

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Wednesday, 10th May, 2023**

**10.00 am**

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







## AGENDA

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Wednesday, 10th May, 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): Vacancy
- 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	10:00
2. Declarations of Interests by Members in items on the Agenda for this meeting.	
3. Minutes from the meeting held on 28 March 2023 (Pages 1 - 8)	
4. Maidstone & Tunbridge Wells Trust - Clinical Strategy (Pages 9 - 12)	10:05
5. East Kent Hospitals University NHS Foundation Trust - Maternity Services (Pages 13 - 20)	10:20
6. Mental Health Transformation - Places of Safety (Pages 21 - 46)	10:40

7. Urgent Care Review Programme - Swale (Pages 47 - 54) 11:00
8. Delayed discharges from acute hospitals (Pages 55 - 60) 11:15
9. Work Programme (Pages 61 - 66)
10. Future meeting dates

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

19 July 2023  
5 October 2023  
7 December 2023  
29 February 2024  
23 April 2024  
18 June 2024

### **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

**28 April 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, 28 March 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Mr A Kennedy, Mr J Meade, Mr A R Hills, Cllr P Rolfe, Cllr K Tanner and Mrs P T Cole

PRESENT VIRTUALLY: Ms S Hamilton, Cllr J Howes and Mr B Lewis

ALSO PRESENT: Mr R Goatham

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

#### UNRESTRICTED ITEMS

##### **108. Chair's Announcements**

*(Item )*

The Chair opened the meeting by paying respects to Mr Dan Daley, who had recently passed away. Mr Daley had served on HOSC since the committee was established in 2007.

##### **109. 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.

##### **110. Minutes of the meeting held on 31 January 2023**

*(Item 3)*

AGREED that the minutes from the meeting held on 31 January 2023 were a correct record and they be signed by the Chair.

##### **111. Child and Adolescent Mental Health Services (CAMHS) tier 4 provision**

*(Item 4)*

*In attendance for this item: Nina Marshall (Interim Programme Director Adult Eating Disorder Provider Collaborative /CAMHS Inpatient Kent and Sussex, Sussex Partnership NHS Foundation Trust) and Gill Burns (Children's Services Director, NELFT)*

1. The Chair welcomed the guests and invited them to highlight any changes since the report was prepared. Ms Marshall highlighted that the additional beds at Kent & Medway Adolescent Hospital (KMAH) had been completed and would come into use the next week following sign off.
2. A Member asked why the provision of beds appeared to have changed over time. Ms Burns explained that initial plans had been agreed pre-covid and there had been a fundamental change in the environment since then. There had also been a significant delay with building works due to availability of specialist materials.
3. In summary, NELFT had been commissioned to provide 11 beds at KMAH which would all be operational the following week. The Trust then agreed to provide another 3 beds designated for eating disorders, making a total of 14 beds for General Acute/Eating Disorder (GAU/ED). In addition, there would be a phased introduction of 3 short-stay beds (72 hours) and there was already an on-site section 136 bed.
4. A Member questioned whether the building works had been carried out in line with the original specification and listed some of the repairs that they understood had already been required to the recent renovations. Ms Burns explained that specialist building companies had been used who were experts in refurbishing in-patient wards. Numerous inspections had been carried out to certify the works. Undertaking work to improve the ward's environment was an iterative process. In terms of the safety of the curtains/ blinds used in wards, the Trust received a national NHS alert about a potential safety issue and subsequently acted on that information. There was a balance between keeping a therapeutic environment and maintaining a hospital ward.
5. Asked whether all staff were aware of the Crest service, Ms Burns confirmed that the crisis service had been operating since 2017 though its name had changed last year which may have caused confusion.
6. A Member asked about the closure of beds at St Mary Cray. Ms Marshall explained they had not been advised which type of beds had closed but they presumed it was the low secure beds at Priory, which were a national resource and required by very few adolescents. Those beds were not within the footprint of the Kent and Surrey provider collaborative but provision was available from the neighbouring Sussex Partnership if required.
7. The 17 commissioned beds within Kent were determined by local need and were to be seen in the wider context of investment in rapid home response services to try and keep young people close to home and out of inpatient care. Specialist beds outside of the local footprint would always be required as a shared resource as there was not enough local demand for these.

8. Asked about the accessibility of the eating disorder unit at Hayward's Heath, Ms Marshall confirmed it was accessible by public transport though there was a change involved. However, most local young people accessed services at KMAH.
9. Discussing local care, a Member noted that psychiatric adolescent support was often viewed on a national basis. For example, if someone required intensive psychiatric care, they might go to a Psychiatric Intensive Care Unit (PICU) located in Sheffield because there were no such facilities in Kent. The Member felt there was a national issue of underfunding in the area of psychiatric care.
10. Asked for clarity about the maximum age of young people accessing services at the KMAH, Ms Marshall explained that adolescents between 12 and 18 could access the service but the restriction on 18 would be waived if the individual could finish their treatment in a timely manner without the need to transfer to an adult facility. Under 13s accessed a national resource. Ms Burns added that no patient would be discharged without an arrangement in place, and if transfer to an adult setting was required the two teams would work closely together for a smooth transition. In Kent there was a jointly funded post dedicated to such transitions.
11. Data monitoring showed a sharp increase in Kent referrals to the rapid response team. Ms Marshall explained that whilst that spike had been specific to Kent, that number had been reducing (whereas other areas nationally were increasing). The decrease was linked to reduced demand, but also reflected system wide collaboration and the introduction of various initiatives.
12. The Chair requested that the guests provide an update once the funding for the Psychiatric Intensive Care Unit (PICU) in Kent and Sussex had been resolved. He understood that NHS England had funded the revenue but the Kent & Medway and Sussex ICS's had yet to approve the capital. He offered the Committee's help in managing that situation, if required.
13. He also requested that the committee be provided with a written update once the posts of family ambassador and trust liaison nurse had been recruited to.
14. RESOLVED that:
  - i) the update be noted;
  - ii) the NHS attend for a further update once capital funding for the proposed Psychiatric Intensive Care Unit (PICU) in Kent and Sussex has been resolved;
  - iii) the NHS provide a written update once the posts of family ambassador and trust liaison nurse have been recruited to.

## **112. Kent and Medway Integrated Care Board - update report**

*(Item 5)*

*In attendance for this item: Mike Gilbert (Executive Director of Corporate Governance, K&M ICB)*

1. The Chair welcomed Mr Gilbert and asked about the PICU issue raised under the previous item, asking if he was able to comment from the ICB's perspective. Mr Gilbert offered to confirm the situation outside of the meeting, but his understanding was that the ICB/ ICS did not hold capital money other than for the buildings they were responsible for leasing.
2. The ICB had been established for 9 months. Decision making and influence were on a much wider scale than they were before the 2022 Act. The Integrated Care System allowed for much easier joint decision making – there were two Local Authority partners on the Board as well as voluntary organisations and GPs/ providers being represented on committees. Stakeholder from across health and social care were also represented. The work carried out to date focused on developing an interim Integrated Care Strategy as well as a Joint Forward Plan for the NHS over the next 5 years. Moving forward there would be a focus on drawing out efficiencies and ensuring funding achieved as much as it could. There was also a need to promote the role of the Health and Care Partnerships, in part by delegating resource and responsibility to them for their local areas. NHS Kent and Medway would be taking on joint additional responsibility for some specialist services during 2023-24, with full responsibility from April 2024.
3. Mrs Chandler, Cabinet Member for Integrated Children's Services, asked how the interests of children were represented on the Board. Mr Gilbert explained there was a lead for children services on the ICB as well as a children and younger people's integrated care board within the system. However, it was recognised that this area needed development, and it was being explored whether a shadow board could be established which would feed directly into the main Board. One of the Strategy's main priorities was to improve the start in life for young people and it was important that young people were involved in deciding how that would be achieved.
4. A Member asked how full system integration was possible until patient data could be shared. Mr Gilbert explained that whilst digital transformation was underway, there was a long journey ahead before completing the Kent and Medway Care Record (KMCR). Doctors in A&E could usually see a patient's GP record but not their social care one, and they were unable to add information to the record. Mr Gilbert would confirm outside of the meeting whether Trusts within Kent could share data – Trusts between counties could not do this. It was recognised that sharing data would have to be compliant with GDPR.



5. A Member asked how the ICB could ensure technology was fit for purpose, citing instances when systems such as E-Consult failed. Mr Gilbert confirmed the ICB was responsible for commissioning primary care ICT services and that team monitored the performance / looked to resolve issues when required.
6. The Chair requested a comprehensive briefing on the ICB digital transformation and its direction of travel.
7. Mr Gilbert offered to provide information outside of the meeting about how the ICB would lead on integrating social prescribing with health provision.
8. A Member asked how the ICB would work with local planning authorities to ensure there was adequate GP provision. Mr Gilbert explained that a Kent and Medway Estate Plan was in development, and this would be brought to HOSC once complete.
9. In terms of addressing GP workforce shortages, Mr Gilbert explained that an attraction scheme for GPs and primary care was underway and had already had some success. Whilst there was a national shortage of GPs, Kent was an outlier. There were opportunities to recruit other professionals to reduce the burden on GPs. The Kent Medical School would train GPs (which took 8 years), who then needed to be encouraged to stay in Kent – the Chair commented that Councillors had a role to play in that area.
10. A Member asked what action was being taken following the closure of Lloyds Pharmacies in Sainsbury's stores. Mr Gilbert offered to look into this and report back on this after the meeting.
11. A Member asked how many patients there were per doctor in Thanet. Mr Gilbert offered to confirm this outside of the meeting but recognised that Thanet did have particular issues with its primary care workforce. The Chair requested the GP to patient ratio be provided for areas across Kent, as well as an update on impact of the GP attraction package in Medway, Swale and Thanet.
12. The importance of preventative action was discussed, in order to keep people away from acute care where possible, and this included partnership working with adult social care. Mr Gilbert said the ICB recognised that social care was a system responsibility and that it was a transitional priority.
13. Members asked about primary care provision in growth areas, such as Ebbsfleet Garden City, where people were already living despite health provision not being in place. They also asked how decisions were made as to the location of new primary care provision. Mr Gilbert recognised that Dartford was in itself a growth area, not just Ebbsfleet, and that provision was needed throughout the area and not just in the Garden City. That would be picked up in the Strategic Estates Plan. He added that the locations of new primary care

facilities would be developed by the relevant Health and Care Partnership through local strategies.

14. Explaining the use of Section 106 funding for new services, Mr Gilbert said services were phased in once housing was in place. The funding contributed towards, but did not cover, the full cost.
15. The Chair thanked Mr Gilbert for attending the meeting.
16. RESOLVED that the Committee note the report.

### **113. Edenbridge Memorial Health Centre** (Item 6)

*In attendance for this item: Clive Tracey (Community Services Director, KCHFT)*

1. Mr Tracey summarised the journey over the last 6 years to create a new health centre in Edenbridge, that would bring GP and community services together under one roof. Points included:
  - a. The centre would not provide x-ray facilities as there were 8 other options within a 15-minute drive. This would be kept under review.
  - b. A trainee GP would be employed.
  - c. Ways of delivering urgent care differently from the site were being explored.
  - d. Engagement with residents was ongoing. Mostly positive, concerns had been raised in relation to changes to the MIU and public transport.
  - e. The centre was due to open in November 2023.
2. Members were positive about the patient focus of the development and hoped the centre could be replicated in other areas of the county. Mr Tracey explained that a Social Value Coordinator had been recruited to work with the community and ensure provision met their needs. He was confident the project could be replicated in other areas.
3. The Chair thanked Mr Tracey for the update and requested that he return with an update after the summer once public engagement had concluded. He asked what improvements could be made to the process were it to be replicated, considering it had started almost 7 years ago.
4. RESOLVED that the Committee consider and note the report and invite KCHFT to provide an update after summer.

#### **114. Work Programme**

*(Item 7)*

1. For the GP development plan item, Members requested:
  - a. That it be as detailed as possible as it was such a critical issue.
  - b. It picked up ways in which GP practices were implementing practices to reduce avoidable GP appointments.
  
2. RESOLVED that the work programme be noted.

#### **115. Date of next meeting – 10 May 2023**

*(Item 8)*

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## Item 4: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy Overview

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 10 May 2023

Subject: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy Overview

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone and Tunbridge Wells NHS Trust.

It provides background information which may prove useful to Members.

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## 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). The Committee RESOLVED to:
  - i) agree to receive regular updates on Maidstone and Tunbridge Wells NHS Trust clinical strategy; and
  - ii) agree to determine on an individual basis if the workstreams constitute a substantial variation of service.
- b) To date, HOSC has received information about the following workstreams:
  - i) Cardiology – July 2021, November 2021, March 2022
  - ii) Digestive Diseases Unit – July 2021
  - iii) Elective Orthopaedics – May 2022
- c) None of these were declared a substantial variation of service.
- d) The Trust has been invited to attend today's meeting to provide an update on the strategy's implementation.

## 2) Recommendation

RECOMMENDED that the Committee consider and note the report.

## **Background Documents**

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

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

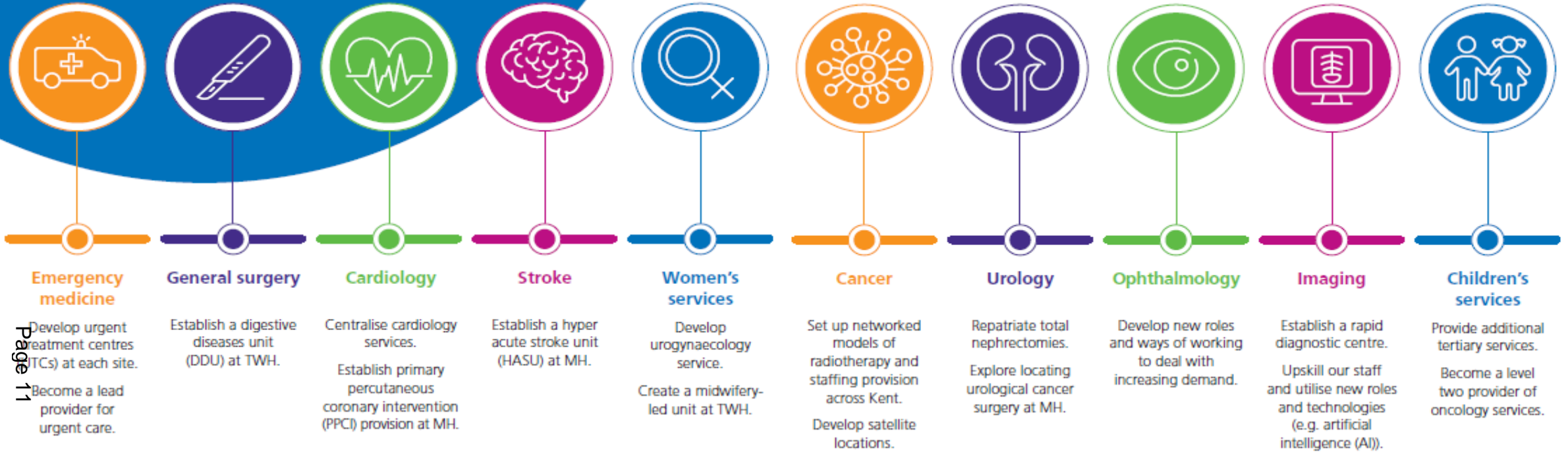
Kent County Council (2022) *'Health Overview and Scrutiny Committee (02/03/22)'*,  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4>

Kent County Council (2022) *'Health Overview and Scrutiny Committee (11/05/22)'*,  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8763&Ver=4>

## **Contact Details**

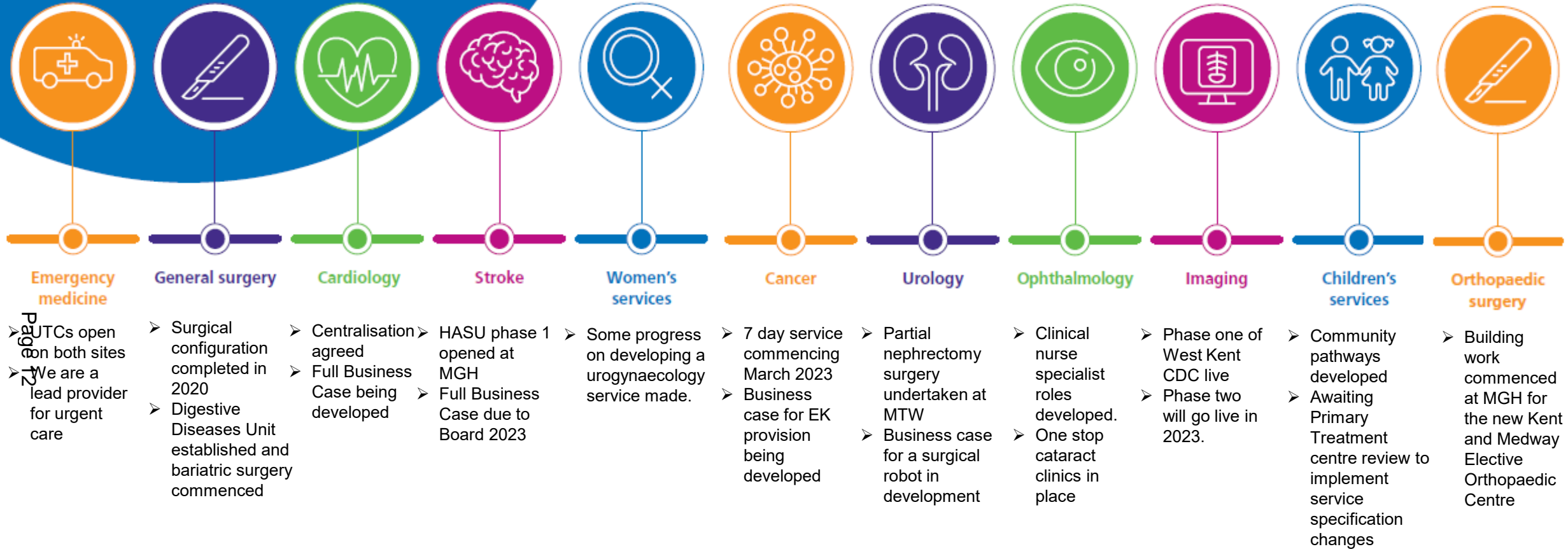
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# MTW Clinical Strategy



We are progressing our ambitious clinical strategy that will see our hospitals develop deeper specialist services

# MTW Clinical Strategy – Update March 2023



NB Orthopaedic surgery was a development identified in 2022.



## Item 5: Maternity Services at East Kent Hospitals University NHS Foundation Trust

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 10 May 2023

Subject: East Kent Hospitals University NHS Foundation Trust - Maternity Services

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

## 1) Introduction

- a) In February 2023, HOSC were notified by EKHUFT that the Canterbury Christ Church University (CCCU) had decided to withdraw its student midwives on placement at William Harvey Hospital. Placements stopped on Friday 10 February 2023. Placements at QEQM Hospital remain in place.
- b) Student midwives are additional to the core staffing rota therefore the Trust were confident the service to women would not be affected.
- c) The Committee has requested that the Trust attend today's meeting to provide an update on the situation and what action is being taken to address the concerns raised.

## 2) Recommendation

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

## Background Documents

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

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

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

Kent County Council (2022) '*Health Overview and Scrutiny Committee (26/01/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&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>

## Item 5: Maternity Services at East Kent Hospitals University NHS Foundation Trust

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

Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation (2022), <https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

### **Contact Details**

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## **East Kent Hospitals Update for Health Overview and Scrutiny Committee**

### **Maternity Services Update: April 2023**

#### **1. Introduction**

- 1.1. This paper updates the Committee on work underway to improve maternity and neonatal services at East Kent Hospitals to implement the actions in the [Reading the Signals](#) report, published by Dr Bill Kirkup on 19 October 2022, and the wider Trust-wide improvement work underway.
- 1.2. Reading the Signals found that women, babies and their families had suffered significant harm because of poor care in our maternity and new-born services, between 2009 and 2020. We accept all that the report says, apologise unreservedly for the pain and suffering caused, and are using the lessons to put things right.
- 1.3. We provide a range of maternity care services in hospital, at birthing units at William Harvey Hospital and Queen Elizabeth Queen Mother Hospital (QEQM). We also provide antenatal and postnatal services in the local community and the home birth service, with around 6,500 births a year.

#### **2. Implementing the recommendations from Reading the Signals**

- 2.1 We have made significant changes to our maternity and neonatal services, for example by investing more than £3m in more midwives and doctors for the service, improving Board oversight of performance, ensuring serious incidents are reviewed rapidly and immediate safety actions taken, and improving training compliance and progress against national standards.
- 2.2 Despite these changes we acknowledge there is much more work to do. The long-standing cultural issues identified in Dr Kirkup's report will take time to resolve, and the lessons are relevant to all our services. We are committed and working hard to tackle those issues so we can provide the consistently high standard of care that women and families deserve.
- 2.3 We are committed to addressing the five key areas for action in Reading the Signals which are:
  - 1) Monitoring safe performance;
  - 2) Standards of clinical behaviour;
  - 3) Flawed team working;
  - 4) Organisational behaviour;
  - 5) And, a recommendation specifically for the Trust, to embark on a restorative process addressing the problems identified in partnership with families, publicly and with external input.

- 2.4 In February we published details of the five programmes of work to address these actions, which we have called our [Pillars of Change](#), together with an [open letter to our community](#), apologising for our failures in care and making a commitment to change. Our Pillars of Change apply across our whole Trust and set out the practical short, medium, and long-term goals to be delivered over the next three years.
- Pillar 1: Reducing harm and safe service delivery
  - Pillar 2: Care and compassion
  - Pillar 3: Engagement, Listening and Leadership
  - Pillar 4: Organisation Governance Development
  - Pillar 5: Patient, Family and Community Voices
- 2.4 Some of this work is new and some of it builds on work that has already begun. Some of this work can be implemented quickly, but some outcomes will take longer to achieve. For example, the sustained culture change we need to see.
- 2.5 We monitor this work closely and report on it and the progress we are making regularly and publicly. The Board is responsible for overseeing this major transformation programme with day-to-day responsibility for delivery and monitoring progress taken forward by our Clinical Executive Management Group. Specific improvements in maternity and neonatology services continue to be overseen by the Maternity and Neonatal Assurance Group, again reporting to Trust Board.
- 2.6 We have established a Reading the Signals Oversight Group which includes representatives from patients and families, the Maternity Voices Partnership, our Council of Governors and Trust Board, and will provide oversight of the programme, making sure there is engagement with those who use our services and that steps are taken to address the issues identified in the report. The group meets in public and reports directly to the Board of Directors.
- 2.7 Maternity is a key priority in our Integrated Improvement Plan which sets out how we will drive forward Trust-wide improvements over the next 12-18 months in six key areas: Trust leadership and governance; Maternity; Performance (e.g. emergency, cancer and planned care); Quality and safety; People and culture and financial sustainability.

### **3. Listening to women and their families**

- 3.1 In May 2022 we launched Your Voice is Heard, an essential part of our work to better listen to families whose babies are born in our care. We

offer a follow-up call to discuss their experiences six weeks after giving birth, including partners, so we can act on feedback and make changes.

- 3.2 Between May 2022 to end March 2023 we have heard from almost 3,500 women, during 30-minute phone calls, which allow time for a detailed conversation about all aspects of their and their baby's care, giving opportunities for staff recognition, learning and action.
- 3.3 Of the 3,497 women spoken to between May 2022 and March 2023:
- 90% would be happy to return
  - 91% were positive about their antenatal care
  - 91% were positive about their care during labour
  - 84% were positive about their postnatal care



- 3.4 Key themes for improvement raised include facilities for partners and pain relief. There are clear action plans for each of these areas as part of the overarching maternity transformation plan which is overseen by our

Maternity and Neonatal Assurance Group which reports to the Quality and Safety Committee and to the Trust Board.

- 3.5 We have developed a new bereavement pathway with families and charity SANDS. Building on their feedback, the new pathway will improve and expand the emotional and practical support we provide families who have experienced pregnancy loss and the death of a baby, with care provided throughout any subsequent pregnancies, including throughout labour and delivery. The new model also includes a new team, which has now been recruited to and provides a 7-day service for bereaved families.

#### **4. Care Quality Commission (CQC) Inspection**

- 4.1 While we have made changes to improve our services, we know we have much more work to do, as evidenced in the initial feedback from the Care Quality Commission inspection of maternity services at QEQM and WHH on 10 and 11 January 2023. We anticipate the CQC will publish a report for maternity services at each hospital soon and we will provide the Committee with a further update at this time.
- 4.2 Following this inspection, in February, the CQC imposed Section 31 conditions on the Trust's registration to ensure processes are in place to assess, manage and monitor the safety of the environment and equipment in the maternity departments and for regular updates to be provided to CQC on a monthly basis.
- 4.3 We acted immediately on the CQC's concerns:
- We increased doctor staffing in the antenatal triage service at WHH, which has improved the time in which women are seen by a doctor. The same antenatal triage service is being implemented at WHH that has been successfully put in place at QEQM Hospital, which will ensure women are cared for in the appropriate environment.
  - We introduced electronic alerts for staff when fetal monitoring indicates a risk to a baby or that a check is due.
  - We increased the frequency of daily cleaning and are making daily checks on cleanliness and emergency equipment and are increasing the number of support workers to ensure high cleaning standards are maintained.
  - We implemented weekly formal IPC environmental audits in each unit, which are done in partnership with infection prevention and control, clinical and facilities colleagues.
  - We had already appointed a new dedicated fetal heart monitoring midwife who in February joined us to work alongside our clinical teams to ensure safe monitoring is consistently completed.

- 4.4 Some of the areas of concern identified by the CQC are a direct consequence of the old buildings we are delivering services from, which are not fit for purpose. For example, birthing rooms are small and many lack ensuite facilities.
- 4.5 We have developed building plans with clinical teams to create a second obstetric operating theatre at QEQM, additional training facilities, more birthing rooms for families at each hospital, and improved facilities to meet the needs of our women, families and staff and meet modern compliance standards. We seeking ways to fund these improvements.
- 4.6 We are investing £1.6m from the Trust's limited capital allocation, however, we need almost £60m (£38m QEQM and £21m WHH) to carry out this work and expand and refurbish both units.

## **5. Midwifery education at William Harvey Hospital**

- 5.1 In February, Canterbury Christ Church University withdrew student midwives on placement at WHH in Ashford. Some of the students have been placed in our community teams. Our student midwives remain at QEQM hospital in Margate.
- 5.2 Our students are valuable members of our team as well as our future workforce and we have been working hard to support them. Student midwives are supernumerary and are not included in our staffing rota. We are working closely with the university to restore midwifery education to William Harvey Hospital as soon as possible.
- 5.3 Five internationally educated midwives joined in March and 23 out of 25, 3<sup>rd</sup> year students, have indicated their intention to take up positions as newly qualified midwives across East Kent when they complete their training.

## **6. Staff engagement**

- 6.1 We are involving all staff in our Maternity Transformation Plan. Since March, daily staff forums have been held to give all staff the opportunity to discuss improvements.
- 6.2 Fortnightly staff forums are held for all staff groups to meet and talk with the care group's senior leaders and lunch and learn sessions are one of the ways we are listening to and sharing learning with front-line staff.

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## Item 6: Section 136 pathway and health-based place of safety service improvement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 10 May 2023

Subject: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

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

The Committee has determined that these proposals constitute a substantial variation of service.

## 1) Introduction

- a) The Kent and Medway Integrated Commissioning Board are consulting on proposed service improvements to the Section 136 (Mental Health Act 1983, as amended 2007) pathway and health-based places of safety (HBPoS) for the adult population of Kent and Medway.

## 2) Previous visits to HOSC

- a) This proposal falls under the programme of change for mental health and dementia services in Kent and Medway, as presented to HOSC on 10 June 2021.
- b) On 31 January 2023, the Committee reviewed the proposals to improve section 136 health-based places of safety and determined that it constituted a substantial variation of service. This means the NHS must consult with HOSC prior to a final decision being made, though the NHS remains the ultimate decision maker.
- c) During the discussion in January, members of the Committee raised the following concerns/ points:
- i) 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 from 1 site (Maidstone, Priority House).
  - ii) One benefit of centralisation would be a single, dedicated team, as opposed to staff working across and travelling between sites.
  - iii) The current estate was outdated and lacked resilience, it also did not meet recommended standards and best practice.
  - iv) 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 this number would reduce further as improvement work on the mental health pathway continued.

## Item 6: Section 136 pathway and health-based place of safety service improvement

- v) Engagement work was underway. Members suggested Housing Associations be contacted as part of this. A public consultation would be carried out between 21 February and 18 April.
  - vi) only 5% of Mental Health Act assessments were completed within the nationally and locally recommended 4 hours.
- d) At the end of the discussion, the Chair reflected on the concerns raised and noted that the proposals were dependant on securing capital enhancements at the Maidstone site. The consultation would also be particularly sensitive.
- e) It was 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.
- f) NHS representatives have been invited to attend today's meeting to address the concerns raised by the Committee.

### **3) Recommendation**

RECOMMENDED that the Committee note the report and invite the ICB to attend the next meeting to present the draft Business Case before it goes to the Board for approval.

### **Background Documents**

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

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>

Kent and Medway Integrated Care Board - [Public consultation: Improving section 136 health-based places of safety :: NHS Kent and Medway \(icb.nhs.uk\)](https://www.icb.nhs.uk/public-consultation-improving-section-136-health-based-places-of-safety)

### **Contact Details**

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# Proposed centralisation of Health Based Places of Safety (HBPoS) in Kent and Medway and improvements to mental health urgent and emergency care pathway

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## HOSC feedback on the PCBC

10 May 2023

# Agenda/Contents

- 1. Pre-meet - HOSC concerns – PCBC**
- 2. Patient Journey**
- 3. Staff and formal engagement**
  - Staff reactions
  - Staff retention
  - Staff recruitment
  - Further staff engagement/consultation
  - Formal engagement with institutions
- 4. Improvements to the HBPoS**
  - Old
  - New
  - Planning, funding & other
- 5. Travel Impact assessment**
- 6. Reduction in numbers**
  - 138 service
- 7. Mental Health assessments**
  - Current
  - New
- 8. Rapid response team**
- 9. Conclusion**

# HOSC previous concerns about the proposals

Patient journey home and impact

How does reduced time in HBPoS improve experience

Staffing, retention, engagement, recruitment

Nature of the works  
*What will Change?*

Travel impact assessment

Clarity of understanding on reduction of patients?

Mental Health assessments

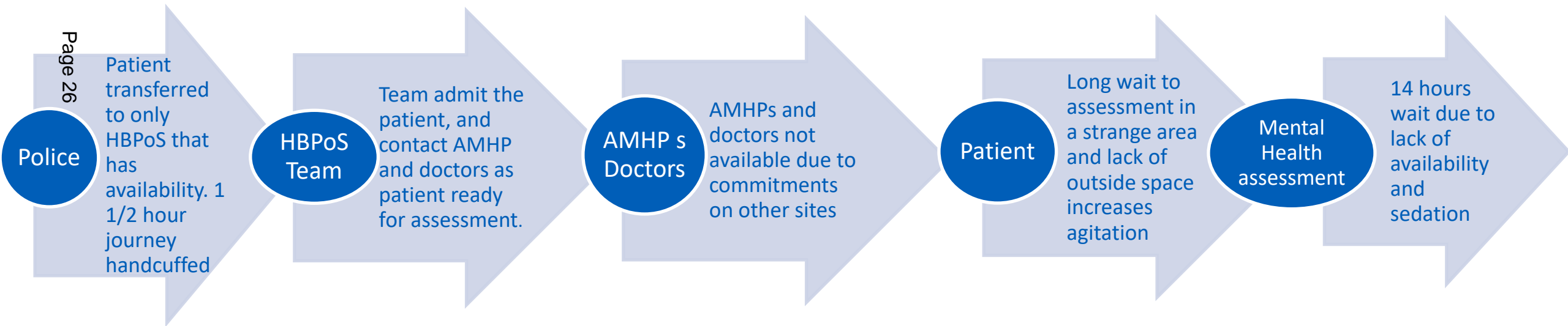
Impact on Rapid response team

Together, we can

# Patient Journey

## Current

Scenario - Following a call to the police reporting a person (Person A) screaming and shouting in Dover High Street, Person A, who appears very paranoid and agitated, is detained under Section 136 at 6pm by Kent Police.



# Patient Journey

## Proposed impact on the patient pathway

Scenario - Following a call to the police reporting a person (Person A) screaming and shouting in Dover High Street, Person A, who appears very paranoid and agitated, is detained under Section 136 at 6pm by Kent Police.

All HBPoS located on central site, see reduction in Canterbury and Dartford patients traveling huge distances

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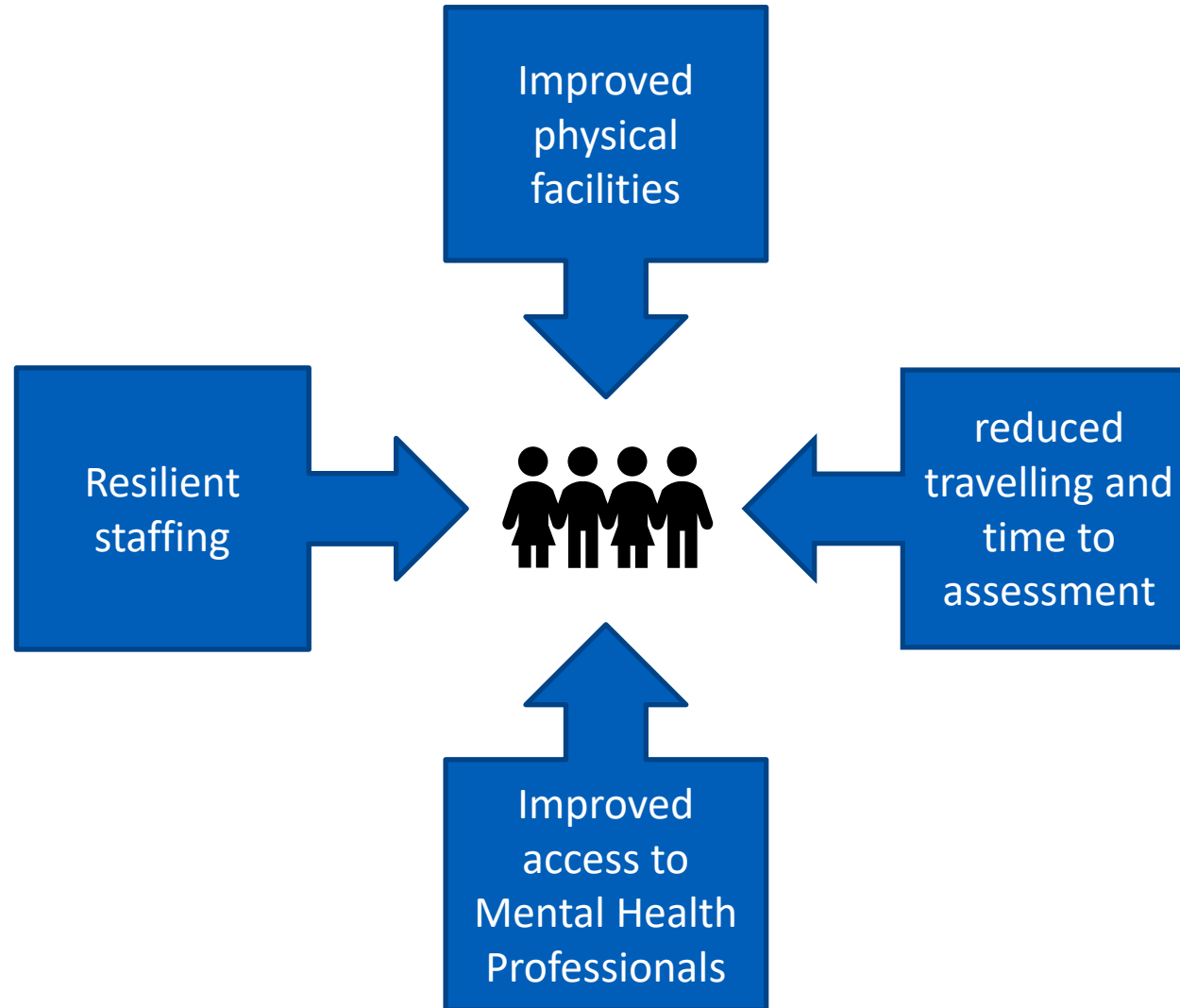
Patient admitted, No Change to the current process, although rooms are fit for purpose and patients have access to communal area and outside space.

One doctor to be assigned to the central HBPoS and AHMP's to have office on site and a reduced number of places to travel too

Due to doctor located in the HBPoS no wait for medical input, reduced pull on the AHMP's so a reduction in the time waiting for availability of AHMP. Patient has access to outdoor space

Increased number of mental health assessments started within 4 hours. Patient informed of next steps and supported.

# Proposed Improvements to the Patient Journey





# Feedback from staff engagement

## Staff reactions – engagement so far

Prior to the release of the public consultation the HBPoS management team ran an engagement event for staff based within the HBPoS – The feedback from the event was:



Around 85% Looking forward to the change

15% Happy with the plan and can see benefits

0% were Unhappy

Looking forward to outside space and positive impact this will have on patient care

Disappointed that the changes will take till 2025 to implement

Looking forward to new therapeutic environment

Access to staff wellbeing area

Love the idea of working together as a larger team

More robust fixtures and fittings

Less reliance on support from inpatient wards

Hopeful that partner relationships will improve

**Together, we can**

# Staff information and intended future engagement

## Staff retention



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## Staff Recruitment



## Further staff engagement / consultation



- Staff engagement
  - ❖ Design development
  - ❖ Pathway improvements
  - ❖ Staff consultation

Together, we can

# Formal engagement

## Transformation partnership

Co design with lived experience experts

## Early engagement

Front line staff

GPs

VCS

Patients and families/carers

MH Networks

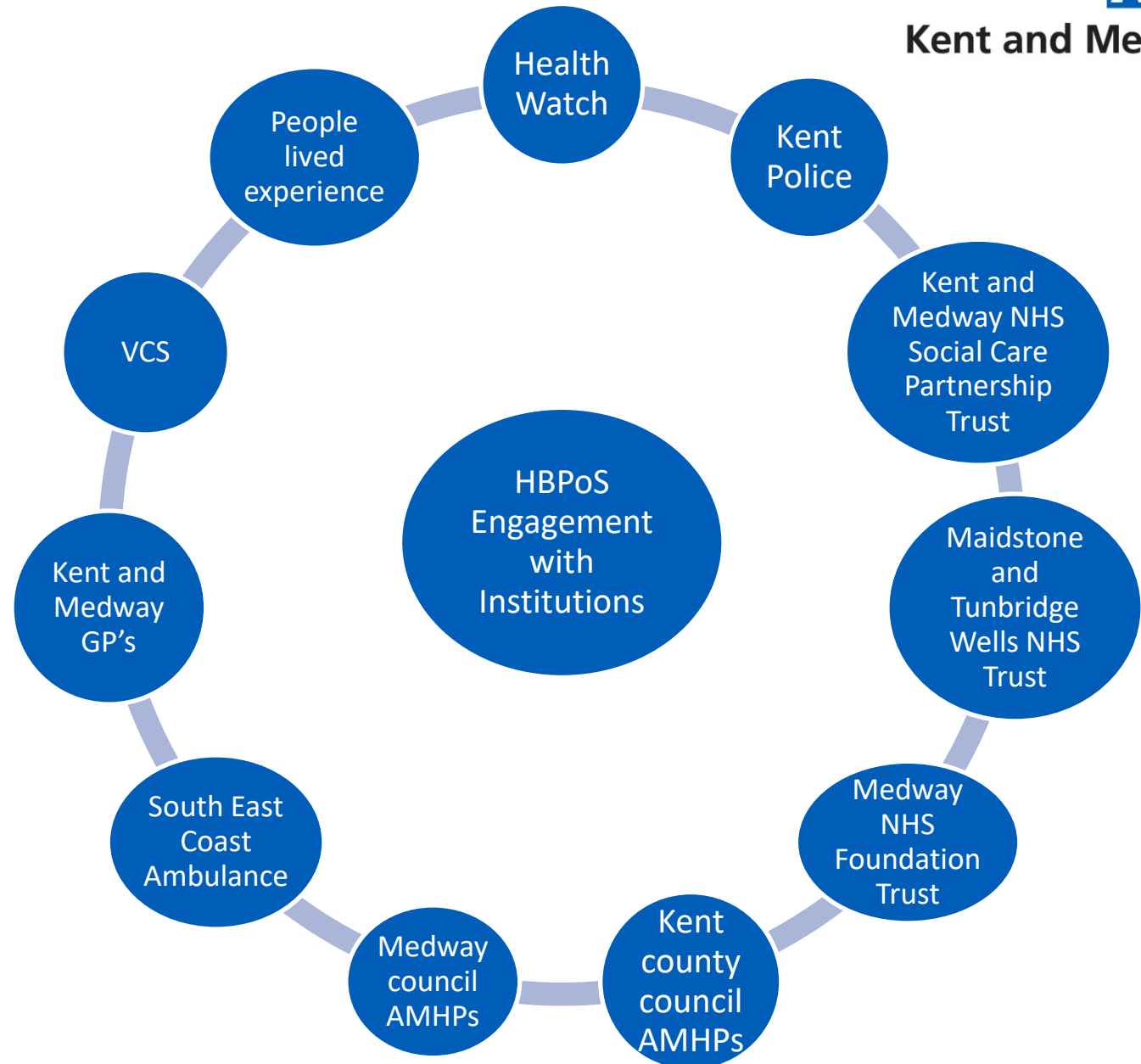
## Consultation

Stakeholder briefings

Public launch, website, regular updates through system cascade

VCS safe conversations, targeted communities

Online survey, phone, freepost, email



**Together, we can**

# Current and proposed facilities at the HBPos



Kent and Medway

## Current HBPos facilities

- No access to de-escalation space
- No door top alarms
- No separate/adequate space for Mental Health assessments
- No isolation of services to individual suites
- No access to outside space
- Not fit for purpose, therapeutically sound or patient centred

Canterbury

Canterbury

One bedroom – double as assessment room

Office

**Canterbury**

Two bedrooms – double as assessment rooms

Office

**Maidstone (largest current facility)**

Two bedrooms

Seclusion space

Office

Lounge area/ assessment space (not private)

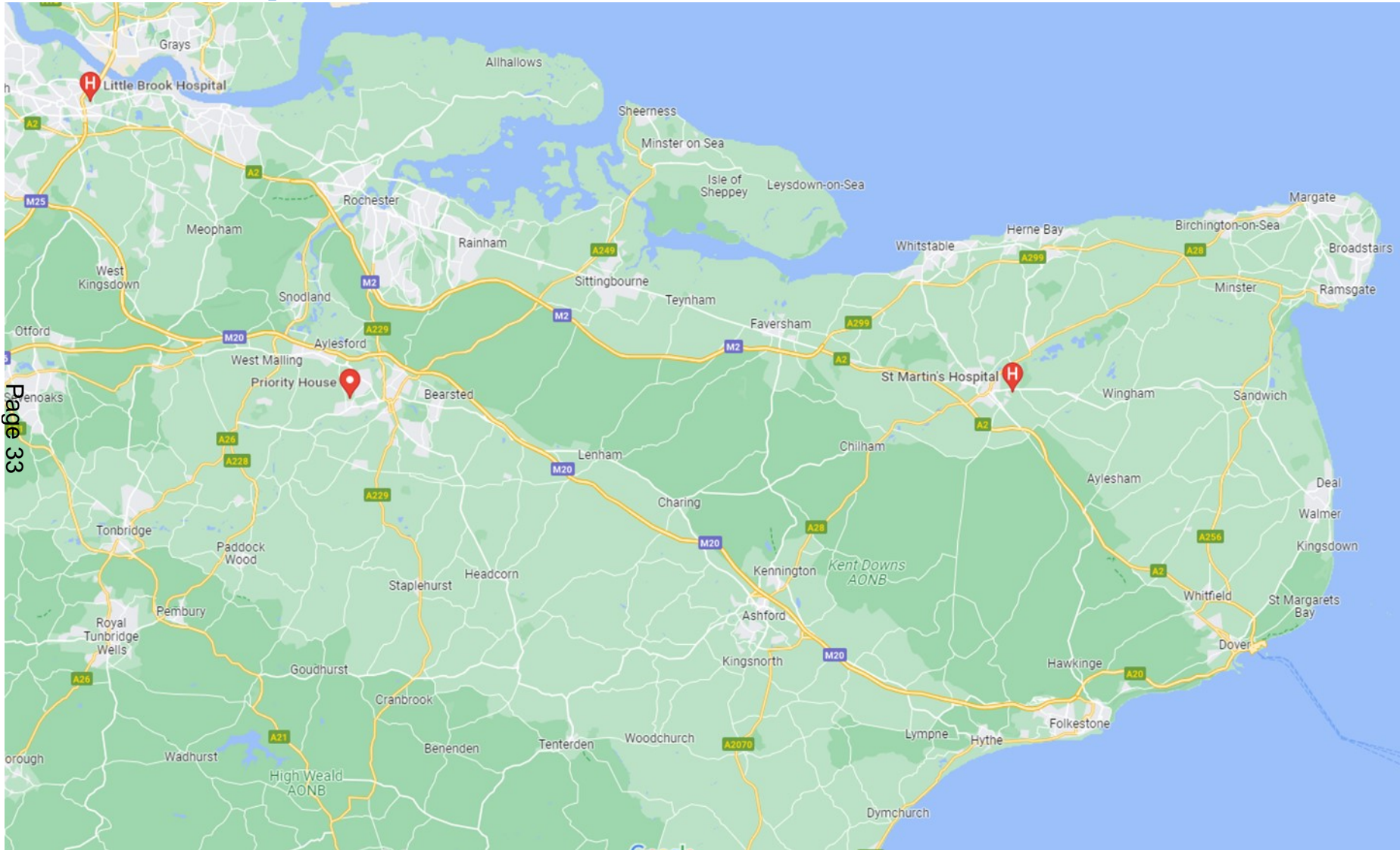
## Proposed central HBPos facility

- 5 bedrooms (one to cater for patients with disability)
- Ensuite facilities
- Office
- Lounge area
- Small kitchen area
- Separate private space for Mental Health assessments
- All patients will have access to outdoor space
- All suites will be able to have services individually isolated
- All patient access rooms will have door top alarms
- All patients will have access to space for de-escalation
- Seclusion room
- Lounge area
- Small kitchen area
- The space will be fit for purpose, therapeutically sound and patient centred.**

## Other considerations

Extra office space for AMHPs

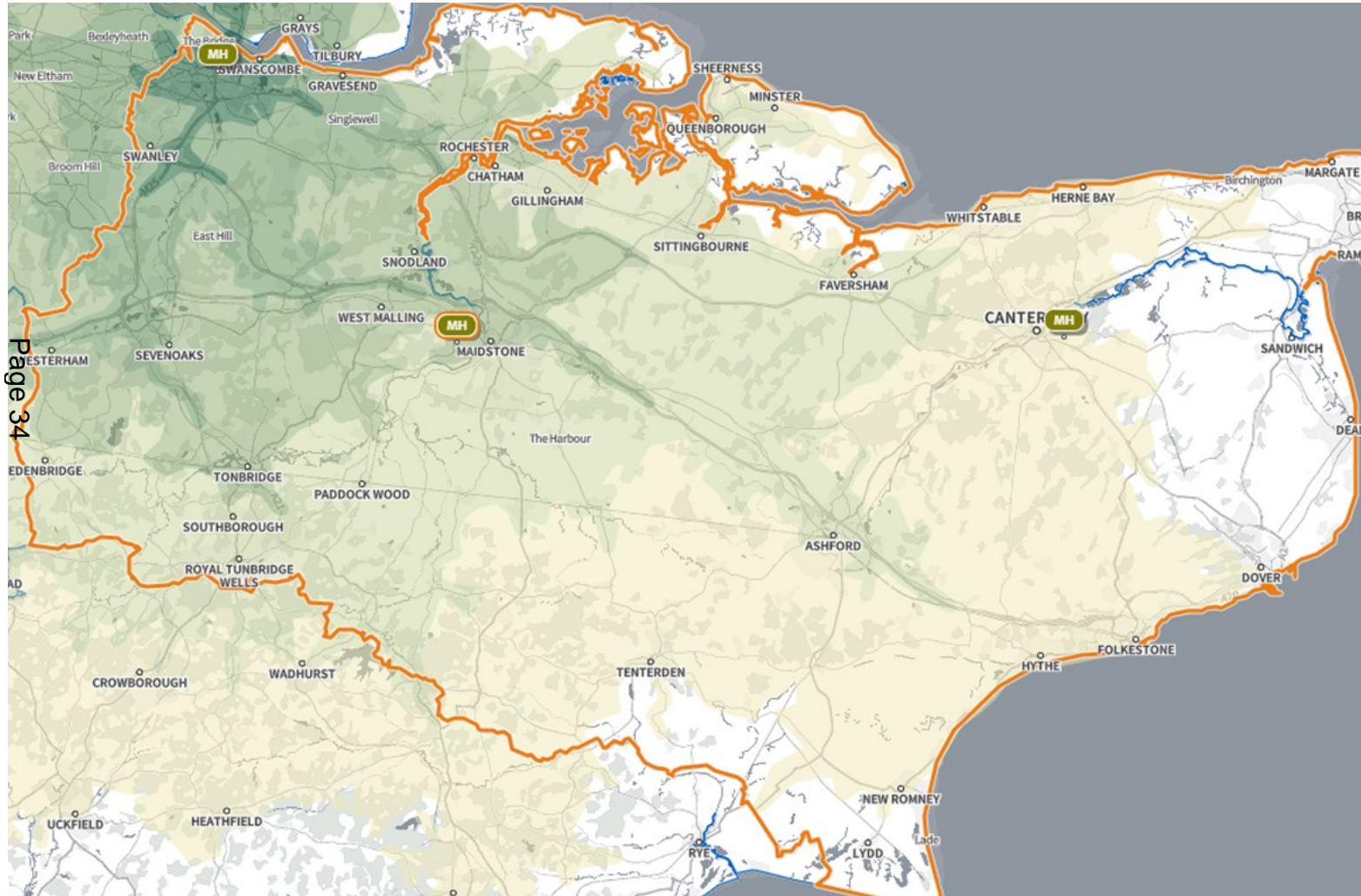
# Travel Impact assessment



There are currently 3 HPBoS sites across Kent & Medway:

- Little brook, Dartford
- Priory House, Maidstone
- St Martins, Canterbury

# Travel Impact assessment - Dartford



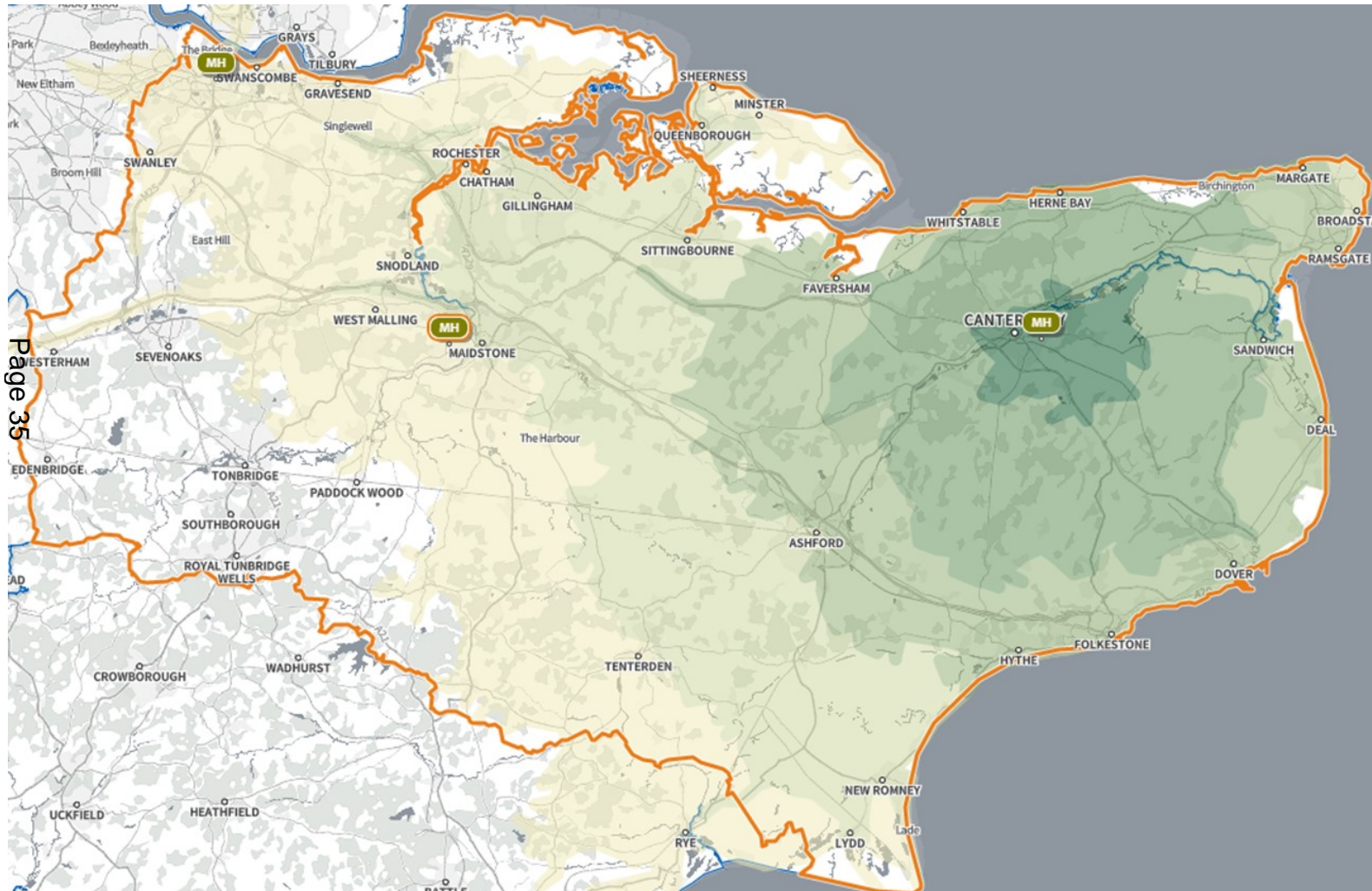
- Travel type
- By distance radius
- Walk: by time
- Walk: by distance
- Cycle
- Car: by distance
- Car: by time
- Rush hour
- 10 minutes
- 20 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- Public transport

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# Travel Impact assessment - Canterbury



Kent and Medway



Travel type

- By distance radius
- Walk: by time
- Walk: by distance
- Cycle
- Car: by distance
- Car: by time
- Rush hour

10 20 30 45 60 minutes

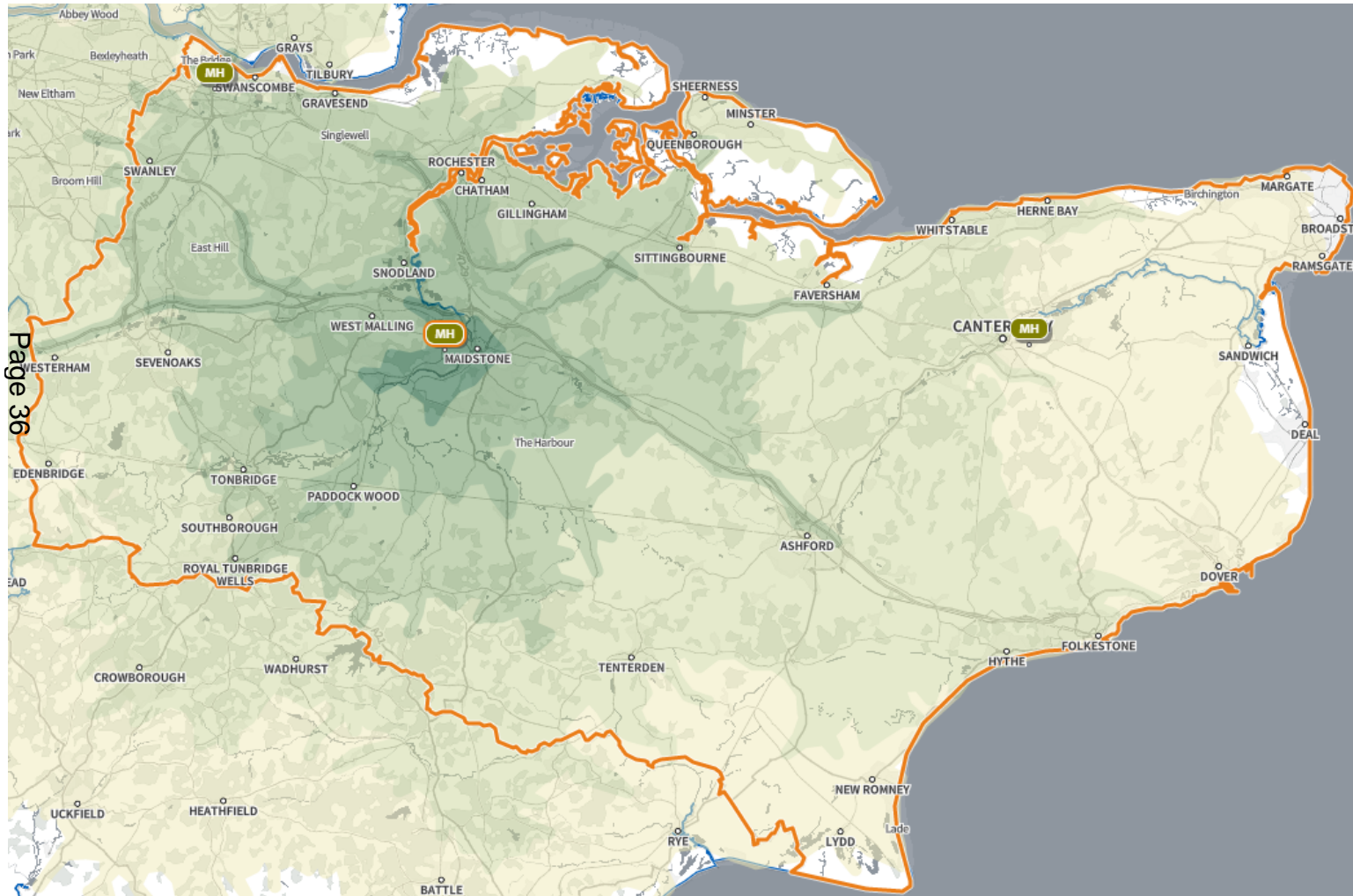
Public transport

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# Travel Impact assessment - Maidstone



Kent and Medway



Travel type

- By distance radius
- Walk: by time
- Walk: by distance
- Cycle
- Car: by distance
- Car: by time
- Rush hour

10 20 30 45 60 minutes

Public transport

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# Travel impact assessment – current usage

## Existing Delivery – patient numbers

S136 locality of residential address	Dartford	Maidstone	Canterbury
ASHFORD	7	18	25
CANTERBURY AND COASTAL	9	42	34
DARTFORD, GRAVESHAM & SWANLEY	12	29	25
MEDWAY	18	51	64
OUTSIDE KENT	8	24	30
SOUTH KENT COAST	7	30	26
SWALE	4	17	17
THANET	14	25	24
MAIDSTONE	3	5	10
WEST KENT	18	56	46
Total S136	100	297	301

This table shows the number of patients between Dec 21 - Nov 22 from each district to the three Kent and Medway HBPOs.

# Travel impact assessment – patient travel time

Travel Time Existing Sites				
	Town	Dartford	Maidstone	Canterbury
ASHFORD	Ashford	50	32	39
CANTERBURY AND COASTAL	Canterbury	52	43	9
DARTFORD, GRAVESHAM & SWANLEY	Dartford	12	35	62
MEDWAY	Gillingham	29	28	47
OUTSIDE KENT	Southend	47	70	96
SOUTH KENT COAST	Folkestone	62	44	35
SWALE	Sittingbourne	39	25	40
THANET	Margate	71	60	34
MAIDSTONE	Maidstone	36	13	53
WEST KENT	Sevenoaks	27	32	47

Total Travel Time (Mins) Existing Sites					
Area	Town	Dartford	Maidstone	Canterbury	Total
ASHFORD	Ashford	350	576	975	1901
CANTERBURY AND COASTAL	Canterbury	468	1806	306	2580
DARTFORD, GRAVESHAM & SWANLEY	Dartford	144	1015	1550	2709
MEDWAY	Gillingham	522	1428	3008	4958
OUTSIDE KENT	Southend	376	1680	2880	4936
SOUTH KENT COAST	Folkestone	434	1320	910	2664
SWALE	Sittingbourne	156	425	680	1261
THANET	Margate	994	1500	816	3310
MAIDSTONE	Maidstone	108	65	530	703
WEST KENT	Sevenoaks	486	1792	2162	4440
<b>Total</b>					<b>29462</b>

# Travel impact assessment – patient travel distances



Kent and Medway

Distance (Miles) Existing Sites				
	Town	Dartford	Maidstone	Canterbury
ASHFORD	Ashford	43.8	23.7	15.5
CANTERBURY AND COASTAL	Canterbury	43.5	30.9	1.6
DARTFORD, GRAVESHAM & SWANLEY	Dartford	2.6	24.3	46
MEDWAY	Gillingham	17.7	12.4	30.5
OUTSIDE KENT	Southend	27.9	50.3	72.1
SOUTH KENT COAST	Folkestone	57.6	37.5	17.9
SWALE	Sittingbourne	27.8	14.7	17.9
THANET	Margate	58.6	46	17.1
MAIDSTONE	Maidstone	21.9	2.9	34.2
WEST KENT	Sevenoaks	16.9	17.8	32.1

Total Distance (Miles) Existing Sites					
Area	Town	Dartford	Maidstone	Canterbury	Total
ASHFORD	Ashford	306.6	426.6	387.5	1120.7
CANTERBURY AND COASTAL	Canterbury	391.5	1297.8	54.4	1743.7
DARTFORD, GRAVESHAM & SWANLEY	Dartford	31.2	704.7	1150	1885.9
MEDWAY	Gillingham	318.6	632.4	1952	2903
OUTSIDE KENT	Southend	223.2	1207.2	2163	3593.4
SOUTH KENT COAST	Folkestone	403.2	1125	465.4	1993.6
SWALE	Sittingbourne	111.2	249.9	304.3	665.4
THANET	Margate	820.4	1150	410.4	2380.8
MAIDSTONE	Maidstone	65.7	14.5	342	422.2
WEST KENT	Sevenoaks	304.2	996.8	1476.6	2777.6
<b>Total</b>					<b>19486.3</b>

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# Travel impact assessment - comparisons

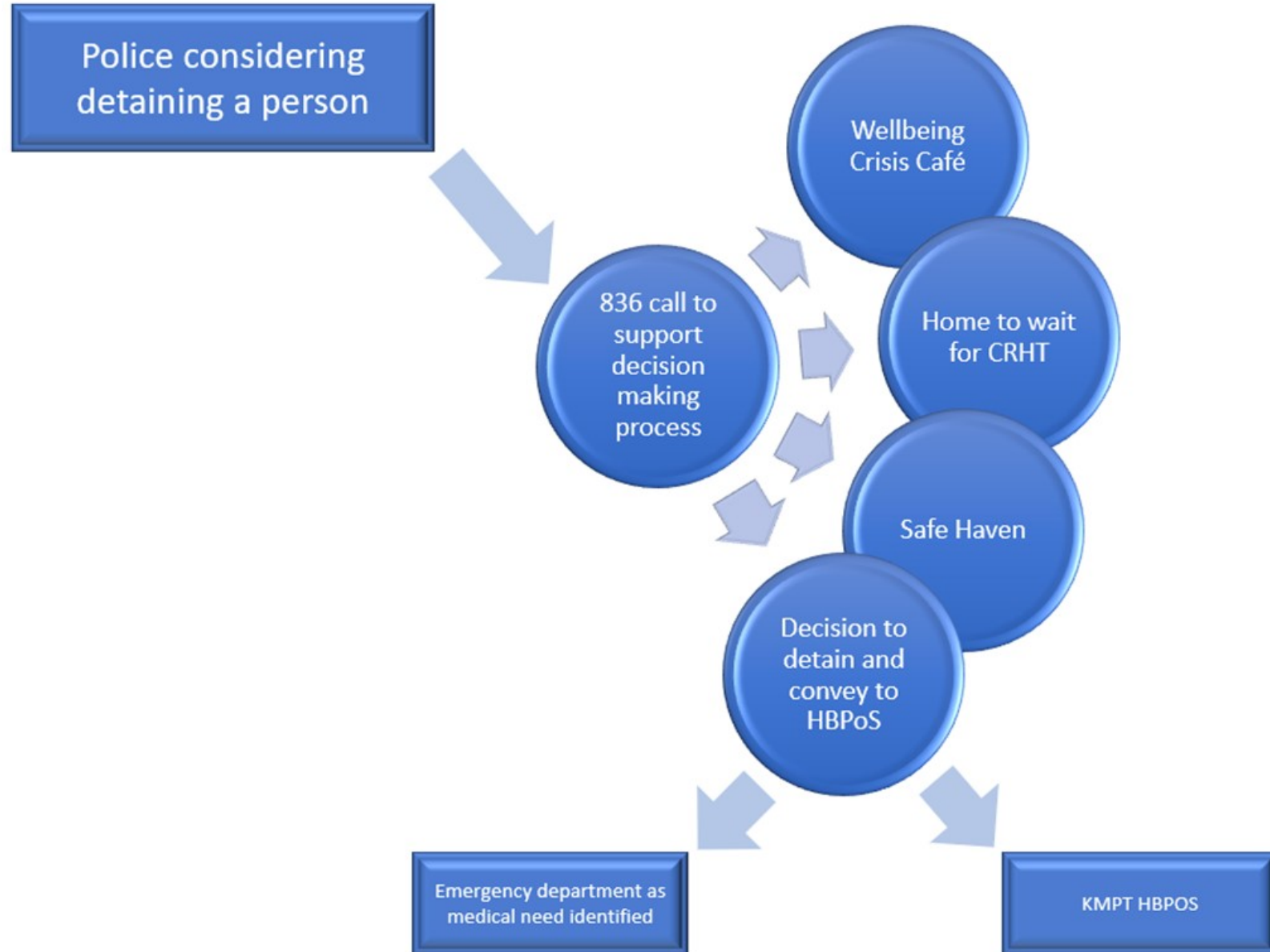
Travel Time (mins) Comparison			
Town	Current position	Proposed Centralisation	Variance
Ashford	1901	1600	301
Canterbury	2580	3655	-1075
Dartford	2709	2310	399
Gillingham	4958	3724	1234
Southend	4936	4340	596
Folkestone	2664	2772	-108
Sittingbourne	1261	950	311
Margate	3310	3780	-470
Maidstone	703	234	469
Sevenoaks	4440	3840	600
<b>Totals</b>	<b>29462</b>	<b>27205</b>	<b>2257</b>

Travel Distance (miles) comparison			
Town	Current position	Proposed Centralisation	Variance
Ashford	1120.7	1185	-64.3
Canterbury	1743.7	2626.5	-882.8
Dartford	1885.9	1603.8	282.1
Gillingham	2903	1649.2	1253.8
Southend	3593.4	3118.6	474.8
Folkestone	1993.6	2362.5	-368.9
Sittingbourne	665.4	558.6	106.8
Margate	2380.8	2898	-517.2
Maidstone	422.2	52.2	370
Sevenoaks	2777.6	2136	641.6
<b>Totals</b>	<b>19486.3</b>	<b>18190.4</b>	<b>1295.9</b>

# The 836 special advice line

The total average number of detentions per annum between 2018-2021 was 1,494.

The numbers reduced in 2021 and 2022, within the last 12 rolling months Dec 21 – Nov 22 saw 697 people detain under s136 within a HBPoS within Kent and Medway. This reduction has been largely attributed to the introduction of the 836 special advice line for police officers staffed by KMPT.



Together, we can

# Mental Health assessments

One of the main benefits from the proposal for the HBPoS is that the time to assessment for patients will be reduced. Between Dec21 and Nov22 only 5 per cent of patients received the assessment within 4 hours. This is one of the Kent and Medway Crisis Care standards and one of the objectives of the proposal is to meet these standards from the point of implementation.

## Learning

Engagement & reflection

Back to the drawing board

Crisis Care standards to be reviewed

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## Changes and why

Information collation

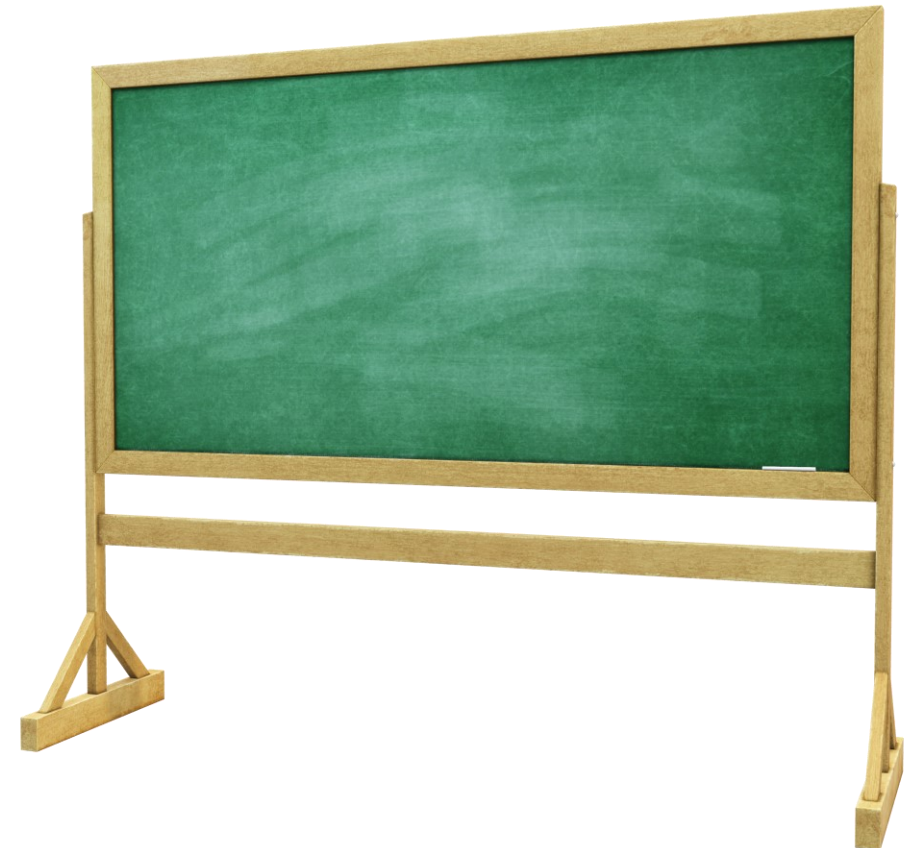
Understanding the patient

## Patient Impact

Early patient engagement

Keeping informed

Better outcomes



# Rapid response team

Rapid response team



Health Based Place of Safety team



5 teams across the county in the following locations:

- Dartford, Gravesham & Swanley
- Medway & Swale
- West Kent
- North East Kent
- South East Kent

Clear line of separation

# Conclusion

- ❖ Patients will have improved timely access to mental health professionals.
- ❖ The facilities will be fit for purpose and equitable for all patients
- ❖ A robust staffing model improving training and development of local Mental health Team
- ❖ Reduced impact on Our Partners – Kent Police, South East Coast Ambulance service, NHS Acute Trusts
- ❖ An improved pathway – reducing anxiety, helping de escalation
- ❖ An equitable service to all patients



# Any Questions?



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## Item 7: Urgent Care Review Programme - Swale

By: Kay Goldsmith, Scrutiny Research Officer  
To: Health Overview and Scrutiny Committee, 10 May 2023  
Subject: Urgent Care Review Programme - Swale

---

Summary: This report provides the background to the agenda item and attached information provided by the Kent and Medway ICB.

The Committee has determined that the proposals do not constitute a substantial variation of service.

---

## 1) Introduction

- a) The Local Urgent Care Programme commenced in 2014. It was in response to an NHS England requirement for all areas to have an Urgent Treatment Centre (UTC) to try and reduce the pressure on A&E departments.
- b) The review refers to face-to-face urgent care services, as opposed to telephony services. Urgent care relates to injuries or illnesses that are not life-threatening but that require urgent clinical assessment or treatment on the same day.<sup>1</sup>
- c) Historically in Swale, there have been two Minor Injury Units (MIUs) (based at Sheppey Community Hospital and Sittingbourne Memorial Hospital) and a GP Walk in Centre (WIC) (based at Sheppey Community Hospital). The programme will result in two UTCs, one in Sheppey and one in Sittingbourne.
- d) The programme has been broken into 3 phases. The second phase, providing an interim WIC, commenced on 1 November 2021 with Minster Medical Group providing a GP WIC at Sheppey Community Hospital.
- e) The third and final phase is the provision of a UTC. At HOSC's last update on 2 March 2022, the ICB were aiming for an opening date of 1 September 2023. The ICB have been invited to attend today's meeting and provide an update on progress.

## 2) Recommendation

RECOMMENDED that the report be noted.

---

<sup>1</sup> Kent County Council (2019) Health Overview and Scrutiny Committee, Swale CCG Urgent Care update (19/09/19)

## **Background Documents**

Kent County Council (2014) 'Health Overview and Scrutiny Committee (10/10/2014)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4>

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4>

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 (23/11/2018)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

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

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/2019)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4>

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

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

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

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

## **Contact Details**

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03000 416512

## April 2023 Update

<b>Title of Report</b>	<b>Medway and Swale Health and Care Partnership, Kent HOSC Urgent Care Review Programme Swale</b>
<b>Purpose:</b>	The purpose of this paper is to provide an update for the Kent HOSC meeting in May 2023
<b>Lead Director</b>	Steve Reipond Director for UEC and System Flow Medway & Swale Health and Care Partnership
<b>Report Author</b>	Steve Reipond & Linda Stannard, HARIS Programme
<b>Executive Summary</b>	The purpose of this paper is to provide a briefing update on Urgent Treatment Centres, MIU & WIC progress and development
<b>Links to strategy and regulations</b>	Aligned to Health and Care Partnership strategic plan, local and national priorities
<b>Committees or Groups at which the paper has been considered:</b>	HARIS Steering Group HACP Executive Group
<b>Legal Implications/ Regulatory Requirements and FOI status</b>	The paper is disclosable under the FOI Act
<b>Quality Impact Assessment</b>	The project to review and consider the future models for UTCs across Medway and Swale will have a positive impact on patient care, patient access and quality of care across Medway and Swale
<b>Recommendation/ Actions required</b>	The Board is asked to: Note the content of this report as an update.
<b>Appendices</b>	

### HaCP Delivery Plan 2023-2024 UTC Review

As a Health and Care Partnership in January 2023 Urgent Care (HARIS Programme) have submitted the 2023-2024 delivery plan.

One of the key priorities is the reviewing of all UTC, WIC & MIU provision across Medway and Swale.

The aim of the review is to support the re-modelling to deliver three UTCs across Medway and Swale to enable delivery in line with national UTC principles and standards. This will ensure that patients in Medway and Swale are receiving an equitable service across the locality, the best and most appropriate care in the right place, the first time, avoiding unnecessary presentations at ED when acute care is not required to enable Emergency Medicine specialists to focus on higher acuity need patients within the Emergency Department setting.

Currently there are a set of National Standards for UTCs, however new guidance is expected. Currently they are expected to:

- Open 7 days a week 12 hours a day as a minimum.
- See both booked and walk-in patients.
- See both minor injuries and minor ailments.
- See patients of all ages.
- Have a named senior clinical leader supported by an appropriate workforce (MDT).
- Have a basic consistent investigative/diagnostic offering on-site (with clear protocols if not on-site).
- Accept appropriate ambulance conveyance.
- Have access to patient records and ability to send PEM.
- Report as a Type 3 daily on ECDS.
- Have a Current DoS profile.
- Clearly communicate to the public on what the service is for via consistent Urgent Treatment Centre nomenclature to be accessible to all.

Following the national A-tED (Alternatives to Emergency Department) audit carried out by the iUEC (GIRFT) National Team (as part of the HAARIS programme), the information below was identified of Urgent Treatment Centres (UTCs) and Minor Injuries Units (MIUs) across Medway and Swale, pre-empting the need for a more in-depth review of the services presently being provided in Medway and Swale

#### UTC/MIU/WIC Reviews include:

- Data Reporting
- Activity
- Contract
- Business Continuity Plans

## April 2023 Update

- DOS
- Workforce Plans
- Financial
- Service Specifications

An interim report has been developed and agreed by the HACP and it has been agreed to undertake a full external audit which will include all the above plus proposed new models. A full Report and recommendations from this audit is expected during May 2023. Delivery of the final agreed model commence at the start of quarter 3 2023.

### **Current positional statement:**

#### **Sheppey MIU & WIC**

The Interim UTC Model has been delayed due to estates works requiring a retendering of phase 2 works. There is a timeline for completion and mobilisation in June 2023, however as part of the audit a review will be undertaken to consider whether this would be better initiated when all changes are made. KCHFT & Minster Medical Practice continue to deliver MIU & WIC from Sheppey Hospital.

### **Approach to date:**

The team have been working on the UTC/HARIS programme since January 2023 and approached this piece of work from a blank canvas perspective, so as to ensure that the work was robust and subject to impartiality and 'fresh eyes'.

### **Area of activity:**

- Information from A-tED (Alternatives to Emergency Department) Programme – reporting that there was an opportunity to review UTC provision across the system and improve patient accessibility and ensure that these met national standards.
- Findings: Medway and Swale data supplied although this has generated further questions and further discussions are underway
- Sheppey MIU/WIC contract and services
- KCHFT contract and services
- Minster Medical Group contract and services
- Workforce modelling and future requirements
- DoS Reviews
- Service Specifications versus actual delivery
- Contract management
- Key Performance indicators
- Data activity

### **Current Observations:**

#### **Walk- in Clinic and MIUs:**

- It is noted that there is no contract monitoring arrangements in place in place.
- It is noted that there are no contracts or KPIs visible to enable effective monitoring.
- It is noted that services are closing, and that capacity and demand is not well matched.
- It is noted that a new UTC is opening on 1.6.23 – there is no note of contract length and consideration of the current review within this work.
- Staffing across all sites appears to be an issue.

## April 2023 Update

- There does not appear to be consistency of offer across all sites.
- Level of workforce on each shift comparison of Activity Data provided.
- How does re-triaging of 111 referrals result in high number of cases being closed as advice calls

### Next steps:

- MedOCC - UTC DoS has been reviewed and improvements have already been made with the addition of OOH onto the DoS. Initial review of improvement has shown some improvement and a further review will be undertaken in 3 months to monitor the change. Work is continuing with the DoS Lead.
- DOS Reviews for, Community Services, Rapid Response, District Nurses, Therapies will be undertaken soon to ensure that these return successfully when a DoS search is undertaken. A similar process of review of improvement will be undertaken when this is complete.
- The A-tED review identified issues across all services and as work is completed with new initiatives these will be included in any DoS review.
- Commission a full audit including data, finance and staffing review with full recommendations – this work is underway and we are currently identifying a partner to do this work.
- Develop an audit specification – this work is complete
- As part of the review develop KPIs and monitoring arrangements for new services – this work will be undertaken as part of the development and agreement of a new model.
- Consider arrangements for new UTC on Sheppey – this will be undertaken following the recommendations from the external audit
- Ensure feasibility of any new workforce model – this work will be undertaken as part of the development of a new model
- Ensure workforce modelling in place for any new service to include arrangements for recruitment and retention of staff to ensure full staffing model in place – this work will be undertaken as part of the external audit

### Sittingbourne MIU

MIU service continues to be delivered by KCHFT

### Minister Frailty Ward (HARIS)

January 2023 saw Minister Frailty Ward opened at Sheppey Hospital. This followed a successful bid for £1.2 to fund the project in June 2022.

Medway NHS Foundation Trust has worked with the Integrated Care Board and Medway and Swale Health and Care Partnership to identify ways of providing care closer to home for frail patients, and to create increased capacity in Medway Maritime Hospital to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.

A proposal was developed to utilise vacant space in Sheppey Community Hospital, creating a 22-bed frailty ward primarily for patients living in Swale, providing care closer to home for these patients. The ward is staffed by a clinical and support team employed by the Trust.

Most patients who live in Medway and require care within a specialised frailty setting will continue to be looked after in Medway Maritime Hospital.



# April 2023 Update

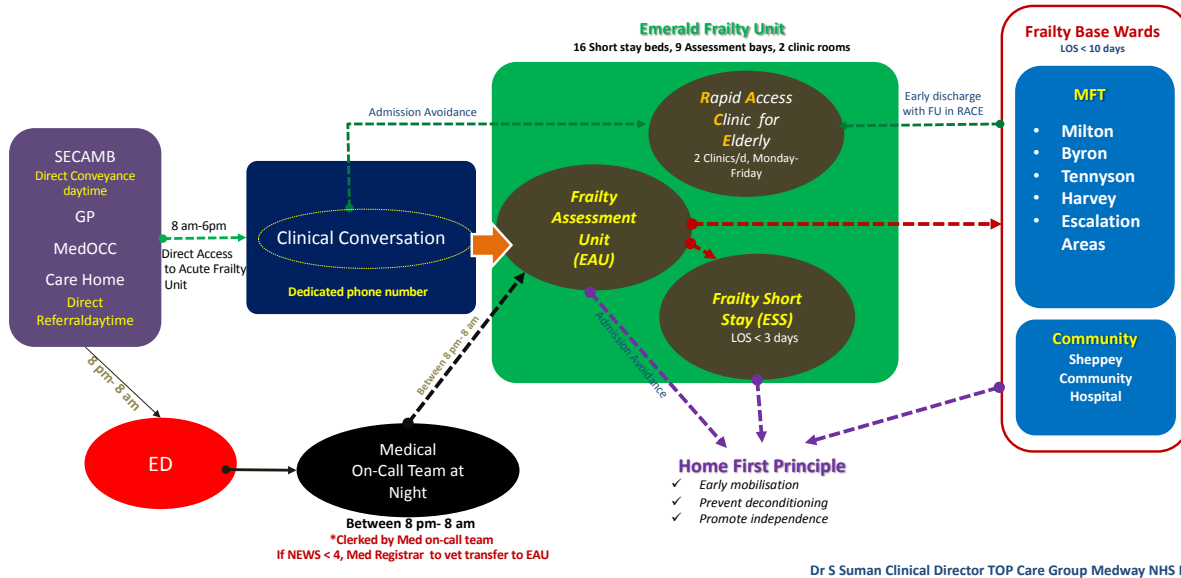
Creating beds in Sheppey Community Hospital has freed capacity within Medway, to enable the Trust to allocate a further 18 beds for elective services, meaning waiting times for surgery will be reduced and cancer patients will get treatment more quickly. These have been priorities for the Trust following the waits that arose because of the pandemic.

This will have an added benefit of ensuring Sunderland day surgery unit can return to being ring-fenced, catering for an additional 14-day surgery patients per day. Currently the space is used for elective patients overnight, limiting capacity for day patients.

Funding for the Sheppey project was agreed by NHS England through the Integrated Care Board, and the Trust consulted with staff. The aim to open the ward before the end of the year to maximise the benefit over the winter when demand is highest was achieved.

This work is now complete and has transferred to Business as Usual.

## Acute Frailty Pathway Outline Medway NHS FT





## Item 8: Delayed Discharge from Acute Hospital

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 10 May 2023

Subject: Delayed Discharge from Acute Hospital

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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) At their meeting on 30 November 2022, the Committee agreed to add an item on delayed discharges from hospital to the work programme.
- b) The ICB have been invited to attend today's meeting to present a paper on what the situation is locally and what action is being taken.
- c) Under powers conferred on Kent County Council under Section 244 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), HOSC can review and scrutinise matters relating to the planning, provision and operation of health services in Kent. The Committee may make evidence-based reports and recommendations to relevant NHS bodies and require a response within 28 days, or longer at the Committee's discretion.

## 2) Background

- a) The House of Commons Library published a briefing in February 2023 setting out what the Government is doing to reduce the number of people staying in hospital longer than necessary. The briefing, entitled "Delayed hospital discharges and adult social care" can be read online [here](#).
- b) In January 2023, the Government published a delivery plan for recovering urgent and emergency care services. One of its commitments was to speed up discharge from hospital which it plans to do with the following measures:
  - i) £1.6 billion of extra funding for health and social care over the next 2 years will be focused squarely on discharge.
  - ii) Placing 'care transfer hubs' in every hospital ahead of winter 2023 to allow for faster discharge to the right setting.
  - iii) Implementing new approaches to step-down care - for example, people who need physiotherapy can access care as they are being discharged from hospital before they need to be assessed by their local authority for long-term care needs.

Item 8: Delayed Discharge from Acute Hospital

- iv) Publishing new discharge information, with new data collected from April 2023.
- c) In terms of currently published data, daily returns are collected from acute trusts through the COVID-19 acute daily discharge situation report (SitRep) and include data on daily discharges from acute settings. This information is published monthly by NHS England. The data provides a snapshot at a single point in time.
- d) Data in the tables below is taken from the daily discharge situation reports (SitRep) from March 2023 and April 2022.
- e) The data shows an improvement in the number of patients remaining in a hospital bed for longer than necessary, but a deteriorating situation in terms of how long those patients remain in a hospital bed longer than they clinically need to.

Table 1: Number of patients who no longer meet criteria to reside

	patients in hospital who no longer met the criteria to reside – 31 <i>March 2023</i>	patients in hospital who no longer met the criteria to reside – 1 <i>April 2022</i>
<b>Kent and Medway</b>	<b>358</b>	<b>771</b>
East Kent Hospitals University NHS Foundation Trust (EKHUFT)	206	299
Maidstone and Tunbridge Wells NHS Trust (MTW)	115	216
Dartford and Gravesham NHS Trust (DGT)	29	87
Medway NHS Foundation Trust (MFT)	8	169

## Item 8: Delayed Discharge from Acute Hospital

Table 2: Number of additional days in total patients have remained in hospital since the criteria to be discharged decision was made (week commencing 27 March 2023)

	Number of additional bed days, patients with length of stay over 7+ days	Number of additional bed days, patients with length of stay over 21+ days
<b>Kent and Medway</b>	<b>5,288</b>	<b>4,354</b>
EKHUFT	3,499	3,030
MTW	952	709
DGT	111	77
MFT	726	538

Table 3: Number of additional days in total patients have remained in hospital since the criteria to be discharged decision was made (as at 7 April 2022)

	Number of additional bed days, patients with length of stay over 7+ days	Number of additional bed days, patients with length of stay over 21+ days
<b>Kent and Medway</b>	<b>2,204</b>	<b>1,559</b>
EKHUFT	1,130	765
MTW	866	612
DGT	208	182
MFT*	0	0

*\*it is unclear if this is zero patients, or if the data was not returned.*

### **3) Recommendation**

RECOMMENDED that the Committee consider and note the report.

## **Background Documents**

NHS England - [Statistics » Discharge delays \(Acute\) \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/discharge-delays/)

NHS England and Department of Health & Social Care (Jan 2023) [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf)

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## ICB Kent Delayed Discharge update

### Situation

Overnight admissions from Emergency Department (type 1) have continued to remain high with activity peaks in mid-December and mid-February. Patient flow has been restricted due to the increasing number of patients staying longer than 21 days in hospital. Regionally the percentage of plus 21-days length of stay (LoS) is currently to 20.9% occupied beds and in Kent and Medway this is 21.9% (4-week average and ↓20.6% wc 17<sup>th</sup> April). The complexity of many of the admissions has increased with presentations of respiratory symptoms rising in December and a high proportion of frail elderly patients (+85 years) attending hospital and being admitted when compared to the other parts of the South East.

The ICB is continuing to lead the work to reduce the of number of patients across Kent & Medway with a long length of stay, addressing NHS delays as well as working in partnership with Adult Social Care colleagues.

### Background

The ICB's Operational Plan describes actions to improve discharge with 3 key ambitions:

- improving joint discharge decision making processes and providing additional workforce to support this function
- scaling up intermediate care capacity with an additional 90 plus beds
- scaling up Home Care capacity

The release of national funds for the NHS and Local Authorities to support delivery of timely discharges to the right care setting and stabilise the home care market. Kent and Medway received circa £15m funding in December as part of the Adults Social Care (ASC) fund and an additional funding opportunity was made available in January from NHS-E via the Discharge Fund (DF) of up to £6.3m. The ICB has worked with Local Authority colleagues via the Kent Joint Commissioning Management Group (JCMG) to maximise the ASC and DF investment for both health and social care.

This funding has delivered reductions in the number of patients who do not meet the criteria to reside, as well as improvements in patient flow which in turn helps reduce waiting times in emergency departments and ambulance handover delays.

The ICB and LA have focused ACS and DF schemes supporting the Home Care market, Care Home capacity and enablers to support discharge and flow including ASC workforce, clinical staff, integrated discharge teams (IDT) and assessment staff.

## Assessment

It is important that we sustain the positive gains made in Kent and Medway over the last couple of weeks, maintaining consistent and sustainable discharge processes with associated partners. Since December we have seen an increase in the Home Care (PW1) discharges by approximately 6 per day and 3 per day for Care Homes (PW3). The focus has been to discharge the longest lengths of stay (LLOs) patients, placing a number within care homes with capacity brought online by the ICB and in collaboration with a community provider. We continue to work with several care homes, offering additional support and enablers to allow the care home staff to manage more complex discharges.

The NHS-E LLoS data for Kent & Medway highlights since January a reduction of.

138 patients with a +21 day LoS

196 patients with a +14 day LoS.

The ICB continues to work with each Health & Care Partnership to fully understand the local challenges and the cause of the variation across Kent and Medway, such as a shortage in capacity of domiciliary care in parts of Kent. The Kent JMCG is leading on the development of a Kent Integrated Health and Care Placement Team which will provide a solution to the challenges seen in the home care market in Kent.

## Actions undertaken

- Transformation event held 5<sup>th</sup> April supported by NHS Elect - Our Ageing population in Kent and Medway
- Review all the NHS schemes funded by the Adult Social Care and Discharge Fund, ensuring we are delivering interventions that can flexibly best help discharge patients to the most appropriate location for them, with a focus on reablement and independence.
- Develop a jointly commissioned Adult Social Care and Health Home Care model to greatly improve the integrated care across this pathway. This will involve both the NHS and Local Authorities working in partnership at all stages of the commissioning process, from the assessment of needs, the planning and procuring of services, and the monitoring of outcomes.
- The ICB continues to work with all stakeholders including local authority and voluntary agencies to implement a shared pathway and service delivery, reducing health inequalities. This will focus on:
  - homeless patients
  - patients with dementia
  - patients with learning disabilities



## Item 9: Work Programme 2023

By: Kay Goldsmith, Scrutiny Research Officer  
To: Health Overview and Scrutiny Committee, 10 May 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

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**Work Programme - Health Overview and Scrutiny Committee**

**1. Items scheduled for upcoming meetings**

<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.	-
GP Development Plan	To scrutinise the Plan, which is in use until the Primary Care Strategy launches.	-
S136 Places of Safety	Part of the mental health and dementia services transformation programme in Kent and Medway. To review the draft business case and provide comments prior to final decision by the ICB.	Yes

<b>5 October 2023</b>		
<b>Item</b>	<b>Item background</b>	<b>Substantial Variation?</b>
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
Edenbridge Memorial Health Centre	To receive an update ahead of the Centre’s opening in November.	No
S136 Places of Safety	Part of the mental health and dementia services transformation programme in Kent and Medway. To hear the final outcome of the ICB’s decision.	Yes

7 December 2023		
Item	Item background	Substantial Variation?
Kent and Medway Estates Strategy	The ICB agreed to present the completed Estates Strategy to the Committee.	-

**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
Capital investment at QEQM Hospital Maternity Unit	Member's have asked to receive information about future capital investment in the maternity ward.	-
Children and Young People's Mental Health Services – tier 4 provision	To return with an update once two new roles have been recruited to, along with when there is a decision about a Kent Psychiatric Intensive Care Unit (PICU)	-
ICB Digital Transformation Strategy	Member's have asked to view the Strategy once available.	-
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.	-
Maidstone and Tunbridge Wells NHS Trust - Mortuary Security	To receive the Trust's reaction to Sir Jonathan Michael's report following its publication.	No
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-

Item 9: Work Programme (10 May 2023)

Podiatry Services	To receive an update on the service following its relocation.	No
Transforming mental health and dementia services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC

**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</b>		
<b>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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