

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 5th October, 2023

10.00 am

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





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 5th October, 2023, at 10.00 am Ask for: **Kay Goldsmith**
Council Chamber, Sessions House, County Telephone: **03000 416512**
Hall, Maidstone

Membership

- Conservative (10): Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mrs P T Cole, Mrs L Parfitt-Reid and Ms L Wright
- Labour (1): Ms K Constantine
- Liberal Democrat (1): Mr R G Streatfeild, MBE
- Green and Independent (1): Mr S R Campkin
- District/Borough Representatives (4): Councillor P Cole, Councillor H Keen, Councillor S Mochrie-Cox, and Councillor K Moses

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 6 September 2023 (Pages 1 - 4)	
4. Chair's announcements	
5. Winter rehabilitation and reablement pilot in east Kent (Pages 5 - 10)	10.05
6. Edenbridge Memorial Health Centre (Pages 11 - 64)	10.25
7. Mental Health Transformation - Places of Safety (Pages 65 - 70)	10.45

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| 8. Nursing workforce (Pages 71 - 78) | 11.05 |
| 9. Healthwatch Kent annual report 2022/23 (Pages 79 - 104) | 11.30 |
| 10. HASU implementation - written update (Pages 105 - 110) | 11.45 |
| 11. Covid-19 update - written update (Pages 111 - 116) | 11.55 |
| 12. Work Programme 2023/2024 (Pages 117 - 122) | |
| 13. Date of next programmed meeting – 7 December 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

27 September 2023

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 6 September 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Ms S Hamilton (Vice-Chairman), Mrs P T Cole, Ms L Wright, Mr R G Streatfeild, MBE, Cllr P Cole, Cllr H Keen and Cllr S Mochrie-Cox

PRESENT VIRTUALLY: Ms K Constantine, Mr S Campkin

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS**133. Membership**

(Item 1)

1. The clerk noted the following membership changes. Mr Tony Hills had stepped down from the Committee and Ms Wright and Mrs Parfitt-Reid had joined the Committee. The Committee also welcomed the following district and borough council members: Councillor Keen, Councillor Mochrie-Cox, and Councillor Moses.

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

(Item 3)

1. The Chair declared he was a representative of East Kent authorities on the Integrated Care Partnership.
2. Mr Mochrie-Cox declared that he was a representative of North Kent authorities on the Integrated Care Partnership.
3. Mr Cole declared that he sat on the West Kent and Tunbridge and Malling Integrated Care Board forums.

135. Minutes from the meeting held on 19 July 2023

(Item 4)

1. RESOLVED that the minutes from the meeting held on 19 July 2023 were a correct record and they be signed by the Chair.

136. NHS Kent and Medway Community Services review and re-procurement (Item 5)

Lee Martin, Chief Delivery Officer – Integrated Care Board, and Mark Atkinson, Director of integrated Care Commissioning - Integrated Care Board, were in attendance for this item.

1. The Chair introduced the two guests and asked them to provide an overview of the published report.
2. Mr Martin gave a brief overview of the contract situation; the key highlights were:
 - a. There was a backlog of contracts requiring re-procurement after they were paused during the Covid-19 pandemic. The community services contracts were some of the most significant to be procured during the current period.
 - b. Following a review of the previous contract it was recommended that a new specification was used so that providers were required to adopt new models of care that were sustainable for communities for the following 5, 10 and 15 years.
 - c. Procurement and contract award(s) would take place with new contracts commencing on 1 April 2024.
 - d. The proposal was to procure contracts on a like for like basis for one year, during which time transformation would take place, leading to new models of care. Engagement with the public and partners would occur during the transformation year.
3. The Chair asked about the community midwifery service and if there were any proposals for change. Mr Martin noted that those services were outside the scope of the contract being discussed. During the year of transformation, the links to those pathways would be considered to ensure they were seamless.
4. The Chair requested further details on the nature of the engagement in the transformation year. Mr Martin said that the engagement would focus on how to implement and operate nationally defined models of care within the local community. The engagement would take several forms including through GP practices, specific forums and re-design events.
5. Members were concerned that there was a lack of detail about the consultation and how co-designing services would be achieved. Mr Martin said that the NHS had numerous ways by which to engage with the public and their partners. Further information and documents would be published in due course, setting out how the co-design would be achieved.
6. A Member asked who the anticipated industry partners were. Mr Martin said that many of the required partnerships were already in place, but a new overarching framework was required. Groups of staff and providers would need to work together to design the clinical pathways identified in the prospectus.
7. Mr Martin noted that earlier commissioning decisions had resulted in variations across the county. Asked how service variation would be overcome when there were staff shortages, Mr Martin said that part of the transformation process would be to ensure that the workforce had the right skills to deliver the clinical models of care where required, as well as general competencies and specialist skills. Mr

Martin said a skills centre would be established to develop staff within primary care and community settings, which would also help with recruitment and retention.

8. Mr Martin said that the transformation work would look to increase capacity and ensure that services were sustainable over the coming decades as the effects of an aging population were seen. Scalability would be built into the contract to meet demographic changes.
9. A committee member expressed concern that there was a lack of detail in the report regarding the costs of recommissioning services and the plan for co-production. Mr Martin said there had been changes to the NHS commissioning landscape, and the ICB had only been in place for 9 months. The Chair noted that much more detail would be available once the transformation was underway from April 2024.
10. Mr Martin said the NHS was not notified of long-term finance settlements by government but that the funding for the contract would be maintained. It was noted that money saved by the re-design would be invested into building capacity and further change.
11. A Member asked if the contract was an extension or a full re-procurement. Mr Martin said the new contracts from April 2024 would be like-for-like with the existing specifications while the year of transformation took place. At that time new specifications would come into effect. He noted local NHS commissioners had not used this method of procurement before, but others had.
12. Mr Martin confirmed that the ICB had assessed the proposals and did not deem the first year of the re-procured contracts to be a substantial change. Adapting clinical care models to conform with national guidelines was part of the NHS way of operating. In addition, the contract(s) would drive integration between partners to increase long term sustainability.
13. A Member expressed concern that staff may struggle with performing their main duties at the same time as looking to transform services. Mr Martin said that support was in place for staff to manage the change and it was not unusual for staff to experience changes to the model of working. The transformation was an opportunity for a new way of working and it supported the integration agenda. The transformation would streamline access to patient information which would save time and reduce the task burden for staff. Mr Martin also noted that the changes would not be entirely new as they had been tested and piloted over the previous 18 months.
14. A Member emphasised the importance of communication and consultation with both staff and local communities. Mr Martin said a draft communication plan had been developed and it would be informed by the lessons learned from previous engagement activities. It was noted that the engagement would reach out to different generations (including both adults and children) and ethnicities.
15. A Member felt that many phrases in the report indicated that significant change would occur, highlighting reference to a 'step change' in the final paragraph of section 2 of the report. Members noted the level of risk involved in the proposals,

including the number of services involved (18), integration of IT across many services, and using a new method of procuring.

16. Noting the above concerns and the length of the new contracts, Mr Mochrie-Cox proposed that the changes represented a substantial variation. There was no seconder, the motion fell.
17. Mr Martin said there were yearly triggers built into the contract so if transformation work was not on track the contract would be paused.
18. A Member asked what effect a substantial variation decision would have on the timescales and implementation of the contract. It was recognised that the proposed procurement was a new way of doing contracts and if it was decided that it constituted a substantial variation, the ICB would extend the current contracts and delay the transformation for two years. It was noted that this would prevent the NHS from developing capacity at scale to meet with the needs of an older population.
19. Seeking clarification as to why a two-year delay would be required, Mr Martin said that it was necessary as they did not have alternative mechanisms in place. It was not possible to roll over the current contracts and ask providers to reflect national changes in the way they delivered services.
20. The Chair noted that if colleagues at Medway Council also deemed the changes to be a substantial variation, then a joint committee would be required to lead on scrutiny.
21. Members said that a delay would not be in the interest of the authority, residents or the NHS, but they did want to be kept informed about the progress of the transformation over the duration of the contract.
22. The Chair summarised the two recommendations in the report and the arguments that supported each one.
23. RESOLVED that:
 - a. The Committee deems that proposed changes to the re-procurement of Community Services are not a substantial variation of service.
 - b. NHS representatives be invited to attend the Committee and present an update at an appropriate time, to include details on financing and engagement.

Item 5: Winter rehabilitation and reablement pilot in east Kent

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 5 October 2023
Subject: Winter rehabilitation and reablement pilot in east Kent

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

1) Introduction

- a) Kent Community Health NHS Foundation Trust (KCHFT) have asked to present to HOSC the attached paper which sets out plans to modernise the approach to delivering rehabilitation, recovery and reablement in community hospitals in east and west Kent.
- b) They intend to inform this piece of work with a 6-month pilot over the winter in two east Kent community hospitals. The outcomes will inform the case for change, at which point HOSC will be in a position to decide if these represent a substantial variation in service provision.

2) Recommendation

- a) RECOMMENDED that the Committee consider and note the report and invite KCHFT to provide an update at the appropriate time.

Background Documents

None

Contact Details

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

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Winter rehabilitation and reablement pilot in east Kent

HOSC briefing

Situation

As part of a national NHS England Frontrunners pilot, Kent Community Health NHS Foundation Trust (KCHFT) is looking to modernise its approach to delivering rehabilitation, recovery and reablement in its community hospitals in east and west Kent.

KCHFT intends to pilot a new integrated model for rehabilitation and recovery – with Kent County Council – during the winter in two of its community hospitals; Westbrook House, in Margate and in West View Integrated Care Centre in Tenterden.

This briefing paper provides an update for HOSC members ahead of the pilot, as we start a conversation with patients and carers, the public, staff and partners and test our early thinking around a potential new approach to rehabilitation and recovery.

Background

KCHFT's new [We care strategy](#) sets out four new ambitions for the next five years.

One of these priorities is to make sure our patients get a better experience, by delivering the right care, in the right place.

As part of this we want to improve how we deliver rehabilitation, recovery and reablement in our community hospitals so we can:

- improve outcomes and experience of our patients
- provide more rewarding and attractive careers for our colleagues
- deliver a more sustainable model for the future.

We know too often people end up in a hospital bed when they don't need to be – or stay there too long – which can impact their ability to regain their independence.

We also know there are large numbers of people who are not being cared for in the right place, because the right care or support in the community or in a care home is not available, or they need more complex packages of social care to allow them to live at home, requiring multiple organisations to work together.

Evidence shows people recover quicker and regain more of their independence when they take a more active role in their recovery, supported by their carers and family.

This will mean working differently so we can provide seven-day, evidence-based rehabilitation, where people play an active role in their recovery, and we focus on what matters to them.

By working differently to provide care that is more joined up with other health and care services, we hope to not only improve their experience and their outcomes, but provide a more efficient and sustainable service for the future.

Our ambition for rehabilitation, recovery and reablement

The ambition is to improve care by increasing therapy in community hospitals from five to seven-days-a week and deliver more joined-up services – with nursing, therapy, doctors, pharmacy, social care and voluntary sector partners working as one team.

We believe this approach will improve outcomes and enhance the experience of patients, carers and colleagues and provide a more sustainable model of the future.

This would mean people would:

- be cared for in centres of excellence for rehabilitation and recovery
- receive seven-day rehabilitation, with the support of family and carers, to meet the goals that matter to them
- be empowered to take a more active role in their rehabilitation so they are better able to cope when they return home
- get better faster and home sooner with the right support to continue their recovery.

Winter pilot in east Kent

We intend to pilot a new model for rehabilitation and recovery for six-months from November to April in Westbrook House, in Margate and in West View Integrated Care Centre in Tenterden, as both KCHFT and Kent County Council already deliver care from these centres.

During the pilot, we hope to mobilise up to 30 extra beds (15 per site) to pilot an integrated rehabilitation and reablement model. We usually open these extra beds in the winter to support system pressures so it is not a change to commissioned services. This year we plan to mobilise these beds as a joint venture between KCHFT and KCC to test a model of integrated care and evaluate whether this improves outcomes for people and increases independence.

We hope this will improve the flow through community and acute hospitals and get people home from hospital sooner.

The aim of the pilot is to:

- improve the outcome and experience of our patients, getting them home from hospital sooner
- develop more attractive career choices for staff, through more integrated working
- start to test a more sustainable model for the future.

The pilot will be informed by learning from our new stroke unit, which opened in Westbrook House, in July. Specialist rehabilitation, like caring for people who have had strokes or broken hips, is just one part of the care we are looking at, we also want to improve the care for older, frail people who need general rehabilitation, for example after a fall, and for sub-acute patients, who still need treatment after spending time in an acute hospital.

The intention is the pilot is funded by winter-funding and resourced through recruitment and more integrated ways of working by KCHFT, KCC and East Kent Hospitals University NHS Foundation, through the emerging provider collaborative.

What we have done already that will inform our pilot

We are already exploring new ways of working to help us improve rehabilitation and recovery.

Intermediate care frontrunner

We are a frontrunner for the NHS England Intermediate Care Pilot in east Kent, which aims to improve all the short-term services which support people when they are discharged from an acute hospital or sometimes intervenes to stop people going into hospital at all.

This includes services which support people to return home without any support, those who need a care package, those people who need our support in a community hospital, and those who need longer term care, for example in a care home.

Part of this work has seen KCHFT and Kent County Council start to recruit 25 **Home First support workers** in east Kent. These are joint support worker roles across health and social care and once in post, they will support people to return home with the aim of improving flow in our hospitals, getting people home faster and supporting recovery and independence. These are expected to start to be in post from November.

The Home First Team will deliver reablement, personal care and support nutrition, while also monitoring the person's condition. They will also contribute to an overall plan of care, which includes all members of the multi-disciplinary team, in their own home.

Provider collaborative

Colleagues from across KCHFT, Kent County Council and East Kent Hospitals University NHS Foundation Trust are working together to review intermediate care and we are exploring setting up a provider collaborative, pooling our resources to make these services and system work better.

This type of joint working with colleagues from other parts of the health system and from social care is something we are keen to explore further in the future and is something we would like to test with our pilot model this winter.

Setting up [provider collaboratives](#) is part of a national mandate from NHS England. Developing and formalising provider collaboratives is a culmination of a national policy focusing on meeting the current challenges through system working and exploring the potential of working at scale.

Building on learning from new stroke unit

In July, we opened a new stroke unit in Westbrook House, in Margate, offering round-the-clock rehabilitation.

At the new unit, patients are supported on their road to recovery and independence, with a daily programme of therapy tailored to their individual needs. This includes supporting people to improve their mobility and regain skills such as washing, dressing, eating meals and communicating, helping them to return home.

The KCHFT unit works closely with the acute stroke unit at Kent and Canterbury Hospital. People who no longer need to be in an acute hospital, but are not yet ready to go home, have a short period of specialist inpatient rehabilitation at Westbrook.

How we will involve people, patients and public

We have started our conversations to involve patients, carers and the local community to make sure we understand how community hospital rehabilitation can meet their needs. We are also engaging with colleagues about their own ideas for nurse and therapy-led care.

So far, we have:

- set up a communication and engagement group to include colleagues from Healthwatch and a patient representative to help up design a robust communication and engagement plan
- spoken to patients and carers to understand what matters to them and what they think about seven-day rehabilitation in our hospitals. They told us they would like their families and carers involved in supporting their rehabilitation more, especially at weekends, so they still get to spend quality time with them
- looked at our patient experience data to analyse themes from what people have told us over the past year to help inform our pilot
- launched a campaign to invite patients or carers who have experience in our hospitals to work with us and give us their feedback
- involved KCHFT's Patient Experience and Learning Council, as well as our patient participation partners and patient governors to help inform our engagement activities.

In September, as part of KCHFT's We Care conference the trust set out its early thinking to 240 staff, including those who deliver care, our partners and colleagues from voluntary and community sector. This included testing our thinking around a case for change.

Our learning from these pieces of work has started to inform our very early thinking about a case for change and our vision for the future.

We will continue to engage with people, patients and public over the coming months to inform our plans and develop our pilot.

Next steps

We will provide an update to HOSC in December on our progress with the pilot, along with our detailed plans on our we are involving people, patients and carers and members of the public. Our intention is the pilot – along with the learning from Westbrook House – will help to inform our case for change, which we expect to bring to HOSC in 2024.

More information can be found on our website at www.kentcht.nhs.uk/rehabandrecovery

Clare Thomas, Community Services Director, Kent Community Health NHS Foundation Trust

Louise Ward, Assistant Director of Community Hospitals, Kent Community Health NHS Foundation Trust

Item 6: Edenbridge Memorial Health Centre

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 5 October 2023

Subject: Edenbridge Memorial Health Centre

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.

1) Introduction

- a) Historically, health services in Edenbridge were 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 former 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 on 28 March 2023. The construction work had recently completed, and the centre was due to open in November 2023. Public engagement had been underway with more planned, and HOSC invited the Trust back after summer for a further update.

3) Recommendation

RECOMMENDED that the Committee consider and note the report.

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>

Item 6: Edenbridge Memorial Health Centre

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>

Kent County Council (2023) '*Health Overview and Scrutiny Committee*
(28/03/2023)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9052&Ver=4>

Contact Details

Kay Goldsmith

Scrutiny Research Officer

kay.goldsmith@kent.gov.uk

03000 416512



Delivering a model of care for the population of Edenbridge at Edenbridge Memorial Health Centre

Author: Clive Tracey, Director of Specialist Services, Kent Community Health NHS Foundation Trust

5 October 2023

Introduction

This paper updates the progress made on the development of the Edenbridge Memorial Health Centre and is a follow up to the report to Health Oversight Scrutiny Committee (HSOC) in March 2023.

The £13.5m investment in a purpose-built centre will bring together primary care and community hospital services (without inpatient beds). The centre is due for completion in November, with an operational opening date of 27 November 2023.

The vision for the exciting new Edenbridge Memorial Health Centre is an integrated care model delivered by Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice bringing health, GP and community services together to support the local community. The clinical operational model was developed with local people and staff, and focusses on the needs of the local population, with the ambition to create a health and wellbeing hub for people to receive care and advice, close to home.

When the new Edenbridge Memorial Health Centre opens it will offer a range of services incorporating general practice alongside a wellbeing day centre, proactive frailty unit, same-day urgent care services and a range of outpatient clinics. This is the start of a new journey for healthcare in Edenbridge and we will continue to develop services as needs change.

Target groups

For families, there will be services to support children from birth to adulthood. Services are expanding to provide for children's needs which would reduce travelling for Edenbridge residents who use existing services elsewhere. Maternity services are already provided and will be complemented with ante-natal new-birth clinics provided by our Health Visiting Service.

For older people, we will support people to stay independent and well at home. The town has a population that is getting older with a high percentage of people between 55 and 64-years-old. We know as people age they can become frail and need extra support.

The development of a community hub links key services together to provide a proactive frailty model that optimises the ability to work closely with GPs, with on-site assessments as part of a joined-up community response linking in with rapid response, complex care and community nursing teams, including home with support. Services will work collaboratively, using the benefits of having a wellbeing day centre and health and wellbeing team, working together to wrap care, support and education around people and their families and carers to keep people well for longer. The potential for falls prevention clinics at the wellbeing day centre will provide extra support, enabling people to safely remain in their own homes, recognising this is also an indicator for future needs. Wound care clinics will be delivered to provide a more comprehensive service that improves wound healing and support for non-housebound people, which is currently provided by the GPs, community nursing and minor injury teams.

For people who need support and connection to their community, the hub will support more than just physical wellbeing. The wellbeing day centre, which provides support and signposting to people with frailty and dementia and respite for their carers, will expand to six days-a-week. As it develops, the centre will offer social prescribing to help tackle loneliness, depression and anxiety. Collaborative working with Sevenoaks Borough Council, will lead to the development of a more integrated offer for housing, wellbeing and local voluntary providers. Our intention is, when not being used for clinics, the space will be available for community groups to meet where there is a health benefit to be gained. This wider wellbeing approach will be led by a social value coordinator, who will work with local groups to provide more health and wellbeing offers, building on and working with the existing Eden Centre facilities.

Feedback and opportunities for people to have their say

During March 2023, people were asked their views on our plans. We talked to around 400 people at local community groups and talking to people in the town. One hundred and seventy-seven people gave us their views through a survey. There were more than 1,000 views of the Edenbridge page on our public website and we reached about 28,000 people through social media. More than 2,000 booklets were handed out and left in public venues.

To be sure we reached as many people as possible, we spent time in the town speaking to people about the plans; giving them the opportunity to ask questions. We spent two days at the Eden Centre and our teams spent two days on our very visible public health bus at Waitrose in the town to gather views. We also visited a stay and play group at Edenbridge Children's Centre and the local Foodbank.

Overall people told us:

- they are **pleased the health centre will be opened soon**, felt it would have a positive impact on Edenbridge and were pleased about the range of new services and facilities available
- the **GP practice will benefit** from new purpose-built premises, under the same roof as community services
- they were not happy the proposed opening hours for a minor injury service would be **Monday to Friday only**. People wanted the service to be open during the evening and at weekends

- They were **disappointed about the lack of an x-ray service**, mostly due to travel and transport issues and were uncertain about the data we presented relating to footfall.

The detailed public engagement report from March 2023 listening events is attached as appendix 1.

What we are doing in response

The feedback has been extremely beneficial in helping develop our clinical model. We know this is the start of a new chapter in healthcare provision for the population of Edenbridge and services will continue to evolve as needs change and we optimise the benefits of social value to bring the community together.

The table below highlights the key areas of points raised

Theme of points raised	Detail of feedback	What we are doing to address the feedback
X-ray provision	<p>78 responders reported the lack of an x-ray service as a concern, stating that they would have to travel to access x-ray services in Sevenoaks or Tunbridge Wells.</p> <p>A few people have said they understand the reasons for not having x-ray and suggest we communicate clearly the reason for this with people.</p> <p>There was a challenge from the people in attendance about the reliability of the data showing people attending x-ray services.</p>	<p>NHS Kent and Medway ICB does not support the delivery of an x-ray service at Edenbridge due to insufficient demand. The decision to provide one has been superseded by national direction to provide diagnostic centres, with increased diagnostic capability and capacity, which have been established across the country, with a local centre in Maidstone.</p> <p>During the past four years, we have seen an average of 27 people a month for x-ray at Edenbridge Hospital. We have revisited the needs of people attending the minor injuries unit (MIU) during February 2023. The MIU saw 249 people during the month, of which 20 (eight per cent) needed redirecting to an x-ray facility.</p> <p>The GP surgery run a pilot MIU that is ongoing at present. From 16 August to 8 September 2023. The MIU saw 109 people with only nine (eight per cent) people needing an x-ray, who were redirected to other sites.</p> <p>The ability to keep staff retained and their skills up-to-date with such a low volume of throughput would not be viable. In addition, local x-ray only provides for plain view and more options for imaging are available at larger sites.</p>
MIU	<p>A consistent theme for the minor injury unit is opening times and the availability only proposed as being Monday to Friday.</p>	<p>The future provision of minor injury service is still being evaluated. The MIU at the existing Edenbridge hospital has needed to be closed often during the past year, due to staffing issues.</p>

	<p>People also said that infrequency of opening times could result in more people calling the GP surgery line making it even more difficult to get an appointment</p>	<p>A pilot for a new service run by the GP practice is now being evaluated to see if a future minor injury service can be provided this way.</p> <p>Discussions have begun between KCHFT, Edenbridge Medical Practice and the ICB to establish the level of service, operating hours and a viable financial model to allow minor injuries provision to continue in Edenbridge. In the meantime, to maintain continuity and some resilience of the service, the joint venture will continue to run from the GP practice.</p> <p>Evaluation and overview of the pilot is detailed in the section below: Same day urgent care (change in provision).</p>
Travel and transport	<p>Travel and transport were a key theme in the feedback we heard.</p> <p>There were several solutions suggested to overcome travel and transport challenges:</p> <ul style="list-style-type: none"> • Voluntary transport • Bus stop outside the centre 	<p>We have been working with the charity 'Edenbridge Voluntary Transport Service' to explore options to contract with the charity to provide a local provision to the health centre.</p> <p>Plans have progressed well and we are supporting the charity with a recruitment campaign to have more volunteer drivers. The service offered and planned is detailed below: Voluntary transport services.</p>
	<p>There were concerns raised about how people using the parking would be monitored and the risks, as the centre is close to the train station. People want to keep the spaces for patients attending appointments.</p>	<p>The centre provides 100 car parking spaces. We intend to monitor parking and usage to see if any issues materialise as our hope is to keep the site easily accessible for people. We have the option to put a height restriction barrier and ANPR technology on-site, should we need to in the future.</p>
	<p>As well as vehicle travel, there were concerns and suggestions raised for pedestrians.</p>	<p>We have worked with KCC highways and as part of the S278 agreement the development covers:</p> <ul style="list-style-type: none"> • Two repositioned bus stops being close to the entrance on Elms road • Formation of new uncontrolled pedestrian road crossing, east of the new junction with associated dropped kerbs, tactile paving New street lambs to improve local lighting
	<p>In relation to health services people also wanted support with:</p>	

Using the space and new services	Hearing/ear syringing/ENT clinic	This is a potential and will be explored in the future
	Podiatry	Existing services will continue to be delivered
	Dementia	This will be available as part of the wellbeing centre and also increased provision from the Frailty and Proactive Care including west Kent Enhanced with Support, as detailed below.
	Parkinson's	Specialist Parkinson's nurse provides clinics which will continue.
	Sexual health clinic	This is a potential and will be explored in the future.
	NHS Dentist service	This is not an option; however, we are aware that NHSE are looking at a provision for Edenbridge
	Chemotherapy beds	We are working with acute providers to explore options.
	Day beds for people who have had treatments	This will be available within the new Frailty and Proactive Care Including West Kent Enhanced with Support as detailed below
	Memory clinic	This is a potential and will be explored in the future.
	Nutrition	Additional capacity has been identified to link with the wellbeing day centre to support nutrition advice and assessment for people attending the centre. In addition, we hope to develop educational groups for carers.
	Lifestyle classes – diet/healthy living	This will be available as core to the health and wellbeing offer
	Wraparound health support for older people	This will be available in the new Frailty and Proactive Care including West Kent Enhanced with Support as detailed below
	Mental health support for all ages	Yes – wellbeing centre
	Eye clinic – dry eye/macular degeneration	Working with MTW to explore option
	Rehabilitation – post injury/illness	This will be available within the new Frailty and Proactive Care including West Kent Enhanced with Support and in conjunction with the wellbeing day centre as detailed below
	Carers support/ education/ guidance and advice	This will be available through a number of areas and is part of the social value development that will be led by the social value coordinator and Darzi fellow, working with the wellbeing centre and health and wellbeing teams to identify need and establish the educational sessions

<p>Health and wellbeing</p>	<p>Lots of people told us about the importance of using the indoor and outdoor space available, including the multi-purpose wellbeing day centre for social groups to reduce loneliness and encourage social interaction as an essential tool in improving mental and physical health</p>	<p>We have reviewed the helpful list of suggestions and feel that a number clearly link with health provision. These will be a focus of areas of development being:</p> <ul style="list-style-type: none"> • First aid classes – CPR /defib. Include educating children in first aid • Outside space with flower gardens using the memorial garden and courtyard spaces • Classes and exercise for older people, linking with the Eden Centre • Parent and baby support, linking with the Eden Centre • Creative arts as therapy sessions through the wellbeing day centre • Singing group • Day centre as part of the core provision of the wellbeing day centre • Wellbeing talks/events i.e. weight loss, weigh ins, sight checks, bone density, blood pressure. These link to the new services requested above and will be developed. <p>The social value offer will develop and explore how the community can support the other areas and suggestions such as:</p> <ul style="list-style-type: none"> • Areas for young and another for old citizens, communal areas • Pilates/yoga • 70+ clubs • Bingo.
<p>Access</p>	<p>There were suggestions made about the outside of the building and making sure people can access the front door</p> <p>Signs and information in the building need to be accessible for people with sight loss and literacy problems. A suggestion was for them to have personal support when they are in the building.</p> <p>Many people asked about the moving around the building in wheelchairs or mobility scooters. The concerns raised were about the door ways being wide enough, corridors being wide enough and automatic door buttons at a level for people to reach.</p>	<p>Edenbridge Memorial Health Centre will be fully compliant with the Equality Act 2010.</p> <p>There will be an induction loop for people with hearing impairments and all clinic rooms are on the ground floor with level access throughout the building.</p> <p>We are reviewing all signage to make sure that we have easy to read signs and they include accessible elements and are dementia friendly.</p> <p>One of our key roles (detailed below) is to provide a meet and greet service for users of the health centre to make sure people are signposted to the right area. They will be instrumental in flow management and will act as a point of contact for patients and visitors entering the site.</p>

		<p>The site is wheelchair-friendly with wide, open corridors to make navigation easier.</p> <p>We have a patient volunteer from the engagement events who is coming to try and the new centre and identify any potential issues early so we can address these before opening.</p>
	<p>Someone highlighted the need for equipment to be installed to make examinations of people with complex needs, including physical needs, easier and more dignified for the individual.</p>	<p>The wellbeing day centre staff have access to a hoist and will be able to support clients attending any of the clinics or GPs, which has not been a service available before. In addition, the larger rooms can be used for clinical consultations for any of the centre healthcare professionals providing greater flexibility and improved access for people who need support especially those needing hoisting</p>
<p>Other concerns</p>	<p>People also told us that they:</p> <ul style="list-style-type: none"> • want to see the centre staffed with enough doctors and nurses available for appointments, operating shifts to cover week days and weekend. • want an online booking system so they don't have to call • want to be able to access GP services and clinics when they need to • like the support area for children and the café for social interaction • want a volunteer bureau for transport and to undertake roles such as meet and greet 	<p>We hope that by making this a vibrant healthcare hub people will want to work there. The additional space is allowing the GP Surgery to become a training practice, for senior trainee GPs to complete their studies before being fully qualified. It is recognised that trainee doctors often stay on at their training practice after fully qualifying.</p> <p>The GPs have already developed a range of on-line services. After listening to this feedback and working closely with the practice Patient Participation Group the practice is improving and streamlining their appointment system for patients. Patients will no longer need to telephone to book an appointment with a clinician. This will be much easier for most patients to contact the practice for medical or administrative requests rather than calling the practice by telephone to speak to a receptionist. It will enable them to book on the day appointments for those that have a clinical need, or pre-book an appointment for more routine conditions.</p> <p>While we are providing a small catering outlet, mainly to support the wellbeing centre, we are unable to offer refreshments to the public. However, to support local community and social interaction we will work closely with the Eden centre to promote their café and facilities</p>

		The voluntary transport and meet and greet roles have been addressed and detailed below.
	Some people were disappointed with the design of the Wellbeing Day Centre. They said it was hoped this would be a bespoke area for dementia patients and their carers. They were concerned about its location at the front of the building as it would be too noisy and there was only one nearby accessible toilet	We have spoken to the people that have raised these concerns and have tried to address them. For example, the windows at have reflective film to provide privacy and rooms can be partitioned to allow for more bespoke use. We will constantly evaluate other options to ensure that the space is quiet and conducive to provide the continued good care that people currently receive at the day centre.
	Some people felt the time to consider how the interior of the building should be used is before construction began not when it is already under construction.	Healthcare needs have changed and we are always keen to re-evaluate service provision based on needs. The new centre not only provides greater service provision that is currently available, with a range of new services, but the opportunity to develop further especially a social value approach. It is therefore right that we revisit how the space and the centre should be used.
	Some people are concerned about future housing development and the impact of a larger population might have on services and this will need to be taken into consideration.	The centre has room to expand and capacity to increase service provision, including opening hours. Future needs will be evaluated as any new development is designed.

Delivering a new model of care to support the wider needs of the population of Edenbridge and West Kent

KEY ROLES

Site manager

The site manager will have overall responsibility for site management including compliance with standard statutory healthcare requirements e.g. health and safety, infection control and estates management. They will provide operational management and clinical supervision for all KCHFT staff and work collaboratively with the GP practice. A key impact is the collaborative work across providers and pathways to embed new ways of working, and deliver seamless, high quality patient care. They will be a role model to staff in developing a 'one team' approach to integrated services.

Darzi Fellow

The Darzi Fellow will support the ongoing journey of development during the first year of operation. They will be focused on improving patient care and transforming community services to meet the future needs of our changing population. The purpose of this post is to provide an objective review of new and innovative ambulatory pathways of care in Edenbridge, working with the GPs and community teams and in partnership with local people. This post will support embedding the new clinical model, while identifying learning that can be applied across all our services to improve the patient experience. This post will be in place for 12 months, commencing September 2023.

Social Value coordinator

The aim of this post is to optimise the local community response and infrastructure to support the health and wellbeing of local people. The coordinator will reach out to work with community groups, developing support networks and linking in with health and wellbeing provision, including NHS health checks and other One You services.

Meet and Greet

Administration staff will be part of a rota to provide a meet and greet service for users of the health centre to make people are signposted to the right person and zone. They will be instrumental in flow management and act as a point of contact for patients and visitors entering the site. They will have a range of key tasks that may include:

- Greet and welcome patients and visitors
- Ensuring infection prevention and control guidance is being followed, such as using hand gel or face masks
- Providing clear and accurate directional information and escorting if necessary
- Supporting people to register their attendance
- Distributing patient leaflets
- Ensure public facing signage and communication in regards waiting times is updated
- Working with the site team to promote positive patient experience.

Edenbridge Voluntary Transport Service

Significant feedback has been received on the transport challenges in the area, both from the residents and staff.

We are working in collaboration with the Edenbridge Voluntary Transport Service to contract with them on providing a bespoke transport service. We are actively working with the service on a recruitment campaign so they can provide support to people who have difficulty finding transport to Doctors' Surgery or clinic appointments. They are a registered charity independent of the NHS relying on donations from passengers and others to keep our service running. We are aiming to develop the transport offer in preparation for the new centre's opening.

SERVICES DELIVERED

GP surgery

The new GP surgery will continue to offer face-to-face, phone and video appointments for patients, giving the patient the choice of how they want to access their doctor or practice nurse. The existing services, including phlebotomy and dispensary, will continue.

The practice will have sufficient capacity with 11 consultation rooms, 2 nurse consultation rooms and a treatment room. This additional capacity will provide opportunities for more clinical services for example: management of chronic diseases, antenatal care, children's immunisations, health and wellbeing support, memory and dementia support, to name a few.

The GP surgery has already introduced an online e-consult consultation service, a range of services that already can be accessed online via Patient Access and a new online booking system in the final stages of planning, as set out above.

Same day urgent care (change in provision)

Due to staffing challenges, we have needed to close the minor injury unit at the hospital for periods of times during the past year. Minor injury units (MIUs) and x-ray departments are staffed by emergency nurse practitioners and radiographers and there is a national shortage of these highly-skilled professionals. Units with higher activity and a wider range of services are more attractive to staff and small satellite units are difficult to recruit to.

There is no proposal to have x-ray facilities in the new Edenbridge Memorial Medical Centre. X-ray facilities are not available, nor have they been available at Edenbridge Hospital for last three-and-a-half years.

We have investigated how we could deliver urgent care services differently in Edenbridge.

Instead of an MIU with x-ray, we could provide a minor injury service complementing the GP services, from Monday to Friday, 8am to 6pm.

This model is being piloted in the GP practice to explore the viability of the service being taken over by the practice. The existing Advanced Clinical Practitioner (ACP) from the minor injury unit saw patients with minor injuries. Patients with minor ailments were signposted to more appropriate services such as a GP, nurse practitioner, physician associate, clinical pharmacist, or services outside the practice, such as community pharmacy.

As of 8 September, 2023, the service had seen 109 patients, an average of 7.25 per day, compared with a historical range of nine to fifteen in the MIU provided in the hospital (numbers in recent months, however, were significantly reduced due to the regular closing of the service). 79 per cent were patients registered with Edenbridge Medical Practice and 21 per cent were registered elsewhere. Nine patients (eight per cent) had to be redirected to services with x-ray following an initial assessment within the minor injuries service. Seven patients (six per cent) had to be re-directed to other facilities – other than x-ray – including the Emergency Department or specialist services such as emergency hand surgery, due to the nature of injuries requiring specialist assessment and treatment.

86 per cent of patients were managed exclusively within the minor injuries service, these are patients who would otherwise may have presented to other parts of the urgent care system. 98 per cent of patients seen reported that their experience of using the service was “good” or “excellent” and 100 per cent said they would recommend the service to others.

The service has been more stable since being provided as a joint venture and has only closed on two consecutive days due to last-minute staff sickness. If the service comes under the practice’s remit, it is the intention to invest in additional training for existing Edenbridge Medical Practice clinicians to ensure there is a greater depth of skill mix and avoid the risk of closure due to staff shortage.

The pilot is now being fully evaluated with the intention to agree with the Kent and Medway Integrated Care Board (ICB) that a minor injury service to meet the urgent health needs of the local population will be provided through the GP practice. Discussions have begun between KCHFT, Edenbridge Medical Practice and the ICB to establish the desired level of service, operating hours and a viable financial model to allow minor injuries provision to continue in Edenbridge. In the meantime, in order to maintain continuity and some resilience of the service the joint venture will continue to run from the GP practice.

COMMUNITY SERVICES

Frailty and Proactive Care, including West Kent Enhanced Home with Support

The Edenbridge Frailty and Proactive Care model will provide an integrated service to the local community, delivering the best possible treatment and outcome following holistic clinical assessment, diagnosis and treatment. The purpose of the service is to keep people living with frailty well and living

at home. The aim is to provide the right care, at the time when it is needed. An ambition is to recognise people who may be becoming frailer, help them to manage this as far as possible and help those people and their families/carers to plan for the future.

The Frailty service, utilising the resources and dedicated clinical space within the health centre, would be operational across all 7 days of the week, providing planning and advanced care planning to support people when their needs change or when a crisis occurs, and enabling early supported discharge from acute and community hospitals.

The service will work in collaboration with the Wellbeing Day Centre; with support from community multidisciplinary teams (including Complex Care, Home Treatment, Rapid Response and Rehabilitation services); and work closely with GPs Primary Care, Integrated Community Teams and Social Services. The development of the model would provide increased resources to build resilience into established services and to enable flexibility and responsiveness.

The service will support older people who are frail to support better diagnosis and management.

Specific deliverables will be the provision of:

- Rapid and proactive assessment including advanced care planning
- Continence service
- Falls prevention service
- Frailty – a rapid assessment and care planning service for vulnerable, older people
- Care at home preventing hospital admission

Health and wellbeing services

Providing a one stop shop wraparound team the service will support people who have social, health or wellbeing needs. This will be part of the One You Service supported by Sevenoaks Borough Council.

One You advisors work with people for up to one year to support them to make meaningful changes to your lifestyle, including:

- Eating healthily and losing weight
- Getting more exercise
- Drinking less alcohol
- Having a better mental wellbeing
- Falls prevention education/classes.

The provision will link with existing community groups and activities including those delivered at the Eden Centre to optimise a range of options for a person to support their health and wellbeing.

Frequent service user

A Service to help people who have been contacting their GP surgery or visiting A&E more frequently over the past few months. The services can help identify concerns and aims to find solutions to help people to stay well and become less reliant on urgent care services. The person will receive intensive support usually 1:1 for approximately 0-3 months then gradually working to 'maintenance' status. 1:1 activity normally is undertaken in the home or agreed suitable place e.g. café, wellbeing day centre or other location.

Outpatients

Outpatients has a range of existing clinics provided by KCHFT services, MTW and Sussex Dermatology. These clinics will transfer to the new centre. Clinics are scheduled over a five-week period with further capacity to grow.

We are working with acute providers as it is hoped that additional clinics will be able to be provided to meet local needs such as diabetes clinics that work collaboratively with the wellbeing service, frailty team and GP to optimise outcomes and support for people to management their long-term condition.

There is additional provision that will provide:

- up to two clinics per week for children's therapies for children with additional needs, reducing the need for 200 families to travel out of Edenbridge each year
- newborn clinics provided locally
- school-aged vaccination catch-up clinics for those who have missed vaccines at school
- three wound clinics per week, including weekend provision.

Wellbeing Day Centre

The centre will provide a broad range of holistic services to support the health and wellbeing of people in the local community especially those with dementia or who are frail.

The model of care will support people of all ages to live well with their health conditions, focussing upon health and social care interventions to promote and enable prevention, self-management, and health optimisation. This will be achieved by a focus on social interaction and activity with comprehensive basic health assessment to support management of long-term conditions or specialist advice. Wellbeing advice will support frailty or those with a diagnosis of dementia, to promote optimisation and reduce deconditioning.

The centre will expand to six operational days including Saturday. Whilst the focus will be to support people with dementia it would also be used for:

- frailty short term intervention for on-going assessment, monitoring, education and treatment
- Wellbeing and lifestyle sessions including groups and educational sessions including frequent service user
- Support with signposting, education, carers assessments and crisis avoidance
- Therapy rehabilitation including equipment assessment and provision

Following feedback and concerns raised, in order to support health needs including mobility and continence issues the staff ratio has been increased with the following staff ratio in place:

- Non-complex days: maximum 12 people: 4 staff
- Complex days: maximum 8 people: 5 staff
- In addition, support is available from the floating HCA within outpatients, the therapist for part of the day and the clinical lead

Voluntary transport services

Working in collaboration with the NHS the Edenbridge Voluntary Transport Service the intention is to support people who have difficulty finding transport to Doctors' Surgery or clinic appointments. They are a registered charity independent of the NHS relying on donations from passengers and others to keep our service running. However, the NHS will be contracting the service to support the wellbeing centre, wound centre and proactive frailty service to support people's regular attendance at these services and who live within a 10-mile range of the health centre. The NHS will provide administration support to aid the planning and booking of planned appointments for specific people who would normally rely on other NHS transport services. The Edenbridge Voluntary Transport Service will have an office within the health centre.

Providing this necessary transport where needed provided by the Edenbridge Voluntary Transport Services with the ambition that a regular voluntary driver supports the same person on a regular basis will allow consistency of support and the benefits that they will be able to identify changes in a person's condition outside of the day centre e.g. mobility, ability to cope at home. Transport will be

book and planned in advanced supported by a dedicated administrator who will support liaison with the drivers.

Wound Care Centre

The Wound Centre will be a nurse-led unit comprising registered and unregistered nurses whose role will be to undertake key wound management interventions and identify required outcomes for individual patients in order to promote and drive a high-quality outcomes and healing.

Care pathways and treatment plans will be used to facilitate complex wound healing that are flexible to ensure any care is tailored to individual patient requirements leading to improved patient outcomes and satisfaction.

The centre will have direct access to tissue viability specialists one day a week who will support complex wound management and provide clinical oversight and supervision for staff.

50 per cent of the activity of the MIU has been repeat wound dressings, that would be better managed through the wound clinic and will free up specialist capacity to increase same day urgent care provision.

Other facilities

A small catering facility will provide hot food and drinks to the wellbeing centre plus serve staff and the public. There is a potential to develop a weekend service but that would need to be self-funding and could link with voluntary sector, league of friends or community groups.

People attending the wellbeing day centre morning session will be offered a lunch with a small contribution to the cost of the meal. Given the risk of handling money the service will be a non-cash provision taking electronic payments.

Next steps

The clinical model is being implemented to allow a transition from the existing sites to the new centre. A detailed transfer plan has been developed and we look forward to opening the centre on 27 November.

The provision of a future same day urgent care (MIU) offer is to be finalised with the ICB and hopes to build on the successful pilot that has been running during August and September.

The feedback from the listening events is being used to develop the clinical model for the centre and will be shared with Edenbridge residents at a meeting on Saturday, 7 October at the WI Hall. more information and how to book is online: www.kentcht.nhs.uk/EdenbridgeFuture

Further update

The partners in this project are:

- Kent Community Health NHS Foundation Trust
- Edenbridge Medical Practice
- Kent and Medway Integrated Care Board.
- Sevenoaks District Council (Community Infrastructure Levi funding).

Appendix

Appendix 1 – Edenbridge listening events engagement report
Appendix 2 – EMHC Clinical model

Edenbridge Memorial Health Centre

Public engagement report from March 2023 listening events

Summary

During March 2023, people in Edenbridge were asked their views on the new Edenbridge Memorial Health Centre. The centre is a purpose-built community hub; a one-stop shop for health and wellbeing services and is due to open this autumn.

With construction of the centre near completion we wanted to seek feedback on the proposed range of services, how best to use the community space in the centre and how to make the centre accessible.

Around 400 people were reached through meetings, by talking to people in the town and attending community groups. One hundred and seventy seven people gave us their views by completing a survey. There were more than 1,000 views of the Edenbridge page on our public website and we reached about 28,000 people through social media. More than 2,000 booklets were handed out and left in public venues.

Overall people told us:

- they are pleased the health centre will be opened soon and pleased about the range of new services and facilities available
- the GP practice will benefit from new purpose-built premises, under the same roof as community services
- they were not happy the proposed opening hours for a minor injury service would be Monday to Friday only. People wanted the service to be open during the evening and at weekends
- They were disappointed about the lack of an x-ray service, mostly due to travel and transport issues and were uncertain about the data relating to footfall which was presented to them.

Background

The Edenbridge Memorial Health Centre will bring together a wide range of health services under one roof and give the people of Edenbridge seamless access to healthcare. Services already planned include a GP practice, outpatient services, therapies and social prescribing. The centre includes a wellbeing day centre designed to provide a multi-purpose space to facilitate sessions aimed at improving the health and wellbeing of the local population.

Since we consulted with local residents about the services available in 2017, the Covid-19 pandemic has had a profound effect on the way health and social care has been delivered, highlighting inequalities and the changing needs of our populations. With the roof going on we wanted to finalise the services and explore what else could be provided to benefit the health and wellbeing of the Edenbridge community. As well as providing information about the additional

services that could be offered in a booklet, which was available online and in printed format, we asked for people's views on what matters most.

1. How we engaged with people in Edenbridge

We used a range of ways to make sure we gave the residents of Edenbridge the opportunity to tell us their thoughts and views on the health centre.

An in-person meeting was held on a Saturday morning, along with two meetings held online, with one taking place on a weekday evening. A survey was developed and made available online with a paper copy version as part of a detailed engagement booklet. These were shared with local community groups, through social media, the Kent Community Health NHS Foundation Trust website and the paper copy could be returned via freepost.

To be sure we reached as many people as possible, we spent time in the town speaking to people about the plans; giving them the opportunity to ask questions. We spent a few hours on two days at the Eden Centre and the Public Health Bus spent two days at Waitrose in the town. We also visited a stay and play group at Edenbridge Children's Centre and the local Foodbank.

More than 2,000 engagement booklets were handed out on the Public Health Bus, left in public venues, such as the library and hospital for people to collect, as well as some being given to local community groups to share with their service users.

2. Who we heard from

More than 400 people gave us their views through the variety of engagement sessions held or by completing a survey.

- 100 people attended the public meeting on 4 March
- 19 people attended online meetings on 8 and 17 March
- Two sessions at the Eden Centre and engaged with 70 people
- Spoke to 20 families at the Stay and Play session, Edenbridge Children's Centre
- Spoke to 30 people at the Foodbank
- Health bus – handed out more than 700 leaflets
- Approximately 10 emails received with comments and enquiries which were responded to
- More than 1,000 views of the Edenbridge page on the Kent Community Health NHS Foundation Trust public website
- Social media coverage on KCHFT pages:

Twitter: Shared 18 posts, which reached more than 6,597 people and were clicked on 246 times.

Instagram: Shared 11 posts, reaching more than 3,230 people.

Facebook: Shared 14 posts, reaching more than 18,864 people and engaged with 349 times.

A total of 177 completed surveys were received. Those responding to the survey were:

- | | |
|--|------|
| • A patient/carer at the Edenbridge Medical Practice | 63% |
| • Resident in Edenbridge or the surrounding villages | 87% |
| • Working for Kent Community Health NHS Foundation Trust | 3.5% |
| • Working at Edenbridge Medical Practice. | 0.7% |

It is noted that there would be people responding both as a patient or carer at the Edenbridge centre and as a resident of Edenbridge and surrounding villages.

- The majority of people completing the survey were females (67%).
 - 5% of respondents were between aged 25-34,
 - 9% aged 35-44;
 - 14% aged 45-54;
 - 13% aged 55-64;
 - 20% aged 65-74;
 - 27% aged 75-84
 - and 5% aged over 80.
- The majority of people identified as heterosexual or straight (85%) and three people identified as gay, lesbian or bisexual.
- 16% of people stated that they had a disability.
- 91% of respondents stated their ethnicity as White British, one person identified as mixed British Asian and two people identified as mixed-race ethnicity.
- 16% of people said they provided care for a child or children and 10% provided care to an adult.

Views on the services planned for the new centre

Many people told us they were pleased the centre would be opening soon after many years of planning and felt this would have a positive impact on Edenbridge.

"I would like to say how happy my family are, having a wonderful new health centre in Edenbridge.

"Well done for getting this done!"

"Really positive – this is a huge improvement on what's there already"

"I'm really looking forward to the new building"

People we spoke to acknowledged the positive benefit for staff by having the GP practice and community services working together under one roof.

"Looks impressive. Look forward to seeing the finished product. Hopefully, communication between different departments will improve greatly."

Although the new health centre is seen as a positive move, people have raised concerns about services which may not be available.

I am pleased that there will be services for babies, children and youth. I wish the dentist NHS was on the site.

What is being proposed for inclusion at the new health centre is excellent – thanks for bringing services together on the site BUT there are key omissions which will give residents difficulties.

"I have lived here for 46 years and have seen how much Edenbridge has expanded ... I am impressed more is going to be done for the older community and that the day centre will be extending to six days a week. However, I'm concerned that the MIU will be down sized and we will have no X-ray department."

At the public meeting, a person did acknowledge that providing services for everyone is a challenge and the services may not meet all needs.

“We’re not going to meet everyone’s needs all the time”

The key concerns raised were about:

- No x-ray being provided
- MIU opening times
- Travel and transport

3. X-ray

A large number of people expressed unhappiness about the lack of provision of an x-ray facility. In the survey, 78 responders reported the lack of an X-ray service as a concern, stating that they would have to travel to access x-ray services in Sevenoaks or Tunbridge Wells.

Respondents stated this would prove difficult, especially without access to a car. They said public transport was limited and this would mean they would have to rely on an already overstretched volunteer transport and emergency ambulance service. Some respondents said that they felt ‘cheated’ as they had been promised an x-ray facility.

“Edenbridge needs its own x-ray facility as public transport is so poor”

“Lack of x-ray is disappointing”

A few people have said they understand the reasons for not having x-ray and suggest we communicate clearly the reason for this with people.

“Shame x-ray won’t be at the centre, but I understand why”

“The x-ray explanation was clear and interesting – people just need to understand the reasons and that everything doesn’t hang on x-ray”

At the public meeting, there was a challenge from the people in attendance about the reliability of the data showing people attending x-ray services.

“x-ray footfall – suspicious of data.”

“Concerns around figures for x-ray dept”

People were assured that the footfall data is being reviewed continually so we have a clear idea of people in the Edenbridge locality who are attending other units as a result of no facility in the town.

Linked to accessing x-ray services is transport, which will be covered in section 6. Many people raised transport and accessing x-ray at other hospitals in East Grinstead, Sevenoaks and at Pembury Hospital.

“x-ray – the difficulties of access for this rurally isolated community if it is not available here. East Grinstead is closest (7 miles) but not easy if you can’t get transport – so logistics of access are important. Again, if there was an x-ray here, computer linked to aid remote diagnosis, people would attend if it could be relied on to be open at set time.”

4. Minor injuries unit

A consistent theme for the minor injury unit is opening times and the availability only proposed as being Monday to Friday. The suggestion from people is to re-think the days when the unit is open and include weekend cover, due to more sport and other activities taking place. People also said

that infrequency of opening times could result in more people calling the GP surgery line making it even more difficult to get an appointment

“At weekends, there are more residents around town (who work elsewhere weekdays, or out of town at school etc) and more risk of injuries from sports activities and DIY mishaps.”

“It should cover weekends - also if people could rely on the unit being open, there would be more footfall”

A suggestion from the families spoken to at the children’s centre is once a decision has been made, to be really clear about what treatment the people of Edenbridge can go to the minor injury unit for.

5. Travel and transport

Travel and transport was a key theme in the feedback we heard. The concern didn’t only focus on getting to other hospitals to access x-ray or other services, but also getting to the new health centre.

“Transport to and from the centre is important- how will people get there from outlying towns?”

“How will people access services outside of Edenbridge if they can’t drive e.g. non-drivers, residential homes”

However, some people are happy to catch a bus to the nearest hospital.

“I’m happy to travel to the hospital in East Grinstead, I catch the bus all the time”

There were several solutions suggested to overcome travel and transport challenges. Some suggestions were car sharing schemes, volunteer transport bus service or a regular minibus and promotion of the current volunteer driver service.

“To improve voluntary transport bus service to medical centre from outlying areas”

“Voluntary driver service needs to be more widely known about”

Another suggestion was for there to be a bus stop put outside the centre.

“Make sure bus stops outside the centre”

It was highlighted there will be a car park with 100 spaces for staff and people accessing the health centre. There were concerns raised about how people using the parking would be monitored and the risks, as the centre is close to the train station. People want us to keep the spaces for patients attending for appointments.

“Risk around station users using the car park”

To overcome this, there were suggestions of putting a barrier in place or a camera.

There were questions asked about paying in the car park, which could be another solution to other users parking there.

“Will it be paid parking?”

“What will the paying system be?”

As well as vehicle travel, there were concerns and suggestions raised for pedestrians. There was mention of speeding cars and how dangerous it can be crossing the main road.

“Lots of disregard of 30 MPH limit!” (Spital’s Cross to South Side of Main Road)

“Speed limit is 40 and people race down it”

“Surrounding roads are dangerous to walk and not well lit”

A suggestion was for us to work with Highways to look at the road issues and how best to overcome them. It was highlighted there is a need for a zebra crossing.

“Need for a Zebra crossing”

“Are there plans to have a safe pedestrian crossing (preferably Zebra crossing) over Four Elms Road”

Bearing all of this in mind and the travel solutions, one person raised the ‘green agenda’ and the importance of looking after our environment.

6. Using the community space and other services

Some people told us the Eden Centre is used for lots of functions and felt that the rooms available at the new centre should be used for an x-ray function and more GPs.

Many people said that the rooms should be available for hire by therapists offering alternative therapies such as chiropody, osteopathy, acupuncture and aromatherapy.

In relation to health services people wanted support with:

- Hearing/Ear syringing/ENT clinic
- Podiatry
- Dementia
- Parkinson’s
- Sexual health clinic
- NHS Dentist service
- Chemotherapy beds
- Day beds for people who have had treatments
- Memory clinic – currently only at Sevenoaks
- Nutrition
- Lifestyle classes – diet/healthy living
- Wrap around health support for older people
- Mental health support for all ages
- Eye clinic – dry eye/macular degeneration
- Rehabilitation – post injury/illness
- Carers support/education/guidance and advice

Health and wellbeing

Lots of people told us about the importance of using the indoor and outdoor space available, including the multi-purpose wellbeing day centre for social groups to reduce loneliness and encourage social interaction as an essential tool in improving mental and physical health.

- Access to gym equipment

- First aid classes – CPR /defib. Include educating children in first aid
- Alcoholics Anonymous/marriage guidance
- Outside space with flower gardens
- Areas for young and another for old citizens, communal areas
- Class and exercise for the older people
- Youth club and sports
- Self-defence lessons
- Mother and baby support
- Pilates/yoga
- Creative arts as therapy sessions
- Singing group
- Baby and toddler groups
- 70+ clubs
- Child free spaces and waiting areas which are quiet for vulnerable people to go
- Day centre
- New Parents group – New residents who don't know people
- Wellbeing talks/events i.e. Saturday/ Sunday weight loss, weigh ins, sight checks, bone density, blood pressure, etc.
- Young people / teenagers space – social space, meet, education / music!!! Club meet local people
- Bingo.

People also told us we could use the space for puppy training, blood donation, parish/town Council meetings and for the Women's Institute to meet.

7. Improving accessibility in the health centre

Edenbridge Memorial Health Centre will be fully compliant with the Equality Act 2010. There will be an induction loop for people with hearing impairments and all clinic rooms are on the ground floor.

There were suggestions made about the outside of the building and making sure people can access the front door.

"No steps please only slopes. Need handle raise to hold safely up."

"Smooth paths and no steps"

There was also a suggestion for an outside shelter while waiting.

"Outside shelter by the front door if waiting for the centre to open" (to stop people getting cold)

It was recognised, that signs and information in the building need to be accessible for people with sight loss and literacy problems. A suggestion was for them to have personal support when they are in the building.

"People with literacy problems – access information, signage, interpersonal support"

A person highlighted the need for equipment to be installed to make examinations of people with complex needs, including physical needs, easier and dignified for the individual.

"Hoist and or changing places/toilets so that those with complex needs can be examined fully."

Many people asked about the moving around the building in wheelchairs or mobility scooters. The concerns raised were about the door ways being wide enough, corridors being wide enough and automatic door buttons at a level for people to reach.

“Fire doors in the corridors are not always left open in Pembury there are no buttons for someone on scooter to press and same in library. Someone has to open doors for me, how will this work for me on a scooter?”

“Will I be able to take my scooter around the centre? I can’t walk more than a few steps.”

A concern was raised by a person attending one of the online meetings about able bodies people agreeing disability aides when they don’t have lived experience.

“I worry as disability aides are being agreed by able bodied people and it’s wrong to do that.”

People told us that we should make sure translation services are available.

8. Other comments and feedback

People also told us that they:

- want to see the centre staffed with enough doctors and nurses available for appointments, operating shifts to cover week days and weekend.
- want an online booking system so they don’t have to call
- want to be able to access GP services and clinics when they need to
- like the support area for children and the café for social interaction.
- want a volunteer bureau for transport and to undertake roles such as meet and greet.
- Were disappointed with the design of the Wellbeing Day Centre. They said it was hoped this would be a bespoke area for dementia patients and their carers. They were concerned about its location at the front of the building as it would be too noisy and there was only one nearby accessible toilet.
- felt the time to consider how the interior of the building should be used is before construction began not when it is already under construction
- are concerned about future housing development and the impact of a larger population might have on services and this will need to be taken into consideration.

9. Next steps

The feedback from the listening events is being used to develop the clinical model for the centre and will be shared with Edenbridge residents at a meeting on Saturday, 7 October at the WI Hall. You can find more information and book your place online: www.kentcht.nhs.uk/EdenbridgeFuture



EDENBRIDGE MEMORIAL HEALTH CENTRE CLINICAL OPERATING MODEL

21 September 2023

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Introduction

The vision for the exciting new Edenbridge Memorial Health Centre is an integrated care model delivered by Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice bringing health, GP and community services together to support the local community. The clinical operational model was developed with local people and staff, and focusses on the needs of the local population, with the ambition to create a health and wellbeing hub for people to receive care and advice, close to home.

When the new Edenbridge Memorial Health Centre opens it will offer a range of services incorporating general practice alongside a wellbeing day centre, proactive frailty unit, same-day urgent care services and a range of outpatient clinics. This is the start of a new journey for healthcare in Edenbridge and we will continue to develop services as needs change.

Population Profile

- 13,138 local population
- One GP surgery with 95% of the local population registered there
- Average age = 42.5 years-old with male life expectancy of 81.8 years-old and female life expectancy of 85.4 years-old
- 36% of people have one or more long-term health conditions – main conditions being hypertension, depression, diabetes and asthma
- More than 120 babies born each year to Edenbridge families and 3,000 children and young people live in Edenbridge
- A growing older population, most people in Edenbridge are aged between 55 and 64
- There are areas of Edenbridge which are deprived and this has been taken into consideration when developing the provision

Target groups

For families, there will be services to support your children from birth to adulthood

Services are expanding to provide for children's needs which would reduce travelling for Edenbridge residents who use existing services elsewhere. Maternity services are already provided and will be complemented with ante-natal new-birth clinics provided by our Health Visiting Service.

For older people,

We will support you to stay independent and well at home, the town has a population that is getting older with a high percentage of people between 55 and 64-years-old. We know as people age they can become frail and need extra support.

The development of a community hub links key services together to provide a proactive frailty model that optimises the ability to work closely with GPs, with on-site assessments as part of a joined-up community response linking in with rapid response, complex care and community nursing teams, including home with support. Services will work collaboratively, using the benefits of having a wellbeing day centre and health and wellbeing team, working together to wrap care, support and education around people and their families and carers to keep people well for longer. The potential for falls prevention clinics at the wellbeing day centre will provide extra support, enabling people to safely remain in their own homes, recognising this is also an indicator for future needs. Wound care clinics will be delivered to provide a more comprehensive service that improves wound healing and support for non-housebound people, which is currently provided by the GPs, community nursing and minor injury teams.

For people who need support and connection to their community, the hub will support more than just physical wellbeing. The wellbeing day centre, which provides support and signposting to people with frailty and dementia and respite for their carers, will expand to six days-a-week. As it develops, the centre will offer social prescribing to help tackle loneliness, depression and anxiety. Collaborative working with Sevenoaks Borough Council, will lead to the development of a more integrated offer for housing, wellbeing and local voluntary providers. Our intention is, when not being used for clinics, the space will be available for community groups to meet where there is a health benefit to be gained. This wider wellbeing approach will be led by a social value coordinator, who will work with local groups to provide more health and wellbeing offers, building on and working with the existing Eden Centre facilities.

OPERATIONAL OVERSIGHT

Service Provision

Many existing services provided at the Edenbridge Memorial Hospital and the GP practice are transferring with some expanding and others being new. The clinical model in summary will provide:

- Full primary care service
- Transfer of existing outpatient clinics: Dermatology, ear, nose and throat (ENT), Midwifery pre-natal support, Orthopaedics, Parkinson’s, Psychiatry, Heart failure, Podiatry, Physiotherapy
- Phlebotomy
- Wellbeing day centre with extended opening times
- Catering facility to serve the wellbeing day centre and people using our services.
- Change of minor injury provision to same day urgent care offer linked in with primary care surgery provision
- Proactive frailty model (Ambulatory care) providing support for people who have fallen, continence and comprehensive geriatric assessments to develop plans of care as part of our community response including rapid response, complex care and community nursing
- Frequent service user service to support people’s complex health and wider need, reducing the reliance on emergency care
- Expansion of outpatients to include Children’s therapies, community paediatrician and new birth clinics that are currently provided elsewhere and require Edenbridge residents to travel
- New clinics including ultrasound
- Wound care provision with the vision to become a centre of excellence for all wound types supporting non-house bound population
- Social value provision allowing local community groups to use space where it supports a person’s health and wellbeing
- Voluntary drivers service under contract

What will be provided in the new health centre	Existing	Expanding	New
A new, purpose-built health centre, providing general practice services and:			
• Dermatology			✓
• Ear, nose and throat			✓
• Midwifery – pre-natal clinics			✓
• Minor injuries service, Monday to Friday			✓
• Orthopaedics			✓
• Parkinson’s assessments and reviews			✓
• Rheumatology			✓
• Psychiatry			✓
Community services for children and families, including:			
• Children’s therapies – such as speech and language and physiotherapy			✗
• Community paediatrics – support for children with ADHD, autism, cerebral palsy and muscular dystrophy			✗
• Looked after children’s services			✓
• School health – a counselling support group for young people			✓
Community services for adults, including:			
• Community neuro rehabilitation – support for people after suffering a stroke or traumatic brain injury, multiple sclerosis (MS), Parkinson’s or motor neurone disease			✗
• Community nursing			✓
• Community rehabilitation – supporting people to stay independent			✓
• Continence service			✗
• Dementia day centre			✗
• Dietetics			✓
• Falls prevention service			✓
• Frailty – a rapid assessment and care planning service for vulnerable, older people			✓
• Heart failure clinic			✓
• Learning disabilities – preventative health checks, counselling, education and family support services			✓
• Phlebotomy – blood testing			✓
• Podiatry			✓
• Physiotherapy			✓
• Wound care clinics			✓
• Ultrasound			✓
Additional services that may be available at the health and wellbeing centre:			
• Bookable space to be used by the public and community groups			✓
• Kitchen facility for hot food and drinks			✓
• Children’s assessments – such as newborn checks			✓
• Health and wellbeing support, including health checks and other One You services			✓
• Free car parking			✓

Key roles

Site manager

The site manager will have overall responsibility for site management including compliance with standard statutory healthcare requirements e.g. health and safety, infection control and estates management. They will provide operational management and clinical supervision for all KCHFT staff and work collaboratively with the GP practice. A key impact is the collaborative work across providers and pathways to embed new ways of working, and deliver seamless, high quality patient care. They will be a role model to staff in developing a 'one team' approach to integrated services.

Darzi Fellow

The Darzi Fellow will support the ongoing journey of development during the first year of operation. They will be focused on improving patient care and transforming community services to meet the future needs of our changing population. The purpose of this post is to provide an objective review of new and innovative ambulatory pathways of care in Edenbridge, working with the GPs and community teams and in partnership with local people. This post will support embedding the new clinical model, while identifying learning that can be applied across all our services to improve the patient experience. This post will be in place for 12 months, commencing September 2023.

Social Value coordinator

The aim of this post is to optimise the local community response and infrastructure to support the health and wellbeing of local people. The coordinator will reach out to work with community groups, developing support networks and linking in with health and wellbeing provision, including NHS health checks and other One You services.

Administration/Business management

The administration team are fundamental to the efficient and effective working of all services and will be pivotal in developing the one team approach. Whilst existing administrators will focus on their primary role and be managed by separate organisations we are aiming to develop a spirit of collaboration and peer support. In support of the aspiration, the GP business manager will have operational oversight of the reception and core shared administration upstairs space. They will work closely with the site manager.

Meet and Greet

Administration staff will be part of a rota to provide a meet and greet service for users of the health centre to make people are signposted to the right person and zone. They will be instrumental in flow management and act as a point of contact for patients and visitors entering the site. They will have a range of key tasks that may include:

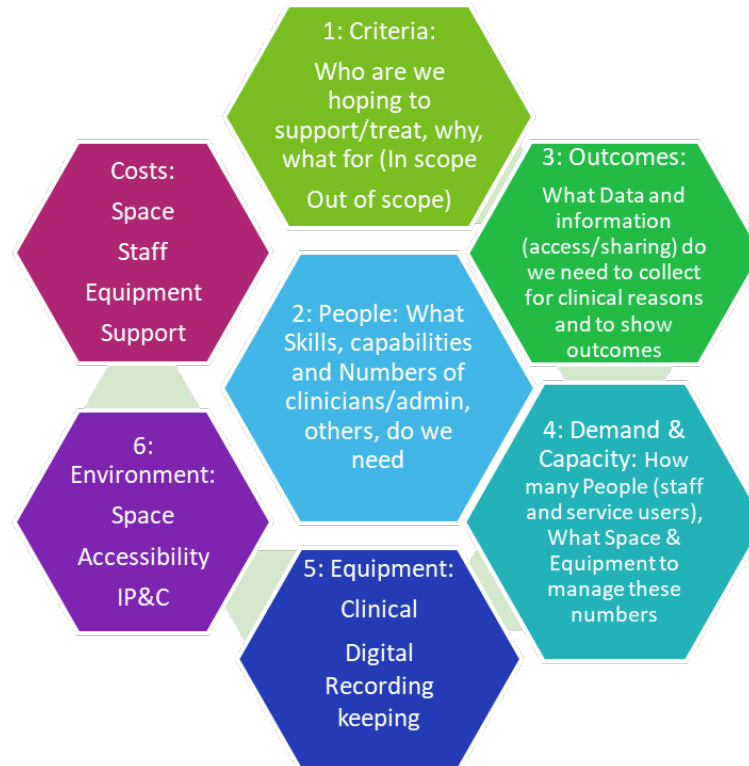
- Greet and welcome patients and visitors
- Ensuring infection prevention and control guidance is being followed, such as using hand gel or face masks
- Providing clear and accurate directional information and escorting if necessary
- Supporting people to register their attendance
- Distributing patient leaflets
- Ensure public facing signage and communication in regards waiting times is updated
- Working with the site team to promote positive patient experience.

Edenbridge Voluntary Transport Service support

Significant feedback has been received on the transport challenges in the area, both from the residents and staff. We are working in collaboration with the Edenbridge Voluntary Transport Service to contract with them on providing a bespoke transport service. We are actively working with the service on a recruitment campaign so they can provide support to people who have difficulty finding transport to Doctors' Surgery or clinic appointments. They are a registered charity independent of the NHS relying on donations from passengers and others to keep our service running. We are aiming to develop the transport offer in preparation for the new centre's opening.

CLINICAL MODEL

The clinical model has been designed building on six key components being:



Frailty and Proactive Care Including West Kent Enhanced with Support

The British Geriatrics Society defines frailty as “a long-term condition in which multiple body systems gradually lose their in-built reserves, resulting in an increased risk of unpredictable deterioration from minor events. The consequences of escalating frailty are adverse outcomes such as disability and its consequences, frequent hospital admissions and increasing demand for long-term social care support.”

The innovative approach for Edenbridge is to bring a range of services together to offer a frailty and proactive care model that builds and expands existing provision to a more comprehensive and cohesive model to ensure early intervention and reduce hospital admissions.

Clinical offer	Frailty and proactive care
Model description	
<p>The Edenbridge Frailty and Proactive Care model will provide an integrated service to the local community, delivering the best possible treatment and outcome following holistic clinical assessment, diagnosis and treatment. It will deliver a trusted shared working environment across the system to ensure there is efficiency regarding right person and right place, and a reduction in duplication based on trusted decision making.</p> <p>The purpose of the service is to keep people living with frailty well and living at home. The aim is to provide the right care, at the time when it is needed. An ambition is to recognise people who may be becoming frailer, help them to manage this as far as possible and help those people and their families/carers to plan for the future.</p> <p>The Frailty service, utilising the resources and dedicated clinical space within the health centre, would be operational across all 7 days of the week, providing planning and advanced care planning to support people when their needs change or when a crisis occurs, and enabling early supported discharge from acute and community hospitals. The service will provide treatment at:</p> <ul style="list-style-type: none"> • Patients home linking with complex care and West Kent Urgent Care Home Treatment Service. These teams can provide hospital-level care in people’s homes when in line with a person’s goals and when the risks & benefits of hospital admission have been explored for them personally. • Clinic/frailty hub for proactive assessment and advance care planning • Clinic/frailty hub as part of crisis support including diagnostics, assessment and treatment planning (this may be completed at home by the Complex Care Nurse or West Kent Urgent Care Home Treatment Service if required to avoid an admission) • Wellbeing day centre short term intervention for on-going assessment, monitoring, education and treatment. This includes social interaction, exercise, therapy, nutrition, social care review and support 	

The service will work in collaboration with the Wellbeing Day Centre; with support from community multidisciplinary teams (including Complex Care, Home Treatment, Rapid Response and Rehabilitation services); and work closely with GPs Primary Care, Integrated Community Teams, and Social Services. The development of the model would provide increased resources to build resilience into established services and to enable flexibility and responsiveness.

There has been a significant increase in services that can provide treatment at home, including virtual wards however there are challenges in matching clinical services with practical care. This home with support component will increase care at home, integrating it with existing services is to provide at least the equivalent mitigation of inpatient beds; reducing the days our patients spend away from home and releasing resources to deliver more proactive care in our community.

The new service will give the ability to provide personal care for admission avoidance and to support increased supported discharges at home being aligned to patient led, therapy supported enablement. The home treatment service capacity will provide personal care/enablement services that will enable patients to avoid admission to a hospital and stay at home without increasing demands on domiciliary care.

The Proactive Frailty Unit within the Health Centre will provide:

Rapid and proactive assessment:

- Clinical, nursing and therapy assessment (including a Comprehensive Geriatric Assessment)
- Simple diagnostics (point of care testing such as bloods and ECGs)
- Multidisciplinary plan of care

Home with Support:

- Workforce enabling personal care/enablement at home
- Enablement and therapy support
- Early Supported Discharge

Immediate intervention:

- Wellbeing Day Centre support with signposting, education, carers assessments and crisis avoidance
- Clinical intervention delivered through the unit in conjunction with Community services
- Therapy rehabilitation delivered within the Wellbeing Day Centre including equipment assessment and provision
- Technology support (e.g. Virtual Ward)

The service will support older people who are frail, after a fall or if they have continence issues to support better diagnosis and management. Specific deliverables would be provision of:

- Proactive assessment including advanced care planning
- Continence service
- Falls prevention service
- Frailty – a rapid assessment and care planning service for vulnerable, older people
- Care at home preventing hospital admission

Criteria

KCHFT definition of frailty is: A person with multiple, complex needs, at risk of developing adverse outcomes such as dramatic changes in their physical and mental well-being, after even an apparently minor event which may compromise their health. The majority of people living with frailty will be over 70

The GP register will be used to identify individuals to support advanced care planning allowing for a more comprehensive and planned response should the persons needs change and risk compromising their health.

Services will work to establish an agreed definition of housebound care and therefore eligible cohort

4 points of entry into the service being from Home Treatment service, Proactive case finding from primary care or other source, frequent service user and those identified as frail discussed at fortnightly MDT in place with local primary care.

Outcomes

The model will deliver improved patient outcomes and experience, a reduction in emergency hospital attendance, admission and length of stay. Fewer patients are admitted where there is an alternative management option which reduces the overall numbers of patients requiring a hospital bed.

Expected Measurables:

- Number of people safely managed at home who would normally need hospital admission
- Number and impact of advanced care plans
- Clinical outcomes and patient stories
- Patient experience
- The correct level of staff attending patients to ensure hub model is working for patient/clinician/family

Collaborative working will create an environment of trusted decision making to reduce duplication (e.g. multiple triage processes) and improve efficiency to achieve:

- Shared competencies
- Shared governance
- Shared responsibility
- Shared working
- Robust MDT meetings
- Shared learning of supporting services e.g. SeCAMB, MTW, KMPT, Social Care

Operating Hours	7 days per week 08:00 – 18:00 hours		Staffing	<p>Embedded as an addition to existing teams:</p> <ul style="list-style-type: none"> Complex care nurse ACP in Home Treatment service HCA home with support Healthcare coordinator/planner Therapist practitioner Therapist (MDT/Rapids) Admin support Darzi Fellow
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Health and Wellbeing Services

Clinical offer	Health and Wellbeing Services
Model description	
<p>Providing a one stop shop wrap around team who will support people, patients, carers who have social, health or wellbeing needs with the aim of enabling them to achieve/address what's important to them. This will be part of the one you service and utilise the one you branding.</p> <p>One You advisors work with people for up to one year to support you to make meaningful changes to your lifestyle, including:</p> <ul style="list-style-type: none"> • Eating healthily and losing weight • Getting more exercise • Drinking less alcohol • Having a better mental wellbeing • Falls prevention education/classes. <p>The provision will link with existing community groups and activities including those delivered at the Eden Centre to optimise a range of options for a person to support their health and wellbeing.</p> <p>The wellbeing service will support other healthcare teams in adopting Making Every Contact Count (MECC) approach to behaviour change that enables the opportunistic delivery of consistent and concise healthy lifestyle information to support people in making positive changes to their physical and mental health and wellbeing.</p> <p>The focus for a MECC brief intervention might be on individuals losing weight, quitting smoking, reducing alcohol intake, or helping to reduce social isolation. MECC includes short signposting conversations to help people to access more active interventions such as stop smoking services. The one team approach at Edenbridge is aimed at reducing referrals and more into helping the person access all services that are right for them, this includes areas such as the wellbeing day centre, introduction to groups run in the Eden centre, assessment by appropriate health clinician including GP and frequent service user lead.</p> <p>Interventions are normally for a maximum of 12 weeks support involving 1:1 and group work via telephone, face to face or via zoom/teams</p>	
Criteria	
<p>Those who want a boost to their motivation or kick-start to some lifestyle changes or help to regain independence, manage everyday situations and boost their wellbeing if living with a long-term condition.</p>	

Weight loss programme: 30-40 BMI, BAME patients 27.5-40 BMI

The support is open to anyone over 18 years old and can self-refer or be connected to the support via GP or other healthcare professional

Exclusion criteria – Outside of the BMI above:

- Clients with a BMI 40+ require one of the above conditions (attached above) required to go to Tier 3 services.
- Clients with a BMI of 50+ would require Tier 3 services no matter how many conditions they have.
- Individuals from Minority Ethnic Communities would require these criteria to begin at earlier BMI's (2.5 lower)

Signposted on or work with GP:

- Pregnancy/still Breast-feeding 6 months following birth – refer to Midwife pathway.
- Previous Gastric Surgery – refer to clinical team support post-surgery
- Eating Disorders – should go to the Kent and Medway eating disorder service.
- Type 1 Diabetics – Discuss with GP
- Unexplained Weight Loss – 5% in the last 6 months – discuss with GP

Expected that a one you adviser will be onsite Monday to Friday.

Outcomes

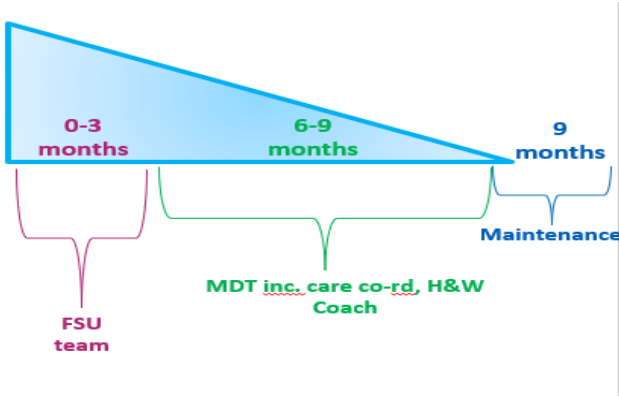
Key metrics may include

- Reduction in weight and BMI
- Improved physical fitness and activity levels
- Improved mental health
- Patient experience
- Number of fall prevention interventions/classes provided

A range of tools and self-assessment are available to people on the One You app.

Operating Hours	Monday to Friday 09:00 – 17:00 Occasional weekends Groups and activities may run outside these hours	Staffing	Admin support: Behaviour change Health lifestyle advisor Social value coordinator
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Frequent Service User

Clinical offer	Frequent service user
Model description	
<p>A Service to help people who have been contacting their GP surgery or visiting A&E more frequently over the past few months. The services can help identify concerns and aims to find solutions to help people to stay well and become less reliant on urgent care services.</p>	
<p>The service takes a MDT approach in the locality to include resources and support from care co-Ordinator, health and wellbeing lifestyle coach and social prescriber.</p>	
	
<p>A Step up and then down model is used taking on average 0-9 months to get a person to ‘maintenance’ stage. Initially intense support usually 1:1 for approximately 0-3 months then gradually working to ‘maintenance’ status. 1:1 activity normally undertaken in the home or agreed suitable place e.g. café, wellbeing day centre or other location – not the centre itself necessarily. The approach to step-down includes group sessions held within the wellbeing day centre and/or Eden centre. There will be close relationship with the wellbeing service and behavioural change champion to support a person help to regain independence, manage everyday situations and boost their wellbeing</p>	
<p>A range of elements are provided such as:</p> <ul style="list-style-type: none"> • being at the end of the phone if a person needs to talk • guiding people through housing problems linking with local counsel and support functions held at the Eden centre • linking people to support groups, other people or services, for example a local support or health group • introducing people to an activity or group they may like to join with close links to the wellbeing service 	

<ul style="list-style-type: none"> • giving advice on health or social worries and talking through ways to solve problems • understanding letters, for example benefits letters • attending health appointments and work meetings with the person • talking to their family, GP and other healthcare professionals to provide education and coping strategies 			
<p>Criteria</p> <p>People who have been contacting their GP surgery or visiting A&E more frequently over the past few months.</p> <p>Service focus is for the top 5 % of people identified by GP practice who would benefit from FSU ‘intervention’</p> <p>All people able to self-refer back into the service, therefore never discharged as classed as ‘maintenance’ status.</p> <p>Exclusion criteria – End of life and Dementia</p>			
<p>Outcomes</p> <p>Client reported documentation to assess improvement:</p> <ul style="list-style-type: none"> • GAD7 • EQ5D • Loneliness questionnaire • Numbers of people supported • Reduction in GP consultations with clients 			
		<p>Staffing</p>	<p>Frequent service user:</p> <p>Non-clinical, life experience, right attitude and approach to working with complex people, solution focussed. Would take approximately 3 months to ‘train’ someone by working with/shadowing existing team.</p> <p>Supervision and support/line management provided by existing frequent user central team.</p>

Outpatients

Clinical offer	Outpatients
Model description	
<p>Outpatients has a range of existing clinics provided by KCHFT services, MTW and Sussex Dermatology.</p> <p>Nursing support is provided on rotation between Sevenoaks and Edenbridge. Clinical supervision and leadership will be provided by clinical lead who will have oversight of all clinics, building relationships and optimising the benefits of having services provided at Edenbridge to improve patient access and urgent / MDT advice and support.</p> <p>Clinics scheduled over a 5-week period with further capacity to grow. Planned activity is dependent on each clinic and the agreed schedule based on demand. Clinic preparation of patient notes, ensuring results are available, equipment etc will be managed by the administration team.</p> <p>We are working with acute providers as it is hoped that additional clinics will be able to be provided to meet local needs such as diabetes clinics that work collaboratively with the wellbeing service, frailty team and GP to optimise outcomes and support for people to management their long-term condition.</p>	
Outcomes	
<p>Development of further outpatient clinics would enable improved access for the local population.</p> <p>Vision to create a gold standard for the local population to management of long-term conditions such as diabetes including all annual diabetes checks undertaken in one day in the same location to maximise efficiency of clinicians and making appointments easier for patients and reduces the amount of appointments required. This could include Eye check, Diabetic foot clinic, Diabetic specialist nurse, Education programmes/assessments</p> <p>Individual service measure impact and clinical outcomes</p> <p>Patient satisfaction</p> <p>Reduced travel</p> <p>Range of long-term needs meet</p>	

Wellbeing Day Centre

Clinical offer	Wellbeing day centre
Model description	
<p>Providing a one stop shop wrap around team who will support people, patients, carers who have social, health or wellbeing needs with the aim of enabling them to achieve/address what's important to them. The centre will provide a broad range of holistic services to support the health and wellbeing of people in the local community especially those with dementia or who are frail.</p> <p>The model of care will support people of all ages to live well with their health conditions, focussing upon health and social care interventions to promote and enable prevention, self-management, and health optimisation. This will be achieved by a focus on social interaction and activity with comprehensive basic health assessment to support management of long-term conditions or specialist advice. Wellbeing advice will support frailty or those with a diagnosis of dementia, to promote optimisation and reduce deconditioning. This includes signposting and advice for patients and families, and social interaction including activities and seated exercises.</p> <p>The day centre provides care for people with dementia offering clinical assessment, interaction and activities. The centre will expand to six operational days including Saturday. Whilst the focus will be to support people with dementia it would also be used for:</p> <ul style="list-style-type: none"> • Frailty short term intervention for on-going assessment, monitoring, education and treatment • Wellbeing and lifestyle sessions including groups and educational sessions including frequent service user • Support with signposting, education, carers assessments and crisis avoidance • Therapy rehabilitation including equipment assessment and provision <p>The centre over time will expand the provision to include more clinical services such as therapy, dietetics and podiatry for those visiting the centre. The room when opened will provide 81m² of functional space for groups and training.</p> <p>Clinics will provide for up to 10-12 people at any time reducing to 6-8 people on days that support people more complex dementia needs. 2 sessions per day being am: 09:30 – 2:00 including lunch for all those attending, pm: 14:30 – 17:00. 2 morning sessions will be ringfenced to facilitate rapid access for people requiring timely assessment or support.</p>	

Indicative Wellbeing day centre weekly schedule								
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Am	09:30- 14:00	Dementia/Frailty	Advanced Dementia	Dementia/Frailty	Dementia/Frailty	Condition specific	Wellbeing	
	Attendees	12	8	12	12	12	6	
	Staffing level	4	5	4	4	4	2	
PM	14:30 - 17:00	Wellbeing/health checks	Frailty	Education session	Wellbeing/health checks	Condition specific		
	Attendees	10	8	10	10	10		
	Staffing level	4	5	4	4	4		

The sessions will be run by an assistant practitioner and health activities lead who are dedicated staffing for the day centre. They will be supported by healthcare assistants, volunteers and a therapist. Clinical oversight and supervision will be provided by the site clinical lead who will flex resources across outpatients and the Day centre based on needs at the time ensure clinical outcomes and safety of the clients.

All sessions will be provided with regular refreshments from the kitchen.

Activities will vary each day and may include:

- Arts and crafts based
- Quiz and board games
- Exercise including chair bound exercises
- Music and signing
- Staff lead education sessions
- Pet therapy (one per week)
- Use of the Memorial garden subject to assessment of need and risk with appropriate levels of supervision at all times

People will be monitored with monthly/weekly checks of BP, MUST, health lifestyle questionnaire and have a care plan that support treatment plan and anticipated outcomes

Changes in a person functionality will be highlighted to relevant healthcare professional / GP for advice and updating of treatment plan including any additional interventions or review such as the frailty team.

Therapy and other specialist intervention will be provided by existing services who will in-reach to the day centre to provide support with specific therapy resource from the rapid response team. People regularly attending the wound or other clinics may be allocated to the day centre to help reduce social isolation and support on-going treatment on the same day.

Volunteers including support from local schools will be used to support activities and provide the benefits that an all age community support can offer. The social value coordinator will explore links with the Edenbridge U3A.

Transport where needed will ideally be provided by the Edenbridge Voluntary Transport Services with the ambition that a regular voluntary supports the same person on a regular basis thereby allowing consistency of support and the benefits that they will be able to identify changes in a person's condition outside of the day centre e.g. mobility, ability to cope at home. Transport will be book and planned in advanced supported by a dedicated administrator who will support liaison with the drivers.

To support health needs including mobility and continence issues the staff ratio has been increased with the following staff ratio in place:

- Non-complex days: maximum 12 people : 4 staff
- Complex days: maximum 8 people : 5 staff
- In addition, support is available from the floating HCA within outpatients, the therapist for part of the day and the clinical lead

The therapy room will be used for 1:1 session, assessment, treatment where required and a quiet space.

Criteria

People who are or require support to manage their needs:

- Pre-frail
- Living well with dementia/frailty
- Dementia
- General health and wellbeing support
- Long term health conditions/needs
- Family respite
- Frequent service users
- Health education groups
- Social isolation

Connecting and allocating space at the wellbeing centre will be a collaborative approach with the services based at Edenbridge Memorial health centre to reduce delays in accessing the support e.g. frailty team will directly allocate a person to attend to support the management of their crisis.

Attendance will be a mixed model with some static and some rotational for an initial period of up to 4 months followed by review sessions and periodically check for deterioration and support requirements

Outcomes			
<ul style="list-style-type: none"> • Monitoring and supporting nutrition and hydration needs for vulnerable clients • Monitoring health condition and identify signs of change • Wellbeing advice to support frailty or those with a diagnosis of dementia, to promote optimisation and reduce deconditioning • Care and treatment plan to identify outcomes that are what the person wants to achieve • Achievement of health outcomes and care plan • Therapy assessments • Podiatry assessments and interventions • flu jabs, vision and hearing supporting GP access 			
Operating Hours	The centre will operate Monday to Friday 09:30 – 17:00 with staff on site from 09:00 – 17:30 Saturday sessions will be 09:00 – 12:30	Staffing	Health activities: Assistant practitioner HCA Therapist Clinical lead/supervision Voluntary Transport admin support: Darzi Fellow

Wound Care Centre

Clinical offer	Wound care centre
Model description	
<p>The Wound Centre is a nurse led unit comprising of registered and unregistered nurses whose role will be to undertake key wound management interventions and identify required outcomes for individual patients in order to promote and drive a high-quality outcomes and healing.</p> <p>Robust and standardised care pathways and treatment plans will be used to facilitate complex wound healing that are flexible to ensure any care is tailored to individual patient requirements leading to improved patient outcomes and satisfaction. Regular review of assessment, clinical intervention and healing rates to ensure treatment plans are affective.</p> <p>Patients will be given an appointment time/date and patient transport provided if required via telephone at time of triage. Domiciliary visits will be arranged if appropriate and this allocated to the correct Health Care professional within the community nursing team.</p> <p>Patients with complex wounds will remain on the pathway indefinitely providing healing is maintained and patients are compliant in support of treatment regime. New patients will be assessed over the first 2 week appointments and then allocated to a monthly clinic with an expected discharge date of 6-7 months. MDT review for those patients whose wounds are not healing for longer term management and control/stabilise or referral for further surgical or vascular advice.</p> <p>All patients accessing care in the wound centre will be provided with relevant wound care information to support self-management between visits and following discharge from the centre e.g. skin care; leg ulcer care/after care.</p> <p>The Wound Centre will have a minimum of 1 member of staff on each day covering two clinic chairs for patients that are booked in. This will be a registered practitioner and nurse associate. Additional support can be provided by the HCA supporting same day urgent care if required. Where no clinic is operational the staff will support ambulatory care provision including catheter care, IV provision and PICC line management either in clinic or domiciliary supporting the district nurse team</p> <p>Appointments for non-complex wounds will be 15-minute slots and complex wounds, lower limb assessments will be up to 1 hour. Each clinic session will include 30 minutes for clinical handover. Clinics will be booked 6 weeks in advance. ½ day per week will be allocated to assessment, care / treatment plan and triage.</p>	

The centre has direct access to tissue viability specialists one day a week who will support complex wound management and provide clinical oversight and supervision for staff. In addition, the Tissue Viability specialists will be available for clinical advice and use MS teams to support remote assessment.

The wound centre will work alongside other services seeking share care and supervision:

- podiatry service for lower limb and foot care management
- vascular for complex vascular and reduced mobility management plan
- Lymphoedema for joint assessment for wraps and hosiery

Documentation on complex wounds will be completed on wound matrix system and non-complex sing session dressings on EMIS or same day urgent care system. A range of clinical assessment tools will be used in line with the Trust wound centre management standard operating protocol. This includes doppler purpose T, SSKIN, MUST and observations covering TPR, BP, O2 saturation, infection makers

A base stock of first choice dressings will be available in the wound centre via a ONPOS delivery system to support a change in clinical presentation requiring a different dressing regime. Clinical stores will be also obtained via NHS Supplies. The wound dressing formulary will be used for all wound types.

Staff will need to be Non-medical prescribers or have access to prescribers from the urgent care team to cover antibiotics for infected wounds, steroid creams and hosiery.

The Wound Centre will facilitate support of competencies within community nursing team and GP practice nurses.

Criteria

Wounds for all age above 1 year, both acute and chronic being:

- Follow-up dressing following acute trauma, cut initially assessed by the same day urgent care team
- Post-surgical wounds
- Non-healing, hard to heal wounds
- Varicose Eczema (undiagnosed)
- Complex wounds including complex non-healing post-surgical wounds
- VAC, SKIN grafts. Lymphoedema with wounds, vascular involvement
- Doppler assessments to support diagnosis and on-going management

All house bound patients 18 years and above, that require assistance to leave their home either by family support, Voluntary Transport or Hospital Transport will be triaged for acceptance into the Wound Centre

Exclusion Criteria:

- Patients with new traumatic wounds not assessed or treated by same day urgent care or A&E.
- Acute burns that will be managed by the same day urgent care team or referred to specialist centre

Outcomes

When out coming appointments the Healthcare Professional will allocate activities to evidence procedures carried out within appointment and impact.

1. Promoting Self care
2. Dietary Advice
3. Education/Training
4. Wound healing rates (assessed within wound matrix)
5. Infection marker – point of care testing
6. Patient satisfaction
7. Extend frequency of dressings – weekly opposed to daily
8. Reduce costs associated with dressings, clinical time and improved healing rate
9. Right dressing provided in right timeframe
10. Regular reviews
11. Supportive student environment for wound management, holistic assessment building competency and confidence
12. Adherence to wound dressing formulary

Operating Hours	3 - 4 days per week including Saturdays based on demand 08:30 – 16:30 with last appointment at 16:00		Staffing	Nurse Nurse Associate TVN supervision Darzi Fellow Competency Level 4 in all aspects of Wound Care and have completed the University of Kent Advanced Wound Management Module or equivalent academic course
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GP services

Clinical offer	GP Services
Model description	
<p>The new GP surgery will continue to offer face-to-face, phone and video appointments for patients, giving the patient the choice of how they want to access their doctor. The practice will have sufficient capacity with 11 consultation rooms, 2 nurse consultation rooms and a treatment room.</p>	
<p>On-line e-consult consultation service</p>	
<p>Range of services via the Patient Access GP services on-line for repeat prescriptions, view medical record, change your address, send secure message to the GP practice, view results</p>	
<p>The team of practice nurses offer appointments for:</p>	
<ul style="list-style-type: none">• Chronic disease clinics• Well person screening• Child immunisation• Adult immunisation• Antenatal care• Cervical cytology and well woman• Clinics for diabetes, asthma, COPD, coronary heart disease and epilepsy• Hypertension• Phlebotomy	
<p>The following services are provided by the doctors:</p>	
<ul style="list-style-type: none">• GP consultation and treatment• LD checks• ARRS roles eg clinical pharmacist, nurse practitioner, GP assistant, FCP, physician associate, pharmacy technician• Minor surgery• Care home reviews• Child health surveillance• Family planning – This is run by family planning association trained nurses with the doctors and covers all aspects of family planning including caps and coils.• Health promotion	

<ul style="list-style-type: none"> • Telephone and electronic consultations: Calls taken in before 12noon will usually be answered by 4pm; after 12 noon they may not be answered until the following day. • Home visits: Patients should come to the surgery if possible. If people are housebound or very ill and unable to get to the surgery they can telephone the surgery between 8.30am and 10.30am. A doctor or nurse may telephone initially. Children can be brought to the surgery in a car if they are feverish. If the child has a possible infectious disease, the receptionist will arrange for them to be seated separately. • Repeat prescriptions 			
Criteria			
Primary care GP services open to registered patients			
Outcomes			
Clinical management of health and wellbeing needs			
Operating Hours	Monday to Friday 08:00 – 18:00 Enhanced Access for out of hours GP appointments available on Tuesday and Thursday evenings and a Wednesday morning. Out of hour Nurses appointments on Tuesday and Wednesday morning and Thursday evenings	Staffing	GP x 12 Practice Nurse x 2 Advanced Nurse Practitioners x 2 Health care assistants x 2 Practice Manager x 1 Administration, finance and reception Darzi Fellow

SERVICES:

Reception and Office:

Clinical offer	Reception and office
Model description	
<p>Reception staff are responsible for supporting booking and check in for all EMHC services. The reception will be staffed by joint personnel from both GP and KCHFT to provide reception support for all areas of the building. IT and booking systems will at present remain separate with staff having access to both systems. Shared working protocols and operational agreements are to be developed as the site becomes operational and clinic practices are established.</p> <p>The administration team are fundamental to the efficient and effective working of all services and will be fundamental in developing the one team approach. Whilst existing administrators will focus on their primary role and be managed by separate organisations we are aiming to develop a spirit of collaboration and peer support. In support of the aspiration, the GP business manager will have operational oversight of the reception and core shared administration upstairs space. They will work closely with the site manager.</p>	
Meet and Greet	
<p>Administration staff will be part of a rota to provide a meet and greet service for users of the health centre to ensure people are signposted to the right person and zone within the health care. They will be instrumental in flow management and act as a point of contact for patients and visitors entering the site. They will have a range of key tasks that may include:</p> <ul style="list-style-type: none">• Greet and welcome patients and visitors and identify destination• Ensuring IPC guidance if in place for public is being followed such as using hand gel• Providing clear and accurate directional information and escorting if necessary• Supporting people to register attendance• Distributing patient leaflets• Ensure public facing signage and communication in regards waiting times is updated <p>Patient communication system and directional signposting will be developed with appropriate IT solution to allow the smooth operation of the site.</p>	

Voluntary drivers service

Clinical offer	Voluntary Drivers Service		
Service lead	Manager of service, Jo Brown		
Model description			
Working in collaboration with the NHS the Edenbridge Voluntary Transport Service will be looking to support people who have difficulty finding transport to Doctors' Surgery or clinic appointments. They are a registered charity independent of the NHS relying on donations from passengers and others to keep our service running. However, the NHS will be contracting the service to support the wellbeing centre, wound centre and proactive frailty service to support people's regular attendance at these services and who live within a 10-mile range of the health centre. The NHS will provide administration support to aid the planning and booking of planned appointments for specific people who would normally rely on other NHS transport services. The Edenbridge Voluntary Transport Service will have an office within the health centre.			
Criteria			
Patients attending wellbeing day centre, wound centre or clinic who have difficulty finding transport or unable to make their own way to the Edenbridge memorial health Centre Live within a 10-mile radius of the health centre Transport and agreed and booked by KCHFT will be funded by KCHFT, other trips would be part of the charity service where they rely on donations from passengers and others to keep our service running			
Outcomes			
Improved patient attendance and access Consistency in provider building a trusted relationship with the day centre user			
Operating Hours			Staffing Voluntary drivers Administration support

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Item 7: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 5 October 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, and must decide whether they are minded to refer the decision to the Secretary of State for Health.

1) Introduction

- a) The Kent and Medway Integrated Commissioning Board proposed to centralise Health Based Places of Safety (HBPoS) and make improvements to the adult mental health urgent and emergency care pathway.
- b) On 5 September 2023, NHS Kent and Medway decided to centralise the 5 current places of safety (across 3 sites) to one site in Maidstone. The new facility will be purpose built and adhere to best practice – the current estate does not.

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 determined that the proposals constituted a substantial variation of service.
- c) The Committee reviewed the draft Decision-Making Business Case (DMBC) at its meeting on 19 July 2023. Members were concerned around the risks of a single site becoming a single point of failure. NHS colleagues explained the risks would be mitigated by building design, using lessons learnt from a site in Maudsley, as well as having a robust escalation and de-escalation area. The Chair requested that HOSC's concerns over the risk of the single site of failure be documented in the DMBC. He also requested images of the Maudsley site at the next discussion on 5 October 2023.
- d) The Committee resolved the following:

Item 7: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

RESOLVED that the Committee note the report and request their concerns over a single site becoming a single site of failure be recorded in the DMBC.

- e) Since that meeting, a final decision was made by the ICB on 5 September, which will be presented at today's meeting.

3) Next Steps

- a) The Committee must decide at this meeting if it is minded to refer the decision to the Secretary of State. The process is set out below.

- b) As set out in the Protocol for the Health Overview and Scrutiny Committee in the KCC Constitution, a substantial variation of service may only be referred to the Secretary of State for Health where one of the following applies:

- i) The consultation with the HOSC on the proposal is deemed to have been inadequate in relation to content or time allowed;
- ii) The reasons given for not consulting with the HOSC on a proposal are inadequate; or
- iii) The proposal is not considered to be in the interests of the health service of the area.

- c) If the HOSC does not feel that any of the above apply to the matter under discussion, it will not be able to make a legitimate referral. It will still be able to monitor the implementation of the service and make comments and recommendations directly to the relevant NHS organisations at any time.

- d) If the HOSC does feel that one of the above applies, it **will not be able to make a final determination at this meeting**. The Protocol sets out that the proposer of the substantial variation of service shall be informed of the date on which the HOSC intends to make a determination on referring an issue to the Secretary of State for Health. In addition, full Council is to be kept informed of the HOSC's intention to determine whether to refer an issue to the Secretary of State for Health. Where practicable, full Council will be given the opportunity to comment on the HOSC's intention to refer and the HOSC shall consider these comments before making a final determination.

- e) Any referral to the Secretary of State must contain the following:

- i) An explanation of the proposal which is the subject of the referral.
- ii) An explanation of the reasons for making the referral.
- iii) Evidence in support of these reasons.

Item 7: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

- iv) In the case of referring on the grounds of 3(b) (i) or (ii) the reasons why the consultation was not adequate, or the reasons for not consulting were not adequate.
 - v) Where 3(b)(iii) applies, a summary of the evidence considered must be given, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
 - vi) An explanation of any steps that the HOSC has taken to try to reach agreement with the relevant NHS body.
 - vii) Evidence that the HOSC has complied with all the relevant regulations relating to the referral.
- f) Prior to making any referral to the Secretary of State, the Committee need to be assured that all the above could be supplied.
 - g) Because of the need to inform the NHS of the date on which the HOSC will make a final decision as to whether to exercise the referral power and the need to evidence any steps taken to try to reach agreement with the NHS prior to this, the decision to make a referral could not be made at this meeting.
 - h) A decision to support the NHS Kent and Medway (ICB) decision, or support with qualifications and/or comments could be made at this meeting.

4) Recommendation

- a) The Committee is asked to consider the decision of NHS Kent and Medway to provide a centralised Health Based Place of Safety at Maidstone and take one of the following actions:
 - i) Support the decision of NHS Kent and Medway to centralise the Health Based Place of Safety at Maidstone;
 - ii) Support the decision of NHS Kent and Medway and make any additional comments the Committee deems appropriate; or
 - iii) Specify concerns that the Committee has with the decision of NHS Kent and Medway and invite the NHS to a future meeting of the Committee where their response to these concerns will be considered ahead of a final determination by the Committee as to whether or not to refer the decision to the Secretary of State for one of the reasons set out in 3(b)(i-iii).

Item 7: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

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 County Council (2023) Health Overview and Scrutiny Committee (10/05/23)
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9053&Ver=4>

Kent County Council (2023) Health Overview and Scrutiny Committee (19/07/23)
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9054&Ver=4>

Contact Details

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

Title of meeting:	Kent Health Overview and Scrutiny Committee (HOSC)	Date 05/10/23
Title of report:	Briefing on Section 136 Pathway and Health Based Place of Safety Service Improvement – outcome of Kent and Medway Integrated Care Board’s decision on final Business Case	
Reporting officer:	Louise Clack, NHS Kent and Medway, Programme Director, Mental Health Urgent and Emergency Care Transformation	

This Briefing serves to inform the Kent Health Overview and Scrutiny Committee of the decision made by NHS Kent and Medway Integrated Care Board, to approve the Section 136 Pathway and Health Based Place of Safety Service Improvement Decision Making Business Case (DMBC).

The DMBC was presented to HOSC on 19 July where the HOSC Chair requested that concerns over the risk of the single site of failure be documented in the DMBC; this has been done. The Chair also requested images of the Maudsley site for the meeting on 5th October 2023, which can be found at <https://www.willmott-dixon-interiors.co.uk/work/south-london-maudsley-place-of-safety/>

The Chair asked that a link to the published results from the Public Consultation be circulated which has since been completed. The Chair invited the guests to return to the next meeting in October with the decision of the ICB.

The DMBC was produced in collaboration with Kent and Medway NHS Partnership Trust (KMPT), Kent Police, South East Coast Ambulance Service (SECamb), Kent County council and Medway Council Approved Mental Health Professionals (AMHPs) and experts by experience, followed the successful bid for £3.7m against national capital funding, ringfenced for Mental Health Urgent and Emergency Care (MHUEC) service improvement.

The Service Improvement will transform the Section 136 Pathway and Health Based Places of Safety (HBPoS), and support critical components of the Mental Health Urgent and Emergency Care pathway. Following appraisal of a number of service improvement options, the decision has been taken to provide an improved centralised Health Based Place of Safety at Maidstone, available for adults detained under a section 136 wherever they live in Kent and Medway. It will replace the current three smaller HBPoS sites at Maidstone, Dartford and Canterbury which are outdated, and physically lacking in resilience, to create a single large facility with equal capacity. This will provide a modern fit for purpose therapeutic environment and the opportunity for improved patient experience, safety and care via an improved patient pathway, and additionally enables a more robust, resilient and sustainable workforce. This will see quicker access for detained individuals to assessment and a reduction in the overall detention

duration in a section 136 HBPOs. This leads to a better quality of patient care and overall patient experience.

An extensive ICB led Public Consultation contributed to the DMBC, along with scrutiny by NHS England's Assurance Process. In August Kent Healthwatch undertook a Good Practice Scrutiny of the Public Consultation, concluding that the Consultation process was positive and strong with no major concerns.

Both the Medway Health and Adult Social Care Scrutiny Committee (HASC), and Kent Health Overview and Scrutiny Committee (HOSC) have been engaged throughout this process.

NHS Kent and Medway initially consulted the Kent Health Overview and Scrutiny Committee (HOSC) on 31st January 2023. HOSC Members decided that the changes proposed constituted a substantial variation of service which invoked the statutory process for the need for Kent and Medway NHS to work with HOSC on this proposal.

NHS Kent and Medway asks Kent HOSC to note the decision made by NHS Kent and Medway to approve the Decision Making Business Case.

It is important that the work begins as soon as possible, to ensure the capital funding allocation meets the drawdown of funds and the new provision is completed by the end of 24/25 to meet the national deadline set by NHSE for Kent and Medway.

Item 8: Nursing workforce in Kent and Medway

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 5 October 2023
Subject: Nursing workforce in Kent and Medway

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.

1) Introduction

- a) At their meeting of 30 November 2022, the Committee received a paper on the recruitment of nurses in the county. This falls under HOSC's remit to review and scrutinise matters relating to the operation of local health services.
- b) Members requested an update to this paper, which is attached to this covering report.

2) Previous visits to HOSC

- a) At the meeting on 30 November 2022, the following issues were discussed.
- b) The following actions were being taken across the Kent and Medway system:
 - i) Working with Christchurch University to ensure students stayed in the county after qualifying.
 - ii) Working across the system to provide staff with greater opportunities.
 - iii) Focusing on retention of staff. Ensuring staff had access to support and opportunities to develop skills.
 - iv) Keeping international recruits.
- c) A strategic estates review, to commence in the new year, would help address challenges such as a lack of affordable housing for new recruits.
- d) The Kent and Medway vacancy rate was 15% compared to neighbours with 13-14%.
- e) The ICB were exploring ways of making career progression more collaborative and streamlined across the county.
- f) There were constraints in nursing placements, but the hope was for these to increase by 15% in the next two years.

3) Useful data

- a) The following data is from NHS Digital.

Item 8: Nursing workforce in Kent and Medway

- i) In June 2022, there were 8,764 individuals employed as nurses and health visitors across Kent and Medway. The equivalent FTE figure was 7,978.¹
- ii) In May 2023, there were 9,445 individuals employed as nurses and health visitors across Kent and Medway. The FTE figure was 8,654.²
- iii) The number of vacancies (FTE) for registered nurses working in acute settings in the South East region was 3,752 as at May 2023. This was a decrease on the year before (4,059).³

4) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

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>

Contact Details

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

¹ NHS Digital (29 Sept 2022), NHS Workforce Statistics - June 2022, Table 1

² NHS Digital (24 Aug 2023), NHS Workforce Statistics – May 2023, Table 3

³ NHS Digital (24 Aug 2023), NHS Vacancy Statistics England, April 2015 - June 2023, Experimental Statistics

KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NURSING STAFFING LEVELS

Report from: Becca Bradd, Chief People Officer, NHS Kent and Medway

Author: Tara Laybourne, Deputy Chief Nurse, NHS Kent and Medway

Summary

This report will provide the Kent Health Overview and Scrutiny Committee (HOSC) an updated position of the nursing staff workforce position across Kent and Medway; the actions being taken by the Kent and Medway Trusts and the Integrated Care Board to ensure safe staffing levels and to attract, develop and retain the nursing workforce.

This report will update changes made since the last report to the committee in November 2022 which used an August 2022 dataset.

The dataset used for this report update is August 2022 to July 2023.

1. National context

- 1.1 Since the last report to the committee, the NHS long term workforce Plan has been published. This plan has specific aims for Nursing covering the next 15 years (to 2038). The Integrated Care Board (ICB) is expecting allocations from this per head count of population by the end of October 2023.

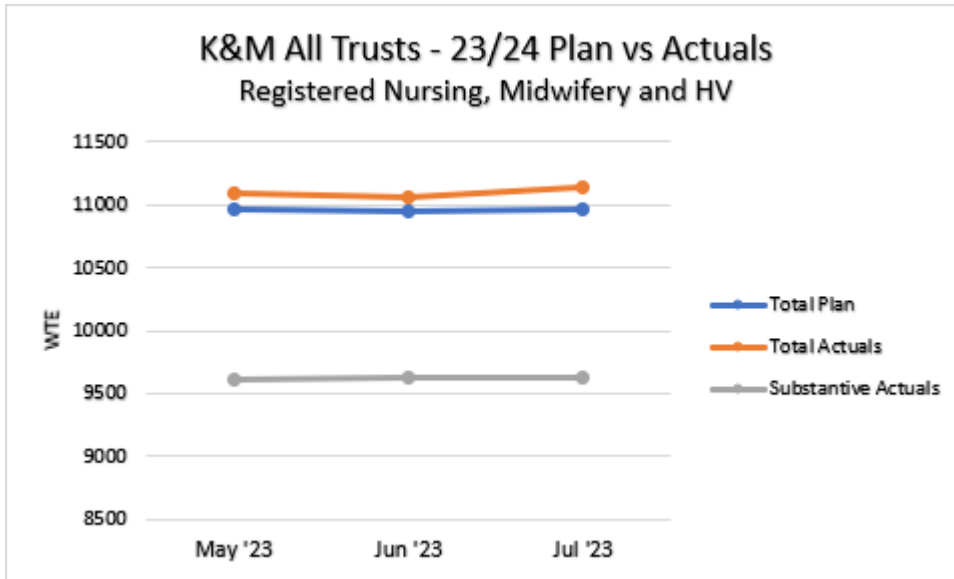
2. Kent and Medway context

- 2.1 In Kent and Medway, the ICB and NHS Trusts are committed to ensuring that we have sufficient nurses to safely staff our NHS services and use safe staffing tools to monitor this.
- 2.2 The Kent and Medway People Strategy has been approved and will be published in October 2023 with a supporting Delivery Plan for 2023 – 2025. There are key proposed deliverables for growing our domestic supply for nursing, supporting local need and the long term workforce plan of which are detailed below.
- 2.3 Between August 2022 – July 2023, nursing establishments have increased by 425 wte (4%) across the six providers.
- 2.4 Despite this establishment growth, vacancies in July 2023 for registered nurses are at 12.1% (SE average of 12.4%). This is an improvement from 15% reported in the last report to committee (August 2022 data). This equates

to 1328 wte vacancies, compared to 1620 wte in the last report (August 2022 data).

2.5 Turnover stands at 10.9% (July 2023) compared to 13% (August 2022).

2.6 The graph below shows the total planned and actual nursing, midwifery, and health visitor workforce, showing that whilst the substantive vacancy gap remains, these vacancies are covered by temporary staffing to maintain safe staffing levels.



3. Growing our nursing workforce

3.1 Growing the nursing workforce is a key priority for both organisations and the ICB. This is being undertaken through a number of different short and long term actions to create a sustainable nursing pipeline, as follows:

International recruitment

3.2 Kent and Medway have been hugely successful in recruiting nurses internationally. In 2022, the trajectory of recruiting 844 nurses was achieved, and the stretch target to March 2023, totalling 1020 nurses was also achieved. Providers continue to follow the code of practice for ethical recruitment. Planned activity for 2023 including winter funding equates to 537 nurses being recruited to, of which providers are on track to deliver.

3.3 Kent and Medway providers are taking a collaborative approach to recruiting International nurses, to share and learn working towards developing one pastoral care hub, providing a consistent offer and level of support for the nurses until they become registered. This planned model will provide economies of scale enabling our nurses to get a better experience and aims to reduce competition from within the system.

- 3.4 The Nursing and Midwifery Council (NMC) changed their approach to English Language tests in May 2023, enabling Health Care Support Workers (HCSW's) who have held a registered nurse registration in their own country to apply to become registered in the UK through a process called SIFE (Supplementary Information from Employers). Employing organisations work with HCSW's who are employed with them to become registered nurses. Within Kent and Medway there are 99 HCSW's who are in the pipeline to become registered nurses through the SIFE process. This is still a fairly new process and the Integrated Care System partners are developing a consistent approach.
- 3.5 Each provider within Kent and Medway has submitted their application for the National Pastoral Care Quality Mark award awaiting the outcome. The quality mark is set as the gold standard.
- 3.6 As International recruitment sits within the National 50,000 nurses programme, the last round of funding has now been allocated from NHS England. For international nurse recruitment to continue, which will still be required, as this forms a large part of nurse recruitment pipeline, providers will need to fully fund this, unless any national funds are made available in the future. The risk associated with not having subsidised support has been escalated to the NHSE nationally. This is not only a Kent and Medway problem, but a national concern. It is anticipated that some funding to support the long term plan will be released but this is yet to be confirmed.

Domestic recruitment

- 3.7 All Trusts have active recruitment campaigns in place. There is a steady pipeline of domestic recruits into nursing at all Trusts.

Careers in nursing

- 3.8 The Integrated Care Board has been working with partners to develop a new and sustainable model for education and careers in nursing to support the continuation of the Health and Care Academy. Learning from best practice, a workshop is being planned bringing key stakeholders together to design the new model for Kent and Medway.
- 3.9 Partners are developing the Kent and Medway careers into nursing plan which incorporates undergraduate and post graduate nurses, entry level posts and advanced and consultant level opportunities.
- 3.10 As part of developing the education strategy for careers into health, our collective careers engagement with schools and wider education continues. A recent system wide event saw over 680 year 5/6 primary school children have an introduction to health and care careers.

- 3.11 Kent and Medway student council model is seen as the exemplar best practice model which other ICSs in the South East are looking to develop. The model supports the voice and lived experience of the students with direct engagement with the Chief Nursing officers and Senior nursing teams.
- 3.12 The nursing profession already offers a wide diversity of careers and career opportunities, and we are working together to make these more transparent and accessible through the work of the Health and Care Academy. Expanding our current and future workforce includes new roles and ways of working including development into advanced clinical practitioners and nurse consultant roles as well as expansion of entry roles into nursing. Developing T-Levels and Apprentices as a system is an area which we are developing further.
- 3.13 Placement providers, the ICB and NHSE W&TE are piloting a new blended two year MSc undergraduate programme with Coventry University which is planned to commence in January 2024. The course is being marketed by Coventry University and our Kent and Medway providers to attract local people with the intention of working in Kent and Medway at the completion of the programme.

Canterbury Christchurch University (CCCU) Nursing programme

- 3.14 In August 2023, CCCU made the system aware of Nursing students having a shortage of placement hours as a result of them not removing the emergency standards which were applied during the COVID-19 pandemic. 180 of the final year students who secured employment in Kent and Medway are being supported to complete their practice hours (supernumerary) in the trusts and where possible the ward/department where they have secured their new role, prior to receiving their registration. This will result in a short term delay on recruited numbers of registered nurses for a maximum of 8 weeks. For remaining students in year 1 and 2, additional placement hours will be incorporated into their programme. The NMC is planning a practice placement visit in November, with the system working collaboratively to plan for the visit.

National 50,000 nursing programme

- 3.15 The National programme (running from September 2019 to March 2024) focuses on key areas of international and domestic supply to increase registered nursing numbers by 50,000 wte. This includes national recruitment campaigns. In June 2023 (most current dataset available), Kent and Medway had overachieved their set trajectory of 1342 wte by 605 wte. Monitoring of this continues as the programme still has 6 months left to run.

4. Working Differently

- 4.1 It is recognised to grow our nursing workforce and have a sustainable model for the future, we need to work differently and across organisations. Our ambition is to grow our own domestic supply including opportunities for new career routes, ways of working and roles, reducing our reliance on international

recruitment and creating great places to work where our colleagues are looked after and supported to retain our valued workforce.

- 4.2 Partners are working to deliver core and gold preceptorship standards across the system as defined in the national retention framework for nursing and midwifery. Significant improvements have been since it was launched in 2022 and the ambition is for all providers to achieve the core standards by December 2023.

5. Conclusion

- 5.1 We have a duty of care to provide safe staffing to our patients and this is being undertaken currently with the support of our temporary workforce. There are national workforce shortages due to the increased demand for nursing to support the acuity of patients in hospital. In Kent and Medway, we are working in partnership to not only attract our nursing workforce but also to grow, develop and retain the nursing workforce now and for the future.

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Item 9: Healthwatch Kent: Annual Report 2022/23

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 5 October 2023

Subject: Healthwatch Kent: Annual Report 2022/23

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

It provides background information which may prove useful to Members.

1) Introduction

- a) Healthwatch Kent has asked for the attached report to be presented as part of their annual update to the Committee.

2) Recommendation

RECOMMENDED that the Committee note the report and invite Healthwatch Kent to provide an update in one year's time.

Background Documents

None

Contact Details

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

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Together

**we're making health
and social care better**

Annual Report 2022–23



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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

We have faced changes and challenges this year with starting our new contract and understanding new health and social care structures.

Our focuses have been:

- Achieving outcomes and being change-driven, to bring best value to our partners, stakeholders and the community
- Strengthening our Social Return on Investment, social value reporting and evaluation skills
- Recruiting volunteers which reflect the people in our local community
- Recognising how partners across Kent have overcome challenge and delivered positive change to the community through our annual impact awards event
- Improving our understanding of and data evidencing health inequalities
- Helping service providers to reach groups across the community who have unheard voices
- Establishing relationships with the newly formed ICB and ICP.



Libby Lines
Healthwatch Kent
Steering Group Chair



On behalf of the volunteers and staff team I would also like to thank Penny Graham who stepped down as chair of the Steering Group recently after more than three years. She gave of her time unflinchingly and helped Healthwatch Kent navigate the ever-changing landscape of Health and Social Care. Penny was particularly skilled at bringing people together and harvesting different perspectives to drive forward change and improvements in the sector. Thank you from all of us Penny.

About us

Healthwatch Kent is your local health and social care champion.

Across Kent we make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.

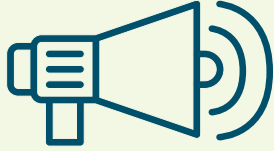


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



1,208 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

35,316 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.

Making a difference to care

We published

20 reports

reports about the improvements people would like to see to health and social care services.

Our most popular report was

Helping people get dental care

Which highlighted the difference dental care can make to people's lives.



Health and care that works for you



We're lucky to have

33 volunteers

outstanding volunteers who gave up [x days] to make care better for our community.

We're funded by our local authority. In 2022-23 we received

£507,131







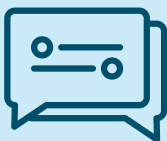

which is **less than** the previous year.

We currently employ

11.8 FTE staff

who help us carry out our work.

How we've made a difference this year

Spring	 <p>We shared stories from 19 families of children with disabilities to improve their experiences when accessing health and social care.</p>	 <p>We alerted regulators about GPs renewing Do Not attempt Resuscitation plans without consent for people in care homes.</p>
Summer	 <p>When people couldn't get a GP appointment, we worked with our ICB to inform the community about staff other than the GP who can offer support with health concerns.</p>	 <p>We supported homeless people to access GPs by asking that registration policies for homeless people were made clearer on GP websites.</p>
Autumn	 <p>We championed people's need for support with mental health whilst waiting a long time for assessments or treatment at a community mental health transformation meeting</p>	 <p>We supported someone with a broken tooth at risk of infection to get an emergency dentist appointment.</p>
Winter	 <p>We reviewed infection control policies at a local hospital to ensure they prevented staff from wearing uniforms on public transport.</p>	 <p>We improved people's discharge experiences by re-introducing the distribution of information and support leaflets at discharge appointments across local hospitals.</p>

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Wheelchair services



Through amplifying the voices of wheelchair users, we reduced the average wait time it takes for people to get a wheelchair.

Digital inclusion



We worked with Kent Coast Volunteering who provided the local Nepalese community with digital skills to help evidence the impact on this community. They are now less lonely and are accessing more health and social care services..

NHS dentistry

Over the years, when people have needed emergency dental care, we worked with Kent Dental Helpline and other networks to link people to appointments..



Improving AIS

After visiting a local hospital with a partially sighted patient, hearing loops are now working, and staff are better trained to use them. Signs and patient leaflets are also easier to read for partially sighted patients.



Medication access

We worked with NELFT to introduce a new phone system to the CAMHS service, making it easier for patients to access medication for their children.





Healthwatch Hero



Celebrating a hero in our local community.

This year we held our second Impact Awards evening where we recognised good work across Kent and Medway's health and social care sector, particularly from those who faced challenges.

We want to recognise East Kent Mind and barbers who they have worked with in Canterbury as our hero, for improving access to mental health support for men in their local community.

East Kent Mind set up the barbershop project, where barbers have been trained to spot signs of anxiety and depression in their customers and offer mental health support and signposting. Men are statistically more likely to discuss mental health issues with their barber than with their GP. Barbers also see their customers every four weeks, so they are well placed to spot any changes in people, or to follow up with people on how they are doing.

We say thank you to those involved in the project, because of you, more men are accessing support for their mental health.



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Gluten-free flour mixes on prescription for coeliacs

One of the biggest themes in our data this year has been difficulty accessing a GP. This caused issues for Erica, 82, who suffers from coeliac disease.

Erica couldn't get her regular prescription for gluten-free flour mixes from her GP. She was told they were not available to order.

Erica suffers from coeliac disease, and the delay in receiving her prescription severely limited her diet as she prepares all her own food to avoid cross-contamination with other ingredients, as well as to cook recipes which meet her dietary needs as a diabetic. Buying gluten-free flour mixes from the supermarket can be expensive.

Erica reached out to Healthwatch Kent for help, and we raised the issue with primary care colleagues at NHS Kent and Medway right away.

What change did we see?



NHS Kent and Medway investigated the feedback and discovered a technical issue within the prescription ordering system.

They got back in touch and confirmed the prescription system was now working correctly.

Awareness and instructions were shared to GPs across Kent to ensure all gluten-free prescriptions could be dispensed correctly.

What difference will this make?

1 in every 100 people in the UK are coeliac, which means there are around 18,500 coeliac people in Kent. This means that even if only 1% of coeliac people in Kent receive gluten-free food mixes on prescription, £277,500 worth of social has been generated for the community from this outcome. We have used Social Value measures to estimate this figure.



Without NHS support, some of the most vulnerable patients like me are at risk of not maintaining their gluten-free diet, which is the only treatment for our condition. Gram for gram, gluten-free staples like pasta are already 3-4 x more expensive than standard products!"

Erica, from East Kent



Supporting access to dentists for homeless people

Over the past few years, we have heard from a constant stream of people in distress as they cannot access essential dental care.

For those who can't afford private dental treatment this has meant living with excruciating pain and has caused complications with other health problems too.

Laura, who was homeless and pregnant when contacting us, was worried as her nurse had advised that a lack of dental treatment would affect her pregnancy. Studies have shown that poor dental health during pregnancy can be harmful to the Mum and their baby's overall health. Laura couldn't register with a dentist as she was told she needed to provide a home address, in order to even be on a waiting list for available NHS dentists in her local area.

What did we do to help?

1. We signposted Laura and her nurse to Kent Dental Helpline.
2. We supported them through the process of requesting an emergency dental appointment.
3. We shared Laura's issues alongside our other feedback on dentistry with local dental committees, the Kent and Medway overview and scrutiny committee, NHS England and Healthwatch England to influence changes at a local and national level.

What impact did this have for Laura?

Thanks to our signposting, Laura was able to get an emergency dental appointment.

Laura now has improved physical health through her dental treatment, Laura is relieved from stress and anxiety, and Laura's overall wellbeing has improved.

We have used Social Value tools to estimate that through these outcomes, Laura has experienced £2,500 worth of social value.



"I am currently 18 weeks pregnant and have been unable to find a local dentist taking on new patients. My mum experienced gum disease whilst pregnant so I am worried and feel I need to see a dentist soon."



Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life



It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

We spoke to local gypsy and traveller communities across 2017 and 2019. We triangulated this data with recent feedback we have heard from this community and presented at the health overview and scrutiny committee. This is where decision makers from across Kent come together to discuss the future of health and social care services. The committee is now better informed about how gypsy and traveller people can be better supported.

Getting services to involve the public



Services need to understand the benefits of involving local people to help improve care for everyone.

We attended the Kent Health Overview and Scrutiny Committee and encouraged Maidstone and Tunbridge Wells NHS Trust colleagues to use learning from their cardiology review, which involved patient experience feedback, when making improvements to services. We also suggested they include service user experiences as part of their evaluation when testing how well changes had been embedded to services.

Improving care over time



Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

In our last annual report, we spoke about what access to healthcare looks like for the trans and non-binary community in Kent and Medway. This year, we continue to work with colleagues at NHS Kent and Medway to set up support networks across GPs, so that transgender and non-binary people feel more included by the health system, and better supported whilst waiting for treatment.



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- We have heard from Fishermen who do not usually engage in health services
- We have heard from homeless people and refugees
- We have adapted our engagement methods
- We improved our data analysis skills to better identify health inequalities

Better care for fishermen

There are 11,000 fishermen in the UK spending long unsociable hours at sea, which makes it hard for them to use public services. We visited Ramsgate harbour on the Kent coast to hear the experiences of local fishermen. Many said getting a GP appointment was difficult because they were at sea during practice opening times. They also avoided making appointments because they wouldn't get paid for missing work.

We recommended that GP eConsult hours should be extended to cover evening slots, and more health check sessions should be held at the local docks to allow fishermen to get the medical checks they need.



“I could do with going to the GP about my elbow. But nowadays the GP wants you to call at 8:30... I just can't call at that time. By the time I'm back on shore, all the appointments have been taken.”

Fisherman from Ramsgate, Kent



Supporting local refugees

In April 2022, just under 100 Ukrainian refugees arrived in Kent. Without an NHS number, or a permanent address, many of these refugees told us they found it difficult to register with a GP and needed healthcare.

To support refugees in our community with improved access to healthcare, we had registration policies and instructions translated into Ukrainian and circulated these via county council representatives who were supporting refugees across Kent.

Refugees are now better informed about how to register with a GP and are aware of their rights, making them feel more empowered to take control of their health and ask for support with their health when they need it.



“Hello. My name is Adriyan. I am from Ukraine. No doctor accepts me to get an NHS number. I can't see GP without NHS number. Tell me what to do?”

Local resident



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people to register with a GP
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost of living crisis

Reducing loneliness

Sometimes people just need someone to talk to, and our information and signposting team are there to listen.

We heard from Rita, who requested assistance in organising a housing review. She felt her health conditions were getting progressively worse and needed support in place at home.

Rita explained that she had tried to access support already but kept being redirected, and she felt she could not resolve the situation alone. We raised Rita's concerns with her local council.

Following Healthwatch's discussions with the council, a full housing review was completed for Rita, which assessed her housing needs and allowed for her to receive the support she needed within her home.

“When we visited Rita, she said she was lonely. We connected her to a local befriending service.”

Housing review officer, Swale borough council

Reaching out to the befriending service has meant Rita is able to enjoy socialising again and doesn't feel alone anymore.

Re-building confidence in local hospital care

Jada got in touch as she felt anxious about attending her local hospital. She had avoided accessing emergency care when she needed to and was concerned for her ongoing health.

Jada told us her anxiety was caused by previous traumatic experiences at her local hospital. She wanted to see if we could help and told us that speaking to some of the staff at the hospital could make her feel better supported and more familiar with the hospital setting.

We spoke to the Director of nursing at Jada's local hospital and arranged for a meeting to take place, where Jada could discuss her worries. The hospital team also provided Jada with a 'carers card', allowing a nominated person to attend appointments or emergency care as support for Jada and always remain with her.

Jada now feels more confident and comfortable about attending hospital if she needs to. She feels listened to and welcomed by her local hospital and will no longer avoid accessing care and support that she needs.

Volunteering



We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Raised your feedback with service providers and commissioners
- Visited patients in hospitals to hear their concerns about the discharge process
- Made sure your feedback was influencing positive change
- Helped inform our prioritisation process.

Nic

"I help the Signposting, Information and research team with their data entry by logging feedback people share with us on the database. I have volunteered in many places, but this is the first time I have ever felt so welcome and at home. This is really a great place to volunteer, I really enjoy my time working here."



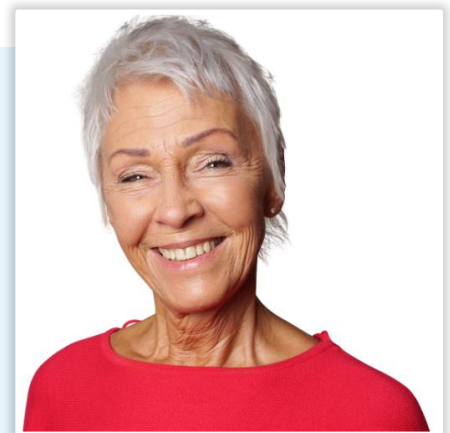
Romeo

"What better way of being a part of the legacy of making our world a better place than helping champion people's health needs and social care concerns. Privileged to have been trained to engage with the public, I couldn't be prouder being a Healthwatch volunteer particularly knowing that my contributions may have changed someone's life for the better."



Jill

"During my volunteering I have visited a wide range of Care Homes, General Hospitals, Mental Hospitals, Hospices, Community Events, Coffee Caravans (for isolated communities) and I have learnt a great deal about the issues faced by service users both positive and negative. It is very rewarding to know that by listening to people you can play a part in highlighting and improving their experience of Health and Social care to the benefit of all of us."



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



[Healthwatch Kent website](https://www.healthwatchkent.co.uk)



0808 801 0102



info@healthwatchkent.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£507,131.00	Expenditure on pay	£430,542.00
Additional income	£49,643.00	Non-pay expenditure	£126,232.00
Total income	£556,774.00	Total expenditure	£556,774.00

Additional income::

- **£49,643.00 subsidy from EK360 which includes commissioned joint work:**
- **£30,000 funding** received from Ageing Well (ICB) to support our Enhanced Health in Care Homes project.
- **£2000 funding** received from Canterbury Christchurch to support communications activities for the Allied Health Professional project.

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023–24

1. Help ensure people are at the heart of understanding and addressing health inequalities.
2. People who are having difficulty accessing services that are most in need.
3. Women's Health

Statutory statements



Healthwatch Kent, Seabrooke House, Church Rd, Ashford
TN23 1RD

Healthwatch **Kent** uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Steering Group currently consists of 3 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. The Steering Group ensures that decisions about priority areas of work provide a balanced workplan concerns and interests of our diverse local community. Throughout 2022/23 the Steering Group met 9 times and made decisions on matters such as [volunteer role descriptions](#) and [projects to take forward](#). We ensure wider public involvement through existing intelligence and by talking to stakeholders too in our project development.

There are also 2 volunteers on our Intelligence Gathering Group who help review individual cases, themes and trends to decide what action we should take.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums and visiting local community sights to engage with people face-to-face.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, through our social media channels and our newsletters.

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area for example we take information to board meetings in each health and care partnership area, the Integrated Care Board system quality group, and the health overview and scrutiny committee.

We also take insight and experiences to decision makers at our local hospital trusts. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year we did not utilise our enter and view powers as providers and organisations were welcoming of our visits to help them learn and improve.

2022–2023 Outcomes

Project/ activity	Changes made to services
Hospital complaints policy review	Local Hospitals made changes to their websites which communicate their complaints policies
Non-emergency patient transport	Local feedback has influenced changes to national eligibility criteria for this service
Homeless and registering with a GP	A local GP surgery updated their registration policy to accommodate homeless people
GP phone line errors	A GP changed their phonenumber to make it easier for people to book appointments
Prescription issues for gluten-free flour mixes	Prescription ordering system error corrected
Infection control at local hospitals	Infection control communication was updated to include guidance on where nurses can wear their uniforms
Visiting allied health services	Emergency escalation area removed from an appointment waiting room, reducing noise levels and ensuring people could hear their name being called for appointments.
	Information leaflets being distributed to support discharge experience

Healthwatch representatives

Healthwatch Kent is represented on the Kent Health and Wellbeing Board by Penny Graham (steering group volunteer) and Robbie Goatham (Healthwatch Kent Manager). The Kent Health and Wellbeing Board only meets twice a year, avoiding duplication of activity with the Integrated Care Partnership.

Healthwatch Kent is represented on Kent and Medway's Integrated Care Partnerships by **Robbie Goatham, Healthwatch Kent Manager**. We have contributed extensive feedback about people's experiences to help shape the Draft Integrated Care Strategy Priorities.



Healthwatch Kent

Seabrooke House, Church Rd, Ashford TN23 1RD

www.healthwatchkent.co.uk

t: 0808 801 0102

e: info@healthwatchkent.co.uk

 @HealthwatchKent

 @hwkent

 @healthwatch_kent

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Item 10: Reconfiguration of Acute Stroke Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 5 October 2023

Subject: Reconfiguration of Acute Stroke Services

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

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

1) Introduction

- a) The Kent and Medway Integrated Care Board is establishing three Hyper Acute Stroke Services (HASUs) to serve Kent and Medway. These will be located in Maidstone, Ashford and Dartford.
- b) The implementation follows a long period of planning, consultation, and challenges. A summary timeline was set out in a paper to HOSC in [January 2022](#).
- c) HOSC received updates on implementation of the HASUs on 26 January 2022 and 30 November 2022. Updates included:
 - i) Three travel advisory groups were to be re-established, which would listen to the concerns of patients and families and put strategies in place to address these concerns.
 - ii) Within six months of HASUs being operational, the expectation was that each of the three units would be A rated (this would be evident after 9 months due to a 3-month lag in data, so December 2023).
 - iii) The use of telemedicine had reduced the number of non-stroke patients being sent to a stroke unit which had resulted in improved patient flow.
 - iv) Activity and bed modelling had been completed in 2017, and those assumptions were being reviewed to ensure they were still robust ahead of the business cases being finalised.
 - v) It had not been possible to provide data on call to needle times because the data had not been provided by the Sentinel Stroke National Audit Programme (SSNAP).
 - vi) During the covid pandemic, stroke services in east Kent relocated to Kent and Canterbury Hospital (KCH) to free up acute capacity for Covid-19 patients. KCH does not have an A&E department, and therefore it was not expected that the services would remain on that site because SSNAP audit data evidenced improved outcomes when a HASU was co-located with an A&E. The expected dependencies were being looked at by a national team.

Item 10: Reconfiguration of Acute Stroke Services

- d) NHS Kent and Medway have prepared the attached briefing for the Committee. They will attend the meeting in December with further information.

2) Recommendation

RECOMMENDED that the Committee consider and note the report and that the ICB be invited to return with a fuller update at the next meeting.

Background Documents

Kent County Council (2022) Health Overview and Scrutiny Committee (26/01/2022),
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4>

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

Contact Details

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

Reconfiguration of acute stroke services in Kent and Medway

Purpose of briefing

Kent Health and Overview Scrutiny Committee (HOSC) has requested an update on the time on the transformation of acute stroke services in Kent and Medway. A detailed briefing on stroke services will be provided to the HOSC in December 2023.

Background

The Kent and Medway Stroke Review was commissioned in 2014 in response to concerns by Kent and Medway Clinical Commissioning Groups (CCGs) about the performance and sustainability of hospital stroke services across all units in Kent and Medway. The CCGs and hospital trusts were tasked with developing proposals to improve outcomes for patients, reducing deaths and disability.

The review recommended a model of care involving specialist stroke services consolidated at three hospitals, each with a hyper-acute stroke unit (HASU) and an acute stroke unit (ASU), to ensure rapid access to specialist staff, equipment and imaging to improve quality and outcomes for patients.

Public consultation on the proposal was undertaken in 2018. The decision to establish HASU/ASUs in Dartford, Maidstone and Ashford was approved by the Secretary of State in November 2021.

Reconfiguration of acute stroke services

Details of the planned timescales for developing the three HASUs in Kent and Medway are shown in **Table 1**:

Table 1: Timescales for developing the three HASUs

Site	Works	Completion of capital works
Dartford Darent Valley Hospital (DVH)	Refurbishment of existing and additional space	October 2023
Maidstone Maidstone Hospital (MGH)	Refurbishment of existing and additional space	December 2023
Ashford William Harvey Hospital (WHH)	New build forward extension	Q3 2025/26

Phase 1 capital works is nearing completion (Dartford and Maidstone). The go-live dates for these units will be on or soon after 1 April 2024 and will be dependent on recruitment. Business cases for the recruitment of the additional staff to HASU levels are to be approved by the end of Q3 2023/24 (December).

The East Kent Hospitals University NHS Foundation Trust (EKHUFT) scheme is being developed as a second phase due to capital constraints. Work is currently focussed on preparing for procurement.

Sentinel Stroke National Audit Programme (SSNAP)

Table 2: SSNAP ratings from April 2021 – June 2023

Hospital	April - Jun 21	Jul - Sep 21	Oct - Dec 21	Jan - Mar 22	April - Jun 22	Jul - Sep 22	Oct - Dec 22	Jan - Mar 23	April - Jun 23
DVH	D	C	B	B	B	B	C	C	B
K&C	A	A	A	B	B	B	A	A	A
MGH	A	A	B	B	B	A	B	A	A

Table 3: SSNAP scoring summary from January 2023 – June 2023

	Darent Valley Hospital		Kent and Canterbury Hospital		Maidstone District General Hospital	
	Jan - Mar 23	April - Jun 23	Jan - Mar 23	April - Jun 23	Jan - Mar 23	April - Jun 23
SSNAP level	C	B	A	A	A	A
SSNAP score	64.6	73.1	86.0	86.0	88.0	80.8
Case ascertainment band	A	A	A	A	A	A
Audit compliance band	B	B	A	A	A	B
Combined Total Key Indicator level	C	B	A	A	A	A
Combined Total Key Indicator score	68.0	77.0	86.0	86.0	88.0	85.0
Team-centred post-72h all teams cohort	121	135	228	279	248	247

The ISDN is focused on making continual improvement across all aspects of the stroke pathway. Positively, there has already been improvement in SSNAP ratings related to the consolidation of the workforce onto three sites and the standardisation processes in the acute part of the pathway.

Dartford has seen significant improvements and has improved from a 'D' rating in April 2021 to a 'B' rating in October 2021. Scores reduced at Dartford and Maidstone over the winter period due to operational pressures but have since increased.

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Item 11: Update on Covid-19

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 5 October 2023

Subject: Update on Covid-19

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

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

1) Introduction

- a) Members asked for an update on the latest position with Covid-19. Colleagues from Public Health (KCC) and the Integrated Care Board have provided the attached written update.

2) Recommendation

- b) RECOMMENDED that the Committee consider and note the update.

Background Documents

None

Contact Details

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

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To: Health Overview and Scrutiny Committee, 5th October 2023

By: Dr Ellen Schwartz, Deputy Director of Public Health, KCC
Priscilla Kankam, Deputy Director of Nursing, Quality & Medicines
Optimisation, NHS Kent & Medway

Subject: Update on Covid-19

Summary:

This report provides a situational update on Covid-19 nationally and locally.

1. Introduction

- 1.1 In February 2022 the Cabinet Office published its guidance “COVID-19 Response: Living with COVID-19” which was updated in May 2022. The objective of the government was to enable the country to manage COVID-19 like any other respiratory illnesses, while minimising deaths and retaining the ability to respond, if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of reducing immunity, that could again threaten to place the NHS under unsustainable pressure.
- 1.2 Some of the principles set out by the government to achieve this are:
- a. Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
 - b. Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
 - c. Maintaining resilience: ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency.
- 1.3 In the current era of “Living with COVID-19” all restrictions and control measures imposed during the pandemic have been removed and the monitoring mechanisms put in place have been scaled down. However, the UK Health Security Agency (UKHSA) continues to monitor both the national and international COVID-19 situation and provide appropriate advice and guidance.
- 1.4 The Joint Committee on Vaccination and Immunisation advises the ministers on the group eligible for COVID-19 vaccination based on the current best evidence. COVID-19 vaccination for the current season began on the 11th of September in care home and is being rolled out to other eligible groups.

2. The new variant BA.2.86

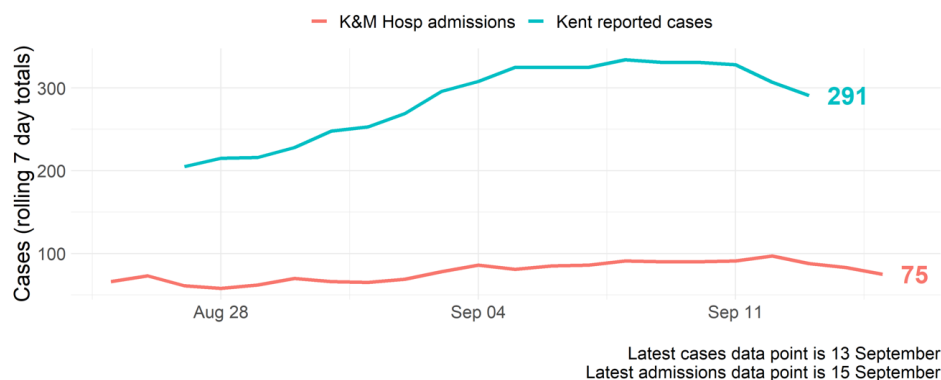
- 2.1 A new COVID-19 variant, BA.2.86, was detected in the UK on 18th August. It has been detected in several other countries although in low numbers. UKHSA has published an initial risk assessment of the new variant.
- 2.2 This newly identified variant has a high number of mutations and is genomically distant from both its likely ancestor, BA.2, and from currently circulating XBB-derived variants.
- 2.3 As of 4th September 2023, there were 34 BA.2.86 sequenced cases in England, with cases located in East of England, London, and Northwest England. There were five hospitalisations and no deaths related to COVID-19. Of the 34 cases 28 cases are part of an investigation of an outbreak in a care home in Norfolk which reported a high attack rate.
- 2.4 The world-wide situation is dynamic with countries reporting cases daily and, as of 11th September, there have been 97 BA.2.86 confirmed cases globally from 14 countries.
- 2.5 Wastewater detections have been reported in multiple countries. The numbers are likely to be an underestimate, as many countries do not routinely test or sequence the positive specimens.
- 2.6 There is currently insufficient data to assess the relative severity or how far the vaccines will be effective against this variant compared to other currently circulating variants. Testing and surveillance measures are likely to be increased in the UK as a result of the emergence of this new variant.

3. COVID-19 Situation in Kent and Medway

3.1 Kent hospital admissions and reported cases:

- 3.1.1 Over the last seven days there has been a downward trend both in reported cases and hospital admissions in Kent (Figure 1)
- 3.1.2 Trend in Kent and Medway hospital admissions (up to 15th September) and reported cases (up to 13th September)

Figure 1 Recent trends



3.2 Hospital admission rates

- 3.2.1 Nationally the number of hospital admissions where COVID-19 has been detected has decreased by 16.1% in the seven days up to 15th September, compared with the previous seven days.
- 3.2.2 In the seven days up to and including 15th September, the number of hospital admissions across Kent and Medway where the patient tested positive was 75. This has decreased by 17.6% compared with the previous seven days.

3.3 Clarification on plans for vaccination

- 3.3.1 As a precautionary measure to the emergence of BA.2.86, UKHSA has advised that the intervention with the greatest potential public health impact is to vaccinate eligible individuals. Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward and to accelerate delivery of the programme to vaccinate eligible people quickly to enable as many people as possible to have been vaccinated by the end of October.
- 3.3.2 This accelerated vaccination campaign commenced on 11 September 2023, starting with care home resident and staff and those who are housebound. There is no change to the eligibility criteria for both Autumn 2023/24 COVID-19 cohorts, and flu cohorts. No decision has been made on expanded eligibility for vaccination and this continues to be kept under close review.
- 3.3.3 Kent and Medway will operate predominately a Primary Care led model with 38 Primary Care Networks, 90 Community Pharmacies and five Hospital Hubs offering vaccinations. This will ensure good geographical coverage within a 30-minute drive for general population to access the vaccination point. Roving and pop-up services have also been established to improve geographical accessibility and address inequalities.
- 3.3.4 As per previous campaigns, there's a robust communication plan to continue with co-promotion, and encourage co-administration, of both COVID-19 and Flu using a multi-provider approach to address inequalities based on the needs of the population.

3.4 Key public health messages

- 3.4.1 Currently there is no cause for concern as further studies are being undertaken to assess the various features of BA.2.86 including its severity and how well the vaccines will work and BA.2.86s has not been declared as a variant of concern (VOC).
- 3.4.2 There is no change to the guidance and advice on COVID-19 treatments, testing, outbreak control management and infection prevention control.
- 3.4.3 Adherence to the recommended measures remain the best way to protect the most vulnerable groups across healthcare and social care settings. This continues to be kept under assessment and close review. UKHSA has

reiterated the following guidance on what to do if an individual has respiratory symptoms; *“If you have symptoms of a respiratory infection, such as COVID-19 or flu, and you have a high temperature or do not feel well enough to go to work or carry out normal activities, try to stay at home and avoid contact with other people, until you no longer have a high temperature (if you had one) or until you no longer feel unwell. If you need to go out, then avoid close contact with anyone who you know is at higher risk of becoming seriously unwell”*.

- 3.4.4 It is essential that those who are eligible for COVID-19 and Flu vaccination and get the vaccine at the earliest opportunity as this is the best way of protecting them and others.

4 Recommendation

- 4.1 The Health and Overview Scrutiny Committee is asked to note the contents of this briefing, encourage Kent residents to follow current guidance and support the ongoing vaccination programmes for COVID-19 and flu this season.

Background resources/Documents

<https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19>

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

<https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-of-concern-variant-risk-assessments/situational-assessment-for-sars-cov-2-variant-v-23aug-01-ba286>

Contact Details

Dr Ellen Schwartz, Deputy Director of Public Health ellen.schwartz@kent.gov.uk

Item 12: Work Programme 2023

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 5 October 2023
Subject: Work Programme 2023

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

1. Introduction

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

2. Recommendation

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

Background Documents

None

Contact Details

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

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

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.	-
MTW Clinical Strategy - repatriating bariatric care	To receive information about the repatriation of bariatric care from London to Kent.	-
HASU implementation	To receive a full update on implementation of the Hyper Acute Stroke Units.	-
East Kent maternity services update	To receive an update on the improvements being made at EKHUFT's maternity services.	-
Cancer targets	To receive information about local performance against cancer targets.	-

29 February 2024		
Item	Item background	Substantial Variation?
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.	-

23 April 2024		
Item	Item background	Substantial Variation?
MTW Clinical Strategy – general update	To receive an update on the progress of the Trust’s clinical strategy.	-

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
Specialist Children’s Cancer Services	To receive an update on the outcome of the public consultation.	No
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).	-
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
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3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

Kent and Medway Joint Health Overview and Scrutiny Committee NEXT MEETING: Friday 3 November 2023		
Item	Item Background	Substantial Variation?
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes

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