

To: Kent Health Overview and Scrutiny Committee

From: Jayne Black, Chief Executive Officer, Medway NHS Foundation Trust

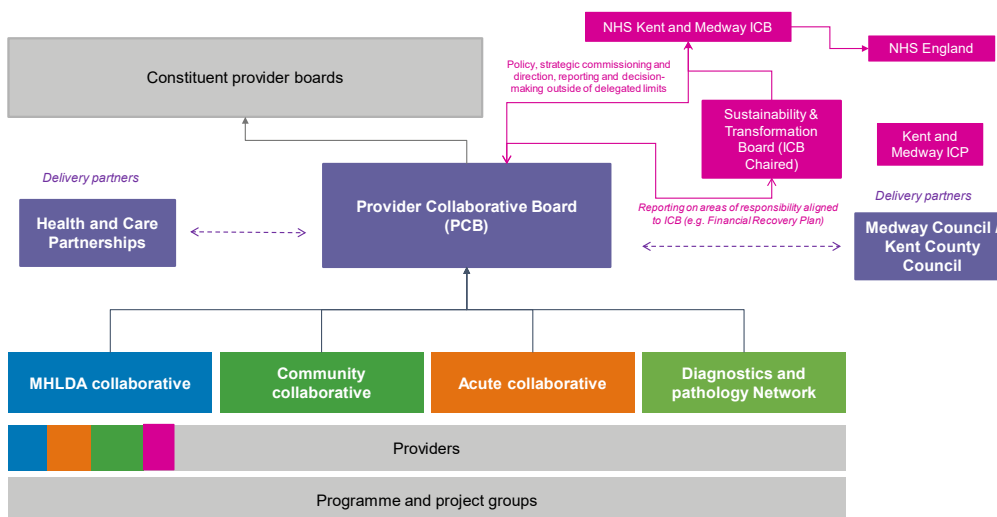
Date: 2 October 2024

Subject: Kent and Medway Provider Collaboratives – Briefing for Scrutiny Committees

Introduction

The Kent and Medway Provider Collaborative has been set up by the Chief Executives of the Kent and Medway Health Providers, to support their work in partnership with primary care and local authorities to improve outcomes for local people. The collaborative boards include place based, voluntary sector and local authority representation.

Governance Structure



The Collaborative includes three collaboratives and three further workstreams

- Community, Primary and Social Care Collaborative – Senior Responsible Officer (SRO) Mairead McCormick
- Acute Collaborative – SRO Jayne Black
- MHLDA Collaborative – SRO Sheila Stenson
- Corporate and Enablers Workstream – SRO Chris Wright
- Pathology Network – SRO Miles Scott
- Diagnostics Network – SRO Jonathan Wade

Overall Collaborative Portfolio

| 01 Provider Collaborative Board | 02 Community Collaborative | 03 MHLDA Collaborative | 04 Acute Collaborative | 05 Pathology Network | 06 Diagnostics Network |
|--|--|--|---|---|---|
| Collaborative support services | Community transformation | MHLDA transformation | Acute transformation | Pathology transformation | Diagnostics transformation |
| <ul style="list-style-type: none"> Procurement Information Governance Academy | <ul style="list-style-type: none"> Better Use of Beds Integrated <u>Neighbourhood Teams</u> EPR convergence | <ul style="list-style-type: none"> CMHF UEC Dementia Out of area LDA | <ul style="list-style-type: none"> Variation ENT Endoscopy | <ul style="list-style-type: none"> Transformation of pathology / new model | <ul style="list-style-type: none"> Transformation of diagnostic provision/ CDC rollout |

The Acute Service Review Overview

The Acute Services Review (ASR) was commissioned by the Acute Provider Collaborative (APC) to examine the sustainability and risk of acute services across the region. Attain was engaged to undertake this review and the subsequent further analysis. Under the domains of access, finance, workforce and engagement, a systematic methodology was developed and aligned with rich engagement from stakeholders to present a ranked list of services for the collaborative providers.

Following discussion with provider CEOs and the ICB, these services were prioritised and it was agreed that ENT and Endoscopy would undergo a second phase of deeper analysis and solution finding. In addition, further analysis would be undertaken to identify opportunities to reduce variation at service level. This paper provides an overview of progress in relation to the three workstreams forming phase two of the review.

Ear Nose and Throat (ENT)

Ear, nose and throat services (including audiology and head and neck cancer care) is a broad specialty encompassing a wide range of complexity with a large caseload managed in the community, day case procedures and some tertiary services requiring multidisciplinary teams and expensive devices and equipment.

In Kent and Medway, large and long waits are significant and are growing. It was agreed therefore to mobilise a deep dive into ENT with a view to finding ways to achieve improvement in these key areas.

ENT benefits from a pre-existing steering group, chaired by the ICB, and a clinically led working group has been formed to develop short, medium and longer term actions that will improve access and service sustainability.

Endoscopy

The CEOs and ICB agreed to focus on endoscopy in light of increasing demand and future predicted growth in this area. This workstream is currently focussing on:

- Understanding the work that is currently being planned and delivered – building up an ‘as-is’ picture of initiatives, strategy development and delivery.
- Refreshing earlier data analysis to understand current capacity and future requirements
- Identifying opportunities to further inform strategy and a system level programme of work,

An Endoscopy Network has already started to look at new endoscopy pathways, based on national guidance, and this will be woven into future planning.

Variation

Earlier in 2024, variation was identified between Trusts at service level, across the following domains: activity (e.g. length of stay, day case rates, outpatient DNA rates and new to follow up ratios), workforce agency spend and cost per Weighted Activity Unit. Engagement has taken place at Trust level to identify how efficiencies may be achieved and to start to develop project plans to address the variation. This will be underpinned through peer support and learning.