

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Tuesday, 28th March, 2023**

**10.00 am**

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







## AGENDA

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Tuesday, 28th March, 2023, 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 J Howes, Councillor P Rolfe, Councillor K Tanner, and 1 vacancy

#### **UNRESTRICTED ITEMS**

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

- | Item  | Timings* |
|---|----------|
| 1. Substitutes  |          |
| 2. Declarations of Interests by Members in items on the Agenda for this meeting.        |          |
| 3. Minutes of the meeting held on 31 January 2023 (Pages 1 - 10)                        |          |
| 4. Child and Adolescent Mental Health Services (CAMHS) tier 4 provision (Pages 11 - 18) | 10:05    |
| 5. Kent and Medway Integrated Care Board - update report (Pages 19 - 28)                | 10:45    |

6. Edenbridge Memorial Health Centre 11:05

*Report to follow.*

7. Work Programme (Pages 31 - 36) 11:25

8. Date of next meeting – 10 May 2023

**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

**20 March 2023**

**KENT COUNTY COUNCIL**

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**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 Tuesday, 31 January 2023.

PRESENT: Mr P Bartlett (Chair), Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr S R Campkin and Mrs L Parfitt-Reid

PRESENT VIRTUALLY: Ms K Constantine, Mr J Meade, Cllr K Tanner

ALSO PRESENT: Mr R Goatham and Dr C Rickard

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

**UNRESTRICTED ITEMS****99. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 2)*

Mr Chard declared he was a Director of Engaging Kent.

The Chair declared he was a representative of East Kent authorities on the Integrated Care Partnership.

**100. Minutes from the meeting held on 30 November 2022**

*(Item 3)*

RESOLVED that the minutes from the meeting held on 30 November 2022 were a correct record.

**101. Kent and Medway Integrated Care Strategy**

*(Item 4)*

*This item was taken after item 5.*

*In attendance for this item: Vincent Badu (Chief Strategy Officer, K&M ICB) and Ellen Schwartz (Deputy Director of Public Health, KCC – virtual)*

1. Mr Badu introduced the item, explaining that the interim strategy was developed in partnership with local councils and set out how the local population's needs would be met and how health inequalities would be reduced. It was a statutory duty to have a Strategy in place, but it was recognised that the 12-week turnaround had not allowed for significant engagement, which was now commencing. The Strategy was predicated on working together to focus on the wider determinants of health, including the prevention of poor health. Part on

ongoing engagement was seeking input around how the strategy should be prioritised in local places, acknowledging that areas had different needs. A clear logic model was being followed for measuring impacts and identifying improvements achieved.

2. The ICB was investing an annual budget of £5.4m to reduce health inequalities. The money would be delegated to Health and Care Partnerships to support the delivery of those parts of the strategy at a local level.
3. Ms Schwartz spoke of upstream prevention throughout the life course of an individual. This involved identifying groups of people and understanding their needs and how to address any inequalities.
4. A Member questioned whether the Strategy conflicted with KCC's Community Services consultation. Mr Badu had not been closely involved in that programme but recognised that across the public sector there were challenges with resources. He said it was right to prioritise focus and use resources differently, whilst recognising that supporting preventative services reduced people's need to access secondary care. A whole system approach was needed.
5. A Member asked how the Committee could best support the strategy. They thought having a debate around priority areas could offer constructive outcomes. Mr Badu supported the idea of focussed discussions at HOSC.
6. The Chair spoke of the importance of early engagement with HOSC about upcoming changes, whether that be an informal briefing or formal presentation at committee.
7. Mr Badu expected the final strategy to be published in Autumn 2023. Public Health were leading on the related Local Health and Wellbeing Board plan.
8. Dr Rickard from the Local Medical Committee raised several points:
  - a. Housing developments such as Otterpool Park were referenced in the Strategy, but it was not set out how General Practice would be provided.
  - b. She did not feel the Strategy adequately reflected capacity and workforce constraints, nor how those challenges would be addressed.
  - c. Patient flow was mentioned in the Strategy, particularly around demand on Emergency Departments exacerbated by Primary Care and inappropriate referrals leading to full hospitals. Dr Rickard did not feel this was entirely accurate as there were capacity issues across the healthcare system, with elective backlogs and a workforce crisis all contributing. She hoped to see more detailed projections on how the Kent Medical School would alleviate workforce issues.

9. Mr Badu responded to say the Strategy was pitched at an overarching level across Kent & Medway. There were representatives from primary care on the Health & Care Partnerships and planning at place level was vital. He felt the best place to address those concerns was at those place level meetings. The Strategy needed to sit alongside other documents, such as the Primary Care Strategy that was in development.
10. The Strategy set out the intention to have a single social prescribing platform. A Member asked what evidence was available to support that decision. Mr Badu explained that the Public Health team were central to pulling together the evidence and using it to inform the Joint Strategic Needs Assessment (JSNA) along with their wider work. Ms Schwartz reflected that lots of work around social prescribing was underway, but it was not joined up which was what the Strategy aspired to accomplish. Impacts on wider determinants of health were the core business of Public Health.
11. Mr Badu's department was leading on the development of a population health management system, part of which was looking at how segmentation outcomes were used and how the population could be stratified to identify the most vulnerable, leading to targeted interventions.
12. The Chair recognised the close links with the Public Health & Health Reform Cabinet Committee and suggested that holding joint briefings might be an effective use of resource.
13. Concerned about continued workforce and capacity issues, and the impact of ongoing pay disputes, Mr Camkpin proposed the following motion:  
  
"That the Committee write to the Prime Minister to engage in a meaningful way with the relevant trade unions."
14. There was no seconder, the motion fell.
15. Mr Badu acknowledged the concerns around workforce and said he would return to the Committee about the Primary Care Strategy in due course.
16. Asked about the role of the voluntary organisations, Mr Badu expressed how vital that sector was to realising the aims of the Strategy. Their role was often around prevention and engagement, which did not always need to be carried out by highly trained clinicians. The voluntary sector could also carry out activities at a pace the NHS could not.
17. Over the course of the Strategy, there was an aim to reduce people's need for requiring secondary care services by providing more support downstream. Part of this would be signposting to wellbeing support. Mr Badu confirmed voluntary

organisations would be engaged about planning and also how they were resourced.

18. The Chair thanked Mr Badu and Ms Schwartz for their time. Looking to the recommendations in the paper, Members were keen that the plan around the new way of working would be an iterative process and develop over time.

RESOLVED that the Committee:

- i) note the contents of the Kent and Medway Interim Integrated Care Strategy
- ii) delegate authority to the Clerk, in consultation with the Chair of the Committee, to develop a future way of working, that will be shared with Committee Members for comment ahead of implementation.

## **102. Mental Health Transformation - Places of Safety**

*(Item 5)*

*In virtual attendance for this item: Louise Clack (Programme Director, Mental Health Urgent and Emergency Care K&M ICB), Dr Adam Kasperek (Psychiatry Liaison Consultant, Deputy Clinical Director of Acute Services, KMPT) and Matt Tee (Executive Director for Communications and Engagement, ICB)*

1. Ms Clack explained that in Summer 2022 the Kent & Medway Integrated Care System had been awarded capital funding ringfenced for safety improvements to the mental health urgent and emergency care pathway. The proposals set out in the paper were to change the current Section 136 (S136) pathway and the existing Health Based Place of Safety (HBPoS) base and estate. The changes fell under the “Kent and Medway Mental Health and Emergency Care pathway transformation programme”.
2. Due to a tight turnaround for the submission of the bid there had been no opportunity for formal consultation. Those informally consulted included SECAMB, Kent Police and those with lived experience. The ICB were actively engaging key stakeholders and intended to take the proposal to public consultation in the near future.
3. Members were informed there had been a reduction over time in the use of S136 suites, largely due to investment in a police advice line.
4. The ICB wanted to reduce the amount of time service users spent in a place of safety and improve their overall experience. It was also hoped the changes set out in the report would improve the recruitment and retention of staff.
5. A Member noted that there were currently 5 places of safety across 3 sites (2 in Maidstone, 2 in Canterbury and 1 in Dartford), and the proposal was to maintain 5 places but all at 1 Maidstone site (Priority House). Maidstone had been identified as the most suitable location due to its accessibility and affordability.



Ms Clack confirmed that capital works would be required at Priority House to make room for the additional places.

6. Asked if the Home Treatment team had the power to admit and prescribe, Dr Kasperek confirmed they did.
7. Asked about accessibility for friends and family, it was explained that a place of safety was used for a timely assessment of need for a period of up to 24 hours (with a possible extension by 12 hours). Visiting was therefore rare and often not appropriate. The Pre-Consultation Business Case included a travel impact assessment. Under the current system, patients were taken to the HBPoS with immediate availability, regardless of where they resided.
8. The current estate was outdated and lacking in resilience, it also did not meet recommended standards and best practice. National standards for HBPoS recommended that each suite had access to fresh air as well as offering a bedroom, a de-escalation space and access to a lounge area. Dartford and East Kent suites did not have access to fresh air and only offered one room that was not purpose built. Some service users had described the suites as worse than being in a prison cell.
9. In terms of usage, 2 years ago there had been over 150 patients each month. In December 2022, that had reduced to 55. It was hoped that number would reduce further as improvement work on the mental health pathway continued.
10. Asked about the Crisis Resolution & Home Treatment team, it was explained that there were 5 locality teams across Kent & Medway. The team provided planned interventions as well as urgent assessments, which could cause conflict. A revised home treatment model was planned which would separate those areas of responsibility, establishing a Rapid Response team and an Enhanced Home Treatment team. The intention was for them to be multi-disciplinary, including pharmacists, pharmacist technicians, social workers, psychologists and dedicated occupational therapists.
11. Mr Tee explained engagement both planned and underway. In what was a sensitive area, pre-established organisations such as Mind would be involved as well as direct contact with previous service users. Mr Goatham from Healthwatch confirmed they had been contacted in relation to the consultation and sharing existing experiences. A Member suggested Housing Associations be approached as part of the consultation.
12. A Member asked how police officers considered if a person needed to be detained under S136 powers. If a police officer had concerns that someone may have a mental health disorder and be at risk to themselves or others they could execute their right to have a doctor's assessment. Police officers had access to a phone line for advice if required. They would then transfer the person to a

S136 suite. A social worker would arrange for a doctor's assessment. The time taken between detention and assessment could be a few hours, as the social worker would need to identify and wait for 2 trained doctors to arrive. However, within 1 hour an on-site doctor would attend and review the patient, and a registered nurse would offer therapeutic interventions.

13. The proposed centralisation of S136 suites sought to streamline the process by having the required personnel operating from one site. A centralised list had been created of personnel who could undertake assessments.
14. Most cases took place out of hours, when there was a reduced complement of Approved Mental Health Practitioners (AMPs). Another benefit to centralisation was that rather than have staff travelling across the county between the three current sites, there would be a dedicated team located alongside the HBPoS.
15. A Member raised concerns that only 5% of Mental Health Act assessments were completed within the nationally and locally recommended 4 hours, and did not feel mental health attracted the same attention as physical health. They were concerned about the proposal to reduce HBPoS localities from 3 to 1.
16. The Chair accepted those concerns and noted that the proposals were dependant on securing enhancements at the Maidstone site. The consultation would also be particularly sensitive. For those reasons he recommended the changes were substantial.

RESOLVED that

- i. the Committee deems that proposed changes to places of safety are a substantial variation of service.
- ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

### **103. Specialist Children's Cancer Services**

*(Item 6)*

*This item was taken after item 4.*

*In virtual attendance from NHS England for this item: Janet Meek (Regional Director of Commissioning (Specialised Services)), and Hazel Fisher (Director of Transformation and Programmes, Specialised Services).*

1. Ms Meek introduced the item, explaining that the current main Principal Treatment Centre (PTC) located at Royal Marsden Hospital did not have a Paediatric Intensive Care Unit (PICU) and therefore no longer met the standards required to host the service. The Hospital had decided to withdraw from the contract.

2. NHS London had undertaken an options appraisal for the location of a future PTC. The shortlisted options were St George's University Hospital and Guy's and St Thomas' at Evelina Children's Hospital.
3. The intended benefits of a relocation included better care on a single site, compliance with the standards, fewer treatment transfers and improved development opportunities for staff.
4. Residents from a broad geography accessed the specialist services and NHS England were therefore consulting neighbouring HOSCs. The Committee were told 107 children from Kent and Medway accessed the service in 2019/20, which was a similar number to other affected counties. Both options would require travel to London, as the current location did.
5. Ms Meek explained the NHS were entering the pre-consultation phase, scheduled for early June for a duration of 12 weeks. It was hoped there would be a decision about the new site by the end of October 2023.
6. Asked why the data was not more recent than 2019-20, Ms Meek explained that due to the pandemic, those figures were the most accurate available. A data lake had been established pre-covid using 2019-20 data and this had been assured and validated by Trusts. Patient numbers remained fairly stable and the current numbers were not expected to have changed significantly since 2019-20. That assertion would be supported by NHS London carrying out deep dives into specific areas. The data lake exercise had been extensive and it was not felt that significant value would be added by carrying it out again so soon.
7. A Member questioned the impact on travel and accessibility of the proposed sites. Ms Meek explained the use of shared care units which allowed children and young people to access some elements of their care closer to home. The options appraisals had included travel analysis. Ms Fisher added that public transport was not always the most appropriate option for patients and that transport and refunds for parking charges were offered where appropriate. These would be set out in the Pre-Consultation Business Case.
8. Asked if there had been any conversations with Transport for London on behalf of those requiring regular access to care, as to whether they could be exempt from charges, Ms Meek said she would take the idea away to look into.
9. Members asked what work had been undertaken with charities. Ms Fisher explained a stakeholder group had been established as part of the programme's governance, and charities were represented on this. This would ensure they could be kept updated and the consultation's reach could be maximised, perhaps by commissioning charities to run elements of the consultation.

10. The Chair summarised the discussion, highlighting that service provision was expected to be the same albeit from a different site, still in London. Just over 100 children per year would be affected, and the re-location would result in less transfers between multiple sites. Some engagement had commenced, and more was due to take place. For those reasons he proposed the change I was not substantial but invited NHS England back to present the results of the consultation.

RESOLVED that

- i. the proposals relating to children's cancer services are not substantial;
- ii. NHS representatives be invited to attend HOSC and present an update after the consultation.

#### **104. Vascular Services (East Kent and Medway)**

*(Item 7)*

1. The final decision of NHS England Specialised Commissioning around an interim location for Vascular Services in East Kent and Medway was reported to the Kent and Medway Joint NHS Overview and Scrutiny Committee (JHOSC) in December 2022.
2. Members of HOSC were asked to consider if they supported JHOSC's recommendation not to refer to the Secretary of State.
3. The Chair moved that the recommendation should be supported.

RESOLVED that the Committee endorse the recommendation of the JHOSC and support the decision of NHS England about the medium-term model of care for vascular services in East Kent and Medway.

#### **105. Children and Adolescent Mental Health Services (CAMHS) Tier 4 provision**

*(Item 8)*

1. An informal briefing had been requested on this subject by the Committee.\*
2. Members of the Committee did not feel the written responses to previous questions had been adequately answered. One Member felt it supported the challenge that mental and physical health were not treated equally.

**RESOLVED** that the Committee consider and note the response and invite the NHS to attend with an update at an appropriate time.

*\*post-meeting note – the briefing was cancelled and formal attendance at the next HOSC meeting was requested.*

## **106. Work Programme**

*(Item 9)*

1. Members requested the following items be added to the Committee's work programme:
  - Maidstone and Tunbridge Wells Trust – outcome of the investigation into the death of Tommy Kneebone to be reported in person to the Committee.
  - A further report on access to GP appointments and the broader issues associated with that. A representative of the Local Medical Committee to be invited to attend.

RESOLVED that the work programme be agreed.

## **107. Date of next programmed meeting – 28 March 2023**

*(Item 10)*

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Item 4: Child and Adolescent Mental Health Services (CAMHS) Tier 4 provision

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 March 2023

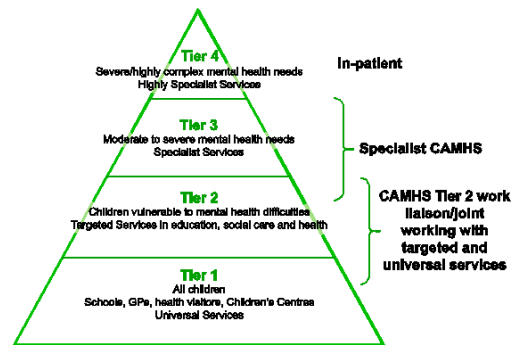
Subject: Child and Adolescent Mental Health Services (CAMHS) Tier 4 provision

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Sussex CAMHS tier 4 Provider Collaborative and NELFT.

It provides background information which may prove useful to Members.

**1) Introduction**

a) Children and Adolescent Mental Health Service (CAMHS) (also referred to locally as Children and Young People’s Mental Health Services (CYPMHS)) is an umbrella term covering a wide range of services commissioned by the NHS and local government. The diagram to the right helps explain the four-tiered provision of the overall service.<sup>1</sup>



b) In Kent and Medway, North East London Foundation Trust (NELFT) provides Targeted and Specialist Mental Health Services to children and young people (tiers 1-3).

c) Sussex Partnership NHS Foundation Trust (SPFT) is the lead provider of the Kent and Sussex Provider Collaborative for Child and Adolescent Mental Health (CAMHS) Tier 4 Services. The Provider Collaborative has delegated responsibility from NHS England Specialised Commissioning for commissioning tier 4 CAMHS services.

**2) Monitoring by HOSC**

a) HOSC has scrutinised children’s mental health services over a number of years. Most recently, the Committee has been receiving updates about CAMHS tier 4 provision following the closure of Cygnet Hospital, near Sevenoaks.

b) In July 2022 a written report on the closure of Cygnet Hospital was presented to HOSC following conclusion of an investigation. Members had general questions around the delivery of tier 4 services, particularly around provision of in-patient beds, and the Provider Collaborative sought to respond via written updates to the Committee, but questions remain.

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

#### Item 4: Child and Adolescent Mental Health Services (CAMHS) Tier 4 provision

- c) The Committee have requested the Provider Collaborative and NELFT attend today's meeting to update the Committee on the service along with details around the current and future bed base.

### **3. Recommendation**

RECOMMENDED that the Committee consider and note the response and invite the NHS to provide an update at an appropriate time.

### **Background Documents**

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

Kent County Council (2022) '*Health Overview and Scrutiny Committee (7/7/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8969&Ver=4>

Kent County Council (2022) '*Health Overview and Scrutiny Committee (30/11/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9048&Ver=4>

Kent County Council (2023) '*Health Overview and Scrutiny Committee (31/01/23)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9051&Ver=4>

### **Contact Details**

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## Health and Scrutiny Oversight Committee Report March 2023

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

#### **1. Context**

Sussex Partnership NHS Foundation Trust (SPFT) is the lead provider of the Kent and Sussex Provider Collaborative for Child and Adolescent Mental Health (CAMHS) Tier 4 Services. The Provider Collaborative is delegated by NHSE to commission CAMHS inpatient beds for children and young people from Kent and Sussex. The Provider Collaborative (PC) operated in shadow form from October 2020 until going live on 1<sup>st</sup> October 2021.

#### **2 Background**

The principle behind Provider Collaboratives is to enhance collaboration between NHS trusts and independent and voluntary sector providers to deliver more efficient and sustainable services, work in partnership with people with lived experience to improve the quality of care provided - in the least restrictive environment - and tackle health inequalities for their local population.

The Provider Collaborative enables a more collaborative and joined-up approach to commissioning and associated service delivery through admissions and discharge planning, increasing the likelihood of patients getting access to appropriate services that best suit their needs at the earliest possible opportunity including accessing appropriate community treatment rather than going into hospital if it's not needed. A key objective of the Kent & Sussex CAMHS Tier 4 Provider Collaborative is to identify and invest in alternatives to hospital admission, so that young people can be supported, where possible and if applicable, at home or in the community.

As a partnership we have formed a Clinical Activity Panel (CAP) and Single Point of Access (SPA) for CAMHS Tier 4 services. The CAP consists of senior clinicians, managers from Tier 4 in-patient services/crisis teams and specialist community CAMHS / Eating disorder services and senior representatives from social care nominated directly by the respective Directors of Children's Services. By bringing together clinical and operational experts we are ensuring that clinical decisions are made by the most appropriate people to better enhance patient care. The CAP operates across Kent and Sussex to ensure there is a shared understanding of demand across the footprint of the PC and to be able to oversee flow into the units across the area.

The SPA operates a full bed or day service finding and gatekeeping function. This allows a better grip of the cohort and releases clinical capacity in teams who were previously bed searching. Case Managers oversee all young people who are referred for admission and those in units as well as unit quality assurance working with the PC Quality and Safeguarding Leads.

## Kent and Medway Rapid Response

When Sussex Partnership took on commissioning responsibility for the Kent & Sussex CAMHS Tier 4 Provider Collaborative, increased surveillance and data monitoring was introduced which identified that there had been a sharp increase in referrals of children and young people (CYP) from Kent referred for Tier 4 beds who had been admitted to acute paediatric wards.

Following this, the NHSE, Kent ICB and the Provider Collaborative came together to form the Kent and Medway Rapid Response (KMRR), which was convened to:

1. Reduce the number of CYP waiting on acute paediatric wards for CAMHS Tier 4 services, in particular.
2. Address the length of delay in CYP accessing CAMHS services.
3. Review and address the pressures within the crisis and complex pathways (including Learning Disability and Autism) in the Kent & Medway system.

KMRR identified the need for and developed a holistic and seamless crisis and complex pathway for all vulnerable CYP in Kent & Medway. Partner agencies now together to have collective ownership and responsibility for the commissioning and delivery of child focused, individual care that considers the child in the context of their family and or care network.

In addition, there has been investment into the CYP CAMHS crisis pathway resulting in the CREST (Crisis response enhanced support) team being put in place as well as the creation of an All Age Eating Disorder Service where children and young people are offered a NICE concordant treatment option.

These developments have supported the reduction in referrals of CYP from Kent to Tier 4 inpatient beds and ensured that children and young people have a more seamless pathway. They have also enabled the building work at Kent & Medway Adolescent Hospital to go ahead, with minimal disruption, as the system has been able to absorb the changes and identify alternatives to hospital admission.

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

- KMAH – a CAMHS General Adolescent Unit (GAU) located in Staplehurst, Kent that currently provides 11 beds and is managed within the Crisis and Home Treatment (CREST) care pathway. There is also a Health Based Place of Safety on site where young people can be detained under S136 of the mental health act.
- Chalkhill – a CAMHS General Adolescent Unit (GAU) located in Haywards Heath, Sussex that is commissioned to provide 16 beds and where there is also a Health Based Place of Safety.
- Elysium Brighton and Hove - a CAMHS Specialist Eating Disorder Service (SEDU) that provides 16 beds.
- Eating Disorders Day Service - Aldrington House, Hove. Day hospital for Sussex for young people with Eating Disorders. This unit opened at the end of October 2022. The building works were delayed due to the lack of availability of construction workers and materials. Due to its location it is true to say that this is likely to be accessed predominantly by young people in Sussex.

## 3 Purpose of Update Report

This update paper is in response to questions raised by the HOSC at the meeting in November 2022 and January 2023.

Questions raised

1. What areas were covered by the 186 CAMHS tier 4 beds in the South East region?
2. Did the 186 include the removal of the 20 beds taken out of service at St Mary Cray?
3. What was the breakdown of tier 4 beds by county and how many were vacant?
4. Why were the additional 6 beds at Kent and Medway Adolescent Hospital (KMAH) still not available?
5. Was it accurate that there was an eating disorders day clinic at Haywards Heath but it was almost impossible to get there by public transport?
6. Update on Tier 4 Services

## Questions Raised -

### 1. What areas were covered by the 186 CAMHS tier 4 beds in the South East region?

The South East Region covers Oxfordshire, Buckinghamshire, Berkshire, Hampshire, IOW, Kent, Surrey, and Sussex. Young people can be placed in services located in the South East from anywhere nationally if the referral is accepted, although every attempt is made to keep young people close to home and identify alternatives to hospital admission where possible.

### 2. Did the 186 include the removal of the 20 beds taken out of service at St Mary Cray?

For the purpose of this response we are assuming this relates to the recent closure of Kent House. Kent House is part of the London Provider Collaborative and therefore would not be in any figures that we have given or hold. If there are any additional questions regarding this service, the South London Partnership will need to be contacted. The South East Region did not have any young people from Kent in Kent House at the time of closure.

### 3. What was the breakdown of tier 4 beds by county and how many were vacant?

The beds are not broken down by county rather by the Provider Collaborative that oversees that regional area including several providers and types of service. In the South East there are 4 CAMHS Provider Collaboratives: Thames Valley, Kent and Sussex, Surrey, Hampshire, and Dorset. Please note the Dorset segment of the Wessex and Dorset Provider Collaborative overlaps into the South West NHS England Region as does the Thames Valley Provider Collaborative overlap with Gloucestershire, Bristol North and North Somerset geographical footprint. NHSE retain Commissioning responsibility for CAMHS Medium Secure Services at Bluebird House in Hampshire.

### 4. Why were the additional 6 beds at Kent and Medway Adolescent Hospital (KMAH) still not available?

The unit at KMAH has been redeveloped to increase the overall number of bedrooms as per the plans above. The physical works are now complete to add 3 new beds and 3 new crisis (72 hour) beds and a high dependency area to manage children and young people needing specific support off the main ward area. The completion of the work was significantly delayed due to access to construction materials in particular ligature safe doors. This was a consequence of COVID and the impact of the changes in the relationship with the European Union.

However, in November 2022 it was identified there are further essential estates works needed in the existing bedroom corridor because of health and safety issues. It has therefore been necessary to undertake further works to rebuild walls in bedrooms to ensure they are more resistant to damage and to replace windows with integral blinds to reduce ligature risk. During these works the unit has to limit the overall bed numbers to 9 to enable works to be completed safely and to limit the impact on the young people. This is regrettable but the works are clearly needed to ensure the safety of the young people and to limit the risk of them being able to harm themselves.

The overall refurbishment, which will lead to the full 17 bed capacity is due to be completed at the beginning of April 2023. Recruitment is underway for additional staffing to support the new beds but this is in the context of overall NHS national workforce challenges.

NELFT has also continued the improvement to the environment in KMAH since taking on the service including completion of a sensory room, reconfiguration of the space to enable quieter areas and to ensure the nurses station is partitioned to avoid inappropriate access by young people. This will ensure the environment is of higher quality to support the young people who are admitted.

NELFT are ensuring the community crisis and home treatment (CREST) team can proactively support young people to avoid admissions where possible. The Provider Collaborative and NELFT are working together to ensure the flow through the unit supports young people to be admitted for as short a period as possible and to enable admission and discharges to be smooth.

**5. Was it accurate that there was an eating disorders day clinic at Haywards Heath, but it was almost impossible to get there by public transport?**

There is not an Eating Disorders day service at Haywards Heath. There is now an Eating Disorder day service in Hove, which opened in late 2022 The service delivers a 12–14-week intensive treatment programme for young people and their families as an alternative to admission to hospital.

**6. Service developments**

The 3 Additional General Acute/Eating Disorder beds at Kent and Medway Adolescent Hospital and the addition of 3 short stay bed will come online for use. The short stay beds allow for a seamless pathway from crisis to inpatient and back to home as these will fall under the enhanced treatment pathway so they remain with their teams.

The GAU/ED beds will also form a seamless pathway from community to inpatient to community teams. These beds will link in with the Kent and Medway all age eating disorder pathway which is highly effective at supporting young people to remain well in their community.

There was initial allocation of revenue by NHSE to fund the development of a Psychiatric Intensive Care Unit in Kent and Sussex but due to a lack of identified capital this scheme is not currently progressing. The Provider Collaborative does not hold a capital budget as this is delegated to the Integrated Care Systems in Sussex and Kent and Medway.

We have recently appointed a family ambassador role to support families/carers and they will be further supported by peer support workers. These posts are actively being recruited to at this time.

As part of successful winter pressures monies bids the PC were able to secure funds to pay for acute hospital liaison nurses across Kent and Medway. These posts have been well received by acute an provide support for CYP who have mental health difficulties across the wards. They will see CYP who require a Tier 4 placement but this is not an accepting criterion.

As a CAMHS inpatient Provider Collaborative we continue to review opportunities to develop alternatives to admission in Kent and Medway and to work with the Integrated Care Board to consider how we can work together to enhance the overall pathways of care for children and young people in Kent and Medway. Our work with stakeholders including CYP and family/carers has identified key areas of focus as those with Eating Disorders, Further crisis response including alternative to inpatient provision and family support.

**Author:**

Nina Marshall Provider Collaborative Programme Director for Kent and Sussex CAMHS Tier 4 Services and Adult Eating Disorders.

Gill Burns Children's Services Director NELFT

**Date:**

March 2023

## Item 5: Kent and Medway Integrated Care Board – update report

By: Kay Goldsmith, Scrutiny Research Officer  
To: Health Overview and Scrutiny Committee, 28 March 2023  
Subject: Kent and Medway Integrated Care Board – update report

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

It provides background information which may prove useful to Members.

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## 1) Introduction

- a) The Executive Director of Corporate Governance from NHS Kent and Medway (the Integrated Care Board) attended HOSC in July 2022 to set out the role and functions of the newly established Board. Key points from the discussion were:
- i) The ICB's membership was statutory and included health and social care partners.
  - ii) The ICB had responsibility for pharmacy, optometry and dentistry (formerly held by NHS England).
  - iii) A People and Communities Forum / Citizen's Panel was due to be established.
  - iv) The ICB were responsible for commissioning GP services though NHS England managed the complaints process (it was thought this might be delegated in 2023).
- b) Following the discussion, the Committee resolved that the report be noted and asked the ICB to return in 6 months with an update.
- c) A representative from the ICB has been invited to attend today's meeting and provide a progress report.

## 2. Recommendation

RECOMMENDED that the Committee consider and note the update.

## Background Documents

Kent County Council (2022) 'Health Overview and Scrutiny Committee (21/09/18)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=8969&Ver=4>

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March 2023

## **NHS Kent and Medway Integrated Care Board**

### **Purpose**

1. This briefing provides KCC Health Overview and Scrutiny Committee (HOSC) with an update on the work and progress of NHS Kent and Medway Integrated Care Board (known as the ICB or NHS Kent and Medway), nine months after the ICB's establishment.
2. This paper is for INFORMATION.

### **Background and context**

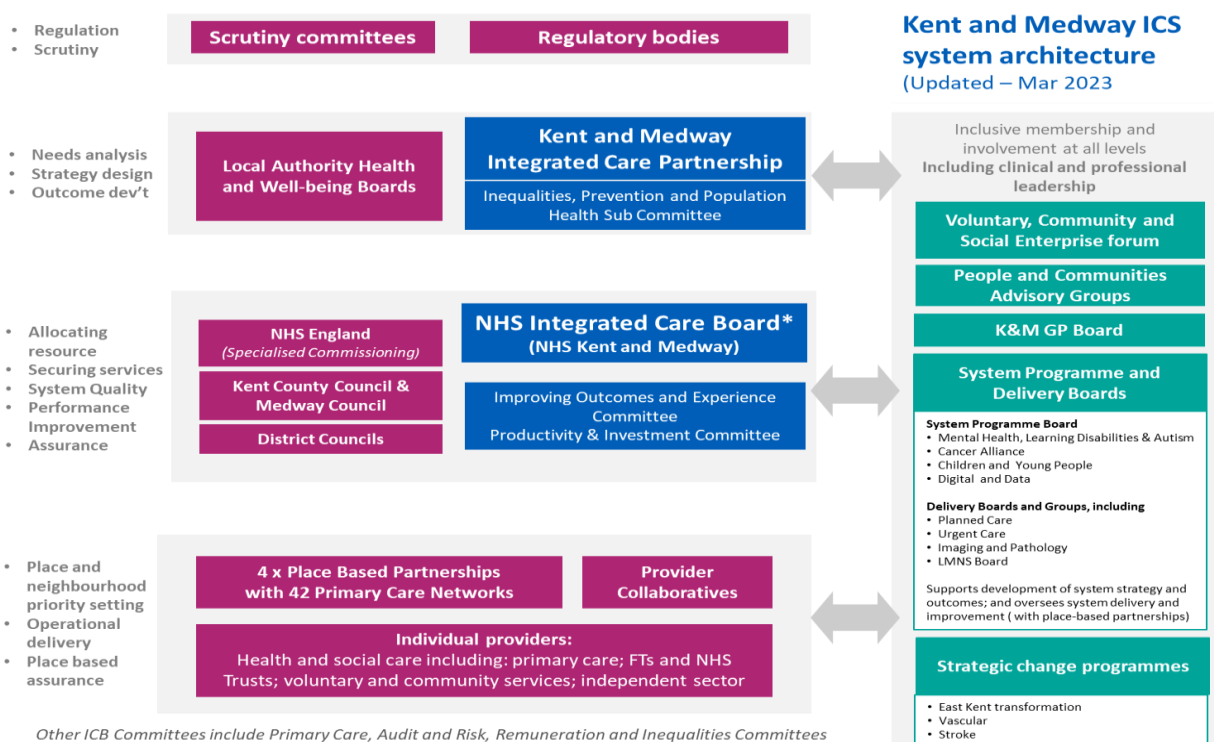
3. In May 2022, a report from the Leader of KCC and the Cabinet Member for Adult Social Care and Public Health was presented to the Council, detailing new statutory arrangements following enactment of the Health and Social Care Act. Subsequently, in July 2022, HOSC received a briefing on plans for the establishment of NHS Kent and Medway ICB within the framework of the wider Kent and Medway Integrated Care System.
4. To recap, under these new arrangements:
  - a. **Kent and Medway ICB** was established on 1 July 2022. It replaced the former clinical commission group but has a different role. The establishment of the ICB is intended to achieve two key objectives:
    - Firstly, to improve working between the NHS and local partners in health and care, particularly local authorities, but also with the voluntary and community sector. This is rooted in a recognition that most of the factors that affect people's health and wellbeing are not primarily to do with the healthcare services they can access: the wider determinants of health – employment, education, housing, lifestyle – all require partnership working to effectively tackle them. We call this partnership an integrated care system, and the ICB leads the NHS part of the integrated care system.
    - Secondly, the new NHS will see much greater collaboration between NHS organisations. We believe that everyone in Kent and Medway is entitled to excellent health treatment that they can access as quickly as possible. At the moment the experience of patients varies unacceptably depending on which part of Kent and Medway they live in. The ICB will tackle this with partners by working together in the interests of everyone we serve.
  - b. As noted, the Kent and Medway joint **Integrated Care System (ICS)** is the partnership that brings together local authorities, healthcare organisations, the voluntary and community sectors and other key stakeholders, to take collective responsibility for reducing inequalities and improving health and well-being across the county. The ICS is not in itself an organisation but is the coming together of various organisations under a common purpose.

The four core purposes of an ICS are (nationally) defined as:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social economic development

c. Kent and Medway **Integrated Care Partnership** (ICP) was also established last July, convened as a joint Committee of the two upper tier local authorities and the ICB, with a broad alliance of local stakeholders. The Partnership is responsible for developing and overseeing an **Integrated Care Strategy** that will facilitate achievement of the ICS purposes, in particular around improving individual care, health and wellbeing for the population.

**Figure 1 – Kent and Medway ICS**



d. Another key premise of the 2022 Act is that much of the work to improve population health and well-being should be driven by health and care organisations collaborating over smaller ‘place based’ geographies within the ICS, where people live and directly access local services. In Kent and Medway, there are four such place-based **Health and Care Partnerships** (H&CPs):

- Dartford, Gravesham and Swanley H&CP
- East Kent H&CP
- Medway and Swale H&CP
- West Kent H&CP

It is expected that over time, greater levels of decision making will be delegated to local health and care partnerships and other collaboratives, giving them an increasing ability to decide local priorities and how best to deliver them based on local need.

### Kent and Medway ICB – the first nine months

5. Overall, the transition from the former CCG to the ICB in July 2022 was smooth, with no significant issues resulting. During July and August, the Board and its committees, including the joint Integrated Care Partnership, held their inaugural meetings and commenced forward planning for the coming period.
6. The ICB Board and its committees have a broad membership again with representation from the voluntary and community sector, upper and lower tier councils, public health, providers of health and social care and other representatives from key sectors. This broader involvement of partners, in influencing and making decisions, is a stepped change only possible through the 2022 Act. It enables greater emphasis to be given on reducing inequalities and improving population health and well-being outcomes, alongside the continuing need for the NHS to ensure high quality, effective and compassionate care is provided for people when they need it.
7. During the summer, the ICB Board agreed seven transitional priorities in advance of the ICS five-year strategy and Joint Forward Plan being developed (see further below). These transitional priorities are:

Transitional Priorities	
1	Leading <b>operational recovery</b> as a result of the pandemic with a focus on waiting times, and urgent and emergency care
2	Leading, with our trusts, the improvement of <b>East Kent and Medway hospital</b> services
3	Implementation of the Kent and Medway <b>GP development plan</b> and development of a wider primary care strategy
4	Working with local authority and other partners to build and grow our <b>social care sector</b>
5	Establishing a <b>high-performing integrated care board (ICB)</b> and transitioning well from the CCG
6	Development of our <b>ICS Strategy and the Joint Forward Plan (JFP)</b> including our shared ambition and deliverables
7	Leading the wider <b>development of our ICS:</b> developing our places, our provider collaboratives and how all partners work together to be a high performing ICS

8. Although the ICB has only existed for nine months, we have already achieved a lot. An overview of our delivery is included below, including a number of highlights:

Operational recovery, including winter.

- a. As expected, this winter has been challenging for all services. However, despite this, services have responded extremely well, with the standard of Kent and Medway system planning and operation being acknowledged nationally. Over a winter in which delays in ambulances being able to hand their patients over to A&E staff hit the headlines, in Kent and Medway we virtually eliminated delays with the vast majority of patients being held in an ambulance for less than 15 minutes. This meant ambulances were back out able to treat other patients more quickly. In turn, this led to us being one of the few areas in the country that met the national ambulance target for getting to category 2 (stroke and heart attack) patients quickly.
- b. Many patients that would have been admitted to hospital, or kept there to recover, can be cared for elsewhere – we call these virtual wards. Throughout the winter we have increased the number of ‘virtual wards’ to care for patients in their own homes using community health teams and remote monitoring of patients, and we are planning to increase this further.
- c. Winter has taken a toll on our elective care performance. However, elective long waits (defined as patients waiting over 78 weeks to be treated) have continued to fall following the significant increases caused by the pandemic. Over 4,500 patients were able to be taken off long waiting lists by being transferred and treated by another provider on average within six weeks of transfer: working collaboratively with all our hospital care providers, we contacted all our longest waiting patients to offer the choice of moving to another provider to reduce their waiting time. At the time of reporting, 4,782 patients had accepted the offer, resulting in them receiving their treatment earlier and freeing up capacity at the original provider.
- d. While diagnostic waiting times have improved, work continues to meet the target of no more than 18% of people waiting 6-week for diagnostics; at the time of reporting the current performance is 23%.
- e. With regards to cancer waiting times, Kent and Medway performance has been variable, although it remains better than both regional and national averages. Indeed, for the 62 days wait for cancer treatment standard, Kent and Medway remains one of the top five performers in the country.
- f. To improve the experience of patients waiting for hospice inpatient care, we have centralised the management of hospice bed capacity across Kent and Medway so that we should have no hospice bed vacancy if there is a patient waiting anywhere in our system. Previously if there was no hospice bed available in a patient’s area, they had to wait even if beds were free elsewhere in Kent and Medway.

## East Kent Hospital Trusts

- g. East Kent University Hospitals NHS Foundation Trust (EKHUFT) remains a specific focus for targeted support from the ICB:
- We have been working closely with the Trust, NHS England and the CQC following the October 2022 'Reading the Signals' report from Dr Bill Kirkup, in to maternity and neo-natal services in east Kent.
  - The road map and targets for recovery in other areas of the Trust are being refreshed with the aim to see significant improvement in outcomes. Measures being introduced include a new Improvement Team and a refreshed, streamlined, and targeted, governance structure to meld the different improvement programmes into one fully coherent structure.

## Implementation of General Practice Strategy

- h. General Practice remains one of our most significant challenges and an area in which significant work has been undertaken. Five priorities have been agreed for the ICB primary care team to focus on with our practices: workforce, estates, hubs (access), digital, managing demand. These are designed to respond to the Fuller Stocktake Report of May 2022, to develop a single system wide approach to managing integrated urgent care, enabling Primary Care Networks to evolve into neighbourhood teams and support the teams with appropriate infrastructure.
- i. Getting an appointment in general practice remains a critical issue. Across Kent and Medway from July 2022 until January 2023 over 6.3 million appointments were delivered in general practice, an increase in over 370,000 appointments on the same period last year and 6% increase in overall demand. Examples of how this demand is being supported include: in the Folkestone Hythe and Rural Primary Care Network (PCN) an extra 10,000 appointments have been added by better use of technology to manage the service; and in Gillingham South PCN, they have implemented a programme to reduce avoidable GP appointments which has released 2.6% of GPs' time, equating to eight hours of extra GP time per week that can now be used for patients. A GP attraction package has also started in Kent and Medway focused on Medway, Swale and Thanet, offering a welcome payment, alongside funded learning and development opportunities.

## Supporting social care

- j. This is a key priority for the NHS as well as local authorities. Since establishment, our focus has been on developing a culture and undertaking actions between health and care that provide effective patient and citizen flow, meaning that the people we serve are cared for in the right place with the right support. KCC and the ICB have recently approved the Kent and Medway interim Integrated Care Strategy, and work to engage with our population to further develop our priorities continues. This work is critical to inform the development of our Joint Forward Plan and the ICB Strategy due to be published late spring.

### Setting ICS strategy and ICB delivery plan

- k. With our local authority and other partners, we have produced through the Integrated Care Partnership an interim Kent and Medway five-year Integrated Care Strategy for the system which will guide our work and other strategies:

[https://www.kentandmedway.icb.nhs.uk/application/files/7516/7171/0827/Kent\\_and\\_Medway\\_Interim\\_Integrated\\_Care\\_Strategy\\_-\\_December\\_2022.pdf](https://www.kentandmedway.icb.nhs.uk/application/files/7516/7171/0827/Kent_and_Medway_Interim_Integrated_Care_Strategy_-_December_2022.pdf)

This followed an all-day 'symposium' we held bringing together 150 leaders from organisations and stakeholder groups across Kent and Medway.

- l. Due to the national NHS timescales involved, extensive consultation was not possible prior to submission of this in December, hence it being an interim strategy. However, this is being addressed now and involves a structured system wide engagement approach of both the strategy and population health information supporting it. A final version of the Strategy will be published later in the year.
- m. The first draft of the Joint Forward Plan; the NHS's response to the Integrated Care Strategy, is currently being developed. This will be produced in collaboration with our Health and Care Partnerships, provider organisations and other partners. It will be translated through to the ICB strategy and will provide the 'golden thread' of strategic planning into operational delivery for the people we serve.

### Broader development of the Integrated Care System

- n. The continual focus of developing our ICS into our stated ambition of being the strongest performing ICS in the country is focused on our shared belief that the people of Kent and Medway deserve no less.
- o. As an initial step, some members of NHS Kent and Medway have already been aligned or had their line management arrangements changed, to work for our locality-based Health and Care Partnerships (H&CPs). This is an initial step that will ultimately lead to formal delegation of responsibilities and resource to H&CPs that will enable them to commission and deliver the most appropriate local services for their communities.

### Providing health and care support to asylum seekers

- p. Over the last six months NHS Kent and Medway has provided considerable support and advice to the Home Office led asylum processing facilities at Manston and in Dover, and has worked closely with district councils and local GP practices where temporary asylum-seeking accommodation has been established or planned.
- q. In November, a dedicated vaccination service was commissioned by the ICB and established within one week at Manston and was expanded in December to cover unaccompanied asylum-seeking children (UASC) staying at other temporary accommodation in Kent. From January, the Home Office took on responsibility for the vaccination service at Manston, with east Kent GPs providing this service at the UASC accommodation.

## **Conclusion and Looking forward – 2023/24**

9. Looking back, the first nine months of the ICB has unsurprisingly been very busy and, on the whole, successful, with a number of achievements including those outlined above. However, there have also been major challenges which will continue in to 2023/24 and beyond. There is an urgency to reducing the number of people waiting to be seen and treated by our services; the financial challenge over the coming period will be greater than the NHS and other public services have seen for very many years; and we need to move much faster and further in terms of collaboration and joint working if we are to make noticeable inroads to reducing inequalities and improving the health and well-being of our total population.
  
10. NHS Kent and Medway will also need to be a leaner organisation over the next twelve months and as part of this, we need to accelerate development of health and care partnerships and other collaboratives, to confidently delegate responsibilities and resource closer to community services, whilst maintaining robust oversight and governance arrangements. We have made a solid start and the ICB is well-placed to confront these challenges and deliver the opportunities ahead, but more than ever this will only be achieved through greater partnership working.

### **Mike Gilbert**

Executive Director of Corporate Governance  
NHS Kent and Medway

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## Item 6: Edenbridge Memorial Health Centre

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 March 2023

Subject: Edenbridge Memorial Health Centre

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent Community Health NHS Foundation Trust Community (KCHFT).

It provides background information which may prove useful to Members.

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### 1) Introduction

- a) Historically, health services in Edenbridge have been provided by a GP Practice ("Edenbridge Medical Practice"), an at home service through Kent Community Health NHS Foundation Trust (KCHFT), and the Edenbridge and District War Memorial Hospital.
- b) The GP surgery and Hospital were both deemed unsuitable for modern healthcare needs, therefore the NHS West Kent CCG carried out a consultation in 2017 to develop a vision for a more modern and integrated service in new facilities.
- c) The outcome was the creation of the Edenbridge Memorial Health Centre.

### 2) Previous visits to HOSC

- a) HOSC has received updates on the primary and community care proposals in Edenbridge since 2016. The changes were not deemed to be a substantial variation of service.
- b) The Committee received its last formal update in July 2020. At that time, the completion date was scheduled to be 1 December 2021, subject to the impact of Covid-19.

### 3) Recent updates

- a) In December 2022, KCHFT notified the committee that the Edenbridge Minor Injuries Unit (MIU) would be temporarily closed until 18 January 2023 due to staff shortages and sickness. The team at the MIU was shared with that at Sevenoaks Urgent Treatment Centre.
- b) A further briefing note was received in February confirming that construction was underway and is due to complete in the autumn.
- c) Listening events are planned until 31 March 2023 to understand what additional services the local population would like to see housed in the centre, along with consideration of the role of the MIU.

#### **4. Recommendation**

RECOMMENDED that the Committee consider and note the report and invite the NHS to present an update at the appropriate time.

#### **Background Documents**

Kent County Council (2016) '*Health Overview and Scrutiny Committee (25/11/2016)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=42582>

Kent County Council (2017) '*Health Overview and Scrutiny Committee (27/01/2017)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=43321>

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

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

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

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

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## Item 7: Work Programme 2023

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 March 2023

Subject: Work Programme 2023

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

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## 1. Introduction

- a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.
- b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch and other third parties.
- c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.
- d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

## 2. Recommendation

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

## Background Documents

None

## Contact Details

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## Work Programme - Health Overview and Scrutiny Committee

### 1. Items scheduled for upcoming meetings

<b>10 May 2023</b>		
<b>Item</b>	<b>Item background</b>	<b>Substantial Variation?</b>
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.	TBC
Urgent Care Review Programme - Swale	Following the meeting on 2 March 2022, the Chair invited future updates on the transformation and related public communications.	No
S136 Places of Safety	Part of the mental health and dementia services transformation programme in Kent and Medway. To receive an update on the public consultation underway.	Yes
Maternity Services in East Kent	To receive an update on the improvement work underway.	-
Delayed discharges from acute hospitals	Members have asked to understand what action is being taken locally to combat delayed discharges from hospitals.	-
GP Development Plan	To receive information about the Plan, whilst the Primary Care Strategy is in development.	-

<b>19 July 2023</b>		
<b>Item</b>	<b>Item background</b>	<b>Substantial Variation?</b>
HASU implementation	To receive updates on the implementation of Hyper Acute Stroke Units.	-
Podiatry Services	To receive an update on the service following its relocation.	No

5 October 2023		
Item	Item background	Substantial Variation?
Nurse recruitment	Members have asked to be kept informed on the progress with recruitment and retention of nurses in the acute sector.	-
School immunisation amongst the Gypsy, Roma and Traveller communities	To understand the outcomes of a project by KCHFT to increase vaccine uptake and reducing inequalities amongst the GRT community.	-
Specialist Children's Cancer Services	To receive an update on the outcome of the public consultation.	No

## 2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Burns service review	To receive information about a review of burns services by NHS England Specialised Commissioning	TBC
Maidstone and Tunbridge Wells NHS Trust - Mortuary Security	To receive the Trust's reaction to Sir Jonathan Michael's report following its publication.	No
Transforming mental health and dementia services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Capital investment at QEQM Hospital Maternity Unit	Member's have asked to receive information about future capital investment in the maternity ward.	-
Maidstone and Tunbridge Wells NHS Trust – outcome of review into serious incident.	The Committee would like to understand what lessons have been learnt following the review into a child death at Tunbridge Wells Hospital.	-
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-

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

<b>Kent and Medway Joint Health Overview and Scrutiny Committee NEXT MEETING: TBC</b>		
<b>Item</b>	<b>Item Background</b>	<b>Substantial Variation?</b>
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes

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