at TWH, on average, have longer stay in hospital than those seen at Maidstone.
- Each Acute Hospital Trust in K&M is facing similar challenges

Working together to achieve elective recovery, across Kent and Medway

The K&M Integrated Care Partnership and Regional Acute Provider Forum

A plan for new elective orthopaedic theatre capacity at Maidstone has been jointly developed with regional partners including Kent and Medway Commissioners and the Regional Acute Provider Forum.

This plan is part of our regional response to national direction to have dedicated 'green pathway' elective operating sites - and provide 130% of the previous capacity level for our population within 3 years.

Regional elective orthopaedic acute providers

Each acute provider in Kent and Medway faces challenges with restoring orthopaedic services and reducing the COVID backlog for elective orthopaedics described on previous slides.

The plan for dedicated barn theatres at Maidstone is a shared plan to help each Trust clear their elective backlog and provide orthopaedics services for their population that meets recognised, evidence based, best practice.

In Autumn 2021 MTW submitted a business case to NHSE/I to expand orthopaedic surgical capacity by creating a 'barn theatre complex' on the Maidstone Hospital site. Approval has since been received from NHSE/I for the commencement of the groundworks.



The proposed way forward

Four new bespoke orthopaedic elective operating theatres and associated dedicated ward capacity at Maidstone Hospital.

The 'Barn Project' consists of **four new operating theatres at the Maidstone hospital site dedicated to orthopaedic elective activity, separated from emergency flows.** It will include a 20-bed inpatient ward and a 16-bed day case ward

Each operating theatre has capacity for approximately 840 operations a year. The new facility, will have a total capacity of approximately 3360 orthopaedic cases per year.

This capacity will be used to :

- Reduce **regional backlog** for elective orthopaedic operations.
- Provide state of the art, **ring fenced, high quality, high throughput,** elective orthopaedic capacity
- Reduce reliance on independent sector capacity
- Be part of the solution for meeting forecast growth in orthopaedic need for the K&M population.



What are Barn theatres?



Page 16

- The term 'barn theatre' refers to the open-plan design of the main surgical area, where each patient is treated in a dedicated space alongside the next patient, with a specialised air canopy over each station to prevent the spread of infection. The barn theatres have adjoining anaesthetic rooms and traditional recovery areas.
- Benefits of barn theatres include lower infection rates, improved safety and enhanced efficient team working. Barn theatres have recently been developed at several sites across the UK. For example, at the new Chase Farm Hospital in The Royal Free London NHS Foundation Trust.
- In nearly all cases the theatres are intended for orthopaedics use, and this is where they are thought to be most effective because orthopaedic surgery generally tends to involve broadly repetitive processes, with one hip or knee operation similar to the next.

The Clinical Model

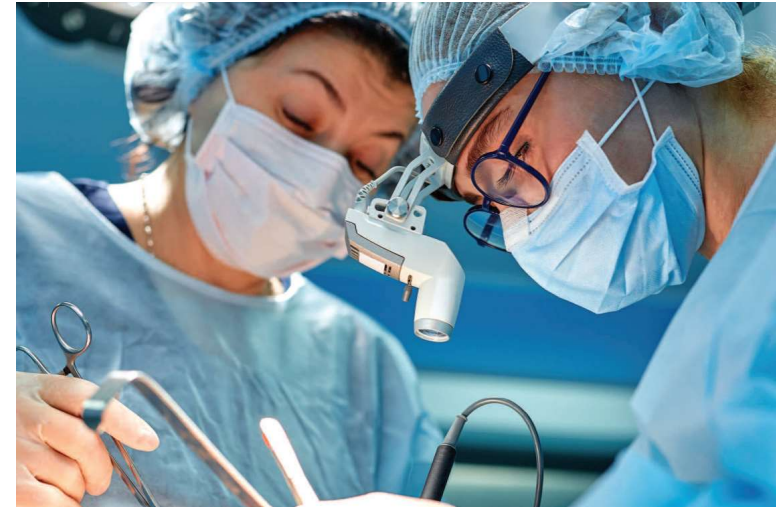
No changes are planned to emergency provision and flows and no changes to paediatric orthopaedic activity.

As part of the regional plan, capacity in the Barn theatre unit will be shared between MTW and the other acute hospitals in K&M. A second elective unit is planned for East Kent

To reduce patient visits and travel requirement more 'one stop' outpatient services are planned .

The capacity in the barn theatre will :

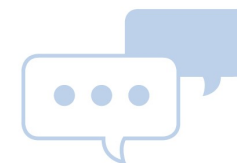
- Provide additional capacity for the transfer of most planned adult orthopaedic operations from Tunbridge Wells Hospital (TWH). MTW currently provides approximately 248 elective orthopaedic operations per month with approximately 62 of those at TWH.
- Make capacity available to the other acute providers in K&M, part of the Kent and Medway ICS, initially for an estimated 2500 patients per annum. Subject to capacity constraints, patients who require an elective orthopaedic operation from across Kent will have the option to have their elective operation in the new Barn theatres.
- The preferred operating model is for other acute providers in K&M sending agreed volumes of activity to be delivered through the Barn theatre by MTW staff but this is not fixed with an option of visiting surgeons using dedicated Barn theatre sessions, still under consideration.



The key benefits of the proposed way forward

- **An orthopaedic centre of excellence for our K&M population delivering evidence-based best practice which will optimise their chances of a good outcome** ✓
- **Shorter waits for orthopaedic operations** ✓
- **Shorter lengths of stay, increased day case rates and fewer cancellations, better patient outcomes** ✓
- **More capacity** . The additional capacity proposed at Maidstone is **close to the most deprived areas served by MTW.** ✓
- **improved staff recruitment and retention** by allowing staff to work from purpose-built facilities designed with best practice in mind. ✓

Engagement and communications plan



Stakeholder management

The K&M CGG and MTW are working together on communications and engagement. They have identified key individuals, groups and organisations to include in communications and engagement on the Barn Theatre Development.

A dedicated email address/inbox has been established (mtw-tr.barntheatre@nhs.net), and a named clinical lead identified, to enable the project team to receive feedback, communication, questions from patients, the general public and colleagues as they hear about the development.

Engagement objectives

- To keep all stakeholders (internally and externally) up to date with the Trust's plans to build the barn theatres.
- Promote the creation of expanded orthopaedic surgical capacity for the Trust and wider system to support the Trust's commitment to delivering outstanding patient care.
- Address any queries or concerns about the development internally and externally through our communications.
- Be open and transparent about the development internally and externally.
- Build a clear understanding of, and support for, the project and its role in system recovery among system partners.
- Support recruitment campaigns and raise the profile of the Trust as a forward-thinking, innovative Trust and an attractive place for prospective staff to work.

Engagement and communications plan

Communication and engagement channels

Digital

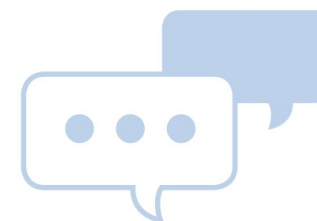
- MTW Facebook account – both corporate and staff only
- MTW Twitter account
- MTW LinkedIn
- MTW Instagram
- MTW website – news page and Trauma and Orthopaedics page:
<https://www.mtw.nhs.uk/service/trauma-orthopaedics/>
- MTW intranet
- MTW YouTube channel
- Stakeholder Briefings
- Talking Heads videos
- Email
- Digital screens
- Screensaver
- Patient First

Offline

- MTW News
- CEO Update
- Pulse
- Team brief
- Media - press releases
- Q & A document

Evaluation of feedback on engagement

- Monitor social media – engagement number and tone
- Monitor and measure media coverage – on a scale of 1 (positive) to 5 (negative and highly visible)
- Measure internal and external feedback
- Number of video views (where appropriate)
- Audience numbers to the intranet and website pages
- Feedback via project email



The level of engagement required

When planning engagement activities, the project group have considered the development to be reasonably significant but **not major or substantial because:**

- There is **very good evidence that the change will improve or enhance service provision**
- Over the last year patients have been offered choice and they are already **choosing to travel.**
- It is unlikely to be controversial with local people or key stakeholders as it will **reduce waits for access and improve quality of service** overall.
- The change effects **relatively small proportion of the total K&M population.** A proportion of those who need an elective orthopedic operation
- **There is good information about the effect of the change**
- Involves developing and **increasing overall capacity of a service**

The project group consider that for this level of change between 1-3 months of engagement is appropriate and these engagement activities are in progress

Levels of engagement framework

Level 1 – Ongoing development

A small scale change or a new service
Affecting small numbers and/or having low impact
There is good evidence that the change will improve or enhance service provision
Often requires an information-giving exercise (2-4 weeks)
May require some low level engagement

Level 2 – Minor Change

A small/medium scale change or a new service
Affecting low numbers of people
Often requires a small engagement (4-6 weeks)

Level 3 – Significant change

A significant service change
Affecting large numbers of people and/or having a significant impact on patient experience
A significant change from the way services are currently provided
Potentially controversial with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months)

Level 4 – Major change

A major change that requires formal consultation and follows NHS England guidance
Affects majority of the local population and or having a significant impact on patient experience
A substantial change from the way services are currently provided
High risk of controversy with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months+)

Timeline

- Nov 2021 Business case submitted to NHSE/I week commencing 29/11/21
- Dec 2021 Business case approved by MTW Board
- Apr – Jun 2022 and ongoing. Engagement with stakeholders as per plan and receiving feedback
- Q4 2022 Target construction completion, dependent on final approvals of the Business Case
- End Q4 2022 Target date to open unit for patients following final testing and commissioning

Page 23

This page is intentionally left blank

Item 5: Health inequalities of the local Gypsy, Roma and Traveller Community

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: Health Inequalities of the Local Gypsy, Roma, and Traveller Community

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

It provides background information which may prove useful to Members.

1) Introduction

- a) The health experiences and health outcomes of Gypsy and Traveller groups are worse than for those of the general population. According to a House of Commons briefing paper:

“Gypsies and Travellers experience some of the worst outcomes of any group, across a wide range of social indicators. The Equality and Human Rights Commission (EHRC) has published a number of reports highlighting the multiple inequalities experienced by Gypsies and Travellers. An EHRC review in 2015 concluded that the life chances of Gypsies and Travellers had declined since the Commission’s previous review in 2010. The contributory factors are complex and often inter-related, but may include deprivation, social exclusion and discrimination.”¹

- b) The briefing paper covered various aspects of life, from employment to education to the criminal justice system. Chapter 8 specifically discussed health and can be read [here](#). In particular, the briefing noted:

“Inclusion of Gypsy Traveller health needs in Joint Strategic Needs Assessments: A review” (2015) was compiled by the charity Friends, Families and Travellers. This review found that Gypsies and Travellers were more likely to develop certain conditions, less likely to access certain services, and more likely to have a poorer experience of health services due to direct or indirect discrimination.... The report concluded that these inequalities arise due to a range of factors – with poor accommodation, discrimination, poor health literacy, and a lack of cultural awareness and understanding by health professionals of Gypsy Traveller health and social needs, all creating barriers to accessing health services.”²

¹ House of Commons Library (2019) Gypsies and Travellers, <https://researchbriefings.files.parliament.uk/documents/CBP-8083/CBP-8083.pdf>

² ibid

Item 5: Health inequalities of the local Gypsy, Roma and Traveller Community

2) What can HOSC do?

- a) A Member of the Committee has asked that the local health commissioners provide assurance that they are doing all they can to reduce the health inequalities experienced by gypsies and travellers resident in Kent.
- b) The Health and Social Care Act 2012 gave NHS England and Clinical Commissioning Groups specific legal duties around health inequalities both in terms of reducing access inequalities to health services and the outcomes achieved by those services.
- c) The Kent and Medway CCG have been asked to explain how they ensure equity of access to health services for the GRT community.
- d) This area is a complex and wide-ranging issue, and HOSC must be mindful of its purpose to “review and scrutinise matters relating to the planning, provision and operation of health services in Kent”.³

3) Additional information

- a) According to the 2011 Census⁴, there were:
 - 54,895 Gypsy or Irish Travellers resident in England.
 - Of the above figure, 4,685 lived in Kent.
 - The district of Maidstone was home to the largest number (838).

4. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

None

Contact Details

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

³ Paragraph 17.139 of Kent County Council’s Constitution,
https://www.kent.gov.uk/__data/assets/pdf_file/0010/3142/Constitution.pdf

⁴ 2011 Census: Office for National Statistics (ONS) [2011 Census: Key Statistics for Local Authorities in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Ref: RJ

Kent House
81 Station Road
Ashford
Kent
TN23 1PP

22.4.22

rachel.jones22@nhs.net
www.kentandmedwayccg.nhs.uk

Kent Health Overview and Scrutiny Committee

BRIEFING NOTE

Date: 11 May 2022

Briefing paper to: All Members of the Kent Health Overview and Scrutiny Committee

Purpose: Access to health services for Gypsy, Roma and Traveller Community

1.0 Primary Care Services Commissioned By the CCG

The CCG is responsible for the commissioning of primary medical services only. These are services normally provided by General Practice. NHS England is currently responsible for the commissioning of Pharmacy, Ophthalmology and Dentistry.

2.0 Demographics of this Population

There are three broad groupings of Gypsies and Travellers in England: English (Romany) Gypsies, Irish Travellers and New Travellers. Romany Gypsies and Irish Travellers are recognised by case law under the Race Relations Act 1976.

There are uncertainties due to different definitions and the lack of data. The 2001 national census, which is the basis for most population data, did not include the legally recognised categories of Romany Gypsy and Irish Travellers on the Census form. Although there is little information on Gypsies and Travellers who live in settled accommodation it has been estimated that it may be over 50% of the Gypsy and Traveller national population.

Based upon national estimates of the total Gypsy/Traveller population in 2001 it was estimated that there were a total of 9,600 Gypsy/Travellers residing in Kent, out of the overall Kent population of 1.6 million. Only a minority of the local Gypsy and Traveller population is nomadic. It is important to recognise that an estimated 70% of the Gypsy and Traveller population in Kent is estimated to live in settled housing or on authorised sites.

National evidence shows that Gypsies and Travellers are significantly disadvantaged regarding health and education.

3.0 Inequalities

It is well documented that Gypsy, Roma and Traveller communities experience poorer health outcomes and have a lower life expectancy than the national average by around 10 years. They are also more likely to experience the death of a child. This relates to many factors including:

- Deprivation
- Lifestyle choices
- Living conditions
- Health literacy
- Access to services

The Clinical Commissioning Group and future Integrated Care Board (ICB) have a responsibility to reduce health inequalities and improve health outcomes. To date, the focus of this has been placed on ensuring appropriate and timely access to health care services, ensuring the impact of new services or changes to existing services are understood and mitigated where necessary.

The population health management approach and the light shone on health inequalities because of Covid, have played an important role in increasing awareness and understanding in the senior leaders in health across Kent & Medway. Future work on the wider determinants of health will be brought together in the formal sub committees of the ICB and therefore provide a collective focus. The establishment of Health Care Partnerships located in 4 geographies – East Kent, Medway & Swale, West Kent and Dartford, Gravesham & Swanley - will provide further opportunities to better engage with and support these communities. Closer working with the voluntary sector who support seldom heard groups including gypsies, Roma and Traveller communities will be a positive step forward.

Access to health care is cited as one of the main barriers for this population, particularly in primary care which is the gateway to many other healthcare services. This is a particular challenge for people who choose to travel on a regular basis.

4.0 Access to Health Care

Access to most health care services is via general practice who then refer on to other health services, based on clinical need. Should further planned care such as diagnostics or surgery be required, these can be accessed recognising the challenges for people who regularly change location.

Travelling Families can contact any GP surgery or pharmacy if advice and/or treatment is needed. For advice or short-term treatment people can register as a temporary resident for up to 3 months and remain registered with a previous/usual GP. If people are not registered with any GP or need regular ongoing treatment such as repeat prescriptions, they can register as a permanent resident. They do not need proof of address, identity, or residency to access an appointment. All surgeries have been provided with the following guidance -

<https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-gypsy-traveller-roma-communities.pdf>

For life threatening emergencies advice is always to contact 999 and, if unsure of location, to use the What3Words app which enables the ambulance service to pinpoint their location.

For a medical need that is urgent but not life-threatening or where advice is required, advice is to ring 111 free of charge or access NHS 111 online. There are also several Minor Injuries Units and Urgent Care Treatment Centres which are listed on the CCG website.

Travellers who are pregnant or have a new baby can access midwifery services directly through self-referral. The midwifery service will also support with access to local teams of health visitors.

Travellers who require access to sexual health services can do so by a self-referral at several centres available across Kent & Medway which are detailed on the CCG website.

5.0 Impact of Covid

Anecdotally we know that non-settled groups during the pandemic did reach out to settled relatives to achieve a permanent registered address. This was to access Covid vaccines or other treatments during the period where attendance at Urgent Treatment Centres would have been ill advised for safety reasons. This however does not account for all the non-settled population. There were systems and processes in place during the vaccination programme to ensure that those without a registered GP could and did attend mass vaccination centres, and that was a service that was used among the population for those willing to accept the vaccine.

Certainly, it is known that this group will seek out medical attention via Urgent Treatment Centres when there is an urgent need. Younger members of families do tend to be very social media present, and have access to smart phones, and will support older generations to find the unit that they need to attend. This is however a group that may feel uncomfortable in disclosing their ethnicity when they do attend for any health treatment, so even when they are seen that data may not be captured.

Rachel Jones
Executive Director Strategy and Population Health
K&M CCG

This page is intentionally left blank

Item 6: Single Pathology Service for Kent and Medway

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: Single Pathology Service for Kent and Medway

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

It provides background information which may prove useful to Members.

The Committee has decided that the proposed changes do not constitute a substantial variation of service.

1) Introduction

- a) "Pathology is the study of disease. It is the bridge between science and medicine. It underpins every aspect of patient care, from diagnostic testing and treatment advice to using cutting-edge genetic technologies and preventing disease."¹
- b) In September 2017, NHS Improvement set out its intention for all acute hospital trusts in England to enter pathology networks. The aim of the pathology networks is to provide more responsive, high quality and efficient services. It would also reduce the unwarranted variation in pathology services. All networks were to be fully operational by 2021.²
- c) NHS Improvement set out plans for 29 pathology networks. The "Kent Pathology Services" network was to cover:
 - i) Dartford and Gravesham NHS Trust
 - ii) East Kent Hospitals University NHS Foundation Trust
 - iii) Maidstone and Tunbridge Wells NHS Trust
 - iv) Medway NHS Foundation Trust

2) Previous engagement with HOSC

- a) HOSC has received updates on the plans since September 2018. The expectation was for a Final Business Case to be approved towards the end of 2019 with implementation taking place between 2020 and 2024.
- b) At their meeting on 19 September 2019, HOSC determined that the proposed changes did not constitute a substantial variation of service.

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

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

Item 6: Single Pathology Service for Kent and Medway

- c) The Committee last received an update on 22 July 2020. The strategic outline business case (SOC) had been approved by the Kent and Medway STP in April 2019. Three outline business cases (OBC's) for service change, a laboratory information management system (LIMS), and managed service contracts (MSC)) were going through the approvals process. Three full business cases (FBC) were in development. A timeline was provided setting out the milestones to be reached and their scheduled date.
- d) At the end of its last discussion, the Committee resolved that the update be noted, with thanks, and that Kent and Medway CCG be invited to attend and present an update at the appropriate time.
- e) Members are asked to consider the attached update from the NHS.

3) Recommendation

HOSC note the report and the Kent and Medway CCG be invited to attend and present an update at the appropriate time.

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 (2019) '*Health Overview and Scrutiny Committee (19/09/19)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8283&Ver=4>

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

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

Contact Details

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

Kent and Medway Pathology Network

Update for Kent Health Overview and Scrutiny Committee 11th May 2022

Report from: Malcolm Nudd, Director of Pathology transformation

Authors: Malcolm Nudd, Director of Pathology transformation
Ada Foreman, Kent and Medway Pathology Programme Management Office

Summary

The report informs the Committee of the progress of the Kent and Medway Pathology Programme since the update in July 2020.

1 Strategic context

1. Around 70% of all diagnoses made in the NHS involve pathology. National demand for pathology is estimated to be around 1.2 billion tests per year with approximately 44% originating from primary care. Year on year increases are being observed by individual laboratories and across Kent and Medway approximately thirty-nine million tests are undertaken annually with continued growth. Activity growth stems from multiple causes; changes in demographic composition of the patient community cohort, for example, will impact pathology testing rates
2. The five strategic network objectives are;-
 - a. **Objective 1:** The delivery of a clinically and financially sustainable single pathology service based on a strong, viable service that is clinically led, standardised, innovative and creative.
 - b. **Objective 2:** Delivery of a high-quality diagnostic service for patients, hospital and general practitioners that meets their current and future needs.
 - c. **Objective 3:** Creating a workforce that feels valued, involved and owns the single pathology service as partners in the service; and it is a great place to work.
 - d. **Objective 4:** Transforming service models in the pathology service in Kent and Medway to deliver technological change, increased efficiency and meaningful roles for staff that maximises their potential and meets the needs of the client Trusts and Commissioners.
 - e. **Objective 5:** Managing the transition to the new service in a creative and competent manner.

2 Programme status as at last report

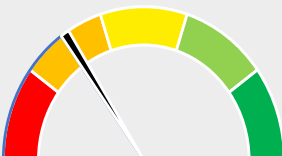
- 2.1 The outline business cases(OBCs) for LIMS and MES are enablers for the service change OBC. The order of deployment is LIMS followed by MES followed by service change. In reality, there are likely to be service changes in advance of the completion of LIMS and MES implementation. The whole programme timeline is 13 years with LIMS from year three, MES from year five and service change from year six/seven. The report to the Committee in July 2020 provided details of the progress of the outline business cases for the key enablers of the Network.
- 2.2 The OBCs have been approved by MTW Board, EKHUFT Strategic Investment Committee and MFT Finance Committee. The trusts managing North Kent Pathology Services (NKPS) have, since the gateway review in March, proposed a hybrid option – joining in the single LIMS and MSC but not at this time joining a single service with single management. They do not want their pathology services to go through more major change following the merger of their two trusts' pathology services at this time.
- 2.3 The feasibility of the NKPS hybrid model was considered by the pathology programme board on 7 July 2020. Five considerations were explored:1) Feasibility of single LIMS without a single management; 2) the content of the service change full business case and extent of the target operating model; 3)financial impact on all trusts and the system as a whole; 4) lessons learned from the NKPS merger; and 5) the requirements of NHSE/I. The paper concluded the hybrid model is possible but would be more complex and difficult to manage; would result in lower savings across the system and would need to demonstrate commitment for working towards a single service to meet NHSEI requirements. The Board requested an 'alliance agreement' be drawn up for approval at the next programme board.

3 Progress to April 2022

- 3.1 The UK and the wider world entered into a pandemic during 2020 and 2021. NHS Pathology services undertake many of the tests that provide the results to support individual case management and the Kent and Medway (South 8) Network performed exceptionally during that period. The network however, has been impeded by its poor connectivity across laboratories. The recent Richards Review, (Diagnostics Recovery & Renewal, October 2020), published during the pandemic, highlighted the importance of increased connectivity, stating: *"Digitisation and IT connectivity across the NHS is currently variable, but will be vital for diagnostic networks to work efficiently."*
- 3.2 LIMS: The OBC was approved by NHSEI on 14th May 2021 with caveats which were all addressed in the full business case (FBC). The FBC was approved by NHSEI on 4th February 2022 and the contract signed with the provider Clinisys on 8th February 2022. EKHUFT hold the contract with Clinisys and the risks/rewards and liabilities of the contract are shared with the

other Network members via a legally binding collaboration agreement.

- 3.3 MES: Due to the pandemic NHSEI team had other priorities so delayed the review and approval of the OBC. Formal approval is still awaited. In the mean time the procurement documentation including specifications and procurement strategy is being developed. There are now to be nine lots tendered in three tranches.
- 3.4 Digital technology: The system received capital funding which enable the purchase of the TIE and archive solution for the LIMS in 2021/22. During 21/22 capital funding was received to acquire a GP and Community order Comms. System for pathology and radiology which will be implemented over the next 3 years.
- 3.5 Governance: Governance has been refreshed to strengthen the involvement and leadership of the programme. The pathology project group is now a pathology network clinical and operational committee (PNCOC) which includes service leads and not only holds the steering groups to account but is to focus on the operations and risks of the operations of the service.
- 3.6 NHSEI provided a maturity matrix against which the network self assessed itself. There are five status levels: Pre-emergent, Emerging, Developing, Maturing and Thriving. To enable assessment seven domains were to be assessed and this assessment resulted in an overall assessment of 'Emergent' for the Kent and Medway Pathology Network.

Emerging
<p>Constituent pathology service within a network currently operate independently at trust level, but with engagement or leadership in place to take forward trust board signed network-wide understanding and development of a Network-wide plan.</p> 

4. Timeline

PROJECT	Milestone	Current scheduled Date
MES (MSC)		
	Activity validation	TBC
	Tranche 1 Tender launched	15/08/2022
	Tranche 2 Tender launched	27/09/2022
	Tranche 3 Tender launched	08/11/2022
	Tranche 1 Tender complete	20/03/2023
	Tranche 2 Tender complete	17/04/2023

PROJECT	Milestone	Current scheduled Date
	Tranche 3 Tender complete	15/05/2023
	FBC complete - pre check and challenge	19/06/2023
	Contract award (all contracts)	08/01/2024
Service Change		
	TOM developed	TBC
	Issue Strategic Case for review	TBC
	Issue Economic Case for review	TBC
	Issue Commercial Case for review	TBC
	Issue Financial Case for review	TBC
	Issue Management Case for review	TBC
	FBC complete	30/09/2027
Governance		
	MES (MSC) FBC approved by Programme Board	13/07/2023
	MSC FBC approved by Trust Boards	31/08/2023
	MSC FBC approved by NHSEI	21/12/2023
	SC FBC approved by Programme Board	15/09/2027
	Gateway review of SC FBC	30/09/2027
	SC FBC approved by Trust Boards	31/12/2027
	SC FBC approved by NHSEI	N/A
Implementation		
	Go live site 1 LIMS	01/11/2023
	Go live sites 2 LIMS	01/07/2024
	Go live sites 3 LIMS	01/01/2025
	LIMS Project Closed	31/05/2025
	Commence MES (MSC) – MTW	08/01/2024
	Complete MES (MSC) MTW	09/04/2025
	Commence MES (MSC) – EKHUFT	10/04/2025
	Complete MES (MSC) EKHUFT	17/07/2026
	Commence MES (MSC) – NKPS	20/07/2026
	Complete MES (MSC) NKPS	14/07/2027
	Commence service change	01/04/2028
	Programme Closed	30/10/2034

5. Risk management

5.1 A robust risk management process has been adopted by the programme with risks held at project and programme level. Risks post mitigation scoring higher than 12 are listed below;-

ID	Risk Description (There is a risk that...)	Mitigation Plan
MES-007	BECAUSE of the complex nature of the procurement, there is a RISK that bidders raise high numbers of clarification questions RESULTING IN delays to the schedule	<p>Check data validity before submitting to suppliers.</p> <p>Undertake detailed pre-market engagement sessions and specification development workshops and provide draft specs to suppliers for review.</p> <p>Challenge requests for clarification from suppliers where suppliers should be able to work out themselves or extrapolate from other information</p>
MES-010	BECAUSE of potential unavailability of sufficient or experienced Trust resources there is a RISK of insufficient resource being available RESULTING IN a delay to the project delivery or adverse impact on quality.	<p>Mitigation is dependent on reasons for resource shortage but might include:</p> <ul style="list-style-type: none"> > Liaise with Pathology GMs to release resources as required > Employ fixed-term staff and/or contractors to either back-fill or work directly on the project
MES-020	BECAUSE it may not be possible to tender for all lots simultaneously due to the potential impact on Pathology departments, there is a RISK that the overall procurement timeline may extend beyond current estimates. This may RESULT IN a delay in the MES implementation start and the potential for reduced cash-releasing savings	<p>Meet with MES Procurement lead and GMs to agree procurement and implementation strategy ASAP and agree with them steps to ensure the timeline will be unaffected.</p> <p>Model any changes to the plan against the savings.</p> <p>Deploy different individuals within the various Lots where possible.</p>
MES-021	BECAUSE of multiple variables, it may not be possible to implement the MES contract fully on a site-by-site basis and therefore there is a RISK that the overall implementation timeline may change beyond current estimates. This may RESULT IN the potential for incurred early termination fees for existing contracts and/or reduced cash-releasing savings.	<p>Meet with MES Procurement lead and GMs to agree procurement and implementation strategy ASAP and agree with them steps to ensure the timeline will be unaffected.</p> <p>Model any changes to the plan against the savings.</p> <p>Deploy different individuals within the various Lots where possible.</p>
MES-022	BECAUSE of the change in accounting regime to IFRS16 rules there is a RISK OF the new MES contract being treated as capital spend so charged against CDEL RESULTING IN additional approval required to support as a capital priority	<p>Ensure the system capital group consider these new items as part of their 5 year plan.</p> <p>Work with NHSEI capital and cash to understand how the impact of IFRS 16 is being managed centrally both for charge to capital and the total capital control limits.</p>
MES-027	BECAUSE there is now only one CCG for Kent and Medway, there is a RISK that all direct access activity for Pathology services could be commissioned from a single provider, outside of the existing Kent services. This may RESULT IN the unviability of the existing services in Kent and Medway.	<p>Via CCG rep on behalf of the K&M CCGs (pre K&M CCG merger) They have given assurance not to outsource the direct access work during the lifetime of the programme.</p> <p>Monitor the situation as the new ICS/ICB evolves</p>

ID	Risk Description (There is a risk that...)	Mitigation Plan
MES-030	BECAUSE the MES Framework provider is refreshing its framework documentation set and is not using DACB for legal advice, there is a RISK that additional time than estimated will be required for DACB lawyers to review and propose changes to the contract to suit the Network's needs. This may RESULT IN a slippage in the procurement phase plan, which until further information is available, is indeterminable.	Until information becomes available from the framework team on their plan re the availability of revised documents and the extent of any changes, meaningful mitigating actions cannot be determined.
LIMS-46	BECAUSE all of the legacy LIMS in use across K&M, provided by the same vendor, DXC, are all based on old technology; with the vendor's depleted and decreasing knowledge base there is a RISK that effective support for all of the legacy LIMS could be significantly reduced over the next few years. This could RESULT IN increased risk to patient safety, through increasing delays in resolving technical issues.	<ol style="list-style-type: none"> 1) Extend support agreements with the supplier in advance to ensure support will be provided. 2) Monitor deviations from agreed service level KPIs for issue resolution times. 3) Proactively log any identified instances of potential degradation in the vendor's knowledge base and raise with the account manager. 4) Fully support the implementation of the single shared LIMS once approved. 5) Ensure that the risk is consistently included as high-rated risk in Trust risk registers
LIMS-48	BECAUSE categorical assurance regarding full VAT recoverability cannot be provided there is a RISK that HMRC may challenge the assumption that VAT is recoverable RESULTING in additional costs of up to £2.3m over the life of the contract (12 years and 11 months) if none of the VAT is recoverable.	Continue to identify information that enhances the case for recovering VAT including working with other Networks (e.g. South 6) who have also recently encountered the same risk/issue.
LIMS-51	BECAUSE the Target Operating Model (TOM) appears to be remaining unchanged, there is a RISK this will RESULT in reduced funding for the LIMS project from savings generated.	MN to raise the risk alongside the unchanged TOM to the programme Board and SRO's. NW to review the financial profiling of the project with AF, and closely manage spend.
LIMS-52	BECAUSE the MES project is behind schedule, there is a RISK this will RESULT in a later flow of money to fund the LIMS project.	CS to review the MES plan to deliver early savings wherever possible. NW to review the financial profiling of the project with AF, and closely manage spend.
LIMS-57	BECAUSE the CliniSys product Winpath Enterprise does not have a web viewer there is a RISK that external users can't view path results, RESULTING in more phone calls to the labs and frustrated service users	gap analysis to be done
LIMS-61	BECAUSE it has because apparent that KAMPA has been deployed but the data within it not validated, there is a RISK that KAMPA cannot provide the historical database with usable data that is required to support the LIMS replacement project, RESULTING in additional work to provide historical data to meet the service requirements	

ID	Risk Description (There is a risk that...)	Mitigation Plan
LIMS-66	BECAUSE POCT is out of scope for the CliniSys and there is a POCT project elsewhere within the programmes, there is a RISK that opportunities for harmonisation with the LIMS could be missed and integration within the implementation timeframe not scoped as part of the current plan, RESULTING IN late change control and unnecessary cost.	HA to Contact Jon Edwards-Moss to create a Workshop to clarify if POCT is in or out of scope, and if in scope how it should be planned.

6. Engagement and consultation -

- 6.1 A regular newsletter is sent directly to all colleagues and has included an anonymous feedback survey to temperature check how colleagues are feeling about the progress of the programme. Pathology colleagues and union representatives have been encouraged to join the sub-groups to ensure staff concerns and suggestions are fed into the change process.
- 6.2 The patient and public engagement assurance group has been temporarily suspended. The group included representatives from Healthwatch; patient groups representing those with medical conditions requiring regular pathology input; STP patient representatives; foundation trust governor; point of care coordinators from pathology; and members of the project team. The purpose of the group is:
- the engagement of key public and patient stakeholders in understanding the goal, methods and outcome of the OBC
 - the use of the group as a sounding board for input into the project
 - awareness of the progress of the project
 - internal communication to their organisations
 - equality impact assessment of options on groups and individuals.

This group will be reviewed and possibly reinstated once there is capacity within the programme following the return to normal from Covid-19.

7. Recommendations

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

This page is intentionally left blank

Kent and Medway Pathology Network

Update on programme Status

By M Nudd Director of pathology transformation

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We will work together to make health and wellbeing better than any partner can do alone.

Update on objective achievement

Objective	Achievements from July 2020 to March 2022
The delivery of a clinically and financially sustainable single pathology service based on a strong, viable service that is clinically led, standardised, innovative and creative	Governance of the projects and programme enhanced. Pathology Programme Team meeting now enhanced to cover operational issues and widen membership; now a Pathology Network Clinical and Operational Committee (PNCOC)
Delivery of a high-quality diagnostic service for patients, hospital and general practitioners that meets their current and future needs.	Development of specifications to support the tender of a Kent Wide Managed Equipment Service (MES) contract



Update on objective achievement

Objective	Achievements from July 2020 to March 2022
Creating a workforce that feels valued, involved and owns the single pathology service as partners in the service; and it is a great place to work.	Workforce strategy initial draft approved. Key domain of the network maturity matrix.
Transforming service models in the pathology service in Kent and Medway to deliver technological change, increased efficiency and meaningful roles for staff that maximises their potential and meets the needs of the client Trusts and Commissioners.	LIMS contact awarded. Delivery of projects within the Digital Diagnostic capital programme



Update on objective achievement

Objective	Achievements from July 2020 to March 2022
Managing the transition to the new service in a creative and competent manner.	PMO in place to support the Pathology network alliance. The PMO staffed by senior experienced staff.



Item 7: Children and Young People’s Emotional Wellbeing and Mental Health Service - update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

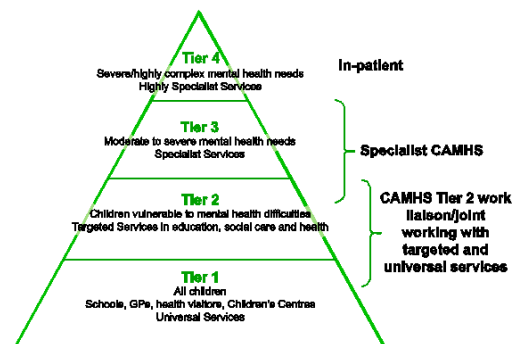
Subject: Children and Young People’s Emotional Wellbeing and Mental Health Service - Update

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.

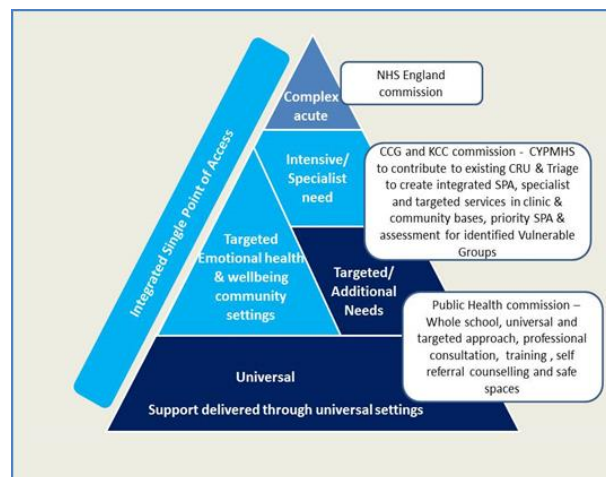
1) Introduction

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



2) The Kent contract

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



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

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

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

Item 7: Children and Young People's Emotional Wellbeing and Mental Health Service - update

3) Previous visits to Kent's HOSC

- a) CYPMHS has come to HOSC regularly over recent years. Concerns have centred on waiting times; service provision because of capacity issues; and communication during waiting times.
- b) Representatives from the CCG have been invited to attend today's HOSC meeting to provide an update on the delivery of the service, particularly reflecting on the ongoing impact of the pandemic.

4. Recommendation

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

Background Documents

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

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

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

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

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

Kent County Council (2020) '*Health Overview and Scrutiny Committee (05/03/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&Ver=4>

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

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

Contact Details

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

KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11TH MAY 2022

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES UPDATE

Report from: Jane O'Rourke, Deputy Director, Children's and Maternity Commissioning Team, NHS Kent and Medway Clinical Commissioning Group (KMCCG)

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

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

1. Summary

The impact of the pandemic on children and young people in Kent continues to be felt by communities, schools and services. As children and their families emerge from two years of lockdowns and uncertainty, there is clear evidence of significant increase in complexity/acuity of need and demand for services across all tiers/thresholds.

The children and young people's mental health system continues to collaborate to meet the challenges and partnership working across statutory agencies has been mobilised to respond quickly to demand. There are some clear examples of innovation and collaboration across the Integrated Care System (including regional and national support) to manage the unrelenting increase in service demand and pressure. This is particularly apparent in the collaboration to resolve issues associated with the crisis and complex pathway and challenge of access to Tier 4 inpatient beds.

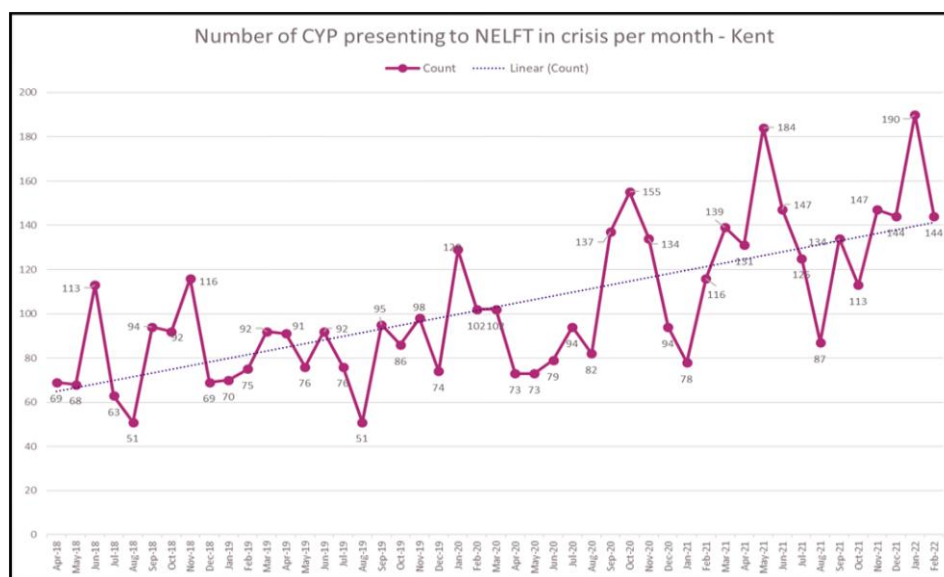
There continues to be a focus on specific issues, such as children and young people with anxiety presentation. There is clear evidence that children and families are experiencing levels of anxiety that adversely impact their ability to thrive. A number of expanded and new initiatives have been put in place to respond to the increased level of need. These initiatives respond to a range of issues including children and young people who are transitioning to adult services, who may have a neurodiverse need or require support around resilience and wellbeing.

2. Children and young people’s mental health and covid

We are continuing to see a significant impact on children, young people, and their families because of the pandemic. All children and young people’s emotional wellbeing and mental health services in Kent are experiencing an increased demand, and there continues to be a rise in acuity and complexity for children needing urgent or emergency care. The number of children and young people requiring support for anxiety has also increased since the first lockdown. The following section outlines some of the work underway to help manage the pressure on the crisis and complex pathways and the increase in anxiety presentation across the spectrum of need.

2.1. Continued pressure on the crisis and complex pathways

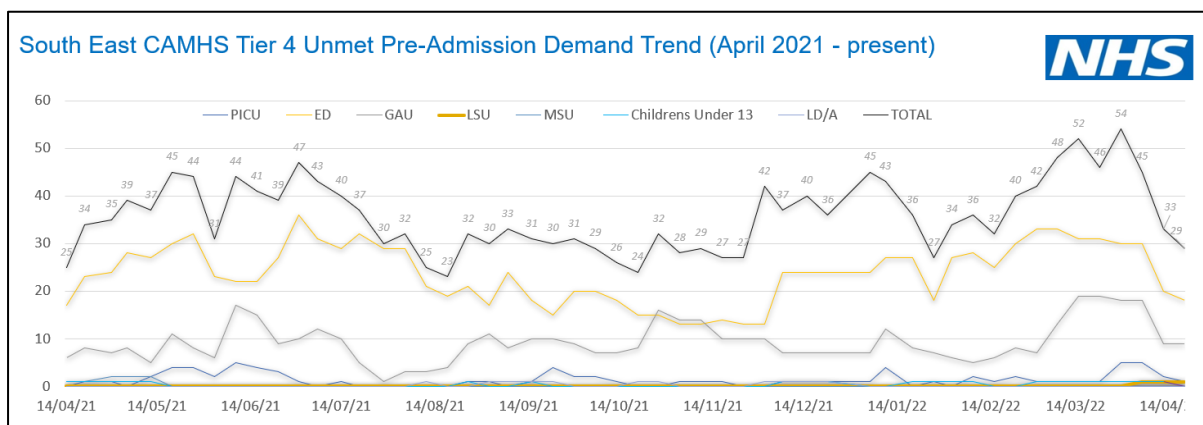
Pre covid (April 2018 to March 2020), an average of 85 children and young people presented to NELFT in crisis per month. In the last 12 months, between March 2021 and February 2022, the average number is 140 children and young people, an increase of 65%. These statistically significant increased numbers of children and young people presenting in crisis is indicative of pressures experienced throughout the mental health system including acute settings, social care and Tier 4 inpatient beds.



SOURCE: NELFT, NUMBER OF CYP PRESENTING TO NELFT IN CRISIS IN KENT PER MONTH - 1

The September 2021 report to HOSC outlined the system response to the challenges in accessing CAMHS inpatient care for children and young people in crisis and with complex needs. This system response delivered a marked reduction in the number of children and young people waiting for a CAMHS Tier 4 service, with 16 children and young people waiting for CAMHS Tier 4 services at the beginning of June 2021, reduced to just 3 by October 2021. The average waiting time for admission was also significantly reduced to 15 days.

Since October 2021, there has continued to be increasing pressure across the South East region. The graph below shows children and young people for which a referral has been received in the South East region where they are yet to be admitted. Delays in admission continue to have a significant impact on the local system where children and young people are held and managed at home or in acute paediatric wards. Health commissioners in the Provider Collaborative and KMCCG have continued to invest in the workforce in acute hospitals and the crisis response service to support management of these children and young people.



SOURCE: NHS ENGLAND, SE CAMHS T4 UN-MET PRE-ADMISSION DEMAND TREND, 2

Some of the greatest system challenges to date have included:

- a lack of available community resources to support children and young people including agency support that could potentially avoid Tier 4 inpatient admissions and family/placement breakdowns
- pressure on social care placement availability
- delayed discharges from both Tier 4 inpatient and acute paediatric settings when children and young people are ready for discharge.

In April 2022, the South East region saw another surge in demand for Tier 4 inpatient beds, which resulted in Anne Eden, Regional Director for NHS England and Improvement South East and Dr. Nick Broughton, Co-chair of the Regional Mental Health Programme, writing to each Integrated Care System (ICS) seeking assurance that action was being taken to address the current challenges. Kent and Medway ICS responded committing to working with partners to focus on a full pathway response to the Tier 4 challenges, improving flow and discharge in acute hospitals and strengthening community support services.

The Kent and Medway response to the continued pressure is described below:

1. KMCCG has recruited a permanent Associate Director of Pathways (Complex and Crisis Care) to support the system in collaborative partnership working when children and young people present with complex and crisis needs and are inappropriately placed within an acute paediatric setting. Since being in post

since August 2021, the Associate Director has consulted and provided involvement to 76 cases. The Associate Director chairs a weekly system call that reviews and discusses all children and young people in acute settings at a partnership level. On average, 11 children and young people are discussed weekly.

2. KMCCG has funded a Band 6 mental health liaison nurse within each acute site across Kent and Medway. These posts are reported to be having a significant positive impact to children and young people with mental health needs admitted to the wards.
3. KMCCG has also invested significant funding to enhance NELFT's Crisis and Home Treatment Team pathways and All-Age Eating Disorder Service to focus more on community intervention and support. Using the additional investment, the Crisis Team have restructured by integrating hospital and community services under a new management structure to increase throughput on the unit and enhance the Home Treatment offer. The service has been renamed and is now the Crisis Response and Enhanced Support Team.
4. The Provider Collaborative and KMCCG are working with NHS England and Improvement to secure funding to continue investment into crisis care, including bed expansion across the region. Since transfer of Kent and Medway Adolescent Hospital (KMAH) to NELFT in April 2020, work was undertaken and completed on the bespoke children's health-based place of safety Section 136 suite located in the building. Building works are near completion to address ligature risks throughout the unit. In addition to this, NELFT recently secured further funding for three additional General Adolescent Unit beds plus three 72-hour short stay/crisis beds. These additional beds are planned to be available for use from the end of April 2022. The short stay beds will be opened in a phased manner whilst the process is established.

2.2. Increased anxiety, particularly in schools

Many of our commissioned services are reporting high levels of anxiety amongst the children and young people they support. Having anxiety can be very disruptive and debilitating for children and young people, impacting their home-life, school attendance, attainment, and ability to build and maintain meaningful relationships.

We also receive anecdotal evidence around young people's levels of anxiety; for example, Porchlight reported:

“School is providing many young people with a “perfect storm” as mock exams and practice tests are reportedly being cascaded out to all year groups. Due to the loss of learning over the past two years our clients feel that their teachers/schools are continually setting tests and exams even though

there are big gaps in their learning which becomes very transparent in this setting - many report that there are whole sections of exam questions that they simply have not ever been taught. The majority of our clients are already struggling with anxiety and so this added pressure is having a significant negative impact on their mental, physical and emotional wellbeing.”

KOOTH provide online counselling for children and young people aged between 10 and 25 across Kent and Medway. Their quarterly statistics for Q3 of 2022/23 showed that the most common presenting issue for both males and females was anxiety and stress. Anxiety and stress were also in the top five presenting issues for children and young people who are agender or gender fluid. This finding has been consistent throughout 2022/23 to date (see graphic below).

Top 10 most prominent issues Service Users presented								
Q1			Q2			Q3		
#	Issue	SU	#	Issue	SU	#	Issue	SU
1	Anxiety/Stress	114	1	Anxiety/Stress	131	1	Anxiety/Stress	136
2	Suicidal Thoughts	88	2	Suicidal Thoughts	78	2	Suicidal Thoughts	114
3	Self Harm	86	3	Self Harm	69	3	Self Harm	100
4	Family Relationshi..	55	4	Family Relationshi..	48	4	Family Relationshi..	62
5	Friendships	39	5	Sadness	41	5	Friendships	59
6	Self Worth	37	6	Friendships	34	6	Self Worth	45
7	School/College iss..	28	7	Self Worth	33	7	School/College iss..	45
8	Eating Difficulties	27	8	Eating Difficulties	32	8	Eating Difficulties	44
9	Sadness	25	9	School/College iss..	29	9	Depression	37
10	Depression	25	10	Depression	25	10	Sadness	36

SOURCE: KOOTH, TOP PRESENTING ISSUES 3

The second and third most prominent issues reported by Kooth service users related to suicidal thoughts and self-harm. The Kent and Medway Suicide Prevention Programme continues to deliver a programme of work to reduce suicides and to support those who have been bereaved by suicide. In July 2021 the programme published a Positive Practice Audit Report into how best to support Care Leavers who experience suicidal thoughts. The Mind and Body self-harm reduction programme which is delivered to 13–17-year-olds across Kent, using KMCCG funding, has been extended to support 13–25-year-olds in Kent and 18-25 year olds in Medway, through KMCCG’s contribution to the Kent and Medway Suicide Prevention Programme.

A number of initiatives are underway, or planned:

- KMCCG has been awarded funding to develop additional Mental Health Support Teams (MHSTs) (known in Kent as Emotional Wellbeing Teams (EWTs)) by 2023/24, which will provide coverage of 51% of the school population across Kent and Medway by this time. MHSTs are a national programme to deliver education-based support to children, young people, parents/carers and teaching staff for low-level emotional wellbeing and mental health needs. Kent and Medway have eight teams live and four teams in mobilisation. Each team supports 7,000 to 8,000 pupils and they work with

both individuals and groups. The teams are delivered by NELFT, and the programme management is led by HeadStart Kent. MHSTs provide parent/carer training on anxiety and provide 1:1 and group work to children and young people attending schools in which they are based.

- HeadStart Kent, an emotional health, wellbeing and resilience programme, focusses on resilience in schools and is part of the wider Early Help offer. HeadStart Kent have been working with the system around a whole school approach which includes training regarding trauma, building resilience, Youth Mental Health First Aid and mindfulness. As part of the whole school approach, and to support children and young people's wellbeing, resilience conversations, safe spaces and peer mentoring programmes have also been delivered in schools.
- HeadStart Kent oversees the DfE Wellbeing Return to Education programme in Kent, which over the past year has included funding The Education People (TEP), Kent Education Psychology Service (KEPS) and Open Access to deliver emotional wellbeing training to school staff. There is a focus on the highly anxious and anxiety-based school avoidance.
- The Reconnect programme in Kent has been used to support initiatives relating to anxiety, including Intensive and Volunteer mentoring work and a pilot to use a cognitive behavioural approach intervention with children and young people in selected schools whose attendance has fallen below 90% for reasons including anxiety.
- In early 2022, Kent Reconnect Programme and Public Health funding was invested into increasing capacity and reducing waiting times for Kent County Council commissioned Children and Young People's Counselling Service.
- Kent County Council also contributed funding towards Kooth online counselling service.

The national HeadStart programme concludes in 2022 and all funded programmes will end by August 2022. Within Kent this means that support and several services for children and young people will end without alternatives having been commissioned. With the increasing demand on services, this is a concern for the Kent system.

3. Children and young people's mental health services

The Children and Young People's Mental Health Service (CYPMHS) commissioned by KMCCG, and delivered by NELFT, delivers emotional wellbeing and mental health advice and support for young people and their families across Kent. Kent County Council (KCC) are close partners to KMCCG and contribute financially to the CYPMHS contract. A supplementary briefing on the KCC view of the service is provided as Appendix 1.

3.1. CYPMHS Service Update

Referral volume into NELFT’s CYPMHS remains at its highest since transfer, with around 27,093 referrals (including Neurodevelopmental and Learning Disabilities Service (NLDS)) received since April 2021. The current caseload volume is also significantly high with over 15,296 patients being actively managed by the service.

The complexity and acuity of mental health conditions remains at increased levels with patients requiring longer treatment and care planning by practitioners in the teams. This has resulted in an increase in waits for assessment and treatment.

Within the Crisis service, NELFT have noted a significant increase in referrals since April 2020. A review of data indicates that a total number of referrals received for 4-hour assessment rose from 396 between January 2021 – March 2021 to 494 between January 2022 – March 2022.

The following table summarises key activity across NELFT’s service from April 2021

	Q1	Q2	Q3	Q4
CYPMHS Referrals	5,811	5,142	5,695	6,393
Neuro Referrals	1,138	811	1,246	857
Total Referrals	6,949	5,953	6,941	7,250

to March 2022:

SOURCE: NELFT, 2021/22 REFERRALS 4

There has been an overall reduction for children and young people waiting over 18 weeks for a mental health intervention as NELFT continues to prioritise and focus on patients experiencing long waiting times.

NELFT is one of five providers across Kent and Medway that deliver diagnostic assessments for autism and ADHD. For those children and young people waiting for a NELFT diagnostic assessment, the service remains in communication with any child or young person waiting over 52 weeks while the service prioritises high risk patients for assessment and treatment. All providers are working with KMCCG, KCC, Medway Council and NHS England and Improvement to improve support within the neurodevelopment pathway and the waiting times to diagnostic assessment. Regionally, demand for diagnostic assessment is significantly high, and this is experienced in Kent. A programme of transformation, investment and improvement, is progressing under the oversight of the Special Educational Needs and Disability Improvement Programme.

NELFT, in partnership with the adult mental health provider (KMPT), is leading transformative work focussed on children and young people who transition out of the CYPMHS service at 18. A clinical strategic lead has been appointed and is working with all partners to improve the transition journey for children into adult services.

3.2. *New services and development*

There have been a range of new services that have been commissioned in the last 6 months in response to the increased demand for children and young people's mental health support. Appendix 2 gives an outline of new services and developments within Kent.

Supplementary briefing for the Health Overview and Scrutiny Committee

Summary: This briefing provides the KCC view of the Children and Young People Mental Health Service (CYPMHS) commissioned by (what is now) the Kent and Medway Clinical Commissioning Group (CCG), provided by North-East London Foundation Trust (NELFT)

At the commencement of the contract, 1 September 2017, Kent County Council's Integrated Children's Services provided the CCG, via Section 76 Agreement, with **£2.65m** per annum for the following services:

- | | |
|---|---------|
| • Support to Early Help Units | £1.200m |
| • Kent Health Needs Education Service | £0.240m |
| • Looked After Children Priority Assessment | £1.000m |
| • Harmful Sexual Abuse/Post Sexual Abuse | £0.217m |

This represents just under 16.5% of the total contract value between the CCG and NELFT.

A review of the investment from KCC in 2019, along with the Ofsted and CQC inspection of system-wide challenges in SEND, identified that some of the funding could be reprioritised and re-profiled resulting in the ongoing contribution of **£1.27m** to the NELFT CYPMHS service (just under 8%):

- | | |
|---|---------|
| • Kent Health Needs Education Service | £0.050m |
| • Looked After Children Priority Assessment | £1.000m |
| • Harmful Sexual Abuse/Post Sexual Abuse | £0.217m |

With the balance, KCC has invested, developed and commissioned alternative services as follows:

- | | |
|---|---------|
| • In-house service – Positive Behavioural Support | £0.800m |
| • Together with Parents – bespoke parenting programme | £0.400m |

KCC has recently awarded a contract to Whitehead-Ross Education for the Together with Parents Service. This is a bespoke parenting programme to support SEND and the children waiting for a Neuro-developmental assessment. The CCG contribute £100k per annum to enhance this service.

Additional KCC investment has been made into provision across Integrated Children's Services (ie Headstart and Reconnect programmes) and Public Health (ie the Children and Young People Counselling Service and suicide prevention) and we continue to work with all agencies to support and promote CYPMHS services.

Contract and Service Oversight

The CCG holds the contract with NELFT and has regular planned contract management meetings to which KCC Commissioners attend. Whilst the formal contract management meetings were paused through the pandemic, the CCG maintained informal meetings with NELFT and led on CYP System meetings, attended by the providers, including NELFT.

The CCG has also commissioned a review of the Single Point of Access. KCC Commissioners were included as stakeholders in designing the scope of the work and questioned as part of the review.

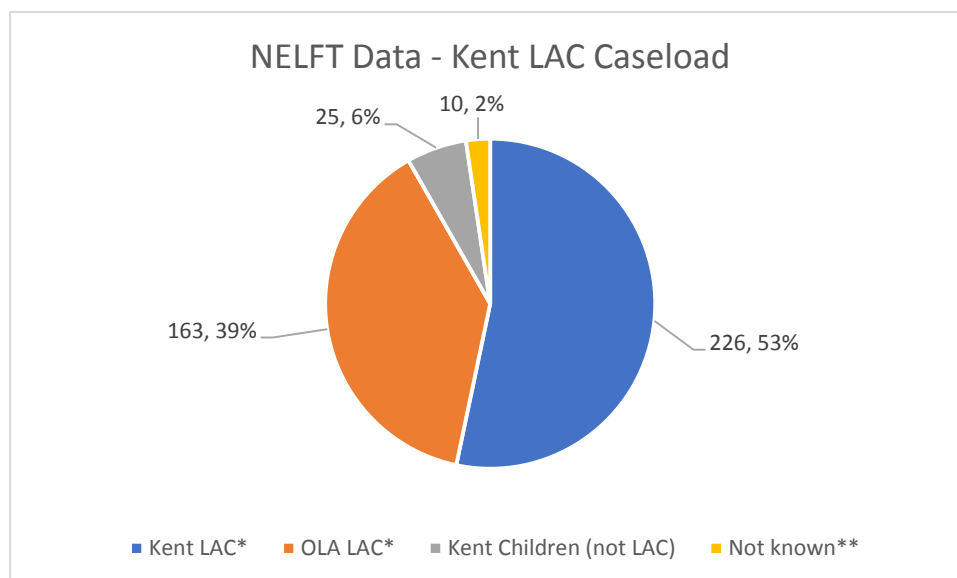
The CCG sees KCC as a true partner in the management of the contract.

The Section 76 Agreement has been reviewed and now includes the ambition to resolve the challenges in identifying the impact of the funding contribution from KCC.

The CCG has developed and maintains a comprehensive data dashboard for CYPMHS. KCC has also worked with the CCG and NELFT and is now able to record on Liberi those Looked After Children (LAC) accessing the CYPMHS Service and who receive the Priority Assessments.

There has historically been an issue whereby we were unable to identify whether the LAC figures recorded by NELFT showed that the Child was the responsibility of KCC or another local authority. Working together has built in a quarterly review of caseloads to allow us to be clear on those children known to KCC.

In November 2021, the data received from NELFT showed the following:



* Are or were LAC

** These could be OLA LAC that KCC has not been informed of, or Kent children with no involvement with Kent Social Work Services

Continuous Improvement

The CCG is intending the use the two-year extension on the NELFT contract and asked for KCC's views. This will become effective from 1 September 2022 and will run to 31 August 2024. This provides an opportunity for KCC to discuss with the CCG any non-material changes for the implementation of the extension.

KCC, and the CCG, recognises that the initial intention of the contract was to expand the age profile of the service. It currently serves up to the age of 18, with Medway's service up to the age of 19 (for LAC). KCC would like to see the implementation of the ambition of the Long Term Plan for the comprehensive offer of Mental Health services for young people to be up to the age of 25.

With the investment of funding to the Sexually Harmful Behaviour service as part of the Complex Pathway, it has always been difficult to disaggregate and isolate what the outcomes of this investment is. We would like to work with NELFT in the same was as we did for the LAC caseload data.

The CYP System across the County, and regionally, is getting very complex for Tier 4 children and young people. There needs to be an opportunity to redefine the interface of organisations through negotiating the extension. This should include the offer from NELFT in supporting discharge.

Conclusion:

The CCG sees KCC as a true partner with the contract and is open to discussion and change. Improvements have been made with the relationship, however there are some further developments, as mentioned above, that KCC would like to see implemented.

With the data now received on the numbers of Kent LAC seen by the service, a review of the effectiveness of the Priority Assessment funding can be undertaken with a view on how priority services can be offered as a result of the assessment.

KCC would like to work in partnership with NELFT, the CCG and clinical partners to define and implement a formal, strategic T4 Collaborative. This would help make sure that the processes and risks relating to admission, treatment, discharge and support in the community are clearly shared and articulated in a collaborative and integrated way.

Background Reports:

[THE REPORT \(kent.gov.uk\)](https://kent.gov.uk) – CYPE Cabinet Committee report 22 June 2017

[Executive Decision Report \(kent.gov.uk\)](https://kent.gov.uk) - CYPE Cabinet Committee report 15 November 2019

[Executive Decision Report \(kent.gov.uk\)](https://kent.gov.uk) - CYPE Cabinet Committee report 22 September 2020

Author:

Christy Holden
Head of Strategic Commissioning (Children and Young People)
Kent County Council

This page is intentionally left blank

Expanded or new services for 2022/23 responding to new demand in the Kent system

Several new services will commence throughout 2022/23 and will contribute to increasing access. These include:

- *Together with Parents*: A new KCC-commissioned service (that KMCCG contributes to) that has been co-produced with parents, carers and key partners that offers robust and consistent support to parents and carers whose child has either received a diagnosis, are awaiting diagnosis, or considering a referral to the Neurodevelopmental and Learning Disabilities pathway. The overarching aim of the new service is to ensure parents can access support and information in a timely way before reaching crisis point.
- *Imago Siblings Project*: This KMCCG pilot aims to improve the quality of life of young people growing up with a sibling who has a lifelong disability or serious medical condition. The project will work to ensure that the family unit has access to the right help, at the right time, with the aim of reducing social isolation, increasing confidence and self-esteem.
- *Primary Care Mental Health Practitioner roles*: Mental health practitioners within NELFT will work within a Primary Care Network (PCN) to support the primary care offer of mild to moderate interventions to children. There are 10 posts in place currently with more expected in 2022/23.
- *PCN Navigator / Social Prescribing roles*: Primary Care Network-funded posts to support children and their families navigate the system to access support. Families have fed back that these roles have been immensely helpful to find and access appropriate services.
- *Unaccompanied Asylum-Seeking Children and Young People (UASC) emotional wellbeing projects*: KMCCG recently awarded two short-term contracts to the British Refugee Council and Pie Factory to help provide support to UASC living in Kent and Medway. These services are currently in the mobilisation phase.
- *UASC emotional wellbeing and mental health service*: procurement of a KMCCG-funded bespoke emotional wellbeing and mental health service for UASC has begun, with Invitations To Tender expected to be published in May 2022.

- *Increased investment into School Health Counselling Service:* Reconnect funding and Public Health funding will be used to increase investment into School Health's Counselling Service, with an aim to reduce the referral to treatment wait to 6 weeks. This service is delivered by Kent Community Health NHS Foundation Trust (KCHFT).
- *Counselling pilots:* Kent Public Health will invest in 3 cognitive behavioural therapy counselling pilots relating to Cognitive Behavioural Therapy, Family Therapy and Play Therapy.

There are also existing services where capacity is expected to increase in 2022/23:

- *Specialist Bereavement Service:* CHUMS have seen their referral numbers rise month-on-month since the service went live in September 2021. CHUMS is working with commissioners to explore how best to support the increased demand.
- *KCHFT multi-disciplinary team for neurodevelopmental assessments:* Piloting a new model of diagnostic assessment for under 5s.
- *Additional diagnostic assessments within NELFT:* Significant investment to increase the number of diagnostic assessments to children and young people waiting for an autism and/or ADHD assessment.
- *Emerge expansion into Darent Valley Hospital, Maidstone Hospital and Tunbridge Wells Hospital:* Emerge volunteers support children and young people attending hospital due to self-harm, suicide attempt or emotional crisis, spending time with them to offer a positive distraction and emotional care. They also provide follow-up support.
- *Mental Health Support Teams:* KMCCG and NELFT will continue to roll-out Mental Health Support Teams (MHSTs) (known as Emotional Wellbeing Teams in Kent, and as Emotional Support Teams in Medway). It is anticipated that there will be 21 teams live across K&M by 2023/24.

Item 8: GP recruitment attraction package for Medway, Swale and Thanet (pilot)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: GP recruitment attraction package for Medway, Swale and Thanet (pilot)

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

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

1) Introduction

- a) In early March, the Chair of HOSC met representatives from the Kent and Medway Clinical Commissioning Group Workforce team (“the CCG”), Medway Council and the Local Medical Committee (LMC) to discuss a pilot project being developed to improve GP recruitment in three local areas (Medway, Swale and Thanet). These areas have a low GP: patient ratio and the pilot aims to improve this and relieve pressures on the local health system. If it is successful, the intention is to roll it out across other areas in Kent.
- b) The Chair has asked that details of this pilot be shared with HOSC, to seek their support of the scheme.

2) The pilot

- a) The CCG is proposing an “attraction package” pilot that focuses on recruiting GPs in Medway, Swale and Thanet, and if successful the intention is to roll it out across other areas of Kent. The package is to include:
 - Financial support for the GP and practice funded by the CCG
 - Support from local councils with issues such as school places, childcare, housing and similar
 - An educational package from the Kent and Medway Primary Care Training Hub
 - Flexible and supportive job plans with mentoring from the practices/Primary Care Network
- b) On 17 March 2022, the Primary Care Commissioning Committee agreed a £500k package over a two-year period that allows 20 x £25k packages to be distributed as follows:
 - 5 Coastal Fellowships - linked to Kent & Medway Medical School; likely 3 in Swale and 2 in Thanet
 - 5 GPs in each of Swale, Medway & Thanet

Item 8: GP recruitment attraction package for Medway, Swale and Thanet (pilot)

3) Barriers and challenges to GP recruitment

a) The Workforce team described several barriers and challenges to recruiting and retaining GPs. These include:

- Limited resource: a general shortage of trained GPs, with it taking many years to produce qualified individuals.
- Locally trained GPs tend to leave for London or work abroad.
- Overseas trainees – there can be a lack of support in place and limited knowledge about the visa process. Individuals from ethnic minority backgrounds want assurance that they will be welcomed.
- Myths and perceptions about living in a so-called deprived place.

b) As well as liaising with local stakeholders, the CCG have contacted Hope Citadel, a primary care organisation in Oldham, Manchester which has addressed similar challenges. Recommendations included:

- A focus on deprivation medicine from the outset.
- Setting out what the local community had to offer and what it would be like to live and work there.
- Building relationships with prospective recruits, getting to know them and showing them round the local area. Once employed, making the GP feel welcome by attending monthly support groups and joining a What's App group with others new to the area. A real effort is made to support their transition.

4) What can local councils do?

a) The CCG have asked the local authority and district councils can support they can provide the project. Requests have included:

- Provide a point of contact for new GPs that offers advice and guidance in areas such as education, childcare and housing.
- Provide assistance to the CCG in producing a recruitment brochure, setting out details about the local area and what it has to offer.
- Dispel myths about how welcoming Kent & Medway is for new arrivals.

5) Next Steps

a) The intention is to advertise the positions in June 2022. The package will be advertised by a national campaign run by the NHS Communications team.

b) The Chair of HOSC is following up with KCC and district colleagues to see what support can be offered to the scheme.

c) HOSC are requested to provide their support for the scheme. The following documents are appended to this covering note:

- The proposal paper that was sent to the PCCC on 17 March 2022.
- The criteria for the non-Fellowship positions.

5. Recommendation

RECOMMENDED that the Committee consider and support the scheme to recruit GPs in Medway, Swale and Thanet.

Background Documents

None

Contact Details

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

This page is intentionally left blank

Title of meeting:	Primary Care Co Commissioning	Date 17/03/21
Title of report:	GP recruitment attraction package for Medway, Swale and Thanet (pilot proposal)	
Reporting Officer:	Dr Simon Dunn, Sharon Lee	
Lead Member:	Dr Simon Dunn, Workforce Lead	
FOI status:	This paper is disclosable under the FOI Act	

Purpose: This paper is for

Assurance		Approval	x	Decision		Information	
-----------	--	----------	---	----------	--	-------------	--

Report Summary:

GP recruitment attraction package for GPs in Medway, Swale and Thanet for consideration as part of a recruitment campaign for GPs.

Proposal and/or Recommendation:

The committee is asked for a decision on the recommendations within the paper:

- Support and comment for the process as a whole.
- Agreement that we can use the PCCC budget to fund up to a maximum of £250,000 per annum for a period of two years to a maximum in total of £500k
- That we work with our partners to develop a concordat that would confirm our joint commitment to collaboration on supporting this initiative.

Identified Risks and Risk Management Action:

N/A

Resource Implications and Finance approval:

Requires £250,000 per year for two years from PCCC budget.

Public and Patient Engagement Considerations

CCGs communication and engagement team have been involved
 No engagement with patients and the public has been undertaken or planned in connection with this paper.

Equality and Diversity Assessment

Has an equality assessment been undertaken?

Yes (please append the action plan to this paper)

Not applicable – *should recommendations be approved an assessment will be carried out if required.*

Legal Implications

N/A

Report History / Committees Reviewed

First report submitted

Next Steps:

Implementation if agreed

Appendices:

None

List staff contributing to the paper and any Conflicts of Interest identified:

Bill Millar

Mayur Vibhuti

Sharon Lee

No conflicts of interest identified.

For further information or for any enquiries relating to this report please contact:

Dr Simon Dunn

Dr Mayur Vibhuti

GP recruitment attraction package for Medway, Swale and Thanet (pilot proposal)

Situation:

Patient: GP ratios in Kent & Medway are on average higher than in the rest of the country. As of Sept 2021 national average was 1GP:2200 patients, in Kent & Medway the similar figure was 1:2600.

Background:

The average ratio of GP:patient in Kent & Medway hides a variation from around 1:1600 in our best provided areas to around 1:7000 in the most challenged. This situation has led to increased pressures from general practice to maintain business continuity along with concerns expressed by patients about access to their GP. The areas with lowest GP numbers tend to be in areas of high socioeconomic deprivation and health need exacerbating the challenge of providing high quality primary care to a population most in need of this.

As a result the Kent & Medway Workforce team have been working with three areas in the Integrated Care System (ICS), Medway, Swale and Thanet, who historically have had the lowest numbers of GPs. Conversations with GPs, practice managers and patient representatives have sought to explore possible solutions to our difficulties. We have also been in contact with colleagues at Hope Citadel, a primary care organisation in Oldham who have addressed similar challenges.

Assessment:

In an era when the general practice team is expanding in terms of non-doctor roles the narrative has to change from “how many GPs do we have” to “how do we provide quality general practice to our population”. However GPs remain the foundation of a general practice, important for senior clinical opinion, driving development, maintaining public confidence in a service and providing support and mentoring for a wide range of clinical colleagues. We recognise that there are three areas that we need to address:

- Attracting new GPs
- Retaining existing GP colleagues
 - Both of these aim to maintain the foundation of a general practice upon which the third area rests
- Attract, retain & build our multiprofessional clinical workforce as well as non-clinical staff

NHS England New to Partnership schemes aim to attract GPs to practices as partners with a financial package as well as educational support. This, however, is not available to anyone who has been a GP partner previously nor to those who wish to be salaried doctors.

Kent & Medway are developing a scheme of Recruitment Attraction Packages for GPs focused on the Medway, Swale and Thanet areas, which have the lowest number of GP per head of population according to Sept 2021 data. The packages we are developing have four facets:

- Financial: £250k has been identified from the PCCC budget to finance this each year for a maximum period of two years at a total cost of £500k
- Discussions with Medway Council have identified the possibility of help with school places and accommodation for GPs coming to the area. They are happy to discuss other offers that may prove attractive. We have also had similar conversations with

Swale Borough Council and Kent County Council and similarly will be talking to Thanet borough council.

- Training Hubs: we recognise that a practice with a thriving educational culture is often a more attractive place to work and therefore we would link these GPs in with the work of the local training hub with mentorship opportunities as well as supporting successful applicants to undertake Clinical Supervisor training resulting in the practices becoming educationally accredited environments and offer training placements for at least some out of the range of clinical learners that now enter general practice.
- Practice/Primary Care Network (PCN): a supportive working environment with flexible arrangements is one of the most important factors when people look for jobs. We would expect the practice/PCN to design an attractive package of support for an incoming GP.

This scheme is a pilot and the intention, if successful, would be to develop it across Kent & Medway beginning with other areas with low numbers of GP per head of population but eventually offering across the whole system. We would look at how we could adapt this scheme to both GPs and multiprofessional clinicians.

Recommendation:

We would ask for:

- Support and comment for the process as a whole.
- Agreement that we can use the PCCC budget to fund up to a maximum of £250,000 per annum for a period of two years to a maximum in total of £500k
- That we work with our partners to develop a concordat that would confirm our joint commitment to collaboration on supporting this initiative.

Simon Dunn
February 2022



GP Attraction Package Practice / Organisation criteria

For practices/organisations looking to apply:

- Describe how this GP post will benefit the health needs of your population
- The host practice should have a deprivation score of <5 out of 10
<https://fingertips.phe.org.uk/profile/general-practice>
- Willingness to release GP to train as Clinical Supervisor (1 day course after 12 months in practice)
- Describe how this role will provide an increase in training placements locally
- Practice/organisation signed up to and using SE Workforce Tool (Training Hub to assist if necessary)
- Willingness to support the incoming GP in a practice based Organisational Development project supported by Training Hub:
 - Supporting multi-professional roles and/or
 - Reducing GP non-clinical workload
- Identify a GP mentor for incoming GP in-practice or in the PCN (£500 funding allocated for 1 session/month for 2 years)

GP Attraction Package Aims/Outcomes

- Increase number of GP headcount by 5 per area after 2 years.
- Increase number of GP Clinical Supervisors by 5 per area over 2 years.
- Engage with University of Kent to qualitatively evaluate the scheme.
- Evidence that these posts have benefited the identified population health needs of the practice as above.
- Demonstrate the outcomes of OD project.

This page is intentionally left blank

Item 9: Rollout of the Spring Covid Booster (written item)

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 11 May 2022
Subject: Roll out of the Spring Covid-19 Booster (written item)

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

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

1) Introduction

- a) On 20 March 2022, the NHS announced that spring covid booster vaccinations would commence that week. Eligible groups would be care home residents, people who are 75 and over and those who are immunosuppressed aged 12 and over.¹
- b) At its last meeting, the Committee asked to receive a written paper from the Kent and Medway CCG about how the vaccination programme would be delivered locally. They also asked for an update on any new vaccine technology potentially in pipeline along with a reflection on the effectiveness, safety and adverse effects of the vaccinations that have been around since January 2021.
- c) Members are invited to consider the written report and raise any questions through the Clerk.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

None

Contact Details

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

This page is intentionally left blank

K&M Covid & Flu Vaccination Programme

Programme Status

26th April 2022



Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Programme Status as of 26th April 2022

- ❑ 3,930,600 all doses to date
- ❑ 93% of cohorts 1-9 and 78% of eligible people
- ❑ 83% of potential boosters completed

Model	Opening balance 25/04/2022	First dose	Second dose	Boosters	All doses (Actuals)	All Doses (Planned)
Hospital Hubs	240,169	127,460	93,938	18,797	240,195	240,275
Vaccination Centres	587,089	285,814	260,291	40,984	587,089	587,089
LVS	3,101,166	1,011,826	982,374	1,109,090	3,103,290	3,103,617
PCN	2,365,585	802,038	758,513	805,970	2,366,521	2,367,039
Community Pharmacy	729,221	206,682	221,730	301,997	730,409	730,218
Detained	6,360	3,106	2,131	1,123	6,360	6,360
Grand total	3,928,424	1,425,100	1,336,603	1,168,871	3,930,574	3,930,981

Cohort Penetration	1 st Dose	2 nd Dose	Booster
Cohort 1: CH res & Res CWs	98%	90%	78%
Cohort 2: 80+ & H&SCWs	98%	98%	89%
Cohort 3: 75-79	97%	99%	96%
Cohort 4: 70-74 & CEV	95%	99%	93%
Cohort 1-4	97%	98%	91%
Cohort 5: 65-69	94%	99%	95%
Cohort 6: At risk	87%	96%	83%
Cohort 7: 60-64	92%	99%	94%
Cohort 8: 55-59	91%	99%	91%
Cohort 9: 50-54	89%	98%	89%
Cohort 1-9	93%	98%	90%
Cohort 10: 40-49	83%	97%	81%
Cohort 11: 30-39	73%	95%	69%
Cohort 12: 18-29	73%	92%	59%
Cohort 10-12	76%	95%	70%
Cohort 13 - '12-15 At Risk	65%	65%	22%
Cohort 14 - 12-17 H'hold cont	64%	67%	20%
Cohort 15 - 16-17	70%	75%	31%
Cohort 16 - '12-15	59%	61%	
Cohort 17 - 5-11 At Risk	10%	0%	
Cohort 18 - 5-11	5%	0%	
Cohort 13-18	32%	60%	30%
All cohorts	78%	94%	83%

Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

National Insights

Cohort	National Average	Kent & Medway
Spring Booster	40.9%	39.7%
5 - 11 years old "At Risk"	9.8%	9.8%
Healthy 5 - 11 years old	4.5%	4.96%
Severely Immunosuppressed Booster	60.6%	62%
Severely Immunosuppressed 3rd Dose	86.7%	88%
12-15 years old	59.3%	62.6%

Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Key Achievements

- Developed plans for spring boosters ensuring sufficient capacity and coverage for all HCPs
- Healthy 5-11 year old programme started with demand higher than anticipated
- New VC site at Sittingbourne Memorial Hospital and started the site assurance process. Investigating provision in the interim using pop up clinics and/or vaccination bus
- 5 Weeks homeless programme was very successful and will be repeated in the Autumn
- Administered 117 vaccinations at Napier Barracks , migrant centre. Due to high turnover of people we have agreed that pop up clinics will happen fortnightly
- 22% of all care homes have been visited and there are plans in place for a further 32%.
- Workforce planning to support future place based strategy
- Commenced Make Every Contact Count pilots in Malling PCN and Rochester PCN

Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Forthcoming Priorities

- Continue to work with HCPs to further develop place based delivery structure and function
- Development of CVP team structure to support place based delivery
- SAIS team will be completing a scoping exercise in schools with high absence rates during initial visits to ensure all children have access to vaccination.
- Continuing to attend local prisons vaccinating inmates at 2 prisons. Working with public health team to address vaccine hesitancy
- Working closely with PCNs to ensure plans are in place to vaccinate all eligible housebound patients by 1st June
- Working with PCNs to ensure there are plans in place to vaccinate all care home residents. Where PCNs are unable to vaccinate care home residents, we are ensuring that there is coverage by neighbouring PCNs or CPs and these will be completed by 1st June
- Assurance for delivery models who have indicated they can support the children's programme but are not yet assured
- To have sufficient vaccine supply for the 5-11 years programme. Ensuring there is not an excessive amount which could lead to vaccine wastage.
- Working with KCHFT to discuss how they will support health inequality activities
- Increase number of sites administering Moderna in line with regional directive

Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Equalities & Diversity Programme

- Family Centred Approach in Luton, Medway (pilot) - Vaccine Ambassadors are reaching out to the Eastern European population to discuss cultural barriers, benefits to vaccination in all age groups of the family and addressing any concerns. KCHFT are working in the Central Chatham area where the largest secondary school only has a 23% uptake together with a pop-up clinic roving bus Lessons learnt will be used to repeat this approach in other areas of K&M
- Homeless/ rough sleepers and sheltered accommodation – collaborative work with PHE, Local Council and homeless organisation. Clinics have been arranged in the local church in Chatham at the time when the Soup Kitchens are being held to offer vaccinations to these adults and their children. 97 Doses administered, 25% of which were first doses

Covid-19 Vaccination Booster Programme



Kent and Medway
Clinical Commissioning Group

Programme Risks

Description	Mitigation	RAG
There is a risk that the lack of clarity on the role of the lead provider will impact on the inequalities and outreach work	On going discussion with lead employer. System wide conversation required if necessary	A
There is a risk that some of the non-NHS estates currently in use will not meet value for money	Working with region to review estates current estates and identify NHS estates where possible	A

This page is intentionally left blank

Item 10: Elective waiting lists in Kent and Medway (written item)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: Elective waiting lists in Kent and Medway (written item)

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

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

1) Introduction

- a) The Committee has received updates on the local response to Covid-19 since their July 2020 meeting. At its last meeting, it was agreed that these general updates would no longer be a standing item on the HOSC agenda but would be replaced by targeted papers on topics related to recovery from the pandemic.
- b) An area of concern to the Committee has been elective waiting lists – in December 2021 there were 172,207 people in Kent and Medway with an “incomplete pathway” and 33.3% waiting over 18 weeks for treatment. The three specialities with the highest 52+ week waits were: Trauma and Orthopaedic; General Surgery; and Ear, Nose and Throat.
- c) During the discussion on 2 March 2022, the K&M CCG provided detail around its “Delivery Plan for Tackling the Covid-19 Backlog of Elective Care”. Detail can be found in the “background documents” link below.
- d) The Committee asked to see a breakdown of waiting lists by Trust, along with detail around any duty to cooperate between those Trusts to ensure patients were treated equitably.
- e) The CCG has provided the attached briefing and Members are invited to ask questions through the Clerk.

2) Maximum waiting times for non-urgent referrals

- a) In addition to the CCG briefing, attached as “Appendix A” is data from the NHS England website setting out “incomplete pathways” data as of February 2022. Incomplete pathways are waiting times for patients waiting to start treatment at the end of that month.
- b) The NHS Constitution states that the maximum waiting time for non-urgent, consultant-led treatments is 18 weeks from the day an appointment is booked through the NHS e-Referral Service, or when the hospital or service receives the referral letter.

Item 10: Elective waiting lists in Kent and Medway (written item)

c) This right to an 18-week waiting time does not apply if:

- The patient chooses to wait longer
- delaying the start of a patient's treatment is in their best clinical interests, for example, when stopping smoking or losing weight first is likely to improve the outcome of their treatment
- it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage
- the patient fails to attend appointments that had been chosen from a set of reasonable options
- the treatment is no longer necessary

3. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2022) '*Health Overview and Scrutiny Committee (02/03/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4>

NHS England and NHS Improvement (2022) Monthly RTT data collection (published 14 April 2022) <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/>

Contact Details

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

HOSC Briefing Paper

May 2022

Author – Daniel Coleman, Deputy Director of Elective Care for Kent & Medway

Is there a duty for trusts to co-operate to reduce waiting times?

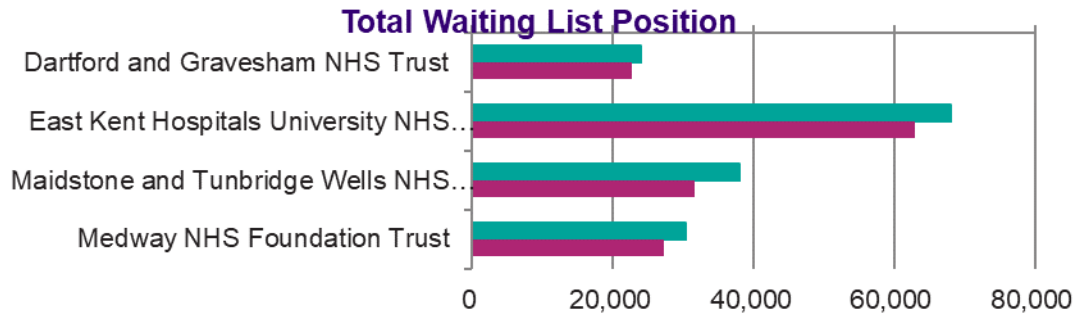
What are current waiting lists for each acute provider in Kent and Medway and the surrounding areas.

Except for where there is a contractual obligation for a trust to take other trusts patients for example in a hub and spoke model or where a trust has been commissioned to provide a service for the region often where specialised services are concerned then there is no duty to co-operate, a trust does not have to accept other trusts patients based on shorter waiting times except for patient choice.

A patient does have the right to choose a different provider if the one they have been referred to has a wait time of over 18 weeks there are some exceptions, and they can be found here. [The NHS Choice Framework: what choices are available to me in the NHS? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs).

However, in the Kent and Medway area the CCG have been using a shared waiting list for 6 months moving patients within the area to reduce waiting times, to date we have successfully moved 1122 patients from trusts with long wait times to either other trusts or the independent sector this is supporting Kent & Medway CCG's vision of a single waiting list.

Please see below waiting list information, as of March 2022 the Kent and Medway area is sitting at a performance measure of 66% for patients to receive treatment within 18 weeks this is compared nationally to 63%.



**** Green bar is total wait list, purple bar is against H2 plan****

Consultant-led Referral to Treatment (RTT) Waiting Times Data

Period: February 2022

Source: NHS England and NHS Improvement: monthly RTT data collection

Basis: Provider

Publisher: 14th April 2022

Revised: N/A

Status: Published

Contact: england.rt@nhs.net

Summary data:

Region Code	Provider Code	Provider Name	Treatment Function Code	Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)	Total 52 plus weeks
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_999	Total	65,115	38,770	59.5%	14.2	47.1	3,885
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_999	Total	22,853	15,729	68.8%	10.8	39.9	637
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_999	Total	37,775	26,811	71.0%	11.4	29.7	1
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_999	Total	29,447	18,126	61.6%	13.5	36.6	114

Provider Level Data

Region Code	Provider Code	Provider Name	Treatment Function Code	Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)	Total 52 plus weeks
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_100	General Surgery Service	10,235	5,312	51.9%	16.9	56.8	1,142
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_101	Urology Service	3,949	2,448	62.0%	12.6	48.0	233
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_110	Trauma and Orthopaedic Service	7,468	2,987	40.0%	23.0	66.1	1,136
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_120	Ear Nose and Throat Service	7,871	3,828	48.6%	18.6	55.7	728
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_130	Ophthalmology Service	4,760	3,192	67.1%	12.6	35.6	100
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_140	Oral Surgery Service	3,202	2,039	63.7%	13.9	33.8	16
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_150	Neurosurgical Service	-	-	-	-	-	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_160	Plastic Surgery Service	-	-	-	-	-	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_170	Cardiothoracic Surgery Service	4	4	100.0%	-	-	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_300	General Internal Medicine Service	16	10	62.5%	-	-	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_301	Gastroenterology Service	4,987	3,136	62.9%	13.6	35.4	23
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_320	Cardiology Service	2,086	1,598	76.6%	8.0	32.6	7
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_330	Dermatology Service	4,018	2,707	67.4%	10.8	32.9	5
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_340	Respiratory Medicine Service	1,869	1,271	68.0%	13.3	33.1	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_400	Neurology Service	1,880	1,374	73.1%	12.2	26.0	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_410	Rheumatology Service	1,144	971	84.9%	8.5	22.6	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_430	Elderly Medicine Service	533	337	63.2%	13.6	30.6	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_502	Gynaecology Service	5,216	2,980	57.1%	15.1	52.8	426
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	X02	Other - Medical Services	1,694	1,498	88.4%	6.9	21.2	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	X03	Other - Mental Health Services	-	-	-	-	-	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	X04	Other - Paediatric Services	1,451	1,377	94.9%	4.4	15.0	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	X05	Other - Surgical Services	2,673	1,660	62.1%	14.2	40.5	69
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	X06	Other - Other Services	59	41	69.5%	10.8	35.1	0
Y59	RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	C_999	Total	65,115	38,770	59.5%	14.2	47.1	3,885
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_100	General Surgery Service	6,030	3,922	65.0%	10.3	43.2	200
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_101	Urology Service	2,164	1,444	66.7%	11.2	40.5	69
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_110	Trauma and Orthopaedic Service	3,922	2,007	51.2%	17.5	47.1	217
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_120	Ear Nose and Throat Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_130	Ophthalmology Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_140	Oral Surgery Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_150	Neurosurgical Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_160	Plastic Surgery Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_170	Cardiothoracic Surgery Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_300	General Internal Medicine Service	244	206	84.4%	6.5	22.2	1
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_301	Gastroenterology Service	2,632	2,164	82.2%	9.0	22.4	13
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_320	Cardiology Service	989	797	80.6%	9.5	28.1	2
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_330	Dermatology Service	-	-	-	-	-	0

Region Code	Provider Code	Provider Name	Treatment Function Code	Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)	Total 52 plus weeks
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_340	Respiratory Medicine Service	735	590	80.3%	8.0	30.4	5
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_400	Neurology Service	683	547	80.1%	4.0	29.6	1
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_410	Rheumatology Service	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_430	Elderly Medicine Service	414	269	65.0%	11.9	31.4	11
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_502	Gynaecology Service	2,958	2,048	69.2%	11.5	39.2	86
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	X02	Other - Medical Services	268	237	88.4%	5.5	24.8	1
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	X03	Other - Mental Health Services	-	-	-	-	-	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	X04	Other - Paediatric Services	825	779	94.4%	4.8	16.0	0
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	X05	Other - Surgical Services	918	669	72.9%	10.5	39.2	24
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	X06	Other - Other Services	71	50	70.4%	9.3	55.3	7
Y59	RN7	DARTFORD AND GRAVESHAM NHS TRUST	C_999	Total	22,853	15,729	68.8%	10.8	39.9	637
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_100	General Surgery Service	4,163	3,008	72.3%	11.2	29.1	1
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_101	Urology Service	3,047	1,812	59.5%	14.3	34.6	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_110	Trauma and Orthopaedic Service	3,201	2,231	69.7%	12.2	30.9	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_120	Ear Nose and Throat Service	3,905	2,570	65.8%	13.0	33.2	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_130	Ophthalmology Service	7,854	5,108	65.0%	12.7	30.0	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_140	Oral Surgery Service	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_150	Neurosurgical Service	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_160	Plastic Surgery Service	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_170	Cardiothoracic Surgery Service	10	10	100.0%	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_300	General Internal Medicine Service	1	1	100.0%	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_301	Gastroenterology Service	2,096	1,411	67.3%	13.1	29.9	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_320	Cardiology Service	1,277	1,094	85.7%	7.7	21.2	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_330	Dermatology Service	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_340	Respiratory Medicine Service	726	662	91.2%	7.0	18.7	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_400	Neurology Service	1,255	1,022	81.4%	10.6	22.9	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_410	Rheumatology Service	747	661	88.5%	9.6	19.4	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_430	Elderly Medicine Service	83	80	96.4%	6.0	16.3	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_502	Gynaecology Service	4,131	2,503	60.6%	14.4	32.2	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	X02	Other - Medical Services	3,943	3,514	89.1%	6.9	20.4	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	X03	Other - Mental Health Services	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	X04	Other - Paediatric Services	605	471	77.9%	9.4	27.1	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	X05	Other - Surgical Services	731	653	89.3%	3.9	20.8	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	X06	Other - Other Services	-	-	-	-	-	0
Y59	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	C_999	Total	37,775	26,811	71.0%	11.4	29.7	1
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_100	General Surgery Service	830	447	53.9%	16.3	37.0	6
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_101	Urology Service	1,634	1,238	75.8%	9.7	27.0	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_110	Trauma and Orthopaedic Service	1,770	1,083	61.2%	13.3	33.7	5
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_120	Ear Nose and Throat Service	3,534	1,683	47.6%	19.3	42.3	61
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_130	Ophthalmology Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_140	Oral Surgery Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_150	Neurosurgical Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_160	Plastic Surgery Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_170	Cardiothoracic Surgery Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_300	General Internal Medicine Service	733	514	70.1%	11.6	27.7	1
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_301	Gastroenterology Service	3,107	1,495	48.1%	18.7	40.3	21
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_320	Cardiology Service	2,627	1,387	52.8%	16.8	37.9	2
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_330	Dermatology Service	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_340	Respiratory Medicine Service	197	154	78.2%	8.0	26.2	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_400	Neurology Service	1,254	471	37.6%	23.8	43.3	12
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_410	Rheumatology Service	1,965	1,301	66.2%	13.2	36.2	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_430	Elderly Medicine Service	173	121	69.9%	9.0	31.5	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_502	Gynaecology Service	2,944	1,923	65.3%	12.5	29.8	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	X02	Other - Medical Services	3,475	2,763	79.5%	9.0	28.8	2
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	X03	Other - Mental Health Services	-	-	-	-	-	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	X04	Other - Paediatric Services	174	138	79.3%	11.1	31.0	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	X05	Other - Surgical Services	4,519	3,174	70.2%	10.7	32.0	4
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	X06	Other - Other Services	511	234	45.8%	19.6	48.2	0
Y59	RPA	MEDWAY NHS FOUNDATION TRUST	C_999	Total	29,447	18,126	61.6%	13.5	36.6	114

Item 11: East Kent Transformation

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 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 to the Kent and Medway NHS Joint Overview and Scrutiny Committee.

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

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.

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

² <https://www.ekhft.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/>

Item 11: East Kent Transformation

- 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) 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 26 April 2022. 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 County Council (2022) '*Kent and Medway NHS Joint Overview and Scrutiny Committee, (26/04/2022)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=9001&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>

Item 11: East Kent Transformation

Contact Details

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

This page is intentionally left blank

East Kent Clinical Transformation Programme

Briefing for Joint Health Overview and Scrutiny Committee members

Purpose of briefing

This briefing provides an update on the next steps to transform acute services in East Kent. Last Autumn the Trust submitted an expression of interest for £460 million capital investment to the new hospitals programme, seeking vital and long overdue investment in our hospitals for the long term. A decision on the long-listed schemes is expected soon. A successful bid is essential before the NHS can consult on options to transform how our services are delivered in future. In the meantime, we are undertaking due diligence with the construction industry to further test the viability and deliverability of both options. This exploratory process is an important piece of work that will provide an additional assurance test before consultation gets underway

Pre-Consultation Business Case

The Pre-Consultation Business Case (PCBC) for the East Kent Transformation Programme has been supported by local NHS organisations and our regulator, NHS England and NHS Improvement (NHSEI). The PCBC outlines East Kent Hospitals University NHS Foundation Trust's clinical strategy, which can be delivered through one of two possible estates solutions:

- Option 1 – Two site Emergency Care model with A&E departments at William Harvey Hospital (WHH) in Ashford and Queen Elizabeth The Queen Mother Hospital (QEQM) in Margate. WHH would become the Major Emergency Centre for east Kent with specialist services co-located there. This option would require building works to be undertaken to accommodate the clinical service requirements and address the estates backlog requirements at WHH and QEQM . In addition, building and refurbishment works would also be required at the Kent and Canterbury Hospital (K&C) in Canterbury.
- Option 2 – One site Emergency Care model with K&C as the Major Emergency Centre for east Kent. This option would require a new hospital extension to be built on land adjacent to the existing Kent and Canterbury Hospital owned by the Canterbury City Council (CCC) and Kent County Council (KCC). The shell and core of the new hospital extension would be funded and provided by a private developer. The NHS would then complete the fit-out of the shell and core to complete the hospital. Further building and refurbishment work would also be undertaken at WHH and QEQM.

In October 2021 an application for capital was made to the Department for Health and Social Care New Hospitals Programme and we await feedback. In parallel we also need to ensure that both options are viable, financially feasible and deliverable before finalising the PCBC and commencing a public consultation for the proposed changes.

Due diligence and soft market testing exercise

The process to more robustly test the options requires engagement with the construction industry who to review the viability, financial feasibility and deliverability of the two estates options.

The Trust and its legal advisers developed a financial and commercial due diligence and soft market testing exercise based on the formal Public Contract Regulations procurement process. The exercise is an iterative one and will depend on the level of interest and the credibility of this interest. The approach for the exercise was approved through the governance processes of the Trust's Board and NHS Kent and Medway CCG's Governing Body. Other relevant stakeholders have also been notified of the process including KCC, CCC and the Trust's Council of Governors.

In February, NHSEI also confirmed its support for the pre-consultation financial and commercial due diligence and soft market testing exercise to be undertaken and therefore the process commenced late March. This work is due to complete by July 2022.

Expression of Interest for the Health Infrastructure Plan

In July 2021, the Department of Health and Social Care (DoHSC) invited expressions of interests (EOI) from mental health, community and acute NHS trusts who wish to be considered for inclusion in the next wave of the Government's Health Infrastructure Plan (HIP).

In October 2021, the Trust submitted an EOI for around £460m of Treasury capital to enable the East Kent Transformation Programme to be delivered. The EOI will form one part of the first stage of the Government's selection process for the HIP. It will be combined with evidence from existing national datasets (official data, signed off by provider chief executives) as well as discussions with regional and local NHS leaders.

It was initially thought that the Department of Health and Social Care (DHSC) would inform trusts of the outcome of this first stage of the selection process by the end of December 2021. However, this has been delayed due to the COVID pandemic. At the time of compiling this briefing, we are still waiting to hear whether our application has been successful in being placed on a longlist of proposals to continue to the next stage.

We believe the DHSC is aiming to make the final decision on the next eight hospitals to form part of the national programme by the end of 2022.

Next Steps

- The financial and commercial due diligence and soft market testing exercise is due to continue to run through to the end of July.
- We wait to hear from the DHSC to see if our Expression of Interest to be one of the latest eight schemes under the Government's Health Infrastructure Plan.

- We will continue to engage with key stakeholders (including Councillors and MPs) to gain awareness, understanding and support for investment in local services.

ENDS

This page is intentionally left blank

Item 12: Work Programme 2022

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 May 2022

Subject: Work Programme 2022

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

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

Contact Details

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

This page is intentionally left blank

Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

7 July 2022		
Item	Item background	Substantial Variation?
Burns service review	To receive information about a review of burns services by NHS England Specialised Commissioning	TBC
Provision of Child and Adolescent Mental Health Services at the Cygnet Hospital in Godden Green	Postponed item from 16 September. To receive an update on the closure of the Tier 4 CAMHS service following the internal investigation by NHS England.	-
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.	No

6 October 2022		
Item	Item background	Substantial Variation?
Nurse recruitment	To receive information about the recruitment of nurses across the county. (This was a member request).	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
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
Maidstone and Tunbridge Wells NHS Trust - Mortuary Security	To receive the Trust's reaction to Sir Jonathan Michael's report following its publication.	No
Hyper Acute Stroke Units - implementation update	Following their discussion on 26 January 2022, Members asked to be kept informed on the implementation of the new stroke services.	No
Transforming mental health and dementia services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-
Urgent Care Review Programme - Swale	Following the meeting on 2 March 2022, the Chair invited future updates on the transformations and related public communications.	No

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