HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 19th July, 2023

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 19th July, 2023, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

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

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mr A R Hills and Mrs P T Cole, and 1 vacancy
Labour (1):	Ms K Constantine
Liberal Democrat (1):	Vacancy
Green and Independent (1):	Mr S R Campkin
District/Borough Representatives (4):	Councillor P Cole, and 3 vacancies

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Membership The Committee is asked to note the Membership as published on the agenda front sheet.	
2.	Substitutes	
3.	Declarations of Interests by Members in items on the Agenda for this meeting.	
4.	Minutes from the meeting held on 10 May 2023 (Pages 1 - 8)	
5.	NHS Waiting Times for Cancer Care (Pages 9 - 16)	10:05
6.	Kent and Medway Cancer Screening Programmes (Pages 17 - 24)	10:25

7. NHS Kent and Medway Community Services review and re-procurement (Pages 25 - 28) 10:45

8. Primary Care Update (including the GP Development Plan) (Pages 29 - 42) 11:05

9. Urgent Care Review Programme - Swale (Pages 43 - 50) 11:35

10. Mental Health Transformation - Places of Safety (Pages 51 - 82) 11:50

11. Work Programme (Pages 83 - 88)

12. Date of next programmed meeting – 5 October 2023

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

11 July 2023

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 10 May 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr J Meade, Mr A R Hills, Mr S R Campkin, Ms K Constantine and Mrs M McArthur

ALSO PRESENT VIRTUALLY: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS

116. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

Mr Chard declared he was a Director of Engaging Kent.

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

117. Minutes from the meeting held on 28 March 2023
(Item 3)

118. Maidstone & Tunbridge Wells Trust - Clinical Strategy
(Item 4)

In attendance for this item: Rachel Jones (Executive Director Strategy, Planning and Partnerships, Maidstone and Tunbridge Wells NHS Trust)

1. The Chair welcomed the guests and asked Ms. Jones for any updates since the publication of the report as well as an update on the implementation of the Hyper Acute Stroke Unit (HASU) in Tunbridge Wells. Key highlights were:

    a. Two Urgent Treatment Centres had opened.
    b. A&E performance ranked 4th or 5th in the UK, though there was still room for improvement.
    c. The Trust had established the beginnings of a Digestive Diseases Unit, one of the services being repatriated from London.
    d. Capital investment for cardiology improvements was proving hard to secure and impacting progress but the Trust continued to try and move it forward.

e. Phase 1 of HASU implementation was complete. A full business case for phase 2 would be presented to the ICB Board in June 2023. The rehabilitation pathway required additional work.
f. The improvements to Women's Services had been challenging, in part due to high vacancy rates.
g. The Trust had recruited 3 new Oncologists for Cancer Services. The Trust was working closely with East Kent Hospitals on the reprovision of radiotherapy – this would be a substantial business base and require significant capital investment.
h. The Trust was investigating acquiring a surgical robot in the area of Urology, along with recruiting surgeons with robotic experience. The use of robotics across departments would likely be commonplace in the future.
i. Separate to the clinical strategy, ophthalmology services were experiencing long waits. The Trust was working to develop community services in some parts to ensure equal provision across Northwest Kent and Medway.
j. An addition to the clinical strategy had been the opportunity to develop a Kent and Medway Orthopaedic Service to help support the long term reduction in waiting lists and manage long term demand. The service would be delivered alongside acute trust partners, and they had been successful in international recruitment. Subject to approval, the intention was to open the unit in March 2024.

2. A Member noted the continued pressure on A&E services and questioned how the patient pathway as well as the whole system could be improved to reduce such pressure. Ms. Jones felt lots of small changes could be put in place rather than one transformational change, such as:

a. Ensuring members of the public understood what support was available and where, whilst ensuring that provision was robust.
b. Pharmacists being able to prescribe some medication.
c. Streamlining patient pathways.
d. Managing the flow of patients into and out of hospitals.

3. Asked about repatriating services from London to Kent, Ms Jones explained there was a need to have a clear understanding of which services could, and could not, be provided from London. Some very specialist care would still need to be provided from London but where possible providers across Kent and Medway were looking for opportunities to bring care closer to residents. She offered to return with a paper on repatriating bariatric care.

4. In relation to stroke, a Member asked whether the SSNAP data was yet available. Ms. Jones offered to provide an update to the Committee outside of the meeting. HASU implementation was on the work programme for July and the clerk would request the presenters include the latest SSNAP data.

5. In response to a question, Ms Jones confirmed that social media was used within Children's Services to reach out to young people about their mental health, but that partner organisations with expertise were also used for engagement.

6. The Chair requested a site visit once the Elective Unit was completed along with phase 2 of the HASU. Ms. Jones would explore options with the clerk.

7. RESOLVED that:

   i) the committee note the update, and
   ii) invite the Trust back at an appropriate time.

119. East Kent Hospitals University NHS Foundation Trust - Maternity Services *(Item 5)*

In attendance for this item: Tracey Fletcher (Chief Executive, East Kent Hospitals University NHS Foundation Trust) Rebecca Martin (Chief Medical Officer, East Kent Hospitals University NHS Foundation Trust) Catherine Pelley (Interim Chief Nursing and Midwifery Officer, East Kent Hospitals University NHS Foundation Trust) Carol Drummond (Interim Director of Midwifery East Kent Hospitals University NHS Foundation Trust)

1. The Chair welcomed the Trust members and asked Ms. Fletcher to update the committee on any matters arising since the report was written. Key updates included:

   a. A culture and leadership programme had been launched at the Trust, developed by The King's Fund.
   b. The report from a recent CQC inspection was expected soon. The Trust anticipated this being critical.
   c. The Canterbury Christ Church University (CCCU) midwife training program at both William Harvey and QEQM had been withdrawn and would have a significant impact on the Trust and the students.

2. A Member asked if there was adequate capacity to continue the level of provision with the 'Your Voice is Heard' initiative. Ms. Drummond confirmed that 2 senior midwives had been appointed to undertake the community engagement, and the Trust were keen for them to go out into the community as part of that. A support role had been introduced to assist the midwives and ensure sustainability.

3. The bereavement pathway had been co-designed with those who had experienced loss. It offered a 7-day support service and had introduced a support officer to help navigate the bureaucratic processes.

4. Members discussed the quality of the physical environment in the two hospitals. Ms Pelley acknowledged that the midwifery units were far from ideal in a modern world, with small rooms and a lack of adjacent theatres. The resource constraints were hard to overcome without significant investment. Ms. Drummond confirmed that Entonox was now available again at William Harvey following a brief issue.

5. Ms. Pelley spoke of the withdrawn midwife program and explained that the Trust had reached out to the affected students. She confirmed they were working with the University to get accredited again with the Nursing and Midwifery Council (NMC). 32 trainees had been due to qualify that year. Out of 25 responses, 23 were looking to accept the Trust's employment offer, subject to qualifying (which would be delayed due to the withdrawal of accreditation).

6. The Chair asked for clarification as to why the NMC stripped CCCU the accreditation to their program. Ms. Pelley explained that one of the NMC's roles was to set the professional standards and it was in this area they had concerns as the University were unable to adequately demonstrate those standards were being met.

7. A Member asked why a dedicated foetal heartbeat midwife had been employed. Ms. Drummond explained that all midwives and doctors must know how to monitor a heartbeat, despite the increased use of electronics in this area. National recommendations were for all maternity units to have a dedicated midwife in place to oversee foetal heartbeat monitoring. The post would be responsible for keeping abreast of current guidance and training others.

8. Ms. Drummond expanded on the steps being taken to change the culture within the Trust. The King's Fund programme provided a framework and clear structure, but it was recognised the shift would likely take years.

9. Mr Goatham from Healthwatch requested examples of work that had been achieved because of the Your Voice is Heard program. The Chair requested they be included in a future report to the Committee.

10. The Chair offered the Committee's support for the Trust's bid for £60 million capital expenditure. The Trust were requested to share any helpful correspondence with the Chair via the clerk.

11. RESOLVED that:

    i. the committee note the update report and
    ii. invite the Trust back at an appropriate time.

120. Mental Health Transformation - Places of Safety
(Item 6)

Present virtually for this item: Taps Mutakati (Director for System Collaboration, NHS Kent and Medway), Sara Warner (Engagement Lead, NHS Kent and Medway), Matt Tee (Executive Director, NHS Kent and Medway), Rachel Bulman (Project Manager, NHS Kent and Medway), Cheryl Lee (Service Manager, KMPT), Dr. Adam Kasparek (Consultant Psychiatrist and Deputy Clinical Director, KMPT), Louise Clack (Programme Director, KMPT), and Graham Blackman (Deputy Director for KMPT)

1. Mr. Mutakati introduced the slide deck that had been included in the agenda papers. The guests ran through the slides, highlighting the following:

    i. There were currently three Health Based Places of Safety (HBPoS) locations across Kent and Medway, with 5 beds. Current journey times for patients could be up to 90 minutes, as they would be taken to whichever site had a space.
    ii. Doctors and Approved Mental Health Professionals (AMHPs) could be called from anywhere in the County which led to delays in assessment and treatment.
    iii. The proposal was to have 5 beds from one site in Maidstone. The site would be purpose built and there would be a dedicated team on site, which was anticipated to result in assessments within 4 hours (the expected standard).
    iv. Some patients would have an increased journey time but the improved service on offer was felt to outweigh that.
    v. Following feedback about a patient's return journey, a private ambulance service had been put in place.
    vi. Staff engagement had been mostly positive and there had been no concerns raised about travel.
    vii. The introduction of an 836-advice line for police officers, staffed by KMPT staff, was largely attributed to the reduction in numbers detained under the S136 Act.

2. A Member questioned whether the reduction in the use S136 was down to the 836 advice line, or the lockdowns used during COVID-19 pandemic when people were not allowed to leave their homes. Ms Bulman explained that numbers had continued to reduce over the last 12 months and that the 836 line had been pivotal in realising that. Mental Health training had been provided for police, and the advice line gave them access to clinical advice 24/7 as well as access to patient records.

3. The four-hour recommendation for completing Mental Health Act assessments commenced once an individual was accepted into a HBPoS.

4. Answering whether a single site could be a single point of failure, Ms Bulman said that risk had been recognised but that mitigations had been built into the design of the facility.

5. A Member requested that Key Performance Indicators be brought to the Committee once available.

6. A Member asked what consideration had been given to Thanet residents, some of whom would have longer travel journeys as a result of the changes. Dr. Kasparek's acknowledged the longer journeys but explained that the service would ultimately be much better with equitable provision for all. Ms. Clack added that there were plans to provide a 24/7 Safe Haven (a community crisis facility) at an East Kent hospital, with procurement underway.

7. Members wanted to understand more about residents who bordered neighbouring regions, and whether they could be sent to a HPBoS under a different Integrated Care System. Ms Clack replied that it would be unusual for residents to be transferred out of county but greater clarity around this would be provided at the next meeting.

8. RESOLVED that

    i. the committee note the report and
    ii. the ICB attend the next meeting to present the Draft Business case before it goes to the Board for approval.

121. Urgent Care Review Programme - Swale
(Item 7)

Item deferred to the next meeting.

122. Delayed discharges from acute hospitals
(Item 8)

Present for this item: Mark Atkinson (Director NHS Kent and Medway, Operational Planning and Commissioning)

1. The Chair notified the Committee that he had received a letter from Deal Town Council around their concerns with delayed discharge from hospital due to issues with wheelchair assessment and provision and physiotherapy availability for stroke patients . The Chair said he would respond to Deal following the meeting.

2. Mr. Atkinson ran through some key points from the report which included:

    (a) The Kent and Medway allocation of national funding to support delivery of timely discharges was £15 million, with NHS receiving 60% and the local authority 40%.The money arrived in two waves and was monitored through the Better Care Fund.

(b) Funding from wave 1 was allocated as follows:
    i. 25% in pathway 1 (Domicile care and homecare market),
    ii. 25% pathway 3 (care home provision),
    iii. 25% pathway 2 (intermediate community based services),
    iv. 25% on equipment and enablers.

(c) Funding from wave 2 was described as the “discharge fund”, and NHS England was invoiced for eligible spend. The ICB invoiced for £6.3 million out of an available £7 million. NHS England monitored the impact of the spend weekly, and whether long length of stays had reduced. Funding was spent as follows:
    i. 25% on pathway 1 (Domicile care and homecare market),
    ii. 61% on pathway 3 (care home provision),
    iii. 13% on enablers.

(d) The funding not only assisted reducing acute discharge delays, but other areas such as helping people stay in their own home and additional support to care homes.

(e) Kent and Medway performed comparatively well over the winter period though there was always room for improvement.

(f) The risk created by the additional funding was that it raised some providers expectations (in relation to how much they would be paid per bed) which was not a sustainable model. A sustainable model in future would involve promoting more care for people in their own homes and not in care homes.

(g) Other projects, such as Frontlands, were underway to improve the discharge system. Reviews and workshops were being held to assess the impact of all schemes.

3. A Member asked where Key Performance Indicators could be found for the discharge policy that would provide reassurance that the funding achieved it’s aims. Mr. Atkinson referred to two metrics:

    (a) the number of patients readmitted into hospital.
    (b) data captured within adult social care specifically the number of hand-backs – the ICS was looking to develop a dashboard.

4. The Committee considered how it interacted with the Adult Social Care Cabinet Committee. Recognising the committee’s remit to scrutinise only the NHS, the Chair offered to speak to the Chair of the Cabinet Committee about options for a joint session.

5. Answering what more could be done to ensure patients were always treated with dignity, and that they were supported to stay at home for as long as possible, Mr. Atkinson agreed patients should always be treated with dignity. Recognising that the care system were under enormous strain, capacity constraints had led to shortcomings in service provision. Mr. Atkinson explained that additional support

to care homes had been provided, along with seeking non-clinical support from the voluntary sector.

6. The sustainability of the homecare market was discussed, recognising workforce constraints as well as the high costs of using quality providers. Social care teams used to be embedded in acute discharge teams but that was no longer the case and this led to gaps.

7. Mr. Atkinson commented that he had seen improvements in the discharge pathway over the years but agreed more integration across the system was needed, including greater emphasis on the preventative agenda.

8. RESOLVED that the committee note the report.

123. Work Programme
(Item 9)

1) The Chair summarised matters arising from the meeting:

   a) a joint session with the Adult Social Care Cabinet Committee. Understanding health complexities would be helpful.
   b) Exploring the decision from the Nursing and Midwifery Council regarding the CCCU program closing.
   c) the request for SSNAP data to accompany the HASU item in July.

2) Regarding the item “School immunisation amongst the Gypsy, Roma and Traveller communities”, a Member requested that the update cover all immunisations and not just those for school age children. They were also keen the disparity in GRT community health would be brought back before the committee. The Chair spoke of a relevant item on the Kent and Medway Better Mental Health Network quarterly meeting the day prior and offered to circulate his notes to members of the committee.

3) A Member requested information on how the newly announced pharmacy powers would affect the patient pathway.

Item 5: NHS Waiting Times for Cancer Care

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

Subject: NHS Waiting Times for Cancer Care

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

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1) Introduction

a) The NHS Long Term Plan, published in January 2019, set out the ambitions for national cancer care, including:

- by 2028, 55,000 more people each year will survive their cancer for five years or more; and
- by 2028, 75% of people with cancer will be diagnosed at an early stage (stage one or two).[1]

b) A report was presented to HOSC on 19 September 2019 that gave an overview of local performance against cancer waiting time standards. At that time, no Cancer Alliances across the country were meeting the 85% target to begin treatment within 62 days. July 2019 data showed local performance was at 80%. Figures from the National Audit Office showed that the key measures had not been met since the end of 2013.[2]

c) The Committee were told that a network approach was being adopted across Kent and Medway to drive improvements across the system, with a particular focus on the four areas of worst performance – lung, upper gastrointestinal, colorectal and urology (specifically prostate).

d) Developments at that time included:

i) the introduction of a new standard of 28 days to get a diagnosis.
ii) working towards diagnosing 75% of cancers at stages 1 or 2 by 2028. In 2019, Kent was diagnosing 25% of cancers at stage 1 or 2.
iii) The conversion rate of GP referrals to positive diagnosis was 3%, but a straight to test model was being developed so that diagnostic services could be accessed directly by patients.

e) The ICB has been invited to provide an update on performance at today's meeting.

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[1] NHS England (2019), 'NHS Long Term Plan Ambitions for Cancer', https://www.england.nhs.uk/cancer/strategy/

[2] Kent County Council (2019) *'Health Overview and Scrutiny Committee (19/09/2019)'*, https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=112

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2019) *'Health Overview and Scrutiny Committee (19/09/2019)'*, https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=112

NHS England (2019), 'NHS Long Term Plan Ambitions for Cancer', https://www.england.nhs.uk/cancer/strategy/

NHS (2019) The NHS Long Term Plan, https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

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Kent and Medway Cancer Performance

Introduction

The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway.

Cancer waiting times (CWT) measure the NHS's performance against these national NHS Constitution Standards, as well as a number of other metrics.

The national cancer targets are as follows:

1) A maximum of two-weeks wait to see a specialist referred with cancer symptoms 93%
2) A maximum of two-week wait to see a specialist for all patients referred for investigation of breast symptoms (even if cancer is not initially suspected) 93%
3) A maximum of 28 days from referral to diagnosis 75%
4) A maximum 31 days wait from the date a decision to treat is made to the first definitive treatments for all cancers 96%
5) A maximum 31 day for subsequent treatment where the treatment is anti-cancer drug regimen 98%
6) A maximum 31 day for subsequent treatment where the treatment is radiotherapy 94%
7) A maximum 31 day for subsequent treatment where the treatment is surgery 94%
8) A maximum 62 day wait from urgent referral to first definitive treatment 85%
9) A maximum 62 day wait from referral from a screening service to first definitive treatment 90%

Since the pandemic, there is also an increased focus on reducing the backlog of patients who are waiting over 62 days for treatment. As a guideline no more than 6% of the waiting list should be patients waiting over 62 days.

There is also the continued responsibility for the system to work towards achieving the aspirational ambitions of the Long Term plan which are:

- by 2028, nationally 55,000 more people each year will survive their cancer for five years or more; and
- by 2028, nationally 75% of people with cancer will be diagnosed at an early stage (stage one or two).

The aim being to improve quality of life outcomes, improves patient experience, reduce variation and reduce health inequalities.

Cancer Performance in Kent and Medway Timeline

During the pandemic cancer service were protected and diagnosis and treatment continued. However, the numbers of patients referring themselves into services declined. The last 18 months have been focussed on recovery – with numbers of patients returning to healthcare seeking diagnosis and cancer treatment.

Performance for April 2023

The most recently published cancer data is available at:

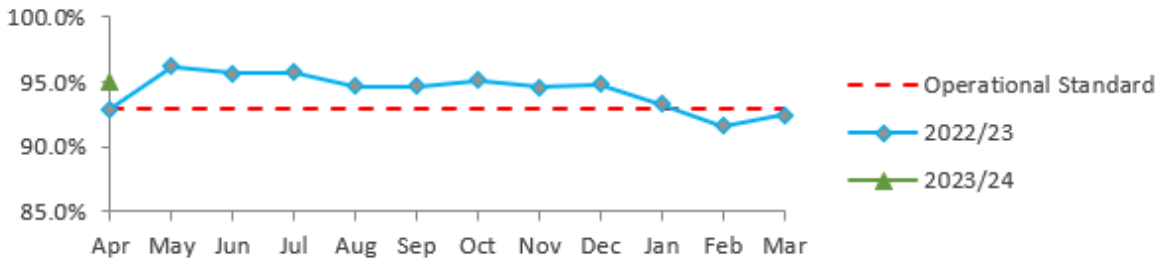
Statistics » Commissioner-based Cancer Waiting Times for April 2023 – 24 (Provisional) (england.nhs.uk)

Two week wait

A maximum of two-weeks wait to see a specialist referred with cancer symptoms

Target	93%	Kent & Medway	95.03%	England	77.7%

In total 8533 patients were seen, 8109 within 14 days. Referral numbers continue to recover following the pandemic, with notable growth in breast, colorectal and prostate cancer referrals.



A maximum of two-week wait to see a specialist for all patients referred for investigation of breast symptoms (even if cancer is not initially suspected)

Target	93%	Kent & Medway	93.5%	England	72.2%

Diagnosis

A maximum of 28 days from referral to diagnosis 75%

Target	75%	Kent & Medway	70.1%	England	N/A

FDS is supported by the implementation of best practise timed pathways which are nationally devised timelines for each stage of the process from referral, through triage and testing, to informing the patient of their diagnosis.

There are timed pathways for Breast, Colorectal, Lung, Prostate, Gynae, Head and Neck and Oesophago-gastric and Skin cancers that the trusts are embedding into their ways of working. There has been transformational funding given to the trusts to be spent on additional staffing such as straight to test nurses for the triage elements. The Cancer Alliance and working with the Diagnostic and Pathology Networks to support faster diagnosis. An ICB-wide Endoscopy network is also in development.

Treatment 31 day

A maximum 31 days wait from the date a decision to treat is made to the first definitive treatments for all cancers.

Target	96%	Kent & Medway	96.2%	England	90.5%

A maximum 31 day for subsequent treatment where the treatment is anti-cancer drug regimen.

Target	98%	Kent & Medway	98%	England	97.4%

A maximum 31 day for subsequent treatment where the treatment is radiotherapy.

Target	94%	Kent & Medway	55.6%	England	86.3%

As an intervention the Kent and Medway Cancer Alliance have provided additional funding to the Kent Oncology Centre to support increased staffing to improve performance.

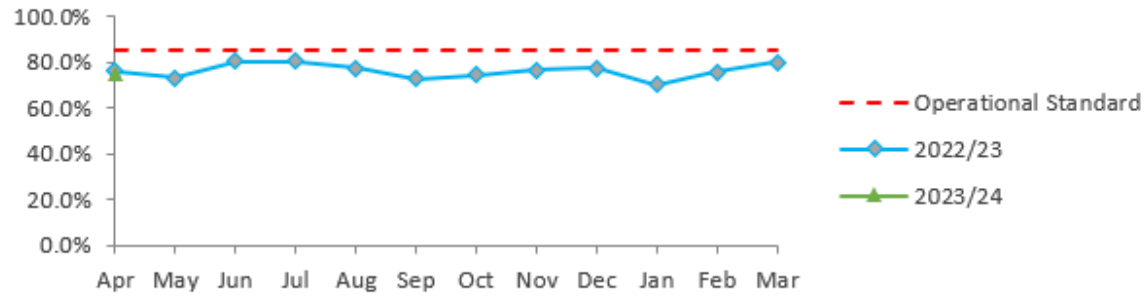
A maximum 31 day for subsequent treatment where the treatment is surgery.

Target	94%	Kent & Medway	89.2%	England	76.8%

62 Day Waits and Backlog

A maximum 62 day wait from urgent referral to first definitive treatment.

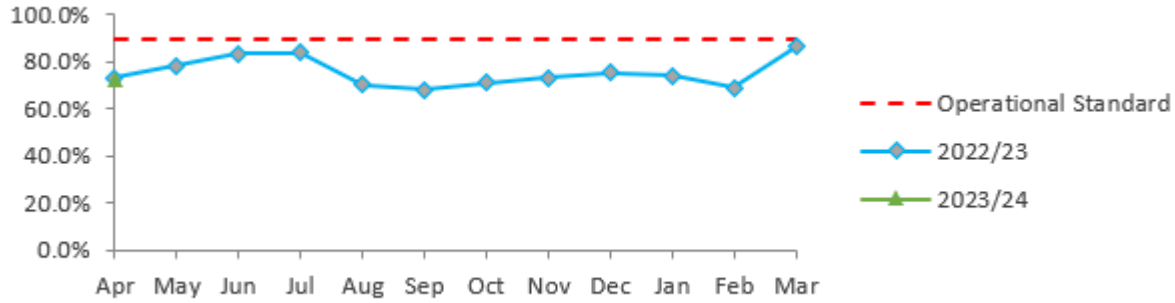
Target	85%	Kent & Medway	75.2%	England	61%



Kent and Medway, although not meeting the standard have been one of the top performing areas at this metric for the past 18 months.

A maximum 62 day wait from referral from a screening service to first definitive treatment.

Target	90%	Kent & Medway	72.7%	England	67.8%



Screening services have submitted a separate paper discussing performance, but we are collectively working on post-pandemic recovery for screening across breast, bowel and cervical cancers.

Patients waiting over 62 days (as % of waiting list).

Target	6%	Kent & Medway	8.8%

From January to March 2023 the overall backlog of patients started to decline but since April this has started to increase, particularly in Medway and East Kent Hospitals. The backlog position from April onwards has been further impacted by the extra Bank Holiday in May and strike action reducing services.

Issues to Highlight

There is variation between the providers in Kent and Medway, which we are working to reduce through mutual aid, training, and additional funding.

Increase numbers of referrals coming in are putting pressure on diagnostic services required to triage the patients.

Successes

We have carried out several initiatives including early diagnosis awareness with our Be Clear on Skin Cancer outreach campaign, early detection via the emerging Lung Health Check programme as well as providing additional psychological support and guidance on living well with and beyond a cancer diagnosis.

Kent and Medway are also involved in a range of trials for improving cancer diagnosis such the GRAIL trial which detects cancer signals in blood samples (grail.com).

Conclusion

Kent and Medway continue to work with the providers across primary and secondary care to support the needs of cancer patients.

Report Author

Serena Gilbert, Interim Managing Director, Kent and Medway Cancer Alliance

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Item 6: Kent and Medway Cancer Screening Programmes

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

Subject: Kent and Medway Cancer Screening Programmes

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

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1) Introduction

a) Following a member request, NHS England have provided the attached report setting out the three cancer screening programmes available and their performance in Kent and Medway.

b) HOSC can scrutinise the provision and operation of these health services and provide comment to the provider/ commissioner.

2) Recommendation

a) It is recommended that the Committee consider and note the report.

Background Documents

None.

Contact Details

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KENT & MEDWAY CANCER SCREENING PROGRAMMES

1.INTRODUCTION

Cancer screening tests are aimed at diagnosing cancers earlier or preventing cancer in people without symptoms. Early diagnosis means treatment is more likely to be successful. Cancer screening is for people with no symptoms at all.

There are three national cancer screening programmes.

- Cervical screening
- Breast screening
- Bowel screening

2.CERVICAL SCREENING

The NHS cervical screening programme in England is offered to people with a cervix aged from 25 to 64. Routine screening is offered every three years up to 49 years of age and every five years from 50 to 64 years of age.

As part of the NHS Cervical Screening Programme, all samples taken at cervical screening appointments are tested for high-risk Human Papillomavirus (HPV) in the first instance. This is the virus which causes nearly all cervical cancers. Samples that test positive for HPV then go on to be further analysed to detect cell abnormalities. This process identifies more people at risk of cervical cancer earlier and can prevent around 600 additional cancers a year nationally.

HPV is a very common virus which effects around 8 in 10 people, in many cases, the immune system naturally gets rid of HPV.

2.1 Cervical Screening model in Kent and Medway

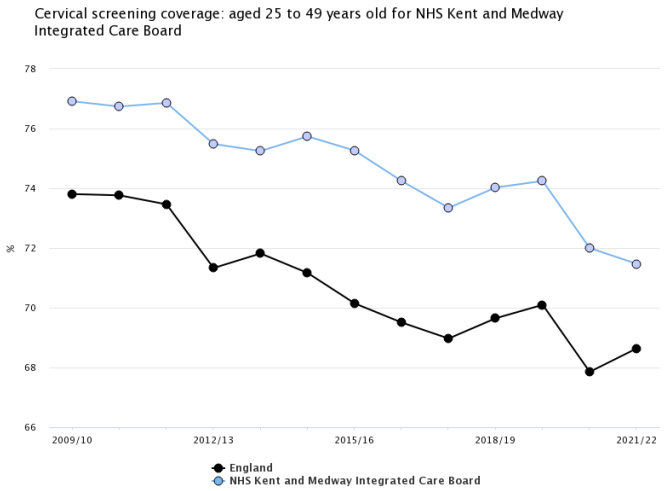
Like most of the country, cervical screening in Kent and Medway is delivered in general practice by specially trained sample takers (nurses, doctors and some nurse associates). There has been a national move to deliver some screening through sexual health services and in Kent and Medway, both KCHFT and MTW have begun delivering cervical screening opportunistically for eligible people accessing their service.

There is a growing appetite to deliver centralised ‘hub’ cervical screening at PCN level. Interested PCNs are working with the ICB and NHSE to enable this. Colposcopy units do not routinely deliver cervical screening but provide support in cases where samples are difficult to take in primary care.

2.2 Performance of the programme in Kent and Medway

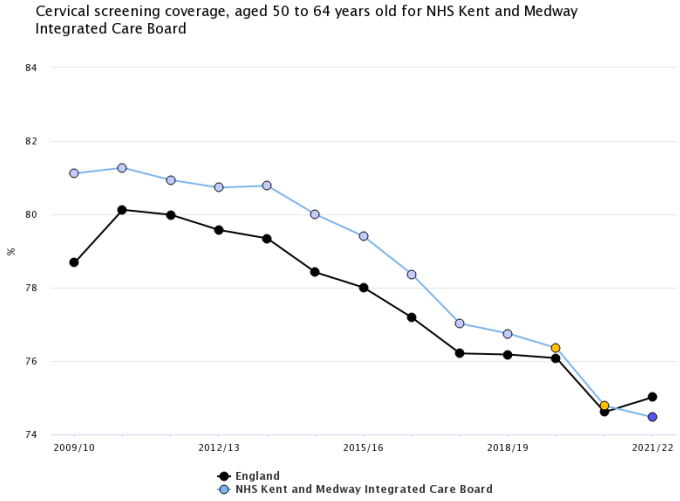
Cervical screening coverage in Kent and Medway remains largely in line with the general trend in the rest of the country.

Graph 1 Cervical screening coverage: aged 25 to 49 years old for NHS Kent and Medway ICB



Source: Fingertips

Graph 2 Cervical screening coverage: aged 50 to 64 years old for NHS Kent and Medway ICB



Source: Fingertips

2.3 Issues to highlight

There are some issues in primary care (and to a smaller extent in secondary care) around mislabelling of samples. This results in women having to have their tests repeated within a minimum of three months after the initial sample. A small proportion of women do not return for their repeat tests. It is important to minimise the occurrence of mislabelling.

Colposcopy units in all four acute trusts are reporting an increase in the volume of referrals, both from the lab for abnormal cervical results and directly from primary care also. The Screening and Immunisation Team and ICB Quality team are planning

a Lunch-and-Learn session to improve the knowledge and awareness of cervical conditions amongst primary care clinicians to ensure appropriate referrals.

3. BREAST SCREENING

About 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime. If it's detected early, treatment is more successful and there's a good chance of recovery.

Breast screening uses an X-ray test called a mammogram that can spot cancers when they're too small to see or feel.

Breast screening is offered to women aged 50 to their 71st birthday in England. Women are invited for screening within three years of their 50th birthday.

Some women may be eligible for breast screening before the age of 50 if they have a very high risk of developing breast cancer.

Women above the age of 71 stop receiving screening invitations but can still have screening if they want to and can do so by arranging an appointment by contacting their local screening unit.

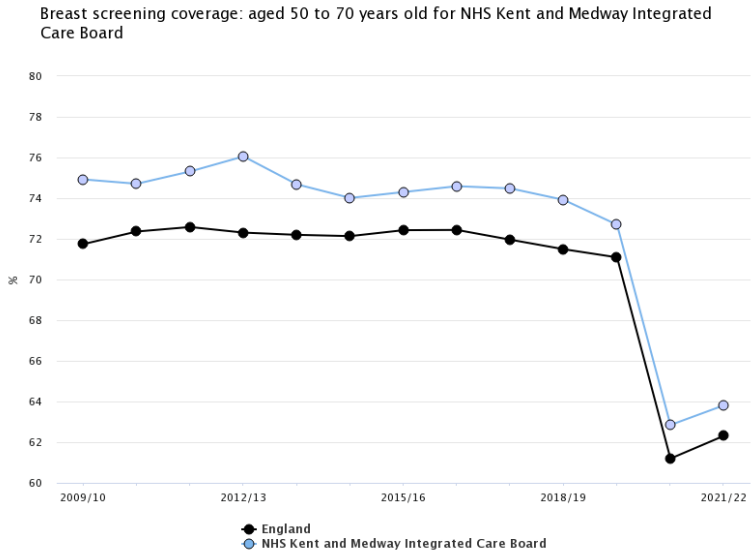
3.1 Breast screening model in Kent and Medway

There are three breast screening units in Kent and Medway: Canterbury, Maidstone and Medway that deliver the majority of screening on mobile vans (8 in total) with a limited amount of screening at the base hospitals. East Kent Hospital University Foundation Trust (EKHUFT) is responsible for the delivery of the service across Kent and Medway and holds the contract with NHS England. It manages the subcontracts with Maidstone and Tunbridge Wells Hospital (MTW) and Medway Foundation Trust (MFT) for the other two units.

3.2 Performance of the programme in Kent and Medway

The following graph (3) shows the impact of the covid-19 pandemic on the breast screening programme in Kent & Medway and nationally.

Graph 3 Breast screening coverage: aged 50 to 70 years old for NHS Kent and Medway ICB



Source: Fingertips

3.3 Issues to highlight

Two out of three breast screening units have recovered in Kent and Medway but full recovery for this programme is yet to be achieved at the Medway unit. It is expected to be achieved by September 2023. There are nationally recognised challenges within breast screening (and radiology as a whole) with regards to staff recruitment and retention.

4.BOWEL SCREENING

Bowel cancer survival is improving and has more than doubled in the last 40 years in the UK. If diagnosed early, more than 90% of bowel cancer cases can be treated successfully.

Bowel cancer screening programmes test to see if people show any early signs of cancer. By detecting bowel cancer at an early stage, treatment has a better chance of working.

As part of the NHS Bowel Cancer Screening Programme, men and women aged 54-74 are sent a home testing kit every two years to collect a small sample of poo to be checked for tiny amounts of blood which could be caused by cancer. In 2019, the home testing kit was changed from the guaiac Faecal Occult Blood Test (gFOBT) to the Faecal Immunochemical Test (FIT) because it is:

- more accurate – it can detect smaller signs of blood hidden in poo samples, which can be an early sign of bowel cancer.
- easier to use – only one sample is required. The gFOBt required three samples to be taken on three different days.

As part of the NHS Long Term Plan, there is roll out of bowel screening to people who are 50 years old. Currently it is being rolled out to those aged 54 years and there is a plan to roll it out to individuals aged 50 and 52 in 2024/25.

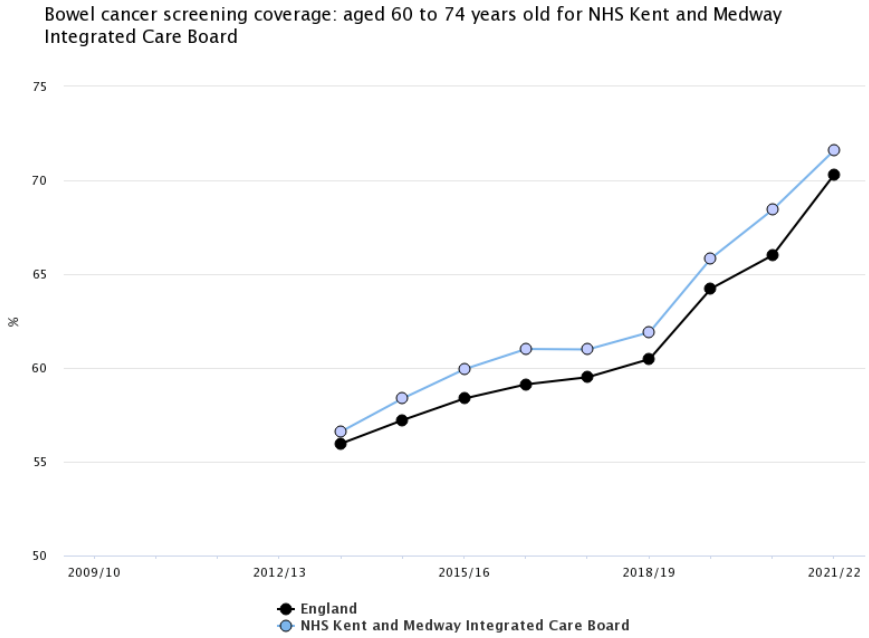
4.1 Bowel screening model in Kent and Medway

Kent and Medway have two bowel screening centres that are responsible for the assessment and diagnostic testing parts of the bowel cancer screening pathway following referral from the regional bowel screening hub. The two centres are East Kent (covering the East Kent HaCP area) and West Kent and Medway (covering DGS, West Kent and Medway and Swale HaCP areas).

4.2 Performance of the programme in Kent and Medway

The uptake and coverage of bowel screening remains above the England average in K&M as shown in the following graph. Please note this applies to the 60-74 year old cohort only.

Graph 4 Bowel screening coverage: aged 60 to 74 years old for NHS Kent and Medway ICB



Source: Fingertips

4.3 Issues to highlight.

Both bowel screening centres in Kent & Medway continue to face challenges with regards to capacity to deliver the programme. This is especially the case for East Kent which is yet to roll out age extension for year 3 – incorporating the population aged 54 years. The need to build and sustain endoscopy and pathology capacity is particularly pertinent.

For the West Kent & Medway centre, there is a need to increase colonoscopy capacity at the MFT site to cater for the Medway and Swale populations. At present, due to the limited capacity there, some patients are offered appointments at Maidstone hospital. For those unable or unwilling to travel, they are offered appointments at MFT outside the two-week expected timeframe.

CONCLUSION

Overall, the three cancer screening programmes are performing well in Kent and Medway though there are some issues which require attention in each of the programmes. Shortage of workforce is a theme that runs through all screening programmes. It takes considerable time to train staff to work in the screening programmes.

All screening programmes were paused for some time during the Covid 19 pandemic resulting in backlog of invitations for screening, although throughout lockdown some screening did continue for people in the high-risk category.

In addition, infection control requirements meant that screening services were only able to operate at a reduced capacity. There was also a reluctance to attend for screening for fear of exposure to infection.

The screening providers in Kent and Medway have worked hard to achieve recovery in the screening programmes. All screening programmes have recovered in Kent and Medway with the exception of the Medway Breast Screening unit which is on trajectory to achieve recovery by end of August 2023.

Report authors:

Dr Faiza Khan, Consultant in Public Health, Lead for Screening and Immunisations for Kent and Medway, NHSE

Pam Njawe Screening and Immunisation Manager, Kent and Medway, NHSE

04/07/2023

Item 7: NHS Kent and Medway Community Services review and re-procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

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

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Summary: This report provides background information for members.

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

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1) Introduction

a) The NHS Kent and Medway have asked to present HOSC with its plans for Community Contracts held by the Integrated Care Board.

2) Potential Substantial variation of service

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

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

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

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

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

3) Recommendation

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

RECOMMENDED that:

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

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

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

RECOMMENDED that:

(a) the Committee deems that proposed changes to the re-procurement of Community Services are not a substantial variation of service.

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

Background Documents

None.

Contact Details

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By: Justin Chisnall, Director of Patient Pathways, NHS Kent and Medway
To: Health Overview and Scrutiny Committee, 19 July 2023
Subject: NHS Kent and Medway Community Services review and reprocurement

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

1. Introduction

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

b) The aim of this work is to ensure high quality sustainable services in Kent and Medway which meet the changing needs of our population and support the wider health and social care system.

c) NHS Kent and Medway have been invited to attend today's meeting to provide an update on the planned procurement and service development process.

2. Background

a) There have been major changes in community models of care over the last 10 years, reflecting the changes in needs of patients, increasing care in the home out of hospital, and advances in technology and clinical delivery.

b) In order to ensure quality and sustainable patient care in the future it is essential that services in Kent and Medway reflect best practice and are prepared for the changing demands of our population, with increased emphasis on services to support ageing well, and enabling care outside of a hospital setting.

c) The future model of care must enable integration between services, with NHS providers, social care and voluntary sector organisations collaborating to deliver joined up support to the population of Kent and Medway.

d) In February 2023, the ICB Board approved the extension of community contracts to the end of March 2024 to allow for a single process across Kent and Medway to secure future arrangements.

3. Approach

a) In order to secure continuity of contracts for community services from the 1st April 2024, a tender process will be undertaken in the Autumn of 2023 to allow contract award for the 1st April 2024. The services procured will reflect the current services in terms of levels of service, access (waiting times and referral routes) and location. No identifiable service change will occur at this point.

b) Recognising the need for Community services to develop a sustainable model to support the growing future demands of the population, a transformation programme will be agreed with the providers and local systems from April 2024 onwards, with public consultation as appropriate for any substantial variations.

c) The Health Overview and Scrutiny Committee (and its Medway counterpart) will be regularly updated on the planning and delivery of all developments.

d) A communications and engagement plan is currently being drafted, and the first stakeholder engagement session was held on the 11th May 2023. Further sessions are planned with provider partners, the voluntary sector, Primary Care and the public.

Recommendation

RECOMMENDED that the Committee note the report and consider whether the proposals constitute a substantial variation of service.

Item 8: GP Development Plan

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

Subject: Primary Care update (including the GP Development Plan)

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

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1) Introduction

a) At its meeting on 31 January 2023, the Committee discussed the Kent and Medway Integrated Care Strategy. Responding to concerns raised about the primary care workforce, Mr Badu (Chief Strategy Officer, K&M ICB) spoke about the Primary Care Strategy and offered to present the document once it was completed.

b) The Primary Care Strategy is under development, but the GP Development Plan will be in place until the Strategy is launched. The ICB have prepared the attached update on primary care, which includes information about the GP Development Plan.

2) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2023) *'Health Overview and Scrutiny Committee (31/01/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9051&Ver=4

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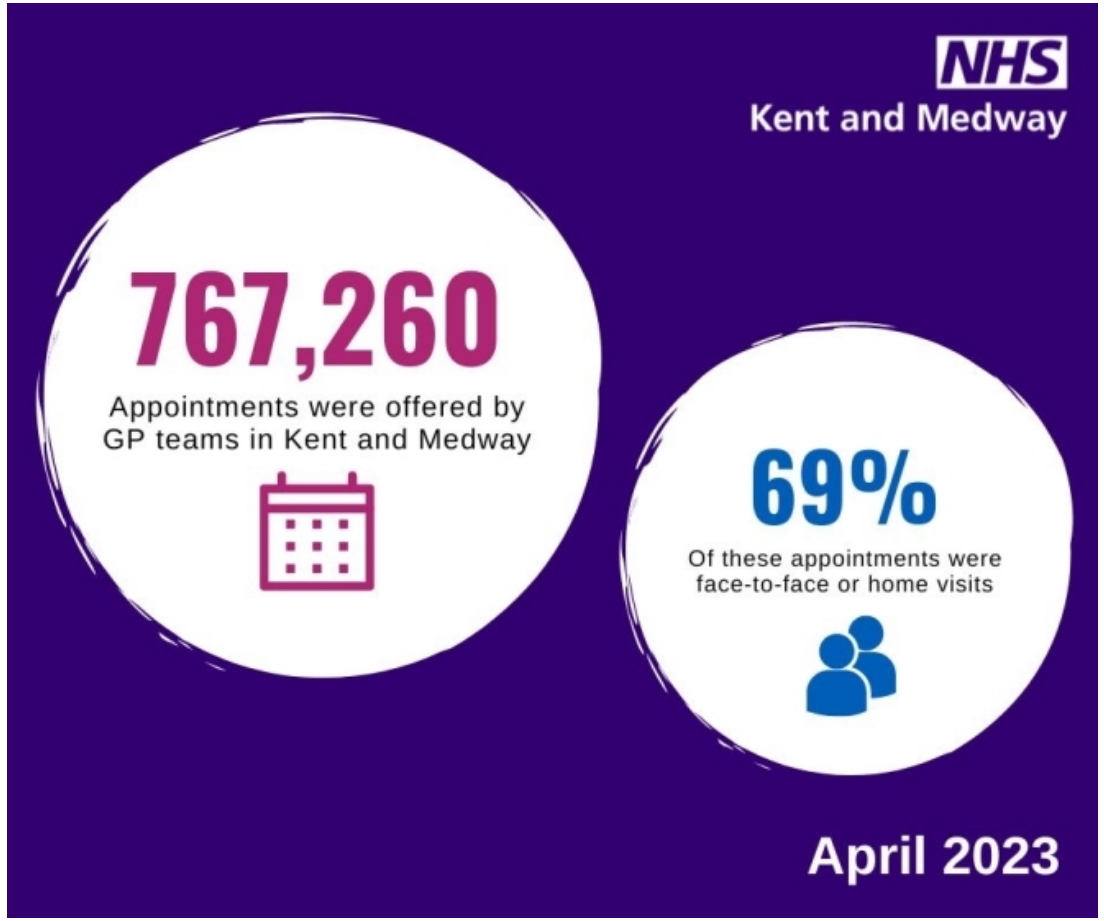
Kent and Medway Integrated Care System

HOSC Primary Care Update

July 2023

Background



- The number of available appointments now compared to before the pandemic is **seven per cent higher**.
- 35,000 people did not attend their appointment in April.
- Of the 183 GP practices across Kent and Medway, the majority – 85 per cent – are rated outstanding or good by the Care Quality Commission.

General Practice Development Plan

- Plan was developed describing how the ICB will support general practice and primary care networks (PCNs) to become more resilient and improving the health and wellbeing of our residents

- The plan included setting out the following ambitions for general practice to deliver

  - High quality, equitable safe, person-centred care
  - Resilient, sustainable and thriving general practice
  - Proactive accessible and coordinated care
  - Integrated services that respond to the needs of the patient and the population

General Practice Development Plan – key areas

The plan included key areas for development and delivery

We will improve access to general practice services

To diversify the general practice workforce and provide training and development to those who work in general practice

To ensure that general practice services are safe, effective and patients have good outcomes when accessing general practice

To continue to enhance digital technology that will transform services at scale in general practice.

To support GP practices to work at scale in networks to enable patients by improving access to general practice and offering a wider range of services

To ensure the locations in which we commission general practice services are fit for purpose and meet the needs of growing populations, workforce and service model.

The ICB is committed to investment in general practice both to maintain core services and to bring about transformation that reflects the NHS Long Term Plan

What we know – and what we are already doing (workforce)

There aren't enough GPs, but there are more multi-professionals

- Kent and Medway Medical School opened in Sept 2020
- GP recruitment campaign launched January 2023, initially focused on areas with lowest GP ratios (Medway, Swale and Thanet)
- Increased the additional roles in General practice from 408 to 778 in the past year (physiotherapists, advanced nurse practitioners, mental health specialists, physiotherapists etc)
- Supporting patients to see the right clinicians for their need

What we know – and what we are already doing

- Offered 10million appointments last year –more than ever before and are consistently offering more monthly appointments than pre-pandemic, 70% of which are face to face
- Upgraded 96% of practice phone lines to new cloud-based systems with more lines
- Most practices use econsult so that people can also access through websites

Headlines from the National Primary Care Recovery Plan

The plan focuses on four areas to support recovery and deliver the ambitions.

1		**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy
2		**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity • Rapid assessment and response
3		**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs • Priority of primary care in new housing developments
4		**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources

Kent and Medway Organisational Priority – Primary Care Strategy

What:

- We will improve capacity in Primary Care and ensure we lead the development of a vision for General Practice, Pharmacy, Optometry and Dentistry by March 2024.

How:

- We will reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referral.
- We will recruit 1,147 wte Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- We will lead the recovery of dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
- Expanding the role of community pharmacy

Primary Care Strategy Development

Implementing modern general practice access – using better telephony, simpler online access and faster navigation and assessment. We will ask;

- about people's experiences using the NHS app and GP websites and how we could make them simpler.
- about online consultations and how people are currently using these.
- we will test potential new hub models for making sure access is equal regardless of contact channel (phone, online or face to face-to-face).
- we will ask people their thoughts on accessing their own health records and how we could support self-referrals.

Primary Care Strategy Development (cont'd)

Building capacity through larger multi-disciplinary teams, training more GPs, retention and return of GPs. We will ask;

- how we improve triage to get people to the right member of staff first time (not always a GP).
- about experiences with the extended workforce now in general practice and how we can use them to best effect.
- for thoughts on referring to other services, such as community pharmacy, if that is appropriate.

People will also be asked about the following themes via targeted surveys;

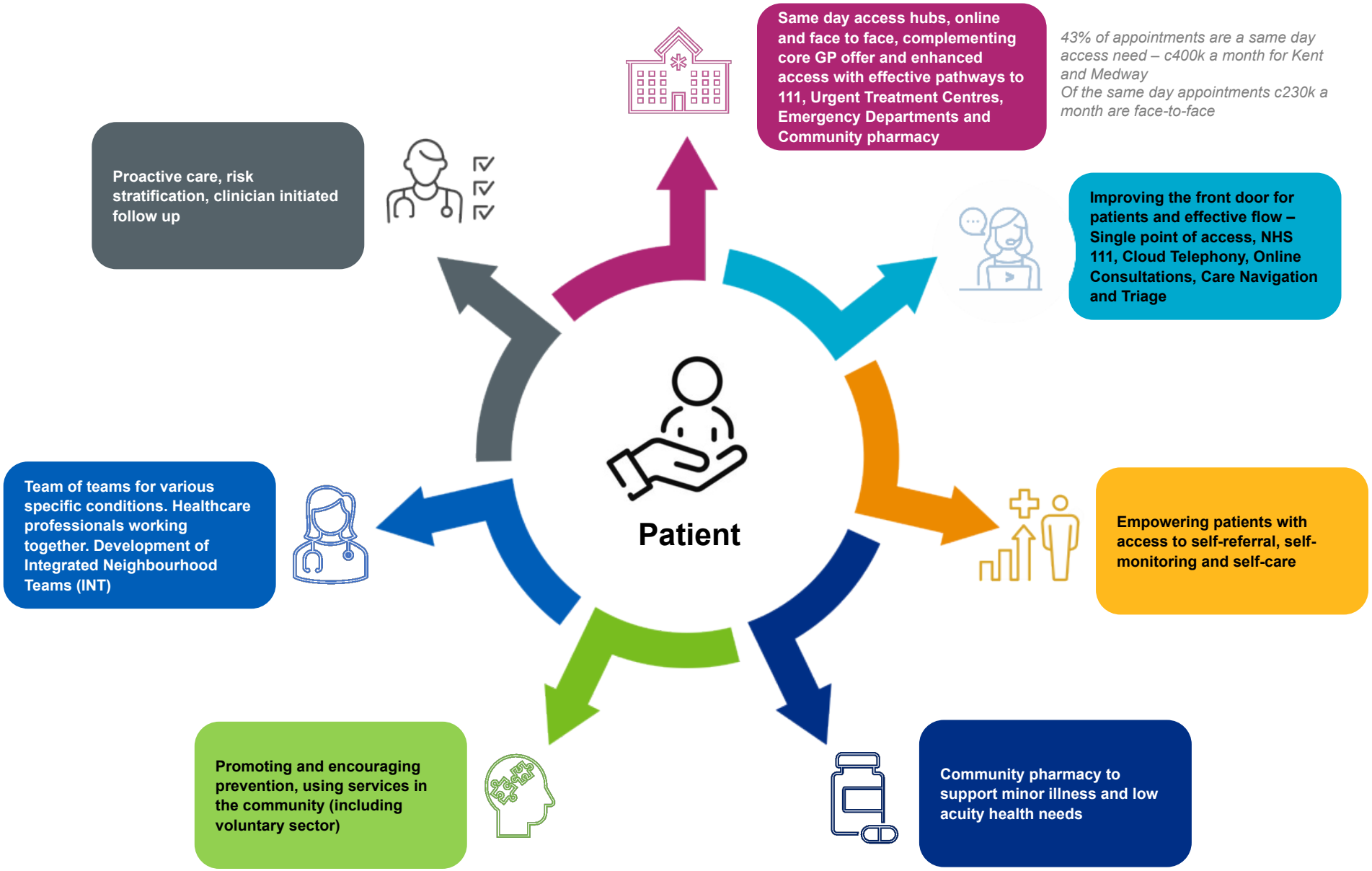
- Dentistry: Focused survey targeting those who can access free dental care to as about their access
- Optometry: Survey to understand people's experience of access
- Pharmacy: Survey to understand people's experience of access

Model of Care

NHS Kent and Medway

Key Enablers

- Digital technology and interoperability
- Workforce
- Estates
- Funding
- Transformation Support
- Communications
- Directory of Services
- Clear and Effective pathways



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Item 9: Urgent Care Review Programme - Swale

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

Subject: Urgent Care Review Programme - Swale

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

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

---

1) Introduction

a) The Local Urgent Care Programme commenced in 2014. It was in response to an NHS England requirement for all areas to have an Urgent Treatment Centre (UTC) to try and reduce the pressure on A&E departments.

b) The review refers to face-to-face urgent care services, as opposed to telephony services. Urgent care relates to injuries or illnesses that are not life-threatening but that require urgent clinical assessment or treatment on the same day.[1]

c) Historically in Swale, there have been two Minor Injury Units (MIUs) (based at Sheppey Community Hospital and Sittingbourne Memorial Hospital) and a GP Walk in Centre (WIC) (based at Sheppey Community Hospital). The programme will result in two UTCs, one in Sheppey and one in Sittingbourne.

d) The programme has been broken into 3 phases. The second phase, providing an interim WIC, commenced on 1 November 2021 with Minster Medical Group providing a GP WIC at Sheppey Community Hospital.

e) The third and final phase is the provision of a UTC. At HOSC's last update on 2 March 2022, the ICB were aiming for an opening date of 1 September 2023. The ICB have been invited to attend today's meeting and provide an update on progress.

2) Recommendation

RECOMMENDED that the report be noted.

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

Background Documents

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

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

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

Kent County Council (2017) 'Health Overview and Scrutiny Committee (14/07/2017)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4

Kent County Council (2018) 'Health Overview and Scrutiny Committee (23/11/2018)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

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

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

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

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

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

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

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April 2023 Update

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

HaCP Delivery Plan 2023-2024 UTC Review

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

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

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

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

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

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

UTC/MIU/WIC Reviews include:

- Data Reporting
- Activity
- Contract
- Business Continuity Plans

- DOS
- Workforce Plans
- Financial
- Service Specifications

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

Current positional statement:

Sheppey MIU & WIC

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

Approach to date:

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

Area of activity:

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

Current Observations:

Walk- in Clinic and MIUs:

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

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

Next steps:

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

Sittingbourne MIU

MIU service continues to be delivered by KCHFT

Minister Frailty Ward (HARIS)

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

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

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

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

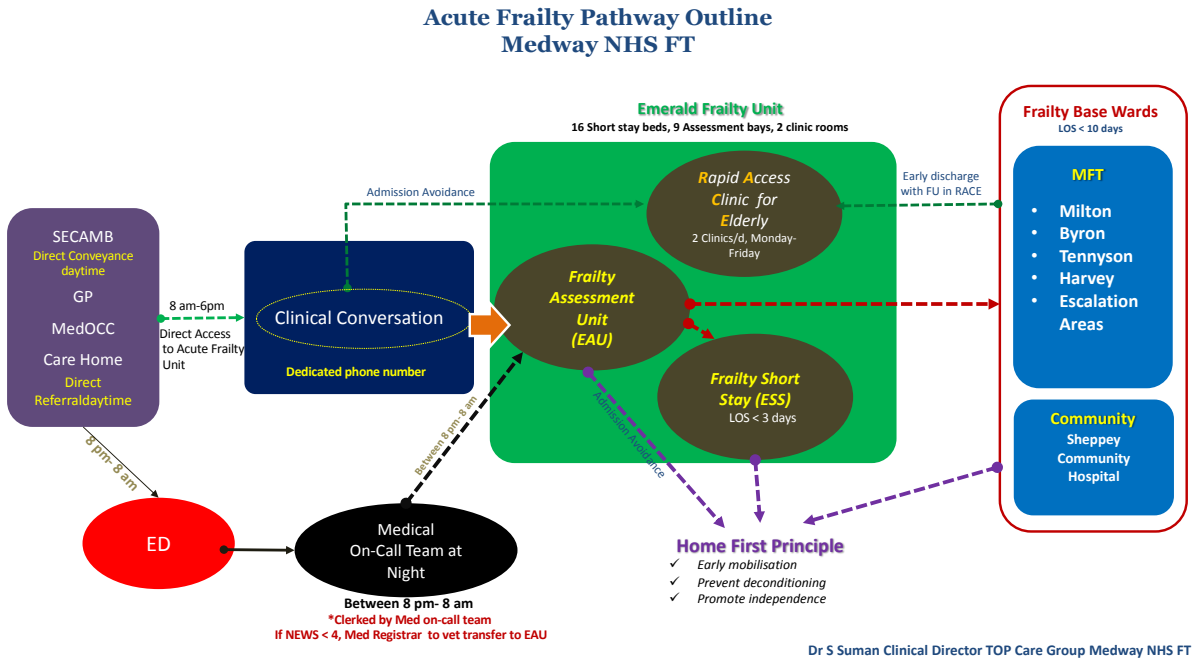
April 2023 Update

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

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

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

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



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April 2023 Update

Item 10: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

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

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

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

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1) Introduction

a) The Kent and Medway Integrated Commissioning Board are proposing to centralise Health Based Places of Safety (HBPoS) and make improvements to the adult mental health urgent and emergency care pathway.

b) The proposal includes plans to centralise the 5 current places of safety (currently across 3 sites) to one site in Maidstone. The new facility will be purpose built and adhere to best practice – the current estate does not.

2) Previous Visits to HOSC

a) This proposal falls under the programme of change for mental health and dementia services in Kent and Medway, as presented to HOSC on 10 June 2021.

b) On 31 January 2023, the Committee determined that the proposals constituted a substantial variation of service. This means the NHS must consult with HOSC prior to a final decision being made, though the NHS remains the ultimate decision maker.

c) As well as centralisation, members raised concerns about journey times, accessibility for friends and family, and the low percentage of Mental Health Act assessments that were completed within the nationally and locally recommended 4 hours. The was also concern that the proposals were dependant on securing enhancements at the Maidstone site.

d) The ICB returned to the Committee on 10 May 2023, highlighting the following points:

i) A benefit of centralisation would be a single, dedicated team, as opposed to staff working across and travelling between sites.

ii) The impact of longer journey times had been considered but it was explained that the service would provide much better equitable provision for all. Moreover, procurement for a 24/7 Safe Haven (a community crisis facility) at an East Kent hospital was underway.

iii) Following feedback about a patient's return journey, a private ambulance service had been put in place.

iv) The introduction of an 836-advice line for police officers, staffed by KMPT staff, had reduced the numbers detained under the S136 Act. The advice line gave the police access to clinical advice 24/7 as well as access to patient records.

v) The risk of a single site becoming a single point of failure had been recognised by NHS colleagues and mitigations were built into the design of the facility.

e) Following the discussion, the Committee resolved that

i. the committee note the report and
ii. the ICB attend the next meeting to present the Draft Business case before it goes to the Board for approval.

f) Members wanted to understand what happened to patients that bordered other Integrated Care Systems, as well as requesting that Key Performance Indicators (KPIs) be brought to the Committee once available.

g) ICB colleagues have been invited to today's meeting to present the draft Decision Making Business Case before it goes to the Board for approval, as well as providing the information requested above in (f).

3) Next Steps

a) The Committee's comments from this meeting will be included in the final Decision Making Business Case.

b) The ICB will make its final decision (expected to be on 5 September 2023), and this will be reported to HOSC at its meeting on 5 October. At that time, the Committee will decide whether it supports the decision or is minded to refer it to the Secretary of State (it cannot decide to refer at that meeting).

Item 10: Mental Health Transformation: Section 136 pathway and health-based places of safety service improvement

4) Recommendation

RECOMMENDED that the Committee consider the report and provide comments to the ICB ahead of its final decision.

Background Documents

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

Kent County Council (2023) Health Overview and Scrutiny Committee (31/01/23)
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9051&Ver=4

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

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Centralisation of section 136 Health Based Places of Safety (HBPOS) in Kent and Medway

1.1 The HBPoS Consultation

During eight weeks between 21 February 2023 to the 18 April 2023 NHS Kent and Medway undertook a formal public consultation on the preferred option to create a centralised HBPoS located on the Maidstone site. The consultation was an opportunity to test the thinking and more importantly hear from local people in response to the proposal.

NHS Kent and Medway are grateful to everyone who took part in the consultation whether it was filling in a survey, joining a focus group or online discussion or simply taking the time to email us. We have considered each and every one of those responses. We have heard personal and professional experiences and insights, along with hopes and ambitions for the future.

There is a clear groundswell of support for our proposal with many respondents understanding the benefits to improving the 136 pathway, enabling a more robust service and the important role the environment plays in the therapeutic process for this cohort of patients. This notwithstanding concerns have been highlighted with regards to travel and transport to and from a centralised site, and the risk of single point of failure with only one site being available. We have listened, reviewed, and looked at how these might be mitigated. For example, to support patients to return home from the Health Based Place of Safety, the implementation of mental health transport at the point of discharge has been implemented, with future plans to provide specific Mental health ambulance to support people in crisis.

To mitigate for a single point of failure, this will be addressed in design stage of the HBPoS however there is the intention to isolate each suite so that whilst one room may go out of action the other rooms will remain open and useable.

The cohort of staff that support this service are very positive about the proposed changes and the positive impact it would have on their work life experience through the provision of a robust supportive team, enhanced skill mix and training and career progression opportunities. Individual impact will be assessed as part of ongoing staff engagement with mitigations and options to be offered to support those individuals.

The consultation, independent review, have finished and the Decision-Making Business Case (DMBC) has been completed, therefor Kent and Medway NHS are returning to Kent HOSC to share the information and gain further insight from the committee.

The recommendation post consultation, independent review and within the DMBC is to continue with the preferred option. This centralisation is key enabler to providing a modern, fit for purpose and therapeutic physical environment, an improved, more resilient workforce, and a patient pathway that that will improve the quality, outcomes, and care for this vulnerable patient population.

This paper contains the executive summary from the DMBC, the Key performance Indicators/ benefits that will be monitored if the recommendation to approve the centralisation of the HBPoS is approved through NHS Kent and Medway board in September, and finally the answer to the question poses by the HOSC in May around residents who bordered neighbouring regions, and whether they could be sent to a HPBoS under a different Integrated Care System.

1.2 Executive Summary to the Decision-Making Business Case

Introduction

The decision-making business case (DMBC) has been produced and developed by NHS Kent and Medway working in collaboration with Kent and Medway NHS Partnership Trust (KMPT), Kent Police, South East Coast Ambulance Service (SECAmb), Kent County council AMHPs and Medway Council AMHPS.

Following the successful bid for £3.7m against national capital funding, ringfenced for Mental Health Urgent and Emergency Care (MHUEC), NHS Kent and Medway has worked with system partners, to develop proposals to improve the Section 136 Pathway and Health Based Places of Safety (HBPoS), and other critical components of the Mental Health Urgent and Emergency Care pathway.

This DMBC details the proposal to create a centralised HBPoS based at the KMPT Maidstone site. The proposal will see a transformation of the current Section 136 pathway, improving the experience for patients by providing a robust and resilient workforce, an improved therapeutic and fit for purpose estate, and quicker access to assessment and a reduction in the length of time people are detained in a section 136 HBPoS. This leading to a better quality of patient care and overall patient experience.

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

The proposed improved facility will be available for persons detained under a section 136 wherever they live in Kent and Medway. It will replace the current three smaller HBPoS sites at Maidstone, Dartford and Canterbury and create a single large facility with equal capacity. This will provide a modern fit for purpose therapeutic environment and the opportunity for improved patient experience, safety and care via an improved patient pathway, and additionally enables a more robust, resilient and sustainable workforce.

Background

In early 2019, the NHS published the NHS Long Term Plan[1] setting out an ambitious future for the next ten years. It included delivering a 21st century service model for the NHS, taking more action on prevention, and tackling the biggest health challenges in the population. With a renewed focus on mental health, the NHS Long Term Plan[1] outlined an ambition for significant transformation of mental health care.

[1] NHS Long Term Plan

The setup of a Nationally, ring-fenced local investment fund - the Mental Health Investment Standard (MHIS)[2] - worth at least £2.3 billion a year by 2023/24 was created. This has enabled trusts to create further service expansion and faster access to community and crisis mental health services for both adults, children, and young people.

An accompanying implementation plan provided a framework to deliver the mental health commitments, including funding, transformation activities and expected expansion in workforce numbers, so that local partners and providers had clear targets to work towards. To help deliver the NHS Long Term Plan[1], £51m of additional funding for mental health will be invested into the Kent and Medway system over the next five years.

NHS Kent and Medway have submitted a plan to NHSEI for 2023/24 for £18m (see appendix 1) and this plan has been compiled with all system partners and will see investment in a wide range of services that will benefit the community and improve access across Kent and Medway.

Our local case for change

The 2014 Care Quality Commission's (CQC) report 'A safer place to be' sets out the role of effective partnership working, inter-agency training and support in helping to reduce the use of section 136 and, as a result, the demand for places of safety. It describes emerging evidence from innovative triage schemes with joint working between the police and health staff to provide people in crisis with the right help and support which can contribute to reducing the use of section 136 overall.

NHS Kent and Medway have seen a reduction over the last two years in section 136 detentions from an average in 2018-2021 of 1494 detentions per year period down to 656 detentions between May 2022 to April 2023. This has mainly been attributed to the implementation and expansion of the 836 Clinical advise line for police. This line provides the officer with a link to a clinician who may have access to pertinent information, patient records and who can and give advice that support the officer making an informed and improved decision.

However, there will of course continue to be need for HBPoS to which distressed and vulnerable individuals can be taken by police officers from time to time, and these places must be fit for purpose.

As the mental health equivalent of an emergency service the section 136 HBPoS will be used for people at a point of extreme psychological distress, at least some of whom will be at a very acute stage of illness/crisis, when risks to self and others are highest. This makes it critical that, in addition to an excellent clinical service, the facility is designed, to provide a comfortable therapeutic environment and meet the highest safety standards. As access to the service is likely to be urgent, the facility must have sufficient capacity to deal with times of peak demand and, most importantly, the professional staff resources to effectively assess people's needs in a timely way.

[2] NHS England » Mental Health Investment Standard (MHIS): Categories of Mental Health expenditure

The KMPT estate strategy 2019-2024 describes how KMPT will invest in and manage its estate effectively to ensure the right kinds of buildings in the right locations to support clinical care delivery.

Across Kent and Medway, good progress has been made in improving the safety and quality of our mental health sites and facilities. The HBPoS are the next area that require urgent attention.

The current facilities pre date the creation of KMPT in 2006 and struggle to meet modern standards, despite investment in maintenance and updated layouts at various points over the past 20 years. The only way to bring the accommodation up to standard is to provide more space for the HBPoS to be able to incorporate all the facilities that should be available. Maintaining the current sites and space available would mean that KMPT HBPoS would never be able to meet all expected standards.

Additional benefits to the wider health and care system

System wide benefits will be seen through the implementation of a centralised HBPoS. Multiple services that currently support the HBPoS will see improved efficiency. Kent police and the South East Coast Ambulance Service (SECAmb) will see reduced time and travel commitment meaning resources can be used to support the local population elsewhere. There will be dedicated ringfenced staff for patients in the HBPoS, inpatient ward doctors will not be pulled from the wards to support the Mental Health Act assessment and will in fact be supported by the HBPoS doctor if capacity allows AMHP will see a reduction on their travel time and an increase in patient facing time, as patients will not be spread across the County.

Vision

Across Kent and Medway, NHS organisations, local authorities and social care, and the voluntary and community sector all play a role in supporting local residents with their mental health. Together, through the Kent and Medway Mental Health, Learning Disability and Autism Improvement Board, there is an ambitious mental health service improvement strategy.

The aim is for the mental health system to be the very best it can

- Helping people stay well.
- Making sure people are aware of their mental health as much as their physical health.
- Offering accessible support for people in their own communities close to where they live.
- Providing specialist inpatient care and support for people when they need it.

The ambition is to improve people's mental health and wellbeing and provide a comprehensive range of mental health care and support services for people when they need them.

Kent and Medway are in the middle of unprecedented levels of funding and investment to transform mental health services and support over a five-year period. There are some great programmes and initiatives, with some that are improving mental health already up and running across the area, with more planned for the coming months and years. These include:

- Eradication of KMPT's last dormitory ward (Ruby ward).

- Implementation of NHS 111 select 2 for mental health crisis line.
- Increased investment for an enhanced Home Treatment team.
- Introduction of Crisis Houses provision.
- A 24/7 Crisis Line run by the VCSE Sector.
- Reducing the number of out of county mental health placements, so that if people do need to be admitted to hospital, they are cared for within Kent and Medway in a place best suited to their needs and as close to home as possible.
- 'Safe havens' in key locations across Kent and Medway where people can get support, advice and help out-of-hours, 365 days a year.
- Implementation and expansion of the 836 clinical advise line for Kent police advice line providing clinical support to improve decision making.
- Implementation of a Rapid Response Service for urgent clinical mental health assessment with a 1hr response extended to the NHS ambulance Trust.
- Providing specialist dementia services for people with complex needs by introducing dementia care coordinators across all the PCNs.

Clinical model of care

The fundamental premise of the model of care is to ensure that a person experiencing a mental health crisis receives the best possible care at the earliest possible point and to ensure the competent and timely assessment of the person detained under Section 136 Mental Health Act.

Mental illness is a challenge for everyone and when a person's mental state leads to a crisis episode, this can be very difficult to manage for the person in crisis, for family and friends and for the services that respond.

Failure to provide the right level of care early on has a direct impact on the acute point of mental health care which is and has been under immense pressure.

In recognition of this Kent and Medway Crisis Care Concordat (KMCCC) has built on the mandate from the Government to NHS England (2014) that every community should have plans to ensure the delivery of a shared goal and to have crisis services that are always accessible, responsive, and as high quality as other health emergency services. Adding to work already completed in delivering the long-term vision for a 24/7 Mental Health Crisis Response Pathway in Kent and Medway.

The Integrated Care System (ICS) is unified on the goal to ensure that consistent arrangements are in place to enable delivery on crisis care and facilitate implementation of the Kent and Medway Mental Health and Well Being Standards.

Demand for services

Until recently, Kent and Medway were a national outlier for incidence of Section 136, having one of the highest rates of detention in the country. Over the last 24 months however, Section 136 incidence has significantly decreased as consequence of improved partnership working, the introduction of a Clinical Advice Line for Kent Police and delivery of joint health and police training.

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

The numbers reduced in 2021-2022 to 697 and NHS Kent and Medway have continued to see this reduction in numbers into 2022-2023 to 656.

When considering capacity in light of the reduced demand, NHS Kent and Medway evaluated the utilisation of the suites over the 12 months from 01/12/21- 30/11/22.

The HBPoS had a 92.1% utilisation (including the Dartford closure) over the 12 months monitored, where one or more rooms were occupied. Excluding the Dartford closure, it was at 86.7% utilisation where one or more rooms were occupied.

The data showed that five spaces were in use for 2.7% of the year, equating to just over 239 hours. One of the 5 spaces was closed for a period of time removing the closure of that space from the evaluation during its closure, showed that all available spaces were in use for 1.1% of the year equating to 94 hours. Whilst this is a comparatively low level of utilisation, due to the nature of the service (an emergency metal health service). To manage demand in peak times and provide flexibility a fifth room is required.

Maintaining current capacity also provide some level of future proofing for a growing requirement given forecasted population growth. Reducing the number of spaces below five would also impact on our partner organisations. For example, the default position when KMPT's HBPoS are at full capacity is conveyance of a patient to an Accident and Emergency Department (A&E). Currently the average wait time in A&E for officers supporting people sectioned under 136 is around 10 hours which prevents these officers responding to other calls with a cost running into £000's, each month.

Due to the complexity of the service, the demand and capacity work and the knowledge around population growth there is no plan at this time to reduce the number of HBPoS spaces.

Centralisation of HBPoS our proposal

Following the successful bid for £3.7m of government funding as part of the national Urgent and Emergency Care (UEC) pathway capital funding in May 2022, it is proposed that the current three separate HBPoS sites be centralised to one site based at Maidstone creating a larger fit for purpose HBPoS.

The new facility will have:

- Spaces for up to five individuals at any one time.
- Access to seclusion rooms
- Assessment rooms
- Nursing and medical office
- Access to outside space
- Waiting/lounge area
- Circulation, kitchen/beverage facilities

The accommodation will be delivered in a fit for purpose, modern, therapeutic layout and interior.

Options development

The process to access the national Urgent and Emergency Care (UEC) pathway capital funding required a bid to be submitted by May 2022.
Despite the challenging timescale for the submission for funding, NHS Kent and Medway (commissioner) and KMPT (provider) were able to engage with stakeholders in a limited way, engaging with South East Coast Ambulance Service NHS Foundation Trust Service (SECAmb), Medway and Kent local authorities and Kent Police in advance of submitting the bid to ensure their support and endorsement.
NHS Kent and Medway utilised previously established planning, that had taken place with the local partner organisations that was specifically focused on Section 136. The established work outlined plans for proposed improvements which included reducing the number of sites for Health-Based Place of Safety (HBPoS) to optimize the benefits from those improvements. Indeed, the KMPT "Improving Mental Health Services (IMHS)" capital development program included a plan for a new, single, "centralized" HBPoS in 2019.
On approval of the funding further engagement took place to ensure that centralisation of the HBPoS was still the preferred option and gave the best value for money.
This engagement was done through several workshops involving all partner organisations in attendance.
The options were identified, discussed, and then reviewed. Information was received from all partners around the strengths, weaknesses, opportunities, and threats of each option, and each option was then assessed using the HM Treasury long list options framework to identify the preferred way forward:

- The HM Treasury long list options framework
    - Service Scope – the what
    - Service Solution – the how
    - Service Delivery – the who
    - Implementation – the when
    - Funding – the funding
- The scheme objectives
    - To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.
    - To ensure timely access to, and assessment for those attending HBPoS
    - Promote improved internal and system operating resilience within 2 years of opening
    - To meet all required statutory standards for HBPoS within 12 months of opening
- The short list – deliverable criteria
    - Achievability
    - Affordability
    - Availability
    - Acceptability

Having the Section 136 suites on the same site as other mental health services, specifically in-patient services, was a key consideration. Co-located services enhance patient and staff safety by ensuring timely access to a wider pool of staff and resource if required. As importantly, colocation makes the transition process smoother for patients requiring inpatient admission. It would also be a major benefit, particularly for objectives 1, 3 & 4 The options rating is indicated in table below:

Other key clinical considerations were:

- Co-location with in-patient services.
- Access to seclusion facilities.
- Enhanced safety.
- Robust and resilient environment.
- Timely access and assessment.
- A professionally fulfilling workplace.
- Additional staff on-site for emergencies.

If the objective or the key considerations could not be met by the option on any points it was rejected - do minimum was carried forward purely to provide a comparison to other options.

During the consultation two options were mentioned at the workshops and engagement, however these options had been looked at previously and discounted, the team did review the options again to run through the feasibility and double check the original position.

On review neither option was viable. No additional suitable site was identified in consultation. This means that the option which formed the basis of the original bid for capital funding – Centralisation of the HBPoS at Maidstone - which meets all the identified hurdle criteria, remains the recommended option and preferred way forward.

An overview of the option evaluation is shown in the table below.

Key for the table

× = The objective or key considerations cannot be met with this option

✓= The objective or key considerations can be met with this option

? = The objective or key consideration are unlikely to be met, however, it may be possible. (Further analysis would be required)

Table 1 Overview of options analysis

		BAU	Do minimum - investment in the three existing sites to meet acceptable standards	Intermediate 1a Maidstone and Canterbury - Invest in 2 sites upgrading to meet standards and maintain capacity	Intermediate 2 - Invest in new facilities at District General Hospital sites	Intermediate 3a Canterbury - investment in larger single site for the whole of the county	Intermediate 3b Maidstone - investment in larger single site for the whole of the county	Do Maximum - Investment in acquisitioned creation of a new single site
Objectives	**1) To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.**	x	?	✓	?	✓	✓	✓
	2) To ensure timely access to, and assessment for those attending HBPoS	x	x	?	x	✓	✓	✓
	3) Promote improved internal and system operating resilience within 2 years of opening	x	x	?	x	✓	✓	✓
	4) To meet all required statutory standards for HBPoS within 12 months of opening	x	x	?	x	✓	✓	✓
Objectives outcome		**Option rejected**	**Taken forward for financial analysis**	**Option carried forward**	**Option rejected**	**Option carried forward**	**Option carried forward**	**Option carried forward**

Short listed site options								
Other criteria	**Achievability**		✓	?		x	✓	x
	Affordability		x	X		?	✓	x
	Availability		✓	?		x	✓	✓
	Acceptability		x	X		✓	✓	✓
	Outcome		**Option rejected**	**Option rejected**		**Option rejected**	**Preferred option**	**Option rejected**

1.3 Benefits framework

Throughout our work several benefits to the proposed single larger centralised HBPoS facility have been identified. The case sets out a high-level summary of the benefits identified to date. Further work has continued during the preparation of the DMBC and will continue if approved in the implementation phase of the project to make sure these benefits are described in detail, with clear baseline data so KMPT can quantify and evaluate. This will provide a clear benefits realisation framework against which the implementation of any chosen solution can be measured, monitored, and assessed.

Each of the benefits link back to the strategic and investment objectives for the improvement of mental health care in Kent and Medway. These are encompassed within the objectives set out in the NHS Long Term Plan[1] and Long-Term Plan for Mental Health, and at local level in Kent and Medway NHS and Social Care Trust's strategic objectives and Kent and Medway's health and care system's response to the Long Term Plan[1].

1.4 Engaging with stakeholders

The pre-consultation business case (PCBC) detailed the significant stakeholder engagement effort that had been undertaken during the evaluation of options for consultation and described work to plan and deliver a formal public consultation on the options.

This decision-making business case outlines the delivery and outcomes of that consultation, illustrates the key themes and findings elicited from those who engaged in the consultation, and details on how we have considered what we heard during the consultation.
The proposal was taken to formal public consultation between 21 February to 18 April 2023 the aim of the communication and involvement plan was two-fold:

- To involve people with an interest in mental health crisis care and health-based places of safety (HBPoS) in Kent and Medway about the public consultation on proposals to improve services by bringing together HBPoS on a single site Maidstone, enabling people to feel able to share their views in ways sensitive to their personal situations.
- To share publicly to the wider audience of stakeholders, people, and communities the information and means to contribute their views should they wish to anonymously and safely

Throughout the consultation NHS Kent and Medway attended a number of events and workshops detailed below to gather insight, comments, and feedback around the HBPoS and the wider Urgent and Emergency Mental Health Services.

- MHEUC partnership workshop – alternative to crisis care 30 people

- Healthwatch website article, two newsletters membership 830 and 804 read rate of 43% and 60% and attended seven local area health networks Ashford, DGS, Maidstone, SKC, Swale, Thanet and Medway 89 people/organisations attending
- Attended peer support groups with NK MIND in Dartford and Medway, Speak Up CIC in person in Thanet and online for east Kent, and Mid Kent Mind in total heard from 107 people who attended.
- Went to Safe havens in Thanet, Canterbury and Maidstone speaking to individuals and families 18 people took part.
- Attended community meeting in Dartford with Youth Ngage young people and family 13 people, attended health and wellbeing conference hosted by Rethink and Kent Equality Cohesion council had two speakers with lived experience who spoke about mental health peer support and the impact of suicide we shared information and discussed community's response 160 people in attendance.
- Met with Armed forces veterans' association representative who agreed to cascade information to people who would be interested.

NHS Kent and Medway signposted people to the Have Your Say in Kent and Medway HBPoS public consultation page (Public consultation: Improving Section 136 health-based places of safety | Have Your Say in Kent and Medway).

There were 1,000 visitors to the consultation page within days of the launch.

KMPT also held a staff engagement workshop, this was led by the Deputy Chief Operating Officer and the Service Manager for the HBPoS and was attended by nineteen members of the team.

- 85% of the team were excited about the changes 15% were happy and could see the benefit for both patients and staff. None of the team were unhappy around the proposal.
- Key benefits that the team identified were
    - Love the idea of working as part of a larger team.
    - There would be less reliance on support from inpatient wards.
    - Looking forward to the outside space and the positive impact this will have on patients and the team.
    - Disappointed that it will take until 2025 to implement.
    - Provide more robust fixtures and fittings.
    - Hopeful that partner relationships will improve.
    - Looking forward to a new therapeutic environment.

NHS Kent and Medway are grateful to all the community, voluntary organisations staff and other stakeholders for taking the time to complete the survey and provide feedback around the proposal.

1.5 Scrutiny committees

NHS Kent and Medway have engaged with the Medway HASC and Kent HOSC before consultation and post consultation to gain feedback and insight from the wider constituents of Kent and Medway.

Medway HASC

The Proposal was taken to the Medway Health and Adult Social Care Scrutiny Committee (HASC) on the 12 January 2023. The HASC were provided with the PCBC and feedback from the consultation was presented at their 20th June 2023 meeting. Medway HASC members did not feel the changes proposed constituted a substantial variation of service and were generally supportive of the proposal and highlighted the importance of ensuring dedicated mental health transport provision. There were also keen to ensure that Medway residents had access to adequate and robust community crisis alternatives mental health provision, particularly given that Medway no longer had an acute mental health inpatient unit.

Kent HOSC

NHS Kent and Medway initially consulted the Kent Health Overview and Scrutiny Committee (HOSC) on 31st January 2023. HOSC Members decided that the changes proposed constituted a substantial variation of service which invoked the statutory process for the need for Kent and Medway NHS to work with HOSC on this proposal. The PCBC was submitted to the HOSC and presented by Kent and Medway NHS on the 10th May 2023 with the agreement that NHS Kent and Medway will attend again on the 19th July 2023 to discuss the draft DMBC prior to the final DMBC going through the authorisation process.

The Proposal was also subject to NHS England (NHSE) stage 2 assurance process. Kent and Medway gained valuable insight and feedback from both NHSE assurance team and NHSE's clinical senate. Following review of the PCBC, and meeting with the Project Team and Clinical Lead, it was concluded that there was sufficient clinical evidence to support the proposal and that the assurance panel had confidence in the proposal, however advised that the financial and workforce model needed to be fully detailed once the public consultation had taken place.

1.6 Legal duties, governance, and quality assurance

There are a number of legal and statutory duties the NHS must discharge, and guidance it must adhere to, when developing proposals for substantive service change. The main areas for consideration are outlined in Chapter 11 and include involvement and consultation requirements, having due regard to the need to reduce health inequalities, and meeting the Public Sector Equality Duty, particularly in taking account of the nine protected characteristics under the equalities legislation.

The 'Gunning Principles' are legal principles for demonstrating a fair consultation. They are set out that:

(i) Consultation must take place when the proposals are still at a formative stage.
(ii) Sufficient information must be put forward for the proposal to allow for intelligent consideration and response.
(iii) Adequate time must be given to consultees for consideration and response.
(iv) The product of consultation must be conscientiously considered by decisionmakers.

In addition, there are 'five tests' for service change. To meet these tests in any service change proposals the NHS must show:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice (exception to this is delivery of emergency services section 136 delivery falls under this).
- Have a clear, clinical evidence base
- Support for proposals from clinical commissioners
- In any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:
    i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
    ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
    iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance

without affecting patient care (for example in line with the Getting it Right First-Time programme[3]).

The evidence for how we have met these tests are in chapter 11.

The governance structure that the programme follows is also described with clarity on the roles and responsibilities of different health and social care system partners within the programme, and the overarching process being followed.

1.7 Impact assessment

An Integrated Impact Assessment (IIA) is an assessment of the potential impacts which may be experienced because of proposed changes and helps to ensure that genuine consideration is given to equality as part of the decision-making process.

Part of the IIA is to undertake an equality impact assessment (EqIA) to demonstrate that the decision-making process has been undertaken in a timely fashion and with full knowledge of the local commissioners' obligations under the Equality Act 2010 [4] and the duties as to reducing inequalities under section14T of the National Health Service Act 2006[5].

The integrated impact assessment concludes that there will be a substantial positive impact on quality, safety, and patient experience outcomes.

The centralisation of the HBPoS to Maidstone will improve privacy and dignity of care, potentially reduce the length of stay, reduce adverse incidents, improve the therapeutic environment, and improve patient safety. Ligature points within the HBPoS environment will be minimised. Robust compliance with fire safety and estates regulations to improve overall safety and prevention and control of infection procedures will be further enhanced. Flexibility will be built into the accommodation enabling the ability to adapt the environment according to the need of the individual users with the additional benefit of co-location with other services to improve safety, quality, and improved infection control.

As part of the Impact Assessment a travel assessment was undertaken looking at the impact of centralising the HBPoS to Maidstone. The assessment showed a positive impact on journey times and miles to the HBPoS over the 12-month period that was analysed.

3 Mental Health - Adult Crisis and Acute Critical Care - Getting It Right First Time - GIRFT

[4] https://www.legislation.gov.uk/ukpga/2010/15/contents

[5] https://www.legislation.gov.uk/ukpga/2006/41/section/14T

Table 2 - Travel assessment in miles current sites compared to the proposed centralisation on Maidstone site.

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

Table 3 - Travel assessment in mins current sites compared to the proposed centralisation on Maidstone site.

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

The proposal will result in some patients travelling further however a reduction in travel overall was identified, shown in miles in table 2 and time in table 3. The impact on the providers is that time will be freed up to support the population elsewhere improving efficiency and effectiveness to their services.

There is no disproportional impact on any of the nine ‘protected characteristic’ groups and minimal impact on the wider society and health inequalities due to the small cohort of patients that access the HBPoS within the Kent and Medway area.

There will be minimal impact on the wider society and health inequalities due to the small cohort of patients that access the HBPoS within the Kent and Medway area. However, for the individuals who access the HBPoS they will see an improved environment with disabled facilities and improved therapeutic support. It is expected that the improved environment will aid de-escalation thus reducing the need for sedating medication and improve recovery whilst in the HBPOS.

NHS Kent and Medway are implementing a suite of mental health community crisis alternatives for example Crisis Houses and additional Safe Haven facilities with the aim of providing earlier crisis intervention and de-escalation, which will support people earlier in the pathway and see fewer people being detained under Section 136.

- **Financial**

This DMBC demonstrates that the proposal to centralise the HBPoS at Maidstone is affordable and supported by appropriate capital and revenue modelling, including a review of workforce requirements.

This detailed financial planning work assessed the financial impact of the proposed site options. The analysis concludes that centralisation of the HBPoS on the Maidstone site is affordable and sustainable to the local health and care system and the plans are supported by the wider Integrated Care System.

- **Implementation planning**

A robust and comprehensive implementation planning process is underway to support the delivery of the programme. Strategically led by a group of senior managers and clinicians from KMPT and NHS Kent and Medway.

Work to design the New HBPoS is in the early stages, a schedule of accommodation has been agreed. However, the full redesign involving architects, clinical, operational, support services and patient experts by experience will commence if the proposal in the DMBC is approved. The designs will consider and incorporate feedback from the public consultation.

The design process and involvement of stakeholders will ensure that the final design has clinical best practice and service users at the heart of the design. The design work is planned to start in the second half of 2023. The appointment of a design team will bring

experience ensuring project benefits from best practice and lessons learned from similar projects elsewhere. The design group will meet regularly to ensure all thoughts are captured and the design is a system wide agreed solution.

Significant focus is being given not just to the building and fitting out of the new facility, but also to how it will get up and running and how transition will be managed from the existing HBPoS to the new facility. The Deputy Service Director for Acute inpatient Care and Health Based Place of safety and HR business partners have and will continue to, work closely with the programme's leadership team to plan and deliver staff engagement and the necessary formal HR consultation with all staff who would be impacted by the proposed centralisation. More detail about the workforce consultation can be found in chapter 12.

There is a comprehensive programme implementation plan, with associated activity which will be driven by the Trust-based project group, chaired by the project manager, and attended by client advisors from the design team and senior members from the project management and finance functions within KMPT. Timing of relevant pieces of work by the project group will be driven by a variety of lead-in times including materials, equipment, staff consultation, engagement, and recruitment. Work to plan for these in detail will be woven into the design and construction timetable. Resources will also be devoted to ensuring a robust post-project evaluation in due course to capture any lessons learned to benefit future projects. More detail on implementation planning can be found in chapter 14.

- **Consulting – planning and approach**

Our approach to consultation is informed by best practice principles, complying with our legal and statutory duties.

The comprehensive and proportionate public consultation on the proposal to centralise the HBPoS on the Maidstone site was launched on Tuesday 21 February 2023 and ran for eight weeks until midnight on 18 April 2023.

The consultation plan was developed with an emphasis on holding sensitive and safe conversations as it was identified that people may not be willing to share experience in a larger forum public forum and the conversation might be triggering so having support organisations there to assist people to feel safe and comfortable was vital. As part of the consultation targeted conversations took place and conversations were targeted to highlighted areas of the population, where known health inequalities lead to poorer health outcomes (those from areas of deprivation, people with complex emotional disorders, BAME communities, those with disabilities, prisoners, veterans, victims of domestic violence). The wider public were supported by broader public appeal via the website

information and a cascade of information via system wide network of communication channels.

The consultation plan was reviewed and scrutinised by a range of stakeholders and partners (including HASC at their meeting on the 20 June 2023 and HOSC at their meeting on the 10 May 2023 meeting) and was informed by best practice principles and complied with our legal and statutory duties. The plan and its delivery have also been supported by Healthwatch as system partners.

Core consultation materials (including the consultation document, a summary version, a survey, frequently asked questions, an animation explaining the proposals, as an alternative to complex documents, and the pre-consultation business case) were published on the NHS Kent and Medway website to support the consultation with the public, staff, and stakeholders. Ensuring widespread awareness and understanding of, and engagement with, these materials formed the basis of consultation activity.

- NHS Kent and Medway had a dedicated website project page, Have your say in Kent and Medway Kent and Medway NHS and Social Care Partnership Trust's website, engagement pool (140) and social media
- Kent and Medway Better Mental Health (membership 500+) and Suicide Prevention Newsletter (714 membership), KCHFT newsletter to 900 stakeholders and 3,650 public members with a 35% read rate on both
- Kent Police's staff intranet and social media
- Kent and Medway ICB: community bulletin (7,645 members), stakeholder news (780) and GP bulletin (1,600), MP briefing, articles, main websites and project page on Have Your Say in Kent and Medway
- ICB social media - launch via ICB social media - Twitter 13 retweets, seven likes, zero comments and 5,126 views, Instagram 10 likes, zero comments and 183 views
- Targeted mail out to 166 VCS organisations, all NHS Trusts, and councils likewise
- Media release shared with local media outlets, Health Care Partnerships, and stakeholders.

The website was updated as new information or details about events and activities went live. Consultation activity was a mix of online and face-to-face engagement, including:

- MHEUC partnership workshop – alternative to crisis care 30 people
- Healthwatch website article, two newsletters membership 830 and 804 read rate of 43% and 60% and attended seven local area health networks Ashford, DGS, Maidstone, SKC, Swale, Thanet and Medway 89 people/organisations attending

- Attended peer support groups with NK MIND in Dartford and Medway, Speak Up CIC in person in Thanet and online for east Kent, and Mid Kent Mind in total heard from 107 people who attended.
- Went to Safe havens in Thanet, Canterbury and Maidstone speaking to individuals and families 18 people took part.
- Attended community meeting in Dartford with Youth Ngage young people and family 13 people, attended health and wellbeing conference hosted by Rethink and Kent Equality Cohesion council had two speakers with lived experience who spoke about mental health peer support and the impact of suicide we shared information and discussed community's response 160 people in attendance.
- Met with Armed forces veterans' association representative who agreed to cascade information to people who would be interested.
- Online survey had 59 responses

The table 4 sets out the headline activity throughout the consultation period:

Table 4 Overview of consultation activity 21 February - 18 April 2023

Event Date	Organisation	Participants
21/02/2023	Dartford NK Mind	16
22/02/2023	Medway NK Mind	14
28/02/2023	Speak Up CIC Thanet	10
03/03/2023	Youth Ngage	13
07/03/2023	Speak Up Thanet Group	11
10/03/2023	Thanet Safe Haven drop-in	2
10/03/2023	Thanet Safe Haven drop-in	3
22/03/2023	South Kent Coast Mind group	12
03/04/2023	Healthwatch Ashford	10
03/04/2023	Porchlight Canterbury	12
03/04/2023	Canterbury Safe Haven	7
05/04/2023	Maidstone Safe Haven	6
04/04/2023	Porchlight Dover drop-in	26
11/04/2023	Healthwatch DGS group	18
12/04/2023	Local Mental Health Network South Kent Coast	16
13/04/2023	Local Mental Health Network Swale	14
13/04/2023	Porchlight meeting in Folkestone, St John's Church	6
14/04/2023	Thanet Local mental health network hosted by ek360	15
17/04/2023	EK360 Local MH network meeting Medway	16

Expected Benefits and Key performance indicators

The DMBC identifies a number of expected benefits and NHS Kent and Medway will work with partners to acquire baseline data prior to the implementation of the centralised HBPoS this Data will be used to monitor the impact of the improvements and the overall service performance.

The current proposed Key Performance Indicators (KPI's) that NHS Kent and Medway are in the progress determining are:

- Achievement of 80% of Mental health assessments started within 4 hours.
- 90% of patients admitted to the HBPoS unit within 30 minutes of arrival.
- 90% of patients requiring admission - admitted to a ward within 24 hours.

Benefits realisation needs careful management and close measurement throughout and beyond the implementation phase will be put in place.

The KPI's need to be a realistic, achievable to ensure full partnership buy in and ownership of the measurable performance.

Ref	Objective	Supporting strategies	Expected benefits	How this will be achieved and monitored
1	**To improve the quality of care, improved privacy and dignity, patient, and staff experience for those involved in the Section 136.**	**NHS Long Term Plan** •Make better use of capital investment and its assets to drive transformation. •Reduce the growth in demand for care through better integration and prevention **Kent and Medway ICS 4 key purposes** • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. **KMPT 6 Objectives** 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do **KMPT Estates strategy aims** • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Constantly improve the appropriateness and quality of environments for patients and staff • Provide staff with safe and healthy workplaces	•Reduction in the number of maintenance calls and cost •Reduction in restrictive practice •Improvement on the staff survey results •Reduction in the number of persons admitted from HBPoS •Improved outcomes for patients •Improved staff support •Improvement on friends and family test	This will be achieved through the implementation of the new larger single centralised HBPoS facility – ensuring fixtures and fittings are suitable for the individuals that will be using them. Space will be welcoming and relaxing enhancing the de-escalation of individuals. These benefits will be monitored through. •Internal monthly reporting within the division •Benefits realisation of the project 12-month post implementation •Monitoring of patient outcomes •Results from the friends and family test

2	**To ensure timely access to, and assessment for those attending HBPoS**	**NHS Long Term Plan** •Make better use of capital investment and its assets to drive transformation. **Kent and Medway ICS 4 key purposes** • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. **KMPT 6 Objectives** 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do **KMPT Estates strategy aims** • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Constantly improve the appropriateness and quality of environments for patients and staff • Provide staff with safe and healthy workplaces	•Improved number and % of MHA assessment completed within the 4-hour period. •Reduce the number of individuals detained in another HBPoS where no medical need is identified. •Improved system relationships •Improved experience for all staffing cohorts internal and external to KMPT supporting HBPoS	This will be achieved through centralisation of the HBPoS, preventing the traveling between three sites for supporting teams. Also, by creating a suitable separate assessment space. This will be monitored through: •Monthly KPI reports and meetings •Benefits realisation 12 months post implementation. •Feedback from system partners and internal staff surveys.

3	**Promote improved internal and system operating resilience within 2 years of opening**	**NHS Long Term Plan** •Make better use of capital investment and its assets to drive transformation. **Kent and Medway ICS 4 key purposes** • Improving outcomes in population health and healthcare. • Enhancing productivity and value for money. **KMPT 6 Objectives** 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do **KMPT Estates strategy aims** • Use the right kinds of buildings in the right location • Reduce overall costs	•Reduction in agency spend •Reduction in employee turnover •Improved doctor training experience •Improve staff satisfaction survey results within HBPoS •Improved patient experience •Improved system relationships •Improved system wide resilience •Improved experience for all staffing cohorts internal and external to KMPT supporting HBPoS •HBPoS staffing competences will be met.	This will be achieved through centralisation of the team, improved working space and environment. creating a robust staffing model ensuring time for development is worked into workforce planning for all staffing cohorts. This will be monitored through •Monthly KPI reports and meetings •Benefits realisation 12 months post implementation •System reporting dashboards •Staff surveys and feedback from partners. •Appraisal and HR reports

4	**To meet all required statutory standards for HBPoS within 12 months of opening**	**NHS Long Term Plan** •Make better use of capital investment and its assets to drive transformation. **Kent and Medway ICS 4 key purposes** • Improving outcomes in population health and healthcare. • Tackling inequalities in outcomes, experience, and access. • Enhancing productivity and value for money. • Supporting broader social and economic development. **KMPT 6 Objectives** 1. Increase our focus on improving the quality of services and support we provide 2. Address health inequalities to improve outcomes for people 3. Implement programmes that drive improvement of clinical care pathways through a culture of learning to reduce variation and maximise outcomes 5. Embed quality improvement in everything we do. **KMPT Estates strategy aims** • Provide safe, secure, effective, and therapeutic environments • Use the right kinds of buildings in the right location • Reduce overall costs • Provide staff with safe and healthy workplaces	•Will meet all the Kent and Medway Crisis Care – Section 136 Pathways Standards and Health Based Place of Safety Specification' •Will meet all relevant safety standard at the point opening •Will meet the Royal college of psychiatry standards related to HBPoS	This will be achieved through implementation of the new single larger centralised HBPoS facility that is fit for purpose meeting all current safety standards. In a central location reducing the travel time for staff and partner organisations and patients alike. Improving the environment that supports the therapeutic needs for patients and enable the team to meet the Kent and Medway Crisis Care – Section 136 standards. This will be monitored through: •Monthly KPI reports and meetings •Benefits realisation 12 months post implementation •Sign of the completed capital works.

Crossing over into neighbouring ICS

There are a number of challenges with Kent and Medway individuals detained under Section 136 being conveyed to a HBPOS outside the Kent and Medway health and social care footprint.

The Mental Health Act states that the local authority responsible for the Mental Health Act assessment (for S136s) is the LA where the “body is”. The assessing AMHP would not be a Kent and Medway AMHP, therefore. The assessing AMHP would not have access to the to the detained individual’s health and social records and history which impairs timely decision making and ultimately delays to the assessment process. The assessing AMHP and medical team would be unfamiliar with the Kent and Medway Health and Social care provision, and this would further introduce delays in making onward planning arrangements.

Kent Police are opposed to cross border (outside of county) conveyance, and it would potentially create specific operational challenges for Kent Police provision and capacity, and there would not be the same partnership working and memorandum of understanding so system challenges could not be addressed. If Kent police use Kent and Medway services, they know how to escalate and address challenges.

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Item 11: Work Programme 2023

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 19 July 2023

Subject: Work Programme 2023

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

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1. Introduction

a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch and other third parties.

c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

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

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

5 October 2023		
Item	**Item background**	**Substantial Variation?**
HASU implementation	To receive an overview on the implementation of Hyper Acute Stroke Units.	-
Nurse recruitment	Members have asked to be kept informed on the progress with recruitment and retention of nurses in the acute sector.	-
School immunisation amongst the Gypsy, Roma and Traveller communities	To understand the outcomes of a project by KCHFT to increase vaccine uptake and reducing inequalities amongst the GRT community.	-
Specialist Children's Cancer Services	To receive an update on the outcome of the public consultation.	No
Edenbridge Memorial Health Centre	To receive an update ahead of the Centre's opening in November.	No
S136 Places of Safety	Part of the mental health and dementia services transformation programme in Kent and Medway. To hear the final outcome of the ICB's decision.	Yes
East Kent maternity services update	To receive an update on the improvements being made at EKHUFT's maternity services.	-

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

MTW Clinical Strategy - repatriating bariatric care	To receive information about the repatriation of bariatric care from London to Kent.	-
HASU implementation	To receive a full update on implementation of the Hyper Acute Stroke Units.	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Burns service review	To receive information about a review of burns services by NHS England Specialised Commissioning	TBC
Capital investment at QEQM Hospital Maternity Unit	Member's have asked to receive information about future capital investment in the maternity ward.	-
Children and Young People's Mental Health Services – tier 4 provision	To return with an update once two new roles have been recruited to, along with when there is a decision about a Kent Psychiatric Intensive Care Unit (PICU)	-
ICB Digital Transformation Strategy	Member's have asked to view the Strategy once available.	-
Maidstone and Tunbridge Wells NHS Trust – outcome of review into serious incident.	The Committee would like to understand what lessons have been learnt following the review into a child death at Tunbridge Wells Hospital.	-
Maidstone and Tunbridge Wells NHS Trust - Mortuary Security	To receive the Trust's reaction to Sir Jonathan Michael's report following its publication.	No
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-
Podiatry Services	To receive an update on the service following its relocation.	No
Transforming mental health and dementia	To receive information about the various workstreams under	TBC

services in Kent and Medway	this strategy.	

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

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

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