HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 6th September, 2023

1.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 6th September, 2023, at 1.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Kay Goldsmith**
Telephone: **03000 416512**

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mr A R Hills and Mrs P T Cole
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, Councillor K Moses

UNRESTRICTED ITEMS

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

Item Timings*

1. Membership

2. Substitutes

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

4. Minutes from the meeting held on 19 July 2023 (Pages 1 - 8)

5. NHS Kent and Medway Community Services review and re-procurement (Pages 9 - 16)

6. Date of next programmed meeting – 5 October 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

29 August 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, 19 July 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mrs P T Cole, Mr S R Campkin, Ms J Meade and Cllr P Cole

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS

124. Membership
(Item 1)

The following was noted by the clerk:

- Mr Cole had been appointed as the West Kent representative from Sevenoaks District Council. His KCC position would be filled by Mrs Cole.
- There remained three district and borough vacancies.
- Mr Streatfeild was the new Liberal Democrat Group member.
- The Conservative Group had one vacancy.

125. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

Mr Chard declared he was a Director of Engaging Kent.

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

Mr Cole declared that he was a district representative of the Dartford, Gravesham and Swanley and West Kent Integrated Care Boards forums.

126. Minutes from the meeting held on 10 May 2023
(Item 4)

It was noted that the approval of the minutes from the 28 March 2023 was missing from the draft minutes and that the clerk would include this.

RESOLVED that the minutes from the meeting held on 10 May 2023, subject to the amendment above, were a correct record and they be signed by the Chair.

127. NHS Waiting Times for Cancer Care
(Item 5)

In attendance for this item: Serena Gilbert, Interim Managing Director, Kent and Medway Cancer Alliance

1. The Chair welcomed the guest and, with the report taken as read, Ms Gilbert welcomed any questions from the Committee.

2. A Member asked if more granular data could be provided than that which was found in the report. Ms Gilbert said it was possible to present the data at Trust and Tumour site level which would provide insights on specific cancers. But it was noted that national standards applied to all cancer types no matter the rate of growth. The Member followed up and asked if there were any cancer types that experienced under or late detection and required additional focus. Ms Gilbert said that lung cancer was an area of focus as the longer waits were associated with worse outcomes, even when meeting the national standard. In Kent and Medway, the Lung Health Check Programme had been launched, which invited those at risk to attend a one-off screening to help with early diagnosis.

3. A Member asked how long those who fell outside the target wait time were expected to wait. Ms Gilbert said there was no additional target wait time, but that efforts would be focussed on making accessible appointments for them. It was noted many of those not seen within the target wait time were because they were unable to make any of the times offered. The number of referrals had greatly increased post-pandemic, but despite the increased pressure on the service, there were efforts being made to see all patients within a reasonable time.

4. Asked by a Member what preventative work was underway, Ms Gilbert said there were proactive screening programmes, outreach campaigns to raise awareness as well as plans being considered by the Integrated Care Board (ICB) on diet, health and exercise. The Chair asked if prevention advice could be circulated to Council Members after the meeting so that it could be shares with local communities.

5. A Member asked about the underperformance against the target of ‘maximum 31 days for subsequent treatment where the treatment is radiotherapy’. Ms Gilbert said this was an ongoing area of concern. An external company had audited all oncology (and immunotherapy) services and the ICB were in the process of reviewing the recommendations. Capacity was noted as a key reason, with a recruitment drive for staff to provide radiotherapy ongoing. The Cancer Alliance had also funded administrative roles to assist with non-clinical work. Ms Gilbert noted that whilst there was no deadline in place to achieve the expected targets, she would share the timeline after the meeting.

6. It was said that work was ongoing between the Cancer Alliance and GP surgeries to address the backlog in cases since the pandemic and ensure the most urgent cases were identified and addressed. More data was being provided to GPs to see how they were performing against national averages.

7. Members questioned the apparent lack of flexibility in patient communication, with post being the most common method of receiving information from the NHS. Ms Gilbert noted progress had been made in providing more information over the telephone, but accepted more work was needed. There remained challenges, such as ensuring the security of information and other information governance requirements. She offered to take the point away for further consideration. The Chair requested Dr Jacobs (Local Medical Committee) do the same on behalf of GPs.

8. Responding to a question about the cancer backlog position and any impact of the strikes, Ms Gilbert explained that despite strike action the best possible level of cover was being provided and that cancer services had been largely protected. Significant work was still required to clear the backlog from the pandemic, and Ms Gilbert offered to report back with updates.

RESOLVED to note the report.

128. NHS Kent and Medway Community Services review and re-procurement *(Item 7)*

In attendance for this item: Justin Chisnall, Director of Patient Pathways, NHS Kent and Medway.

1. The Chair welcomed the guest and asked Mr Chisnall to introduce his report and provide any updates since its publication. Mr Chisnall said there were no further updates and welcomed any questions from the committee.

2. Recognising the importance of full integration between acute NHS providers, Adult Social Care and the voluntary sector, the Chair asked how the procurement would achieve that. Mr Chisnall explained the proposal from the ICB was for the establishment of transformation boards, bringing together partners to develop a programme of integration together. For that reason, contracts awarded on 1 April 2024 would be on the same terms as the current contracts. Mr Chisnall explained that strategic expectations would be developed for the transformation by way of a prospectus. Whilst these would align objectives to ensure strategic continuity across Kent and Medway, it was also important to reflect the needs at place level. It was confirmed that the prospectus on the expectations for the transformation boards would be ready to be circulated prior to HOSC's briefing about hospital discharge on 28 September 2023.

3. A Member asked about social prescribing interventions going forward. Mr Chisnall said that social value provisions of the providers would be considered as the contract progresses. Part of the transformation partnership processes would be to offer services beyond the traditional NHS model and work with the voluntary sector. It was noted that workforce issues remained a challenge going forward.

4. Asked if social prescribing interventions offered by voluntary organisations were integrated with GPs, and what level of communication was there between these services. Mr Chisnall noted a social prescribing strategy had recently been completed across Kent and Medway. He said that currently

there were different processes in different areas but that the strategy would simplify this going forward.

5. Mr Chisnall provided further details on the communications and engagement plan. It was noted that during the continuity stage, there would be engagement with the public to inform the developmental process and will draw on past work from CCGs?. There would be a link with Healthwatch to help inform governance and programme management and effectively engage with the public going forward.

6. Asked if there would be a single provider and what impact this would have. Mr Chisnall said no prejudgment on future providers would be made before the procurement process. The procurement would commence upon the expiration of the 3 contracts, bidders would have to demonstrate the ability to deliver continuity and how they would work in partnership with stakeholders currently in the system along with a track record of joint working across Kent and Medway as well as other areas.

7. A Member asked if there was enough time for a full recommissioning by March 2024. Mr Chisnall acknowledged there was insufficient time for a full consultation in that time, but that was one of the reasons the procurement would be for a continuity of service, rather than substantial change. He accepted change was needed, perhaps substantial, but that would become clearer post-award, with engagement and consultation carried out as required.

8. Members did not think there was not enough detail available to make a decision on whether the proposals constituted a substantial variation of service. The Chair announced that a formal decision as to whether this constituted a substantial variation would be deferred until the 5 October 2023 meeting of the committee.

RESOLVED to note the report and invite the ICB to attend the next meeting once more information was available.

129. Primary Care Update (including the GP Development Plan)
(Item 8)

In attendance for this item: Sukh Singh, Director of Primary Care, NHS Kent and Medway, Dr Ash Peshen, Deputy Medical Director, NHS Kent and Medway and Dr Jack Jacobs from the Local Medical Committee.

1. The Chair welcomed the guests, who confirmed there were no updates to provide since publication of the report.

2. The Chair welcomed that GP appointments were up 7% compared to pre-pandemic levels along with the continued recruitment drive within GP practices. Mr Singh explained that the increased workforce numbers reflected the appointment to new roles within general practices and across the wider workforce. The Chair asked if the numbers on the entire workforce cohort across Kent and Medway were available, Mr Singh said this could be shared after the meeting.

3. A Member raised a point on the accessibility of GP appointments, especially face-to-face appointments. Concern was expressed that e-consult and digital offerings were too difficult for many to access leaving them no option but to try A&E or other avenues. The Member asked if the nature of GP contracts (i.e. private suppliers as opposed to employed by the NHS) was a reason for the inaccessibility of primary care services for many, and would further integration with the NHS help to resolve this and make GPs more customer focussed. Dr Peshen responded that GPs must move from their traditional model and take advantage of the opportunities presented by technological advances. There were three aspirations:

    3.1. Good, consistent access to services - recognising the different needs of patients requiring 'transactional' or continued care. Dr Peshan cited the widening role of pharmacists in treating patients as well as the potential for 'access hubs' to reduce the burden of transactional care on GPs.

    3.2. Proactive care, including social prescribing.

    3.3. Prevention

4. Addressing a question around poorly performing surgeries, Mr Singh explained that action plans were developed alongside the ICB teams when the Care Quality Commission (CQC) rated a surgery as inadequate or requiring improvement. There was also a proactive GP Support Improvement Programme which helped prevent GPs from getting to the stage of CQC intervention. There was a need to better understand demand so that plans could be put in place to address that demand.

5. Concern was expressed over the difficulty to recruit salaried GPs, could more be encouraged to join a partnership rather than on locum contracts.

6. Responding to a concern about the apparent difficulty in contacting GP surgeries over the phone, Mr Singh said that work was ongoing with practices to implement a call-back functionality. Members were also concerned about the role of receptionists in determining whether a patient saw their GP. Dr Jacobs noted that receptionists were hard working professionals who operated in a challenging environment and often faced verbal abuse from patients. Mr Singh noted that the ICB offered a training programme for receptionists. It was important to provide them with support so that they have what they need to fully provide their service to patients.

7. Members commented on the process of receptionists seeking personal details in front of others at the surgery. Mr Singh said that the estates were a limiting factor, as many practices did not have the capacity to offer private cubicles for discussions. It was noted that privacy concerns were very important, but they needed to understand where their problems were arising before putting in place a resolution.

8. Addressing a concern about the recruitment and retention of GPs, especially in coastal areas, Mr Singh noted that the issues had been recognised and areas such as Thanet had recently received targeted recruitment support.

9. A Member asked about the lack of NHS dentistry and the long waits for care that children were experiencing. Mr Singh said that dentistry had been delegated to

the ICB, the challenges seen in this area reflected a national contract issue. Conversations were ongoing with the Kent Local Dental Committee to get their insights into how to resolve the current challenges and recruit more dentists.

10. A Member asked about the consistency of GP opening hours with several closing or offering limited services over lunch. Dr Jacobs said that GPs work very long hours, including evenings and weekends, but system-wide challenges made the job very difficult. Further investment in the workforce, specifically training and recruitment, was required to increase capacity. It was noted that more doctors were training to be GPs than ever before, and training was being provided to pharmacists and medical students to give additional support across the system. The training required considerable supervision which left less time for qualified GPs to see patients.

11. Dr Jacobs provided a GP's perspective, noting the following:

    11.1. Access difficulties reflected demand and capacity issues which were symptomatic of a system-wide NHS crisis. The workload of GPs had increased substantially since the start of the pandemic because of increased demand and additional responsibilities.

    11.2. According to a survey of local GPs, a third of the responsibilities being placed on GPs were unsuited for general practice, yet GPs were having complaints filed against them for not performing the tasks that were both time-consuming and detracted from their core responsibilities. Meetings with hospital Trusts remained ongoing to resolve the questions around responsibility for the tasks being performed by GPs.

    11.3. Additional bureaucratic and regulatory burdens were being placed on GPs, further adding to the huge demand for their services.

    11.4. Local Practices were not receiving adequate resource allocation from the NHS.

    11.5. A lack of physical space had been a constant unresolved issue.

12. Mr Singh thanked Members for their input and for raising awareness of the challenges that residents were facing. A strategy to improve the GP offer to their patients was needed and this must be developed as a partnership with all stakeholders, including local authorities.

13. Dr Peshen said that improvements were starting to be seen. Digital innovations were very important - if those who were comfortable with technology increased their use of digital pathways then phone lines would be available for those less able to use technology. He accepted that e-consult needed to be more user-friendly.

14. The Chair summarised the discussion and thanked Members and the guests for their time and contributions. The Chair noted the Council's role in advocating for change along with ensuring adequate S106 monies were secured for new housing developments (thus ensuring adequate provision of services).

RESOLVED that

i) the committee note the report and thank for three guests for their contribution.

ii) An update paper be presented to the Committee in Spring 2024.

130. Urgent Care Review Programme - Swale
(Item 9)

In attendance for this item: Martin Riley, Managing Director of Medway Community Healthcare and Steve Reipond, Director for UEC and System Flow, Medway & Swale Health and Care Partnership

1. The Chair introduced the guests invited them to introduce the paper.
2. Mr Riley and Mr Reipond said that following an internal report, the ICB had commissioned an external audit of three sites. A final report was expected by the end of July which would inform the next steps. It was also noted that the Minster-in-Sheppey ward went live in January 2023, which had been later than planned. The acute community ward offered 22 beds, for acute care in the community with consultant cover during the working week and regular clinics. Eligible patients were referred to the ward by the local acute hospital allowing care to be provided closer to home.
3. The Chair asked about the walk-in centre at Sheppey and if the reconfiguration would make access harder for patients. In response, Mr Riley and Mr Reipond said that the audit would provide insights into the level of demand and there would also be work undertaken with patients to improve their primary care offer.

RESOLVED to

i. note the report and

ii. an update be provided at the appropriate time on progress made.

131. Mental Health Transformation - Places of Safety
(Item 10)

In attendance for this item: Taps Mutakati, Director for Strategic Change, NHS Kent and Medway, Sara Warner, Engagement Lead, NHS Kent and Medway, Rachel Bulman, Project Manager, NHS Kent and Medway, Cheryl Lee, Service Manager, KMPT, Louise Clack, Programme Director, NHS Kent and Medway and Philip Hall, Project Manager, NHS Kent and Medway.

1. The Chair noted that the Committee had already declared the proposal a substantial variation of service. The Decision Making Business Case (DMBC) would go to the ICB in September for approval, and the meeting presented the final opportunity for the committee to make formal comments on the proposal for inclusion in the DMBC.
2. A Member asked for further details of what mitigations had been put in place to prevent a single site from becoming a single point of failure. In response, Ms Bulman said that the interior would be designed to ensure that each suite was capable of being individually isolated to allow the remaining suites to stay open. Lessons had been learnt from a site in Maudsley on how to prevent the whole building from being shut down and that the structure and physical

environment was an important means of ensuring this. It was noted there would be a robust escalation and de-escalation area.

3. The Chair requested that HOSC's concerns over the risk of the single site of failure be documented in the DMBC. The Chair requested images of the Maudsley site at the next discussion on 5 October 2023.

4. A Member asked if the public consultation results had been published and how many people were involved. It was confirmed that the consultation would be published imminently. 490 people had direct involvement and 230 took part in interviews, focus groups and small discussions. There was also a workshop with the partnership and a large-scale conference on health and welfare in Dartford. 59 people took part in an online survey. It was noted that overall, the response was felt to be very strong for a small and focussed service. The Chair asked that a link to the published results be circulated.

5. The Chair invited the guests to return to the next meeting in October with the decision of the ICB.

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.

132. Work Programme
(Item 11)

1. A Member asked that a follow on the Primary Care item be scheduled for Q1 2024.

2. RESOLVED the Work Programme was noted and agreed.

Item 5: NHS Kent and Medway Community Services review and re-procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 6 September 2023

Subject: NHS Kent and Medway Community Services review and re-procurement

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Summary: This report provides background information for members.

The Committee has yet to determine if this workstreams' proposals constitute a substantial variation of service.

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1) Introduction

a) The Community Contracts held by NHS Kent and Medway Integrated Care Board (ICB) expire at the end of March 2024 and need to be reprocured. As part of the process, NHS Kent and Medway are further developing the model of care for the provision of Community Services in collaboration with Health and Care system partners.

b) A representative from the ICB attended HOSC's meeting on 19 July 2023, but the Committee did not feel it had enough information to make a decision around declaring a substantial variation of service. They invited the ICB to return to the next meeting when more information would be available.

2) Potential Substantial variation of service

a) The Committee is asked to review whether this proposal constitutes a substantial variation of service. There are no formal criteria setting out what a substantial variation of service is, and it is down to the Committee to decide.

b) Where the Committee deems the proposed changes as not being substantial, this shall not prevent it from reviewing the proposed changes at its discretion and making reports and recommendations to the NHS.

c) Where the Committee deems the proposed changes as being substantial, the NHS must consult with it prior to a final decision being made, though the NHS always remains the decision maker.

d) Once the final decision has been reported to HOSC, the Committee shall decide if it supports the decision, does not support the decision, and/or provide comment on it. Where it does not support the decision, the Committee can refer it to the Secretary of State.

e) Medway Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) will also be considering the changes to determine if they are substantial.

3) Recommendation

If the proposals relating to the re-procurement of Community Services are deemed substantial:

RECOMMENDED that:

(a) the Committee deems that proposed changes to the re-procurement of Community Services are a substantial variation of service.

(b) NHS representatives be invited to attend this Committee and present an update at an appropriate time.

If the proposals relating to the re-procurement of Community Services are deemed not substantial:

RECOMMENDED 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 this Committee and present an update at an appropriate time.

Background Documents

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

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Community Services Procurement Programme

HOSC Briefing

1. Introduction

Kent and Medway's 2023/24 operational plan is based on national plans for recovery and a major transformation of services, underpinned by data and technology. Its deliverables include measurably improved patient outcomes with reduced waiting times, enhanced quality of care and improved patient experience. This will be underpinned through the fostering of collaboration between health, care, and industry partners.

The reprocurement of community services will play a significant role in achieving these objectives, including a new model of care based on national best practice and innovation.

NHS Kent and Medway currently commissions a number of community out of hospital services which are delivered (predominantly) through three main providers:

- HCRG Group (HCRG)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Medway Community Healthcare (MCH).

The NHS Kent and Medway Board approved the extension of these Community Contracts to the 31st of March 2024, requiring a process to procure a new contract or contracts for mobilisation by the 1st of April 2024.

A Community Services Transformation Programme team, led by Lee Martin, Chief Delivery Officer and SRO, was established to develop the necessary governance to ensure delivery of the new contract/s by the 01.04.24 deadline.

2. Commissioning Intentions

A Prospectus has been developed which confirms that the successful bidder/s will be expected to deliver services as currently configured on day one and then enter into the detailed transformation journey in partnership with the local placed based Health and Care Partnerships (HCPs) and associated partners and collaborators.

The current service specifications will be the starting point for service transformation which will need to address any service variation and inequality, and improve access to services and service delivery, as well as consistency and efficiency. The aim of this will be to improve the service user experience and reduce any default use of acute services.

Transformation planning will be conducted in the first year, based on the principle of co-design, in line with the neighbourhood ethos. This work will form the building blocks for the new model of care to be delivered under the remainder of the contract.

The provider/s will be expected to lead, deliver and coordinate a step change in these services, working seamlessly with the local authority, primary care, mental health, acute care services and the voluntary sector to deliver real and meaningful change, ensuring the patient is at the very core of service delivery, and ultimately empowering people to be in control of their healthcare outcomes.

3. Community contract principles (Adult and Children)

In line with national strategic and policy direction, the following core principles will be used to assess provider capacity and capability to build and deliver in partnership:

- To deliver a patient centred approach that empowers patients, families and carers, and addresses people's needs.
- Focus on integrating services into local neighbourhoods, operating without duplication and fragmentation of provision, whilst maintaining national standards of quality and safety.
- To work in partnership with the community, social services, and the voluntary sector, redesigning major pathways to integrate acute and community care, increasing care outside of a hospital setting.
- To increase personalised care, support, or treatment in a holistic approach outside of a hospital setting that includes physical and mental health.
- To improve public health and reduce health inequalities by investing in prevention and health promotion. This will address the social, economic, and environmental determinants of health in the community.
- To develop workforce models that ensure a flexible, responsive, and sustainable workforce. These will be based on national skills and competencies for community working without increasing the workload on General practice.
- To improve technology, data sharing and information so that quality and efficiency of services are enhanced.

4. Programme Scope

The current set of service specifications – adult and children's - will be the starting point for service transformation (see **Appendix**) which will need to address any service variation and inequality, and improve access to services and service delivery, as well as consistency and efficiency.

The aim of this will be to improve the service user experience and reduce any default use of acute services.

The services to be procured through 4 Lots which align with the HCP areas (WK including children's services), with small services to be assigned to a specific Lot to maintain viability.

Transformation planning will be conducted in the first year of service delivery, based on engagement and co-design, in line with the neighbourhood ethos and in partnership with key stakeholders, such as the HCPs. This work will form the building blocks for the new overarching model of care to be delivered under the remainder of the community services contract.

4.1 Transformation approach - Key areas for transformation

Adult

- Intermediate care
- Community nursing
- Community OPD
- Integrated specialist services
- Rehabilitation
- Diagnostics
- Elective community centres
- Ageing well
- End of life
- Out of hospital Urgent care
- Frailty

Children

- Integration
- Locality
- Single Clinical Record
- CYP Elective Community Care
- Specialist Care
- Therapies
- CYP Community Nursing

4.2 Transformation enablers (Adult and Children)

- Skills centre - the present model will grow to develop a development resource to provide competency-based learning across community services. Developing the workforce, increasing recruitment and retention into community services.

- Patient involvement and co-production – will be during the year of transformation. HASC and HOSC involvement will be an essential part of this process.

4.3 Contract Approach

The procurement process is being designed to deliver the following:

- Carry over contracts ‘As is’ with existing service specifications from 01.04.24.
- In parallel, the year of transformation begins to implement national standards.
- If there is a change of provider/s, there will be a 6-month mobilisation period including the transformation work (previously shared with HASC/HOSC).

4.4 Programme Deliverables

The Community Services Procurement programme has been designed to be delivered as follows:

Year 1 2023/24	Year 2 2024/25
• Programme Initiation and Design • Procurement, Contract Award and Mobilisation	• Service Delivery - 'As Is' Service Specifications • Transformation work in parallel

5. Summary

We are ambitious for the people of Kent and Medway, and the Community Services programme is aimed at moving ahead with the implementation of national best practice standards to reduce health inequalities. This will be delivered through growing our community services and integrating patient pathways across the system, to meet the needs of our population.

In summary, the intention is to let the contract/s from 01.04.24 on a 'like for like' basis, thereby involving no substantial change to current services. The planned year of transformation will be conducted with the engagement of partners, including patients, the public and HASC and HOSC, to ensure our collective ambitions for Kent and Medway Community Services are realised.

Appendix

Community Services Contract – 'As Is' Services

Adult

Service Area	Existing Services Included
Community Nursing	Community Matrons & Nursing; Continence Managementt; LTCs; MDT Co-ordinators; Nutrition & Dietetics; Stroke Nursing; Stroke Community Beds; TB; Wound Medicine
Community OPA	Anti-Coagulation; Community Orthopaedics; Respiratory; Podiatry
Diagnostics	Phlebotomy
Elective Community Hubs	Community Neurology; Day Hospitals; Hand Therapy; MSK (Triage); Podiatric Surgery
End of Life Care	End of Life Care
Frailty	Falls
Integrated Specialist Services	Cardiology; Epilepsy; Lymphoedema; Pulmonary Rehab; Specialist Teams
Intermediate Care	Intermediate Care – Community; IDT; Equipment Loan Store
Rehabilitation	Community Rehab; Speech & Language Therapy; Occupational Therapy
Single Point of Access	Clinical Assessment Service/Referral Service; Rapid Response Services / UCR

Children

Audiology	ITACC – Occupational Therapy
Childrens Bladder and Bowel	ITACC - Physiotherapy
Children's Communication & Assistive Technology	ITACC - Speech & Language Therapy (SLT)
Childrens Community Nursing	Looked after Children
Children's dietetics	Paediatric Orthotics
Childrens MSK	Podiatry
Children's Therapies	Residential Units (Short Breaks)
Community Paediatrics	Special School Nursing
Continence Product Review & Assessment Service	TB Services
Early years neuronal physio	Universal - SLT
Homebased short breaks	

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