

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 17th December, 2024

10.00 am

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





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 17th December, 2024, 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, Sir Paul Carter, CBE, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Ms L Parfitt, Ms L Wright and Mr P 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 S Jeffery, Councillor H Keen, Councillor J Kite, Councillor K Moses

UNRESTRICTED ITEMS

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

Item	Timings*
1. Apologies and Substitutes	10:00
2. Declarations of Interests by Members in items on the Agenda for this meeting.	
3. Minutes of the meeting held on 2 October 2024 (Pages 1 - 8)	
4. Edenbridge Memorial Health Centre (Pages 9 - 16)	10:05
5. NHS Kent and Medway Community Services review and procurement (Pages 17 - 28)	10:20
6. Winter planning 2024 (Pages 29 - 34)	10:40

7. Thanet Integrated Care Hub (Pages 35 - 42) 11:00
8. Specialist Children's Cancer Services (written update) (Pages 43 - 50)
9. Revisions to the Terms of Reference of the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) (Pages 51 - 58)
10. Work Programme (Pages 59 - 64)

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

9 December 2024

KENT COUNTY COUNCIL**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 2 October 2024.

PRESENT: Mr P Bartlett (Chair), Ms S Hamilton (Vice-Chairman), Mr P V Barrington-King, Mr N J D Chard, Mr A Kennedy, Mr J Meade, Mr S R Campkin, Mr R G Streatfeild, MBE, Cllr H Keen, Cllr K Moses, Cllr S Jeffery, Cllr J Kite, MBE, Mr D L Brazier and Mrs P T Cole

IN ATTENDANCE: Mr I Duffy (Chief Financial Officer - ICB), Ms M Hackshall (System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD), Mr V Singh (Chief Technology Officer - ICB), Ms C Thomas (Community Services Director - KCHFT), Mr C Tracey (Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent), Dr M Vibhuti (Chief Clinical Information Officer) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS**186. Substitutes**

(Item 1)

Apologies were received from Sir Paul Carter, CBE, Ms L Parfitt, Mr P Cole, Mrs L Wright and Ms K Constantine. Mr P Cole was substituted by Mrs P Cole, and Ms L Parfitt was substituted by Mr D Brazier. Ms Constantine joined the meeting virtually as a guest.

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

(Item 2)

1. The Chair declared that he was a representative of East Kent councils on the Integrated Care Partnership.
2. Mr Chard declared that he was a Director of Engaging Kent.

188. Minutes of the meeting held on 17 July 2024

(Item 3)

RESOLVED that the minutes of the meeting held on 17 July 2024 were a correct record and that they be signed by the Chair.

189. ICB Digital Transformation Strategy

(Item 4)

Mayur Vibhuti, Chief Clinical Information Officer ICB, Vivek Singh, Chief Technology Officer ICB and Ivor Duffy, Chief Financial Officer ICB were in attendance for this item.

1. Mayur Vibhuti (Chief Clinical Information Officer ICB) confirmed that there were no updates to the report, so the Chair invited questions from the committee. These included:
 - a. A Member asked about the role of technology in triaging patients, giving the example of SECAmb not being able to access patient data. Vivek Singh, Chief Technology Officer ICB, explained that the ICB was looking to build upon the data platform that was already in use (the Kent and Medway Care Record). The NHS Federated Data Platform (FDP) was also being adopted in partnership with provider trusts. A data Strategy had been published which brought the various strands together in a single document.
 - b. A Member asked about the benefits of digitalisation for those who struggle with technology and whether conversations had taken place about selling data to the private sector. Dr Vibhuti reported that the ICB wanted to enable individuals to access digital platforms but recognised there would always be those that needed access to the traditional contact methods. Mr Singh assured the Committee that no conversations had taken place regarding the selling of data to private companies, however there had been discussions of sharing data with research companies.
 - c. A Member questioned the time being taken to introduce the Kent and Medway Care Record (KMCR). Dr Vibhuti shared that the goal of the KMCR was to have a shared care record for use by clinicians across Kent and Medway. Currently, the KMCR allowed local clinicians access to significant medical issues, but this would be added to over time, eventually including test results such as pathology and radiology. The ICB were looking into working with the OneLondon data platform to create a wider shared data record.
 - d. A Member questioned whether there were safeguards in place for those who had concerns about the use of AI. Dr Vibhuti shared that the shift to digitalisation was necessary not only to create capacity in the system but to truly become an integrated system. Ivor Duffy, Chief Financial Officer ICB, reported that there was training available to support patients become more digitally enabled, but he recognised there would always be individuals that needed additional support.
 - e. A Member raised the issue of initial access to primary care services online. Dr Vibhuti shared that workforce training was in place for digital upskilling. There was a digital champions network, a peer ambassadors' group, as well as lunch and learn lessons from IT companies. Access had been recognised as an issue, and the Primary Care Strategy needed to work alongside digitalisation. There was a place for automated technology to increase efficiency but there must be an evolutionary and balanced approach.
 - f. Digital champions from the NHS and KCC were co-ordinating work so that together they had a much bigger impact. The social prescribing platform

had also been co-procured between the partners to improve integration and ensure better outcomes for people. Mr Duffy spoke about the importance of integrated working between the NHS and KCC, to ensure improved outcomes and prevent people's health from deteriorating. Population health management allowed resources to be targeted at those areas and groups most in need.

- g. A Member noted the importance of changing society's attitudes to appointments, recognising that help and support may be given from a professional other than a GP. Mr Duffy provided assurance that this work was underway.
 - h. A Member asked what evaluation had been carried out into digitalisation. Dr Vibhuti explained that there were frameworks of accredited technical solutions, and the ICB were ensuring methods met the relevant standards before being procured. Mr Singh added that a risk-based approach was taken for those services procured off framework.
 - i. Members asked about the identification of digitally excluded individuals and those with poor internet access. Mr Singh explained they used population health data to differentiate between cohorts of individuals and this data was used to inform the ICB's decision making.
 - j. A Member asked if financial incentives were provided to GP practices to encourage them to be more customer focused. Mr Duffy referred to GP practices that were more digitally enabled, explaining that their processes tended to be more efficient which freed up capacity and gave the workforce a better quality of life. Digital champions provided a way of sharing those skills and benefits. Dr Vibhuti added that there was a commitment from the ICB to redirect funding from acute trusts into primary care for this work. The use of data would allow the ICB to target those areas where outcomes needed to improve.
 - k. A Member asked what mechanisms were in place to mitigate the impact of technology failures. Mr Singh explained Business Continuity Plans covered such occurrences, as well as risk registers and incorporating solutions at the planning stage.
2. The Chair thanked the guests and requested they return with an update at the appropriate time.
 3. RESOLVED that the Committee consider and note the report.

190. Adult Autism and ADHD Pathway Development and Procurement *(Item 5)*

Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD was in attendance for this item.

1. The Chair welcomed Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD, to the meeting and invited questions from the Committee.

2. A Member asked how the re-procurement of the care pathway would access non-NHS providers, bearing in mind there were a number of partners involved in that pathway. Ms Hackshall explained that the interface with the third sector would be in pillar one (the self-support, self-management offer) which was being developed by the ICB as a digital offer. This would also link to the social prescribing “Joy Platform” that was jointly commissioned with KCC and linked to the primary care and voluntary sectors.
3. A Member questioned why the number of adult ASD and ADHD diagnoses had increased so significantly in recent years, and whether there were adequate self-support tools available to prevent the number of patients requiring clinical support from increasing. Ms Hackshall said the increasing demand reflected a national trend, which was present prior to the Covid-19 pandemic but had risen dramatically since (an increase of 600% in Kent and Medway since 2022). It was believed that this increase was due to increased awareness and social normalisation of neuro divergence and diagnoses, especially amongst females.
4. Ms Hackshall went on to say that the pathway was often the first point of contact for many individuals, and the NHS needed to improve how cases were prioritised. The importance of early support was recognised, and this was being frontloaded in the pathway.
5. A Member asked if the financial envelope for the service remained unchanged, and Ms Hackshall confirmed that was the case. However, she added that the diagnostic element of the service fell under the “right to choose” regime which allowed patients to select a provider from an accredited list – this created a financial risk to the ICB. She also confirmed an additional £1.3 million of funding was being directed to community support for those with autism.
6. A task force was being established by NHSE to understand the increased demand and how to manage it. Neuro-divergence could be addressed with a clinical or social model, and NHS Kent and Medway were taking the latter approach. The ambition was to implement an all-age pathway, but this was not yet possible.
7. A Member questioned whether integration was taking place with family hubs. Ms Hackshall reported that resources were being put into community resources and Family Hubs were part of that.
8. Ms Hackshall confirmed that the NHS did not see the proposal as a substantial variation of service because it was amalgamating current services into one pathway – although one Member noted the high demand and limited funds available. The Committee discussed the advantages and disadvantages of declaring the item a substantial variation of service. It was confirmed that there would be no delay in moving the proposals forward should the Committee decide the changes were substantial.
9. Following a question from Mr Goatham (Healthwatch) about listening to the voices of those with lived experience, Ms Hackshall confirmed this feedback was being fed into the service specification. There was a reference group of

20 people as well as wider engagement with those on waiting lists and the general population.

10. Mr Streatfield (MBE) proposed, and Cllr Jeffrey seconded, the motion that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

When put to the vote, the motion fell.

11. The Chair proposed, and Mr Chard seconded, the motion that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is not a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

The vote passed and the motion was carried.

12. Members requested a further update within a year.

13. Resolved that:
 - a. The Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is not a substantial variation of service.
 - b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

191. Learning Disability Services site move *(Item 6)*

Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent, KCHFT was in attendance for this item.

1. Clive Tracey, KCHFT's Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent, provided an update on the agenda paper, explaining that Dover Health Centre was to be fitted with a kitchen, to benefit those who came into the clinic. Additionally, a satellite service had been established in Romney Marsh to improve accessibility.
2. A Member questioned the benefit of having a kitchen in the clinic as it may differ to what the service user had at home. Mr Tracey explained that the provision of an assessment kitchen within the health centre allowed for closer supervision without as many distractions as in the home setting.
3. Resolved that:
 - a. The Committee deems that proposals relating to the Learning Disability services site are not a substantial variation of service.

- b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.
4. Cllr Jeffrey and Mr Campkin requested that their vote against be recorded in the minutes.

192. Temporary changes at Sevenoaks Hospital

(Item 7)

Clare Thomas, Community Services Director, KCHFT was in attendance for this item.

1. Clare Thomas, Community Services Director, confirmed that there were no updates to the report.
2. In response to comments and questions, it was said:
 - a. A Member asked for clarity regarding the estimated cost of the remedial work following the fire inspections. Ms Thomas offered to share the financial detail outside of the meeting, showing the split of the backlog maintenance from the fire maintenance work.
 - b. Asked why the target for bed capacity was not being reached, Ms Thomas explained the target ward bed capacity at Sevenoaks Hospital was between 92% and 95%. To temporarily replace the capacity, 15 beds had been opened in West View Integrated Care Centre. Work was underway to investigate whether there was further capacity in West Kent ahead of winter. There was a focus on a community first model of care to maximise the efficiency of the bed stock available in West Kent.
 - c. Looking to the future, Ms Thomas explained that KCHFT had taken the decision not to invest £6million in the backlog and fire maintenance work at the current time, until a wider review into community hospitals had completed. This was being carried out by the ICB and a timescale was not known.
 - d. A Member asked whether community voices would be listened to during the review. Ms Thomas assured Members that the Board worked closely with the League of Friends and shared information with the local population. A consultation would be carried out at the formal review stage.
3. RESOLVED that the Committee consider and note the report.

193. Kent and Medway Provider Collaborative

(Item 8)

There were no representatives available to present the item, the Chair welcomed questions:

1. A Member noted the importance of the patients' voices being heard but did not think this was reflected within the report. The Chair assured the Member he would raise this with the provider collaborative ahead of their next report.

2. RESOLVED that the Committee consider and note the briefing.

194. Work Programme

(Item 9)

1. Members requested updates on the following:
 - a. A paper on the review of community hospitals (discussed in item 7).
 - b. An update on maternity services in Ashford.
 - c. An update paper about access to primary care.
 - d. An update on the Adult Autism and ADHD Pathway Development and Procurement within a year.
2. RESOLVED that the report be considered and agreed.

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Item: Edenbridge Memorial Health Centre

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

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) Edenbridge Memorial Health Centre is a purpose built centre bringing together primary care and community hospital services (without inpatient beds). The centre opened in November 2023.
- b) 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.
- c) The new centre follows years of planning and consultation, which HOSC were kept informed about.

2) Previous visits to HOSC

- a) HOSC 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 5 October 2023. Highlights included:
 - i) the centre was due to open to the public on 27 November 2023.
 - ii) x-ray services were not due to be provided from the new Centre because of low activity levels.
 - iii) There would not be a Minor Injuries Unit or overnight beds – the nearest were located at Pembury Hospital.
 - iv) Social prescribing would be overseen by the Social Value Co-ordinator.
- c) Following discussion, the Committee RESOLVED to

Item: Edenbridge Memorial Health Centre

Consider and note the report. That the NHS report back after the centre had been operative for at least 12 months or more as to the progress and lessons learnt.

d) KCHFT have been invited to present an update, 12 months after opening.

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>

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>

Kent County Council (2023) 'Health Overview and Scrutiny Committee (05/10/2023)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9318&Ver=4>

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Update on Edenbridge Memorial Health Centre – one year on

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

6 December 2024

Introduction

This paper updates on the service delivery and benefits of Edenbridge Memorial Health Centre during the first year of operation. It follows the report to Health Oversight Scrutiny Committee (HSOC) in October 2023, prior to the centre opening.

The new Edenbridge Memorial Health Centre is an integrated care model delivered by Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice that has brought health, GP and community services together to support the local community. The clinical operational model was developed with local people and staff. It is focussed 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.

The Edenbridge Memorial Health Centre offers a range of services, including general practice alongside a wellbeing day centre, proactive frailty unit (ageing well clinic), MIU and a range of outpatient clinics. This remains early days in our journey for healthcare in Edenbridge, which will continue to develop as the needs change.

The centre supports around 4,500 people per month, seeing more than 54,000 people each year.

Clinical development

Our aspiration was to support people to stay independent and well at home. The town has an ageing population 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.

Ageing well clinics

Following a pilot led by our Darzi Fellow, an ageing well clinic is now providing a proactive approach to frailty, where a number of services are working together to give patients the best experience. These include: specialist or complex care nurses, therapy, including physiotherapy, and health and social care coordinators. This allows the person to be seen by all clinicians on the same day. It brings a new

approach to patient assessment, where it captures ‘what matters to you’, in a way that does not separate wellbeing from medical need and reflects the person’s own priorities for staying well. The ageing well clinic has now seen 28 people, all with positive feedback such as:

- *“I found coming to the clinic really beneficial and the actions prompted by it from my GP, who are now doing ongoing investigations.”*
- *“A calm environment. I didn’t feel rushed and sometimes when I see my GP I feel rushed. Nothing was too trivial. I was given advice on things I would not have considered before attending the Ageing Well Clinic.”*
- *“Both ladies were wonderful. I was made to feel very comfortable. We feel very lucky to have this.”*
- *“I have told all of my friends about how wonderful the Ageing Clinic is and how lovely everyone was.”*

Early outcomes for those who have gone through the clinic indicate an overall improvement in quality of life, with capability for earlier identification of deterioration and timely support. This innovative approach has generated a number of benefits, shown in the table, below:

Understanding and support
<ul style="list-style-type: none"> • Better understanding of "what matters to you"; staff and patients. • Identification of staff development and support needs.
Network and service integration
<ul style="list-style-type: none"> • Creation of a cohesive locality-wide frailty network. • Mapping of existing frailty services to inform further integration and service design. • Relationships forged with primary care network (PCN) and INT Frailty Pilot, fostering positive relationships for closer working and improved integration of PCN wellbeing offers.
Pilot and clinic development
<ul style="list-style-type: none"> • Development and evaluation of the Ageing Well Clinic, a multi-disciplinary frailty assessment pilot, including operational resources and shared electronic templates. This has now been implemented as business as usual • Integration of the One You Lifestyle Service into the Ageing Well Clinic • Establishing relationships with Alzheimer’s and Dementia Support Service for future collaboration.
Role creation
<ul style="list-style-type: none"> • Pilot has informed the creation of a new Social Value Coordinator role.

Through this collaborative working, an average of four hours’ clinician time per patient has been released through delivering holistic frailty assessments, resulting in an estimated cost saving of £109 per patient. The time released has been re-invested in additional clinical provision. Additionally, patients receive their assessments 43 days sooner on average.

Importantly, the clinic’s patient centred approach creates a welcoming environment that prioritises fostering trust-based relationships between staff and patients and patient-identified meaningful measures. The Ageing Well clinic also provides an ideal setting for training and supervision.

Wound Centre

The Wound Centre provides a more comprehensive service to improve wound healing and support for non-housebound people, which is currently provided by the GPs, community nursing and minor injury teams. The clinic is overseen by specialist tissue viability nurse (TVN) to support treatment of more complex wounds.

The centre is a nurse-led unit. Nurses undertake key wound management interventions and identify required outcomes for individual patients to promote and drive high-quality outcomes and healing. Care pathways and treatment plans are 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.

People will attend for up to six weeks and are then transferred back to the GP practice with their ongoing plans and an ability for the GP to seek expert advice and support as needed. Clinics run on Tuesdays and Fridays, with a plan to increase with demand.

Wellbeing Centre

To support people who need connection to their community, we have developed the wellbeing day centre. The centre has expanded and is now seeing 38 clients each week over the four days. It is open Monday to Thursday, 10am to 2:30, except on Tuesday where the centre finishes at 2pm.

As demand and the reputation for this centre increases, we will be extending to five days. Within the Wellbeing Centre we are monitoring client's mental health as well as their physical wellbeing, staff are able to complete internal referrals to our other services as well as their GPs and signpost them to where to get support that we might be unable to provide. The ambition is to support the clients being independent in their own setting. Referrals for the Wellbeing Centre come from community rehab teams for home assessments and equipment, GPs for further assessments for weight loss, speech and language therapy, blood pressure issues and wounds and people's own recommendation as they can self-refer.

Additional dietician support is now available to the Wellbeing Centre to support nutrition advice and assessment for people attending the centre. Referrals are made via the GP with education given to people from the staff while waiting for the appointments to come through for those that attend the Wellbeing centre.

We continue to work with Sevenoaks Borough Council through funding of their One You service. The One You service, in addition to linking with the primary care network resource, supports people to live well. The offer is flexed based on needs and continues to change as the needs/demands of the population change. Part of the service has been to provide health checks for patients who are now able to walk-in and be assessed on the same day.

Care support is available through a number of areas and is part of the social value development led by the social value coordinator. Within the Wellbeing Centre, on-going support and education is being provided to users and their carers. We are also looking at other ways to be support carers and hope to have some education sessions or drop in room on certain days to be able to support local people with a number of issues that might arise.

There were initial concerns about the location and size of the wellbeing centre, but it is working well. Users like to see the outside; the memorial garden is used well and the traffic continues to flow.

When the centre is not open, the space is used by the GPs and community teams to provide training and meeting space, that was not previously available.

Ultrasound clinic

We are pleased that we have been able to establish an ultrasound clinic, run by Surgimed healthcare initially two days per week with the space allocated to expand up to five days per week, as demand grows. The provider has been working closely with the GPs to ensure easy and timely access for local residents. The feedback received so far has been very positive from patients as Edenbridge patients are currently waiting less than a week for an appointment at the practice.

ENT Clinic

There is monthly ENT outpatient's clinic running and also the availability of getting hearing aid batteries from KCHFT reception.

Community services and clinics

Existing community clinics continue to be delivered such as podiatry and a Parkinson nurse-led service. They have collectively seen more than 500 patients, providing nearly 1,000 appointments

KCHFT Clinic	Patients	Contacts
Cardiac Nursing	26	55
Continence	7	7
Complex Care Nursing	76	144
Podiatry	208	446
Orthopaedics	240	287
TOTAL	557	939

Other outpatient clinics provided by Maidstone and Tunbridge Wells NHS Trust (MTW) and Sussex Dermatology transferred to the new centre. These clinics are increasing as the need of the services grow. For instance, we have 13 more dermatology clinics running each month and have capacity to increase these more if needed.

The West Kent Frailty service runs seven days a 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 support older people who are frail to support better diagnosis and management, we are working with Sevenoaks primary care network to identify patients at risk of frailty and proactively supporting the population to age well.

Specific deliverables include:

- rapid and proactive assessment, including advanced care planning
- Continence service
- falls prevention service in development
- frailty – a rapid assessment and care planning service for vulnerable, older people
- care at home preventing hospital admission.

The Frequent Service user continues to help people who have been contacting their GP surgery or visiting A&E more frequently. The services aim to find solutions to help people to stay well and become less reliant on urgent care services. We are achieving good outcomes, with some clients referred onto the Wellbeing Centre for support. The service provides intensive support usually 1:1 for approximately up to three months. One-to-one support is offered at home or in an agreed suitable place e.g. café, wellbeing centre or other location.

Dementia support

We continue to provide a day for more advanced Dementia day care but are also able to support dementia clients on other days in the Wellbeing centre.

GP and minor injury service

GPs are pleased with the new health centre, which now allows the practice to offer more services, including group work. With a new GP on board, more than 85 per cent of appointments are now face-to-face.

The GPs have also developed a range of online services. The streamlined Accurx appointment system means patients no longer need to call to book an appointment, reducing phone wait times and freeing up GP time to see more patients.

Additionally, the GPs have been running Covid and flu vaccine clinics on weekends for eligible patients.

The MIU service is run by the GP practice, five days per week, seeing around 250 each month. Between 15 – 20 come from outside the local area.

One team approach to support the community and ongoing co-design

There is ongoing work across providers to deliver a one team approach.

The site manager is responsible for the building, while our receptionist supports and direct clients to services. We are recruiting a volunteer 'meet and great' role to support GPs with the online service and checking in-desk.

Our social prescriber works with community groups, developing support networks and linking local people with health and wellbeing services, including NHS health checks and One You services.

Feedback has been extremely beneficial to develop services and we used the early engagement to help shape how the centre operates. The table below highlights some key areas and points the public raised during the initial build and what we have done since.

Theme	Feedback	What we are doing in response
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 are actively working with the charity 'Edenbridge Voluntary Transport Service' on a recruitment campaign, including support to gain DBS checks to enable the new drivers to be able to start, so they can provide support to people who have difficulty finding transport to Doctors' Surgery or clinic appointments. It is a registered charity independent of the NHS relying on donations from passengers and others to keep our service running.</p> <p>The two bus stops were repositioned being closer to the entrance on Four Elms Road.</p> <p>A new uncontrolled pedestrian road crossing with associated dropped kerbs, tactile paving was installed.</p> <p>New lighting in Four Elms Road to improve lighting at entrance into the centre has been installed with works</p>

		<p>completed in time for this winter. In addition, improved lighting at the entrance of the building.</p> <p>The centre provides 100 car parking spaces. The car park remains under continuing monitoring and currently there have not been any issues of patients not being able to park when needing to attend for an appointment.</p>
Access	Signs and information in the building need to be accessible for people with sight loss and literacy problems.	<p>Edenbridge Memorial Health Centre is fully compliant with the Equality Act 2010.</p> <p>There is 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>The signage has been reviewed and improved to enable patients to use the centre, we have easy to read signs and they include accessible elements and are dementia friendly.</p> <p>The site is wheelchair-friendly with wide, open corridors to make navigation easier.</p>
	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.	<p>The centre has room to expand and capacity to increase service provision, including opening hours.</p> <p>Future needs will be evaluated as any new development is designed. There are ongoing plans to build new houses nearby but as they are developed we will continue to see how they affect the needs of the services that are required at the time and what changes need to be made.</p>

Future plans

During the past year, the clinical model has been successfully implemented, with further developments planned to support the Edenbridge Community as service needs evolve.

We aim to provide additional clinics, such as diabetes clinics, which will collaborate with the wellbeing service, frailty team, and GPs to optimise outcomes and support long-term condition management. A potential falls prevention clinic at the wellbeing day centre will offer extra support, helping people safely remain in their homes.

We plan to extend the wellbeing centre's opening hours and days as demand increases.

We are also exploring ways to support carers, including education sessions or drop-in rooms on certain days to assist local people with various issues.

Item: NHS Kent and Medway Community Services review and procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

Subject: NHS Kent and Medway Community Services review and procurement

Summary: This report provides background information for members.

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

1) Introduction

- a) NHS Kent and Medway Integrated Care Board (ICB) are developing the Community Services model of care in Kent and Medway.
- b) The current Community Services contracts end in September 2025, having been extended in March 2024. New contracts will predominantly be on a like-for-like basis for the first year. However, written into the contracts will be the need for the (new) provider to develop services to deliver improvements contained within the ICB's ambitions for those services.
- c) The ICB are engaging with staff, patients and wider stakeholders to understand what they need from community health services in the future.

2) Previous Scrutiny

- a) The ICB attended HOSC on 6 September 2023, setting out their plan to award new contracts in April 2024. The first year would be on a like-for-like basis with the incumbent contracts, allowing time for engagement and transformation. A new model of care would then come into effect from year 2.
- b) The Committee were concerned that there was a lack of detail in the plans, and were unclear how staff were expected to perform their main duties whilst looking to transform services at the same time. However, they recognised that initially there would be no noticeable change in the delivery of services and therefore agreed that the changes did not constitute a substantial variation of service.
- c) At the meeting on 7 December 2023, the ICB confirmed they had reviewed the procurement options for Community Services following HOSC and HASC¹ meetings in September. It was explained that a new contract extension would be made to the three existing community providers for up to two years with a

¹ Medway Council's Health and Adult Social Care Overview and Scrutiny Committee declared the proposals substantial at their meeting on 20 September 2023.

Item: NHS Kent and Medway Community Services review and procurement

six-month break clause. The additional time would allow for harmonisation of contracts while further engagement was undertaken with providers, stakeholders and patients to develop the new models of care and ensure the right services were offered in the right locations.

- d) The latest update was at the meeting on 17 July 2024. The discussion included:
- i) NHS Kent and Medway's Community Services Steering Group had approved a phased approach to communicating and engaging on the project. Phase 1 was looking at service design and ran March 2024 – July 2024.
 - ii) Streams of work related to adults had been clustered into three areas: better use of beds and short term services; thriving community hubs; and ageing well, end of life care and frailty. Children's services was also covered by the review.
 - iii) Invitation to tenders for new contracts were timetabled to be out in September 2024 with a contract award in January 2025 and full mobilisation in September 2025. Members were concerned that there was insufficient time to analyse the feedback from the phase 1 engagement before the invitation to tender.
 - iv) The lifetime contract value was £1.6bn.
 - v) Healthwatch reiterated the importance of engagement and were happy to help.
- e) At the end of the discussion the Committee:
- RESOLVED that the Committee note the report and invite the ICB to provide an update at the appropriate time (including information about finance and staff retention).*
- f) In November 2024, the Health and Social Care Secretary spoke at the NHS Providers annual conference 2024², setting out the three big shifts that will underpin the Government's 10-year plan for Health (to be published in May 2025) – one of these was "from hospital to community". The Committee may wish to explore with the ICB what impact this shift will have in Kent.
- g) The ICB has been invited to attend today's meeting and provide an update on the status of the procurement and transformation.

² Department of Health and Social Care (13 Nov 2024) [Our ambition to reform the NHS - GOV.UK](#)

Item: NHS Kent and Medway Community Services review and procurement

3) Recommendation

- a) The Committee is asked to note the report and invite the ICB to provide an update at the 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>

Kent County Council (2023) 'Health Overview and Scrutiny Committee (6/09/23)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9388&Ver=4>

Medway Council (2023) 'Health and Adult Social Care Overview and Scrutiny Committee (20/09/23),
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=5809>

Kent County Council (2023) 'Health Overview and Scrutiny Committee (7/12/23)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9319&Ver=4>

Kent County Council (2024) 'Health Overview and Scrutiny Committee (17/07/24)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9584&Ver=4>

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NHS Kent and Medway Community Services Review (CSR)

Background

It is widely recognised that as healthcare modernises, and with increasing use of technology as well as a growing and ageing population, providing care outside of hospitals will be the focus for our population moving forward.

It is imperative our patients, clients and service users are cared for in the right place, at the right time and by the right person.

Together, with our partners, we want to see service improvement across all areas of community healthcare, including measurable improved patient outcomes with reduced waiting times, enhanced quality of care and improved patient experience.

It is the NHS' intention to improve service provision outside of hospital for the population of Kent and Medway.

Currently, across Kent and Medway, we have five community healthcare providers (two providing adult and children's services, two providing only children's and one providing only adults).

Many of the current contracting arrangements are based on historic agreements dating back to the eight individual clinical commissioning groups across Kent and Medway, which ceased to exist in 2022. These contracts have grown organically over a period of more than 10 years, resulting in an uneven spread of services and access for patients.

NHS Kent and Medway Integrated Care Board's (ICB) community services procurement follows a decision by the ICB's Board in February 2023, in line with its legal obligations, to reprocure the main community provider contracts:

- HCRG Care Group (HCRG)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Medway Community Healthcare (MCH)
- East Kent Hospitals University Foundation Trust (EKHUFT)
- Medway Foundation Trust (MFT)

Following this, the Delivery Directorate of the ICB was engaged to develop service specifications to ensure business continuity as well as a prospectus of proposed new models of care to inform plans for service transformation to be developed with the preferred provider/s.

At circa £1.1 billion over five years, this is one of the largest procurements to ever take place in Kent and Medway.

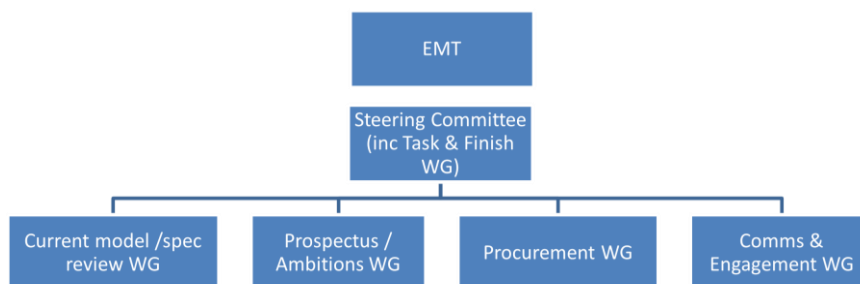
Following some challenges raised by councillors in late 2023, the procurement was paused whilst the ICB worked with Medway Council's HASC & Kent County Council's HOSC to clarify the position and move the project forward collaboratively.

The CSR was relaunched in February this year and has progressed in line with the Programme Plan to ensure the long-term delivery of community health services, including our ambition to address health inequalities for people across Kent and Medway.

To enable full and transparent procurement of services to be in place no later than 27 October 2025, the existing contracts for community services were extended until 26 October 2025.

The CSR has been overseen by the CSR Steering Committee, chaired by the ICB Chief Delivery Officer, involving operational leads and Subject Matter Experts (SMEs) from the ICB, Kent County Council and Medway Council, supported by the Director of Strategic Commissioning and Operational Planning and his team, as well as procurement and legal advisors. Page 21

The CSR comprises four key workstreams reporting into the Steering Committee, which in turn reports to the ICB's Executive Management Team (EMT):



The tender has been developed to reflect the current 'as is' services, as well as proposed future models of care. This means services will be procured on the 'as is' state for the first year of the contract, with a view to having the successful bidder(s) work towards standardising services across the whole Kent and Medway footprint during the life cycle of the contract.

Development of the tender documentation was supported by a programme of collaborative work with current providers (adults and CYP), with the post procurement aim to improve and, where appropriate, transform community services across Kent and Medway, aligned to local and national objectives. This will be informed by continuing engagement with key stakeholders, including the public, HOSC and HASC, patients and staff.

The procurement process was broken down into four distinct phases:

Phase 1: Programme Initiation

This phase established the structure and resourcing of the programme and included:

- Development and approval of terms of reference for Programme Steering Group and working groups
- Finalisation of programme team and resource requirements
- Development and approval of project documentation.

Phase 2: Procurement Route and ITT Preparation

This phase covered the 'what' and 'how' of the programme and was split into three distinct workstreams:

- Establishing current model and specifications – the 'as is'
- Designing Prospectus / Ambitions for service transformation
- Establishing procurement approach

Phase 3: ITT Publication, Bid Evaluation and Contract Recommendation

This phase confirms the arrangements to progress the procurement to contract recommendation:

- ITT publication in Lots
- Bid submission period
- Bid evaluation and moderation to identify preferred provider/s

Phase 4: Contract Award, Mobilisation and Contract Start

This phase finalises the work to enable the new contracts to commence by 01 October 2025:

- Contract Award Recommendation Report for Board approval
- Contract negotiation in parallel with mobilisation commencement
- Contract Award
- Conclusion of mobilisation and commencement of new contracts

The project (at time of writing) is entering phase three with publication of the invitation to tender document on 5 December 2024.

For this procurement, we have split into six lots:

- **Dartford, Gravesham and Swanley Adult Services**
- **East Kent Adult Services**
- **Kent (excluding Swale) Children's Services**
- **Medway and Swale Adult Services**
- **Medway and Swale Children's Services**
- **West Kent Adult Services**

Bidders will be able to bid for one or multiple lots and joint bids will also be accepted.

Communications and engagement

As an integrated care board (ICB), we have a legal duty under the Health and Social Care Act 2022 to make sure our communities are appropriately involved in planning, proposals and decisions for NHS services.

Not only is it a legal duty, but it is a principle that NHS Kent and Medway is committed to in our responsibilities as an ICB. Please see our [Involving People and Communities strategy](#) for more information,.

This initial phase of engagement around community health service provision in Kent and Medway sought feedback in three key areas:

1. What is working well in community health services?
2. What could be improved in community health services?
3. What matters most to people? (principles for future transformation)

The aim of activities outlined in our communications and engagement plan for community services, to date, has been to:

- involve people who use community services, their representatives, local communities and those who work to deliver community services in developing overarching principles and goals for all community services – to create a common vision and set of objectives for community services
- find out what people think of current care and care pathways and their views on what improvements are needed
- feed into future models of care, which will be tested with those who are going to use, work with, manage and deliver services and with the wider community
- make sure key stakeholders and partners are informed of the programme and of engagement opportunities
- provide a range of accessible opportunities for people to have their say and be involved, including face-to face-and online options and provide clear accessible information about each stage of engagement

- provide honest feedback at each stage to inform people of what we have heard and how their views have been considered
- work in partnership on engagement and communication through our HCPs to provide co-ordinated communications, to learn from what people tell us and avoid duplication
- support NHS Kent and Medway and the selected providers to deliver these services to help people in Kent and Medway understand community services, how they can access the right service at the right point and how they can work as partners to proactively manage their own care.

Stage one: Identifying what works and improvements needed in the future

This stage focused on establishing what works and what needs to be improved for the future from the perspective of service users, communities and frontline staff.

For example, analysis of existing patient and service user information, short surveys for staff, for communities and for those using services, promoting the work we were doing and face-to-face and virtual events, as well as commissioning nine community organisation partners to gather views.

At the beginning of our community health services engagement, we contacted the following partners to inform them of the engagement and to ask for their active support during phase one of this work through spreading information across their users, clients, populations and staff and inviting people to participate. We wrote to:

- All providers of community health services, including Kent Community Health NHS Foundation Trust, Medway Community Healthcare, HCRG, East Kent Hospitals University NHS Foundation Trust, Medway NHS Foundation Trust.
- Kent County Council and Medway Council.
- Healthwatch Kent and Healthwatch Medway.
- 325 VCSE organisations in Kent and Medway.
- Targeted groups and forums, including those supporting people with diabetes, mental health issues, disabilities and older people.
- 331 patient participation group (PPG) chairs and representatives.
- 14 patient experience leads working for hospital, community and mental health trusts in Kent and Medway.

We also wrote to local councillors across Kent and Medway. This included:

- 420 district/borough councillors
- 80 Kent County Councillors
- 57 Medway Council councillors
- 18 Swanley Town councillors.

You can read the full engagement reports on our public engagement platform: [Community Health Services | Have Your Say In Kent and Medway](#)

- Community services: Children's - [Children's community health services | Have Your Say In Kent and Medway](#)
- Community services: Adults - [Adults' community health services | Have Your Say In Kent and Medway](#)

Engagement in Phase one took place through the summer of this year and reached individuals and organisations across Kent and Medway. For example:

- we reached 1.1million people with our messaging.
- 175 people signed up to attend eight events.
- 9 community organisations spoke to 322 people from traditionally less heard backgrounds about the services across both adult and children’s services.
- 1,500 postcards given to partners at KCC social care, One You Kent and health and wellbeing buses.
- 4 community events were attended.
- 135 adult surveys were completed.
- 39 children surveys were completed.
- 120 staff surveys were completed.
- 7 interviews with housebound patients were conducted.

Stage two: Building and testing models of care

We will take the principles and overarching framework developed in stage one and apply them to key pathways based on the areas of improvement identified, such as frailty, intermediate care and rehabilitation.

Post procurement, a new Community Improvement Group will develop transformation plans for adults and children and young people’s services, working with NHS Kent and Medway, to determine how our ambitions can be best met.

We want to involve HOSC members as we develop service improvement and transformation during the lifecycle of this contract. In addition to regularly attending HOSC meetings/briefings, we will:

- hold a specific workshop for HOSC members, together with the successful provider(s) of services to share initial plans for engagement and involvement of patients, communities and staff. This will include expected timelines, how views will be gathered and inform decision-making
- invite HOSC to contribute to workshops for each transformation area as they are developed
- invite a HOSC representative(s) to join the Community Improvement Group, made up of partners and patients in the Kent and Medway system
- share the outcomes of engagement with HOSC and invite comment on next steps.

Stage three: Further engagement around key areas of service improvement.

Building on stage two, we will work alongside the provider(s) of community health services to review service development improvement plans (SDIPs) and build involvement and engagement strategies relevant to these. This links to the work described in phase three.

Financials

The financial envelope for the procurement is based on signed 2024-25 contract values using relevant providers’ Service Line Reporting (SLR) to split contracts into their component parts. Envelopes include drugs expenditure, previously recharged outside of the contract, this minimises risk going forward.

Envelopes have been set including a 5% efficiency. This equates to c.£12.2m across adult and children’s lots. Further savings will be required across the life of the contract, but the principle of the 5% reduction is the system ask for 24/25.

A Outside of the published envelope, 2% of the 24-25 contract value has put aside by the ICB to invest in transformation of services.

To access this funding providers will need to agree a transformation plan with commissioners and worked up with wider system partners. Once agreed there will be three pots available to providers to access these are:

- Planning Costs (Year 1)
- Mobilisation Costs (Year 2-3)

- Mobilisation Contingency (Year4)

These pots allow access to allowable cost which are set out in the in the transformation funding document, these costs shall be evidenced on an open book basis. Funding will be available to a maximum of 2% per annum for the first 4 years of the contract.

Future 'levelling up' funding or service transformation linked to any ICB growth in future years is outside of the scope of the procurement, and a flat envelope will be published across the 5 years, noting the Cost Uplift Factor (CUF) will be applied in future years.

Details of the funding per lot can be found in the tables below:

Adult Services

Lot 1: Dartford, Gravesham and Swanley.	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	20,254,275	20,254,275	20,254,275	20,254,275	20,254,275	101,271,377
Transformation Funding held by ICB	405,086	405,086	405,086	405,086		1,620,342
Total	20,659,361	20,659,361	20,659,361	20,659,361	20,254,275	102,891,719

Lot 2: East Kent.	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	87,346,050	87,346,050	87,346,050	87,346,050	87,346,050	436,730,250
Transformation Funding held by ICB	1,746,921	1,746,921	1,746,921	1,746,921		6,987,684
Total	89,092,971	89,092,971	89,092,971	89,092,971	87,346,050	443,717,934

Lot 3: Medway and Swale.	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	40,632,765	40,632,765	40,632,765	40,632,765	40,632,765	203,163,825
Transformation Funding held by ICB	812,655	812,655	812,655	812,655		3,250,621
Total	41,445,420	41,445,420	41,445,420	41,445,420	40,632,765	206,414,446

Lot 4: West Kent	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	40,755,627	40,755,627	40,755,627	40,755,627	40,755,627	203,778,135
Transformation Funding held by ICB	815,113	815,113	815,113	815,113		3,260,450
Total	41,570,739	41,570,739	41,570,739	41,570,739	40,755,627	207,038,585

Children's Services

Lot 5: Children's Services - Medway & Swale	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	9,566,325	9,566,325	9,566,325	9,566,325	9,566,325	47,831,624

Transformation Funding held by ICB	191,326	191,326	191,326	191,326		765,306
Total	9,757,651	9,757,651	9,757,651	9,757,651	9,566,325	48,596,930

Lot 6: Children's Services - Rest of Kent	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Financial Envelope Published inc Incentives/KPI funding	31,689,754	31,689,754	31,689,754	31,689,754	31,689,754	158,448,772
Transformation Funding held by ICB	633,795	633,795	633,795	633,795		2,535,180
Total	32,323,549	32,323,549	32,323,549	32,323,549	31,689,754	160,983,952

Next Steps

The procurement process timeline is set out below. It has been agreed, further to contract award, and dependent on the complexity of service mobilisation, the mobilisation period may be amended, and current contracts extended, as necessary.

Milestones	Date
Publication of notice inviting offers under the Competitive Process	5th December 2024
Deadline for receipt of clarification questions from the market	31st January 2025 (5pm)
Deadline for receipt of Competitive Process Submissions / Offers from Providers	14th February 2025 (12pm – Noon)
Bidder Presentations (virtual via Teams)	3rd & 4th March 2025
Evaluation Period for evaluating Competitive Process Submissions and Clarification period (clarifications may be sent to Providers at any point; however, this is the anticipated time this will occur)	14th February 2025 - 17th April 2025
Providers notified of outcome	w/c 21st April 2025
Publication of Intention to make an award notice	
8-working day Standstill Period commences	22nd April 2025
Advise Preferred Provider(s) of completion of Standstill Period	w/c 6th May 2025
Contract Award (inc. signature and publication of the award of the contract notice)	From May 2025
Service commencement	27th October 2025

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Item: NHS Winter Planning 2024/5

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

Subject: NHS Winter Planning 2024/25

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

1) Introduction

- a) NHS Kent and Medway (the Integrated Care Board) have asked to provide an overview of preparations for 2024/25 winter period.

2) Recommendation

- a) RECOMMENDED that the report be noted and NHS Kent and Medway be requested to provide feedback on the performance of the winter plans at the Committee's June meeting.

Background Documents

None

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NHS Kent and Medway Winter Plan

Background

Creation of a Winter Plan is a statutory requirement for integrated care boards. This paper explains the process and headlines contained within it. The ICB has produced a comprehensive plan, linking to national priorities, while also incorporating lessons learned from previous year.

We received local guidance from the south east region of NHS England in August and a letter was published nationally by NHSE on 16 September.

Key themes within these were to maintain bed bases, support people to stay well and ensure we maintain patient safety and experience across all our services.

The main national areas of focus are:

- Same day emergency care (SDEC)
- Single point of access (SPOA)
- Virtual wards
- Urgent and emergency care (UEC) high impact changes
- Maintain elective activity.

An additional letter was received from NHSE on 12 November providing four additional key components for delivery over winter, these are:

1. Vaccination and immunisation of eligible patients and staff.
2. Segmentation of the population and wrap around support for patients to keep them well and avoid admission in a crisis.
3. ICB's assurance that sufficient capacity exists within SPOAs to ensure appropriate plans can be put in place and that outcomes from SPOAs are regularly reviewed.
4. Work is in place to reduce the average length of stay for non-elective pathway 0 patients by an average of one day at system level and to reduce variation across clinical specialties.

A whole-system plan has been developed, which combines the various elements and requirements that covers the continuum of care across primary, community, acute, mental health and social care.

Using data analysis to review previous assumptions and predict demand, including public health information, modelling has been carried out to predict particularly busy periods during winter and where the toughest areas will be.

The plan includes surge plans, capacity and demand predictions, improvements to mitigate demand, urgent emergency care assurance and localised health and care partnership (HCP) plans.

This pack was submitted to NHSE on 29 November.

Headlines

A number of winter events were held, including two system-wide events, one primary care focused and each of the four HCPs held their own events, to bring together subject matter experts from across the system.

From the first event, in July, a list of 13 priority projects were identified as needing to be in place to support the system over winter. They are:

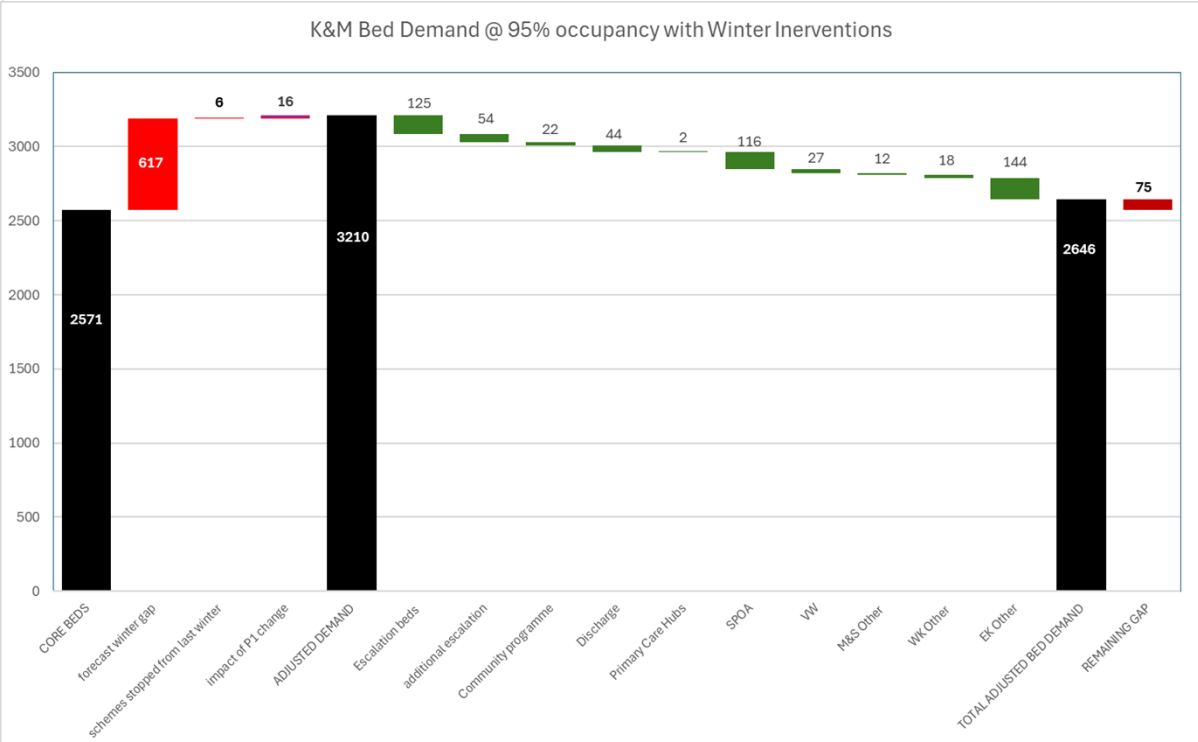
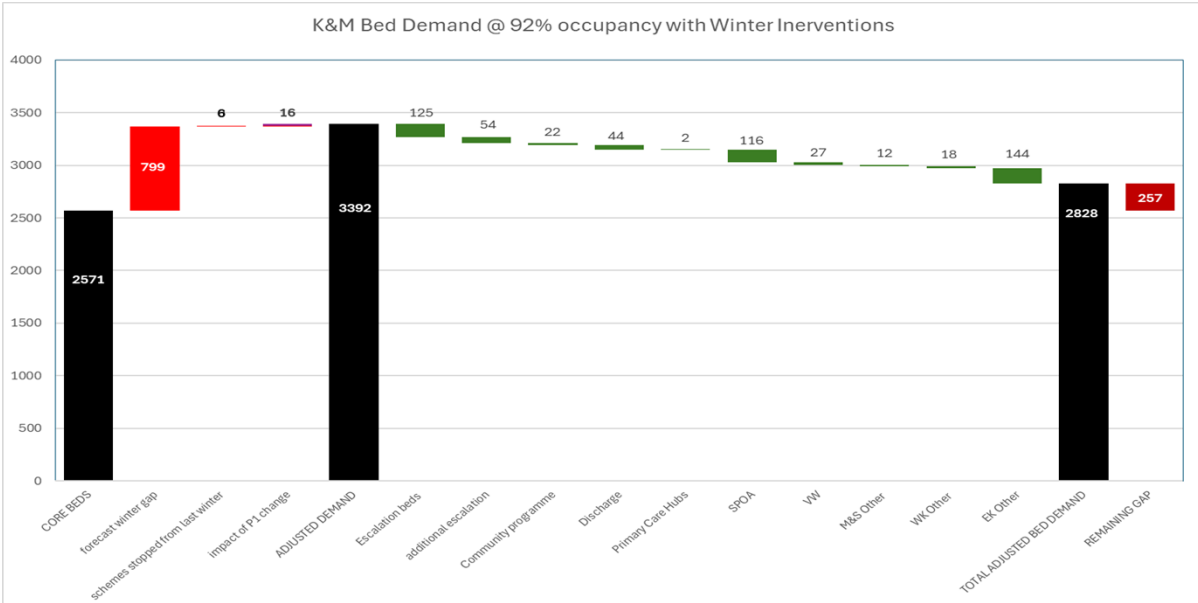
- adult and paediatric respiratory
- identifying the top one per cent of people who need support, including frailty
- primary care hubs
- better use of beds
- VCSEF engagement
- Pathway 0 Discharge Taskforce
- nursing home and care support
- high intensity users
- single point of access (SPOA)
- same day emergency care (SDEC)
- two-hour response/urgent community response (UCR)
- virtual wards.

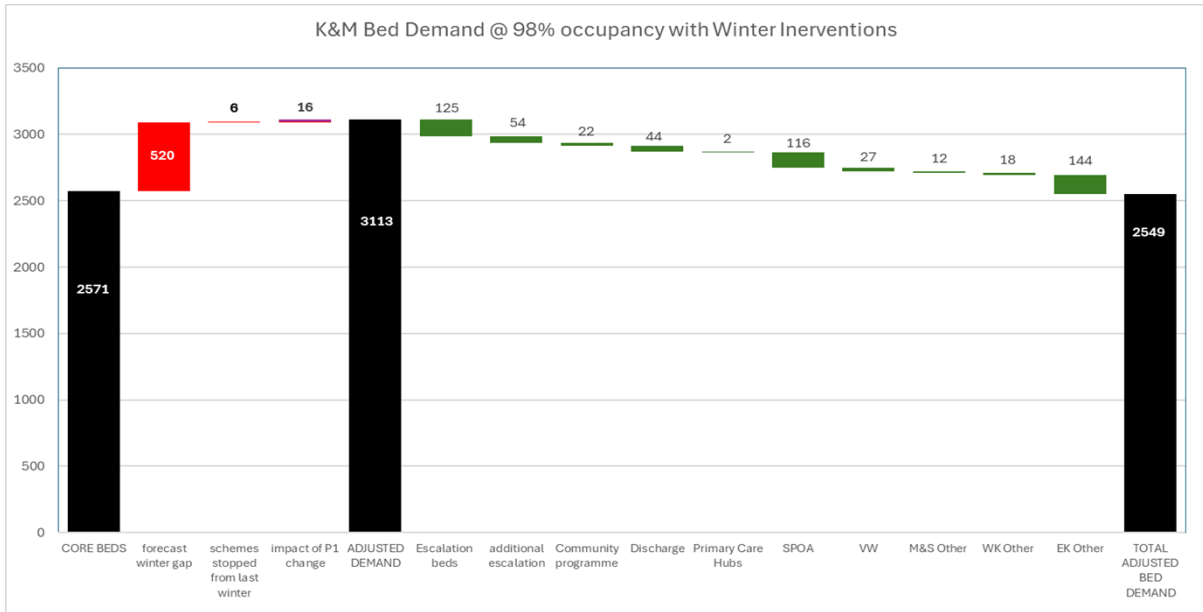
Each of these projects are being facilitated by the ICB with key system partners to create or use existing steering groups to continually monitor progress over the past few months in preparation for commencement of the expected winter peak around 24 December.

As with previous years, the planning cycle has been data driven, based on forecast data to identify potential gaps in access to care defining and implementing mitigations and risk management.

One of the key components of the winter plan is modelling of expected requirement for beds and capacity of the system. A waterfall graph is produced to show how all the schemes focused on creating more capacity are factored in and what gap may remain.

Bellow you can see the waterfall graphs we have modelled for various predicted occupancy levels as looking back to last winter we ran between 92 and 100 per cent occupancy levels in our bedded services.





Occupancy	Bed Gap
92%	-257
95%	-75
98%	+22

In addition, primary care services across Kent and Medway will be offering circa 57,000 extra appointments over the winter period.

Next steps

Kent and Medway System Control Centre uses live data systems to alert of system pressures and has been recognised as exemplar and intrinsic to system operational management and resilience. The system control centre will increase to seven-day working and will be regularly reporting into NHSE's south east regional operational calls.

Weekly winter touch point meetings will be put in place with our HCPs and local systems to monitor and gain assurance on delivery of the winter plan with a monthly update to be provided to the Executive Team at the ICB. This will be managed by the Kent Medway winter director who is due to be in post before the end of December.

Item: Thanet Integrated Care Hub

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

Subject: Thanet Integrated Care Hub

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

It provides background information which may prove useful to Members.

1) Introduction

- a) Officers from KCHFT have asked to present the attached paper to HOSC, to inform Members about their proposals to establish an Integrated Care Hub and community diagnostics centre in Thanet.
- b) A briefing note was circulated to HOSC and local members on 12 November 2024, setting out the proposals. An informal briefing was held for local members on Monday 18 November.

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 decides a proposal is substantial, the NHS is required to consult with it prior to a final decision being made. The NHS always remains the decision-maker though must take the comments of the Committee into account.
- c) In considering substantial variations of service, the Committee will take into account the resource envelope within which the relevant NHS organisations operate and will therefore take into account the effect of the proposals on the sustainability of services, as well as on their quality and safety.

3) Recommendation

- a) *If the proposals relating to the Thanet Integrated Care Hub are deemed substantial:*

RECOMMENDED that:

- i. the Committee deems that the Thanet Integrated Care Hub is a substantial variation of service.

Item: Thanet Integrated Care Hub

- ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

b) If the proposals relating to the Thanet Integrated Care Hub are not deemed substantial:

RECOMMENDED that:

- i. the Committee deems that Thanet Integrated Care Hub is not a substantial variation of service.
- ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

Background Documents

None

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6 December 2024

Thanet integrated health hub

1. Purpose

- 1.1 To provide an update for Kent Health and Overview Scrutiny Committee members on the proposal to develop a pioneering integrated health hub in the heart of Thanet. The hub could provide a range of primary and community services, alongside a community diagnostic centre, in one of Kent and Medway's most deprived areas, bolstering service provision.
- 1.2 Business cases have been worked up at pace as the funding is at risk if not accessed this financial year. However, if the application is successful, this provides a fantastic opportunity to increase services in Thanet for a population with a high level of need. NHS England has indicated strong support.

2. Background

- 2.1 Thanet has one of the highest levels of health inequalities, ranking 34th out of 317 local authorities for deprivation, with the lowest life expectancy from birth for both men and women. Life expectancy for men in Thanet is 77 years and for women is 81.7 years, which compares to 83 years for men in the more affluent areas (6 years difference) and 86 years for women (5 years difference).
- 2.2 In addition, diagnosis of long-term conditions impacts on people's health much earlier in the Thanet area where frailty can be seen as early as 50 years. This increases the need to access health care provision and places more demand on these services.
- 2.3 The NHS in Kent and Medway, along with its partners, would like to develop an integrated health hub in Thanet to improve the health and wellbeing for the local community and address the significant deprivation, inequality and poor health outcomes.
- 2.4 This is aligned to the national shift in direction from hospital to community. The scheme will create a state-of-the-art integrated health hub by renovating a commercial building, the Carey Building, in Northwood Road, Westwood Cross, Broadstairs. In the heart of Thanet, the building, on the former Christ Church Campus, is near Westwood Cross shopping centre and in an area of significant housing growth.
- 2.5 There are several challenges for health and care providers across Thanet, including high demand for services, significant workforce vacancies, and expensive, old and inefficient estate. However, there is a strong history of partnership working, and a number of partners across Thanet have committed to work up together to develop a proposal to deliver services through an integrated hub.
- 2.6 There is already strong interest from the voluntary sector to engage with the hub and deliver services from the hub if implemented, bringing opportunity of further investment and co-location of services to support individuals' wellbeing, and to manage their health

and care needs to the best of their ability. This work is being led through the East Kent Health and Care Partnership, with NHS Kent and Medway, and the support of East Kent Hospitals University NHS Foundation Trust, Kent Community Health NHS Foundation Trust, Kent and Medway Social Care Partnership, general practice provider Invicta Health CiC and Age UK, which are all committed to working together.

3. Plans for integrated health hub for Thanet

3.1 The vision is to create an integrated model of care supporting a thriving integrated neighbourhood team approach, as recommended in the [Claire Fuller Report](#).

3.2 This would mean bringing a range of primary, community and acute services together to provide better patient outcomes for the local population.

3.3 The ambition is to provide:

- **a clinical diagnostic spoke** with MRI service in phase 1 expanding to respiratory, cardiology and phlebotomy services, in phase 2
- **a range of community services**, which could include health visiting, community nursing, podiatry, cardiac and respiratory services
- **relocation of an existing general practice** supporting growth in patient list up to 7,500 over time
- capacity to support development of a new model of care including **same day access** to general practice, in line with NHS Kent and Medway's primary care strategy
- **signposting support** to health and care services provided by community and voluntary sector organisations, such as Age UK, where clinical and voluntary services come together
- **dental services**, these are being explored for the area and could potentially feature as phase two of the programme.

3.4 There are a number of benefits for patients, carers, services users, staff and the wider system. These are:

- **Better health outcomes and reducing health inequalities** – A new spoke community diagnostic centre will provide earlier diagnoses, enhancing patient outcomes and reducing health inequalities by ensuring everyone has the same access to timely, necessary care.
- **Improved accessibility** – Potentially bringing together some of the community services from four locations into a single site will provide a one-stop hub for healthcare, co-locating with a general practice and diagnostics to improve integration, simplify patient access and reduce travel.
- **More joined-up holistic care** – Co-locating clinical services and administration will support closer collaboration among healthcare professionals, enabling a more holistic approach to patient care, especially for those with complex needs.
- **Improved patient experience** – The new hub could offer a modern, accessible environment for care, accommodating a range of services under one roof to improve patient satisfaction and engagement.

- **Improved efficiency and better value for money** – Centralising services and staff into one hub will reduce duplication of resources, improve operational efficiency, and lower costs, allowing more resources to be directed toward patient care.
- **Strategic alignment for the shift from hospital to home** – This project supports the shift towards community-based, integrated care, reducing pressure on hospitals and promoting proactive, preventive care models as advocated by the Fuller Stocktake Report.

3.5 Due to the potential of national funding, there is a need to move quickly to secure the capital and the hub for the people of Thanet.

4. Community Diagnostic Centre

4.1 The business case seeks to expand the current Buckland Community Diagnostic Centre, which opened in Dover in October 2022, with a single CDC spoke in Thanet. This would initially offer a range of diagnostics to ensure compliance with the national requirements, including MRI, phlebotomy, respiratory and echocardiogram (ECHO), bringing further capacity, resilience and sustainability to the provision of diagnostic services across east Kent.

4.2 East Kent Hospitals University NHS Foundation Trust (EKHUFT) which owns the Buckland CDC in East Kent will be responsible for the management and delivery of the Thanet CDC (Buckland Spoke) services. This offers additional capacity to existing services at Buckland and the QEQM Hospital in Margate.

4.3 The Thanet CDC will be on the former Christ Church Campus and occupy the land adjacent to the side of the main Carey building, through a connected purpose-built unit, which will provide MRI services, with permanent and seamless access to the main building. It is planned that ECHO, phlebotomy and respiratory services will be provided within the adjoining main Carey building.

4.4 Learning from the success of the Buckland CDC Hub, providing this local capacity will support an improvement in local population attendance directly to coastal regions with the highest areas of deprivation within easy access. Expanding the provision of CDC services will reduce the requirement for patients travel to the acute sites.

4.5 Bringing clinicians from a range of services together to jointly deliver end-to-end pathways within the Carey Building will make best use of clinical resources and maximise integration and support improvements for patients across Thanet.

5. Improving and expanding general practice

5.1 In September 2023, Invicta Health Community Interest Company (CiC) took over the running of St Peter's surgery, Broadstairs.

- 5.2 NHS Kent and Medway provided support for Invicta Health CiC to explore options for relocation to new premises and will consider the final plans for St Peter's Surgery in line with their governance requirements for general practice premises.
- 5.3 The current premises are constrained and limit the range of services and access that can be provided. Moving to the Carey Building would give scope to expand both the range of services and also the workforce to be able to support growth in the number of registered patients over time.
- 5.4 The Carey Building is less than a mile from the existing premises and is on a regular public transport route. The practice's Patient Participation Group is fully informed of the plans and will be actively involved as they progress. Further engagement work will be done with the wider patient cohort as timelines are confirmed.
- 5.5 Separate to the GP surgery, the aim is for the hub to provide capacity to support the development of a model of care that provides same day access to general practice. This will be developed in line with NHS Kent and Medway's [Primary Care Strategy](#)
- 5.6 Thanet is identified as one of six areas of greatest need within the ICB Primary Care Strategy (2024), informed by a combination of population growth arising from housing developments, deprivation, workforce and patient access challenges. This proposal directly responds to this area of need.

6. Co-locating community and mental health services

- 6.1 There is also potential to bring a range of community services from four locations into the hub, co-locating with general practice and diagnostics to improve integration, simplify patient access and reduce travel.
- 6.2 The services the hub could provide include health visiting, podiatry, cardiac and respiratory services, as well as a base for community nursing and potentially mental health teams, or to provide space to meet with clients. Some services may stay at their current bases, this will be explored in the engagement, if funding and change of use is agreed.
- 6.3 The four locations being explored are:
- Newington Road, Ramsgate
 - Broadstairs Health Centre
 - College Road Clinic, Margate
 - St Augustine's, in Canterbury Road, Westgate

All bases are within a 15 minute drive time radius of the proposed building. Public transport routes are also available.

7. Funding and timeline

- 7.1 There is a need to work at pace to develop the hub due to the potential funding only being available to Thanet in this financial year. Estimated costs are in the region of £5.8million; with £4million of funding that could be released from former Sustainability and Transformation Funding by the Department of Health and Social Care. This funding must be spent in this financial year (2024/25), if not all funding will be at risk. There is also £5.59m available through the Community Diagnostic Centre programme. These business cases are interdependent.
- 7.2 It is anticipated that Kent Community Health NHS Foundation Trust would be responsible for the lease of the building. A change of use application has been submitted to Thanet District Council. The current business case sets out a need to refurbish two floors in the Carey building to provide clinical space on the ground floor and non-clinical space, training and meetings rooms on the second floor. This change of use needs to go through the approval process. We are working to maximise the available parking and also working with the relevant highways colleagues to minimise the local impact of the scheme on the road network.
- 7.3 Subject to NHSE funding, the Community Diagnostics Centre will initially be a mobile MRI provision, but the longer-term solution to be developed later next year will be a permanent solution connected into the building. The aim is for the initial temporary provision to be operational by quarter four of 2024/25.

8. Involving public, patients, staff, local communities and stakeholders

- 8.1 A Kent and Medway communications and engagement plan has been developed, building on previous work to support the roll out of the CDC programme across the system.
- 8.2 The EK HCP has a strong partnership, involving the local councils and voluntary and community sector organisations, which will enable us to connect with and involve people through the channels and organisations in whom they have the most trust. Healthwatch Kent and Social Enterprise Kent are putting together a proposal for the EK HCP to empower diverse local community voices to influence the priorities and governance of the EK HCP, to support the development of a range of programmes, including the hub if funding is agreed.
- 8.3 While there is a time pressure to secure the funding, we remain committed to involving patients, public and stakeholders in our proposals to develop the integrated hub and what this could look like. Further engagement is planned and, if funding is agreed, we will be working with patients, public, stakeholder and stakeholders on the next phase to develop what further services could be co-located at the site.

This will include:

- using the full range of existing communication and engagement mechanisms across the range of partners involved in the project to support its development, such as local engagement groups, forums, people's networks and panels

- continuing to work with the GP surgery's patient participation group and engage with patients registered at the surgery
- publishing a booklet with an update on the plans, including what we think the benefits and concerns might be for all audiences
- a paper and digital survey to engage a wider range of views on how we can develop the hub
- holding face-to-face and online focus groups to talk about the services on offer and to hear any concerns we can mitigate as well as what other services we may be able to co-locate
- working with Healthwatch, Social Enterprise Kent and a range of voluntary sector organisations to engage underserved communities and people with protected characteristics to make sure a range of voices help to develop the hub.

8.4 This is an exciting opportunity to bring together primary, community and diagnostic services into one building and enable us to provide a new model of integrated service provision in one of Kent and Medway's highest areas of deprivation.

9. Recommendation

9.1 The East Kent Health and Care Partnership is happy to provide regular updates to the committee as the project progresses.

9.2 The committee is asked to consider the report.

Item: Children Cancer Services – Principal Treatment Centre

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

Subject: Specialist Children's Cancer Services

Summary: This report invites the Health Overview and Scrutiny Committee to receive a written update on the future provision of Specialist Children's Cancer Services.

1) Introduction

- a) The Principal Treatment Centres (PTC) for children's cancer in London and the South East is being relocated from two London sites to a single site (the Evelina London). This follows a public consultation and procurement process.

2) Previous visits to HOSC

- a) HOSC received a paper at their meeting 31 January 2023 setting out the proposals for change. Following discussion, Members agreed that the proposals did not constitute a substantial variation of service.
- b) A public consultation ran from Tuesday 26th September to Monday 18th December 2023. HOSC members were kept informed via email updates. The outcome of the consultation was provided to HOSC in February 2024.
- c) A final decision was made by NHS England in March 2024. The move is not expected to be complete before October 2026.
- a) NHS England has provided the attached written update to keep the Committee informed on progress.

3. Recommendation

- a) RECOMMENDED that the Committee note the update.

Background Documents

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

Kent County Council (2024), Health Overview and Scrutiny Committee (29/02/2024)
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9320&Ver=4>

Item: Children Cancer Services – Principal Treatment Centre

Contact Details

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Children's Cancer Principal Treatment Centre: Briefing from NHS England and Evelina London Children's Hospital on progress

Background

In March 2024, after a rigorous, clinically-led process including a public consultation, NHS England chose Evelina London Children's Hospital (part of Guy's and St Thomas' NHS Foundation Trust) to be the future provider of very specialist cancer services for children who live in south London and much of south east England¹.

As a result of this decision, the current Children's Cancer Principal Treatment Centre, which is provided across two sites (The Royal Marsden NHS Foundation Trust's hospital in Sutton and St George's University Hospitals NHS Foundation Trust's hospital in Tooting), will move to Evelina London, with conventional radiotherapy at University College Hospital. This is not expected to happen before October 2026. This reconfiguration will mean:

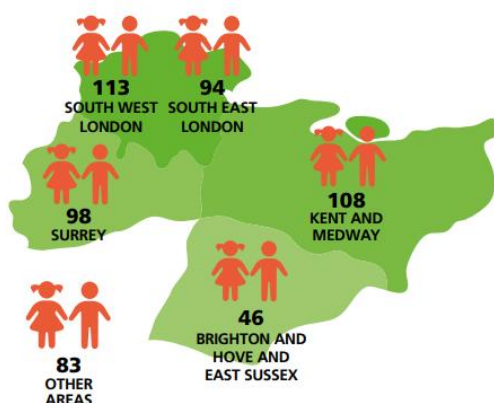
- seriously ill children with cancer undergoing chemotherapy or bone marrow transplants will be on the same site as a level 3 children's intensive care unit (the highest level of intensive care) which is able to provide life support. This is required by the [national service specification](#) which sets the clinical requirements for Principal Treatment Centres in England and is based on clear and robust clinical evidence (including NICE guidance) about what is best for children with cancer.
- children will benefit from the expertise of many other specialist services that they may need within Evelina London's specialist children's hospital
- the future centre will have the potential, like other major centres worldwide, to provide ground-breaking CAR-T treatment and other treatments expected in the future that require a children's intensive care unit onsite.

Who does this change affect?

Children's Cancer Principal Treatment Centres are responsible for making sure every child with cancer gets the expert care they need. They provide diagnosis, treatments, and coordination of very specialist care for children aged 15 and under, and there are 13 of them in England. Data from the public consultation about this change, which was undertaken by NHS England in autumn 2023, showed that:

- about 1,400 children are under the care of the Principal Treatment Centre (PTC) for south London and much of south east England at any given time
- about 190 children in the catchment area are newly diagnosed with cancer every year.

This graphic shows the number of children from each area having inpatient care at the PTC.



Copyright: NHS England

¹ You can read more about the decision-making by NHS England (London and South East Regions) at <https://www.transformationpartners.nhs.uk/childrenscancercentre/key-information/>

How will this work?

All specialist children's cancer services will transfer from The Royal Marsden to Evelina London except for children's conventional radiotherapy, which will move to University College Hospital in central London². This is where children with cancer who live in the catchment area of south London, Kent, Medway, most of Surrey and much of Sussex already have proton beam therapy³. Conventional radiotherapy for patients aged 16+ will continue to be provided at The Royal Marsden.

Children's cancer surgery currently provided at St George's Hospital will also transfer to Evelina London. St George's children's cancer shared care unit⁴, neurosurgery service⁵, and children's intensive care unit will not move, and will continue to provide care for children who need it.

At Evelina London, there will be an inpatient ward, day case treatments area, and an outpatients department specially designed for children with cancer and their families. Many other services that children with cancer may need, including the level 3 children's intensive care unit, diagnostics (such as MRI and CT scans), and specialist children's services (heart, kidney, gastroenterology, infectious diseases services, and many others) are already provided by Evelina London and will be expanded where necessary to cope with the added demand.

Some inpatients will need to be transferred from Evelina London for treatment elsewhere, such as for radiotherapy⁶, or specialist surgery, including neurosurgery, at centres with specific expertise⁷. This will be carefully planned.

Benefits of the change

The future Principal Treatment Centre at Evelina London will bring together expert staff from the current service at The Royal Marsden and St George's Hospital with Evelina London's specialist teams who already care for children with complex and rare medical conditions.

At the future centre:

- very sick children who need intensive care input will no longer be transferred to another hospital as happens now. Such transfers are currently done as safely as possible but, even in a special children's ambulance with an expert team onboard, they add avoidable risks, and stress, to what is already a very difficult situation
- some very sick children may be able to avoid intensive care completely, thanks to face-to-face review by onsite intensive care specialists, working closely with the cancer teams
- for children who need it, the intensive care unit will be just one floor away from the cancer ward
- most other specialist children's services that children with cancer may need will also be onsite, including tertiary heart and kidney services.

² University College London Hospitals NHS Foundation Trust, which University College Hospital is part of, already provides all forms of radiotherapy for children under the care of the other Principal Treatment Centres (PTCs) in London and the south east.

³ In coming years, more children are expected to have proton beam therapy than conventional radiotherapy. Though it is only suitable for certain types of tumours, proton beam therapy precisely targets tumours, reducing damage to healthy tissue and potentially reducing long-term side effects.

⁴ This is one of 15 children's cancer shared care units in district general hospitals across the catchment area, which provide supportive care and, where agreed, specific chemotherapy treatments, as close to home as possible, sharing care with the PTC.

⁵ The majority of neurosurgery (approximately 80%) for children with cancer will continue to be at King's College Hospital, with the other 20% at St George's Hospital, as now.

⁶ Conventional radiotherapy is onsite at The Royal Marsden as part of the PTC. When children's cancer services move, children will have all their radiotherapy at University College Hospital instead of some, as now. While bringing services together will create opportunities to improve care, it will also mean planned transfers of about 10 inpatients a year that don't happen now, and longer journeys for about 25 children a year having radiotherapy as outpatients. More information is at <https://www.transformationpartners.nhs.uk/childrenscancercentre/key-information/>

⁷ Children already have bone, eye and liver cancer surgery, as well as cancer-related neurosurgery, at a number of different specialist centres because of the specific expertise these hospitals have, and this will continue.

- Guy's and St Thomas' has pledged to create exceptional capabilities for immunological and advanced cellular research for children's cancer care, supported by a comprehensive clinical trial programme and advanced imaging research. This could have national and international benefits
- it will be easier for different specialist teams treating the same children to work closely together, improving care for children, supporting new kinds of research, and helping the future centre keep and attract new staff
- more children will be supported to access care closer to home where this is clinically appropriate, as a result of Evelina London using its experience of working closely with paediatric teams across the catchment area to improve care at children's cancer shared care units.

This is a complex programme and, as with any service move, there are risks that need to be managed. All organisations involved are committed to working closely together to ensure the best outcome for children.

Progress so far

Since March, Evelina London and NHS England (London and South East regions) have been working with partners to jointly plan and put in place arrangements that will enable the Principal Treatment Centre to transfer safely to Evelina London, building on the strengths of the existing service and making the most of everything Evelina London has to offer. The service is not expected to transfer before October 2026 and there will be no sudden changes to children's cancer care in the meantime. Ensuring continuity of care now and the safe move of the service when the time comes is the priority of everyone involved.

NHS England's role is to oversee implementation of the reconfiguration. This includes the delivery of recommendations agreed at the [decision-making meeting](#) and [advice from the Mayor of London](#) to ensure that, in line with the objectives for the service change, the future centre:

- **complies** with the national service specification with all the benefits that will bring
- **builds** on the many strengths of the existing children's cancer service
- **gives best quality care** to achieve **world-class outcomes** for children with cancer for decades to come.

NHS England is working with The Royal Marsden NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust and other partners to minimise any impacts on the current providers. It is also working with the Children's Cancer Network to improve the range of care provided by children's cancer shared care units across the catchment area. This is in line with [the national service specification for these units](#) and will help reduce the need for travel to Evelina London.

Evelina London's role is to deliver the safe transfer of the Principal Treatment Centre to its future location, successfully integrating very specialist children's cancer services and clinical trials into its existing outstanding-rated children's services. As part of this, it is working closely with partners, patients and families, staff and other key stakeholders to ensure that the future centre delivers the service change objectives⁸. This will include addressing any potential issues or risks, such as those raised through the public consultation and other engagement⁹.

Evelina London is **listening to patients, families, staff and other experts** and has:

⁸ You can read more about Evelina London's approach, including how it is involving children, families and the public, at www.evelinalondon.nhs.uk/childrenscancer

⁹ Potential issues raised to date include travel to the future centre and for radiotherapy, impacts on the children's cancer workforce, and on research. For more information, <https://www.transformationpartners.nhs.uk/wp-content/uploads/2024/04/You-said-we-did-report-how-we-have-responded-to-feedback-from-the-consultation-.pdf>

- established strong working relationships with key partners including The Royal Marsden and St George's. Families of young patients treated by them for cancer and their staff are helping shape plans for the future centre
- set up a fully functioning programme, complete with a structure of Boards and working groups, and robust arrangements for patient, public and staff engagement at all levels. Representatives from the current service are an integral part of workstreams, including those with a focus on developing the designs for the future service, clinical pathways, and workforce planning
- set up a Partnership Advisory Board to be a 'critical friend' on patient and public engagement, with sub groups that look at travel, access and accommodation, and clinical matters, including pathways and patient experience, from the point of view of patients and families.

Evelina London is finding ways to reduce the stress for families of children **travelling to the future cancer centre** with plans for:

- drawing on its extensive experience of looking after children who require complex care to reduce the number of times they need to travel to hospital. For example, scheduling multiple appointments across different clinical specialities for the same day
- providing patient transport vehicles when needed for children travelling to an appointment/hospital stay
- free parking available for all parents/carers of children with cancer who prefer to drive their children to their appointments
- discussions with Transport for London about the possibility of exempting cars taking children to appointments from ULEZ (Ultra Low Emissions Zone) and congestion charges. This would mean parents would not have to claim back these costs. It would benefit all children undergoing planned care at Evelina London
- a parent bed and storage area next to every patient bed on the children's cancer ward¹⁰
- a significant increase in the number of single rooms on the cancer ward compared to the current service, enabling privacy, comfort and high-quality care for patients and families
- advice and oversight from the Travel, Access and Accommodation Advisory Group of family members and charities that Evelina London has set up to advise this work. Most of its members are parents (as suggested by the Mayor of London) and recruitment will continue throughout the programme to ensure diverse representation across the catchment areas and patient groups
- plans to provide advice, guidance and support, including education, to staff treating children with cancer in shared care units. This will complement work by NHS England and Children's Cancer Networks to agree a schedule of chemotherapy drugs that can be given at shared care units. Both will increase the range of treatments available closer to home, in line with healthcare policy.

Evelina London is making sure the future centre **meets the needs of patients, families and staff** and has:

- appointed an expert design team to develop plans for the building's layout and environment – chosen with input from staff and patient representatives
- developed high-level floorplans for the ward, day treatment and outpatient spaces drawing on detailed feedback from the public consultation, and 20+ recent engagement sessions with staff, family members, and children's cancer charities
- agreed and scheduled the programme of internal moves at Evelina London which will release space for the future Principal Treatment Centre

¹⁰ In addition to the beds on the ward, there are parent rooms adjacent to the children's intensive care unit and further accommodation available on the St Thomas' site. The 59-bedroom Ronald McDonald house for families whose children face long stays in Evelina London Children's hospital is a 5-10 minute walk away. This is the biggest facility of its kind in London and the south east

- recruited to roles essential to the successful delivery of the programme, with the support of funding from NHS England.

Other providers involved are also being supported to recruit and release staff so they can fully participate in the development of plans.

Evelina London will focus next on:

- finalising its **outline business case** for this development (an important requirement to demonstrate that plans continue to be robust, affordable and will meet the needs of the service)
- establishing a **Research Advisory Board** to advise on how best to manage risks and maximise opportunities from the relocation of the children's cancer centre
- developing an integrated workforce plan and a workforce engagement plan to **support the retention of the current highly skilled, expert staff** during this period of transition and any **recruitment required** to ensure the future centre has the expertise it needs
- setting up a Clinical Oversight Group to oversee all aspects of the development of clinical pathways for the future centre, including **neurosurgery**, and will work closely with University College London Hospitals NHS Foundation Trust on **radiotherapy**.

We at NHS England and Evelina London are very grateful to everyone who is contributing to this work. The programme is well and truly underway and gaining momentum all the time. Families, staff and charities are sharing their experience and expertise to help ensure the change happens as soon and as smoothly as possible, for the sake of the children and young people who will benefit from more joined-up care. We are committed to ensuring their voices, alongside those of other partners, guide the programme to create the best possible services for children.

If you have any questions or would like to discuss this further:

- please contact Evelina London at ChildrensCancer@gstt.nhs.uk.
- please contact NHS England at england.ptcchildrenscancer@nhs.net.

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From: Kay Goldsmith, Scrutiny Research Officer
To: Kent Health Overview and Scrutiny Committee
Subject: Kent and Medway Joint NHS Overview and Scrutiny Committee -
Terms of Reference
Date: 17 December 2024

Summary: This paper provides an overview of the changes to health scrutiny and its implications for joint health scrutiny, specifically the Kent and Medway Joint NHS Overview and Scrutiny Committee (JHOSC).

A similar paper will be presented to Medway's Health and Adult Social Care Overview and Scrutiny Committee (HASC) for their views.

Recommendation: The Health Overview and Scrutiny Committee is asked to:

- a. CONSIDER the report; and
 - b. AGREE its preferred options concerning changes to the Kent and Medway JHOSC Terms of Reference.
-

1. Background

- 1.1. NHS bodies must consult their local health scrutiny committee(s) when they are considering a proposal to change health services in the area. HOSCs are required to determine if the proposed changes represent a substantial variation of service for their residents (there is no statutory definition of a 'substantial variation').
- 1.2. Prior to 31 January 2024, Local Authorities had the power to refer substantial variations to the Secretary of State, who could only intervene once a valid referral had been received and been accepted. The Health and Care Act 2022 removed this referral power from Local Authorities and gave the Secretary of State a new power of intervention in the operation of local health and care services – this is known as a 'call-in'.
- 1.3. Health Scrutiny's status as a statutory consultee on reconfigurations remains in place, with NHS bodies required to engage as they did in the past. HOSCs also still need to decide if a proposal represents a significant variation of service.
- 1.4. These changes are explained in greater detail in [the report](#) that was presented to HOSC in February 2024. Changes to the Terms of Reference to this Committee were subsequently agreed by full Council on [28 March 2024](#).

2. Call-in requests

- 2.1. Under the Health and Care Act 2022, any interested party can *request* the Secretary of State call-in a proposed variation to local health services. The decision to issue a call-in rests with the Secretary of State. The guidance states that the purpose of intervention is to unblock local problems and disagreements, which suggests that use of the call-in power to intervene would in most cases be following a call-in request from an interested party.
- 2.2. The Secretary of State can intervene in a proposal at any point during a reconfiguration process, and once called-in, they have the power to make a final decision.
- 2.3. There are no timing requirements for when call-in requests should be submitted - as long as a proposal for reconfiguration exists, a request may be made at any point during that process. However, local attempts to resolve the issue must have been exhausted before this happens.

3. Joint health scrutiny

- 3.1. Under both the old and new regulations, when a responsible body consults more than one local authority on a substantial variation or development, those authorities are required to form a joint scrutiny committee and scrutiny of the proposed change passes to that committee. This does not prevent the home health scrutiny committee from informally scrutinising the proposals, though consideration must be given to the impact on NHS resources to do this.
- 3.2. In order to expedite the scrutiny of variations of service where both Medway and Kent have deemed it substantial, there is a standing joint committee (JHOSC) and its terms of reference as found in the Council Constitution are set out in appendix 1. In light of the changes to the regulations, paragraph 3 of the Terms of Reference as set out in the appendix needs to be updated with reference to the referral power removed.
- 3.3. In addition to amending the powers of health scrutiny bodies, the guidance takes the opportunity to reaffirm the benefits of having in place a Memorandum of Understanding (MoU) between health scrutiny bodies and their NHS counterparts that clarifies the role of health scrutiny and sets out how the parties will reach a view as to whether or not a proposal constitutes a “substantial variation”. At the moment, no such MoU exists between Medway, Kent and the ICB. The development of such a document sits outside the amendments to the Terms of Reference covered by this report, but may be something the Committee wishes to discuss in the future.

4. Amendments to the Terms of Reference

4.1. The following paragraphs set out the changes that are required to the JHOSC Terms of Reference along with the options available and their respective advantages and disadvantages.

4.2. Responding to an NHS proposal for substantial change

4.2.1. [Regulation 30 of the 2013 regulations](#) explains that where a joint overview and scrutiny committee has been appointed to scrutinise a substantial variation, only that committee may respond to the consultation and require attendance and information from the relevant NHS bodies. The guidance expands to say best practice would be for all affected scrutiny committees to be consulted before a joint committee response is made.

4.2.2. There are no changes required to the Terms of Reference.

4.3. Requesting a call-in

4.3.1. Leading on from section 2 of the report, Medway Council and Kent County Council must decide who will be responsible for submitting call-in requests of jointly scrutinised proposals to the Secretary of State.

4.3.2. Under this Committee's terms of reference, the HOSC has the authority to submit a call-in request. HOSC needs to discuss if this is a power they wish to sub-delegate to the JHOSC or not. This will only apply to proposals that have been subject to scrutiny by the JHOSC.

4.3.3. Table 1: Who will be responsible for submitting call in requests to the Secretary of State

Option	Outline	Advantages	Disadvantages
A	No delegation – The JHOSC conducts the scrutiny of the proposal but each individual local authority health scrutiny committee retains the function of submitting call in requests.	This would mirror the previous system whereby the power to make a referral to the Secretary of State was not delegated to the JHOSC.	The home authorities may not have been involved in scrutiny of the proposal, and rely primarily on the recommendation of the joint committee.
B	Delegation - The JHOSC has delegated powers to request a call in without reference to the HOSC.	The process would be streamlined. A decision will be made by those that	Member involvement from the home authorities is potentially diminished. This

		<p>have scrutinised the proposals.</p> <p>Should the JHOSC decide not to request a call-in, the option would still be open to the home authority (as any interested party can submit a request under the new regulations).</p> <p>The SoS may give greater weight to requests coming from the Committee which had carried out the scrutiny review (i.e., the JHOSC)</p>	<p>could be reduced if the call in request first has to go through the local health scrutiny committee before being submitted.</p>
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4.4. Procedure following the call-in of a decision

4.4.1. Before making a decision on a called in reconfiguration proposal, the Secretary of State must provide the local authority (among others) the opportunity to make representations in relation to the proposal. The guidance strongly encourages a collaborative approach to representations where multiple authorities have been involved, recommending a lead organisation is appointed for the purposes of representation.

4.4.2. Medway Council and Kent County Council must decide who will make representations to the Secretary of State for a called in reconfiguration that was subject to joint scrutiny.

4.4.3. Table 2: Who will make representations to the Secretary of State for a called in reconfiguration

Option	Outline	Advantages	Disadvantages
A	Each local authority reserves the right to make separate representations.	This allows for the involvement of a wider group of elected members.	HASC and HOSC would not have scrutinised the issue in detail.

		It allows for the option of a lead organisation to make a representation for both.	Members would not have been involved over a period of time. Where both Councils make representations, these may conflict and potentially reduce the impact/influence.
B	The JHOSC has delegated powers to respond to the Secretary of State with representations.	As the JHOSC would have been involved in scrutinising the issue in detail, it would arguably be best placed to make representations. Representations coming from a JHOSC comprising two local authorities might have more weight. Mitigation of the risks associated with potentially having two authorities submit conflicting representations.	Member involvement from the home authorities is potentially diminished without a clear route for their comments to be included in any representations.

5. Next steps

5.1. A report similar to this one will be presented to Medway Council's equivalent of HOSC. Following discussion at both Committees, the clerks, in consultation with the Committee Chairs, Vice-Chairs and group spokespeople, will take forward the recommendations for change.

5.2. Where there are disagreements on the revisions, the clerks and Chairs will meet to discuss.

- 5.3. Once an agreement has been reached on these points, both Medway Council and KCC will proceed in amending the terms of reference of the JHOSC by following their respective Constitutional process.
- 5.4. In KCC, a paper with the proposed changes will be taken to the Selection and Member Services Committee before proceeding to full Council.
- 5.5. The changes can only be enacted once both Councils have agreed. The Monitoring Officer would receive a delegation from full Council to make the necessary changes to the Constitution once Medway Council have agreed the same changes where Kent agrees the changes ahead of Medway.

Appendix 1 – Current Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC)

(NB: Paragraph 3, set out in bold, will need to be removed to bring it in line with legislative changes).

Membership

Membership: 8 Members: - Kent County Council Members: 4; Medway Council representatives: 4.

Terms of Reference

1. To receive evidence in relation to proposals for a substantial development of, or variation to, the health service which affect both Kent and Medway under consideration by a relevant NHS body or relevant health service provider where both the relevant Overview and Scrutiny Committees of Medway Council and Kent County Council have determined proposals to be a substantial development of, or variation to, the health service.

2. To exercise the right to make comments under regulations 23(4) and 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations) on behalf of the relevant Overview and Scrutiny Committees of Medway Council and Kent County Council on any such proposals under the consideration by the relevant NHS body or relevant health service provider.

3. To consider whether any proposal for a substantial development of, or variation to, the health service affecting the areas covered by Kent and Medway should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations and to recommend this course of action, if deemed as appropriate by the relevant Overview and Scrutiny Committees of both Medway Council and Kent County Council in line with their respective Constitutions. (Note: the exercise of the power to make a referral to the Secretary of State has not been delegated to the JHOSC).

4. To undertake other scrutiny reviews of health services if requested to do so by the relevant Overview and Scrutiny Committees of both Medway Council and Kent County Council.

5. To report on such other scrutiny reviews to the relevant Overview and Scrutiny Committees of Medway Council and Kent County Council.

Rules

6. Regulation 30 of the 2013 Regulations states that where a relevant NHS body or a relevant health service provider consults more than one local authority on any proposal which they have under consideration for a substantial development of, or

variation to, the provision of a health service in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the review.

7. There will be a Kent and Medway NHS Joint Overview and Scrutiny Committee comprising of members appointed by Medway Council and Kent County Council. These rules apply to the JHOSC and any Sub-Committee established by it.

8. The JHOSC will appoint a Chair at its first meeting in each municipal year, and that Chair will normally be drawn in rotation from Kent County Council and Medway Council members. Where a review is unfinished at the end of a municipal year, members may agree that the previous year's Chair (if still a member of the Committee) may continue to preside over consideration of matters relating to that review.

9. The formal response of the JHOSC will be decided by a majority vote. If the JHOSC cannot agree a single response to a proposal under consideration for a substantial development of, or variation to, the provision of a health service by an NHS body or a relevant health service provider, then a minority response which is supported by the largest minority, but at least three members, may be prepared and submitted for consideration by the NHS body or a relevant health service provider with the majority response. The names of those who dissent may, at a member's request, be recorded on the main response.

Item: Work Programme 2024

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 December 2024

Subject: Work Programme 2024

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 work programme.

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

28 January 2025		
Item	Item background	Substantial Variation?
East Kent Hospitals – financial performance update	To receive an update on performance.	-
Maternity Services in East Kent	To receive an update on performance.	-
Implementation of Hyper Acute Stroke Units	To receive an update on the implementation, particularly a timetable for the William Harvey Hospital HASU.	-
Phlebotomy services in Deal	To receive an update on the item at HOSC in January 2022	-
GP services update	Follow up to the 19 July 2023 paper	-
Urgent Treatment Centre strategy	To review the Strategy.	TBC
Kent and Medway Prosthetics service	To receive information about the future provider and location of the service.	TBC

12 March 2025		
Item	Item background	Substantial Variation?
Review of Community Bed model	To understand more about the modelling being undertaken by the ICB.	TBC
ICU workforce and mental wellbeing	A Member request – to consider the impact of Covid-19 on the wellbeing of staff working in an ICU during the height of the pandemic.	-
Transforming mental health services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Adult Autism and ADHD pathway development and re-procurement 2025/26	To receive an update following the conclusion of the public engagement.	No

Podiatry Services	To receive an update on the service following its relocation.	No
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4 June 2025		
Item	Item background	Substantial Variation?
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
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 – clinical strategy	To receive updates about the strategy and its workstreams when appropriate.	TBC
Maidstone and Tunbridge Wells NHS Trust – Fordcombe Hospital	Members requested to receive an update on the success of the purchase of the private hospital one year after opening.	-
Mental Health Transformation - Places of Safety	The committee has requested an update once the unit has been operational for a meaningful period of time.	-
SECamb volunteer strategy	Members requested to see the Strategy once ready.	-
Social prescribing	A Member request to understand the use of social prescribing in the primary care sector.	-
GP attraction offer in Thanet, Swale and Medway	To receive an update on the success of the pilot project.	-

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

Item: Work Programme (17 December 2024)

No proposals are currently under scrutiny by the Kent and Medway Joint HOSC.

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