

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 7th December, 2023

10.00 am

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





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 7th December, 2023, at 10.00 am Ask for: **Kay Goldsmith**
Council Chamber, Sessions House, County Telephone: **03000 416512**
Hall, Maidstone

Membership

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

UNRESTRICTED ITEMS

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

Item	Timings*
1. Membership	10:00
2. Substitutes	
3. Declarations of Interests by Members in items on the Agenda for this meeting.	
4. Minutes from the meeting held on 5 October 2023 (Pages 1 - 8)	
5. Kent and Medway cancer screening programmes (Pages 9 - 16)	10:05
6. East Kent Hospitals University NHS Foundation Trust - Maternity Services (Pages 17 - 32)	10:25
7. Kent and Medway People Strategy 2023 - 2028 (Pages 33 - 56)	10:55

8. Maidstone and Tunbridge Wells NHS Trust - mortuary security (Pages 57 - 64) 11:20
9. Maidstone & Tunbridge Wells Trust - Clinical Strategy - Repatriating Bariatric Care (Pages 65 - 70) 11:45
10. NHS Kent and Medway Community Services review and procurement (Pages 71 - 80) 12:00
11. Kent and Medway children and young people's mental health services procurement (Pages 81 - 136) 12:25
12. Kent and Medway Strategic Estates Plan (Pages 137 - 232) 12:50
13. East Kent Transformation Programme (Pages 233 - 236) 13:10
14. Work Programme (Pages 237 - 240)
15. Date of next programmed meeting – 29 February 2024

EXEMPT ITEMS

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

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

29 November 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 Thursday, 5 October 2023.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Ms S Hamilton (Vice-Chairman), Mr J Meade, Mrs P T Cole, Mr S R Campkin, Mr R G Streatfeild, MBE, Mrs L Parfitt-Reid, Mr D L Brazier, Cllr P Cole, Cllr H Keen and Cllr S Mochrie-Cox

ALSO PRESENT: Dr J Jacobs

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

UNRESTRICTED ITEMS**137. Declarations of Interests by Members in items on the Agenda for this meeting.**
(Item 2)

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

138. Minutes from the meeting held on 6 September 2023
(Item 3)

RESOLVED that the minutes of the meeting held on 6 September 2023 were a correct record and they be signed by the Chair.

139. Chair's announcements
(Item 4)

1. The Chair noted that at the last meeting, the Community Services Re-procurement was discussed to decide if the changes proposed were substantial. The Integrated Care Board (ICB) colleagues had informed the committee that a substantial variation decision would delay the programme by two years, and subsequently, the committee declared the changes not substantial. Since the conclusion of the meeting, Medway's Health and Adult Social Care Overview and Scrutiny Committee had declared the changes as substantial. The Chair said that a committee member had raised concerns

over the information provided by the ICB colleagues at the last meeting and that he agreed that a further investigation was required. The Monitoring Officer would write to the NHS and ICB on behalf of the committee to outline the concerns, and a copy of the letter would be shared with the committee. The Chair proposed that the subject return to the committee for formal consideration in December, subject to the usual processes.

2. The Chair informed the committee that extensive surveys across NHS buildings in the county had found evidence of one location with RAAC. Medway NHS Foundation Trust had found evidence of the building material in the ceiling space of the stairwell of their Post Graduate Education Centre. The building was constructed towards that latter timeframe of when RAAC was used in the 1990s. It was not considered to be unstable and was not affecting patient care. The Trust was proactively managing the situation.
3. A detailed review of all NHS service provider buildings had been carried out in January 2023 and did not identify any further RAAC.

140. Winter rehabilitation and reablement pilot in east Kent

(Item 5)

Clare Thomas, Community Services Director, Kent Community Health Foundation Trust (KCHFT), and Louise Ward, Assistant Director, Community Hospitals, KCHFT, were in attendance for this item.

- 1) Ms Thomas and Ms Ward provided an overview of the rehabilitation, recovery and reablement work underway in community hospitals in east and west Kent. KCHFT were looking at the whole pathway with the intention of improving patient outcomes, by reducing length of stay and strengthening independence. The focus would be on reablement and rehabilitation rather than nursing care. It was noted that integration and partnership working were central to the success of the new model. The Trust were considering how this could be achieved within community hospitals, looking at opening times as well as co-design of care pathways.
- 2) Currently services were provided out of Westbrook House (Margate) and West View Integrated Care Centre (Tenterden), by both the NHS and KCC. Historically, the number of beds provided during winter was increased to reflect wider system pressures. During winter 2023 a pilot would see those additional beds being staffed jointly by KCHFT (for technical rehabilitation) and KCC (for reablement and independence support). Ms Thomas summarised three areas of context:
 - a) East Kent KCHFT were an intermediate care frontrunner for NHS England which meant they were actively reviewing all short-term pathways to assess their effectiveness and ability to be flexible to the needs of individual patients.
 - b) KCHFT were working much more closely with KCC and East Kent Hospitals, working towards a provider collaborative model which was nationally mandated, with the aim of further integration in the delivery of short-term pathways.

- c) The Trust had recently opened a new stroke rehabilitation unit in Westbrook house which focussed on 7-day rehabilitation, a 'what matters to me' approach and getting patients as independent as possible. The lessons learnt were informing the winter pilot.
- 3) Ms Thomas recognised the programme was still at an early stage and evaluation would be used to shape plans for how to deliver care going forward by engaging with several stakeholders including patients. Feedback and engagement were a key aspect of the pilot. As the pilot progressed it would be reported back to the committee.
- 4) A Member welcomed the pilot and the shift to intermediate care but was concerned about the accessibility of the locations and noted that transport would be a barrier. Ms Thomas said that the concern about the locations was valid but that the buildings and the facilities were of a high standard. If the pilot was successful there would be a review of the locations to ensure accessibility. It was also noted that the beds would be open to patients from both East and West Kent, and patients were placed in the best bed for their needs even if it was not closest to home.
- 5) A Member if there would be financial support for friends and family who wanted to visit relatives as this would aid the social side of rehabilitation. Ms Thomas said that support for taxi costs was considered on a case-by-case basis and that they would look into partnerships with voluntary driver schemes to support this. As part of the pilot, this area would be investigated further.
- 6) In response to a question about how patients were chosen for the pilot, Ms Thomas said that beds were allocated based on need and their potential for reablement to support independence at home. It was noted that a team of nurses and therapists assessed the best location for a patient once they had finished their treatment at an acute hospital, though a small number of referrals were made from community care.
- 7) RESOLVED that the Committee considered and noted the report and invited KCHFT to provide an update at the appropriate time.

141. Edenbridge Memorial Health Centre

(Item 6)

Clive Tracey, KCHFT Director of Specialist, Health, Safety and Emergency Planning and Edenbridge and Estates Clinical Lead, KCHFT was in attendance for this item.

1. Mr Tracey gave an overview of the paper which set out details on what had been done following the feedback received during the public consultation. Activity around x-rays remained low therefore the centre would not provide that service. It was noted that overall, the feedback was positive, and the public would be updated at a meeting on Saturday 7 October 2023 (100 people were signed up to attend).

2. The Chair asked the difference between a minor injury unit and a minor injury service, recognising that such terminology could confuse the public and lead to people being treated at A&E when not required. Mr Tracey said that the minor injury unit was for those patients with low-level injuries and was run by an emergency nurse practitioner with GP support. Dr Jacobs clarified that GPs no longer provided minor injury services from their premises and people would be directed to urgent treatment centres or A&E as necessary.
3. A Member questioned the use of the term 'social value' and asked if this was appropriate given the context. Mr Tracey said that the feedback was welcome and would take it away to decide if a different term could be used.
4. A Member said that the fact that there would not be a minor injury unit or overnight beds at Edenbridge meant that the members of the public would have to travel an hour and a half to Pembury which represented a significant loss of service as a result of this change. Mr Tracey said that this was an out-of-hospital offer and would offer more net beds overall and provide the option of at-home care. It was said that there were more beds across West Kent and greater at-home care to compensate for any changes.
5. A Member said that there had been little mention of social prescribing and asked if a social prescribing officer would be a part of the offer at the centre. Mr Tracey said that the social value coordinator as mentioned in the paper would be the social prescribing officer, the title of which may be changed following the point made earlier in the meeting. It was noted that social prescribing considerations would be at the centre of the offer.
6. The Chair said that the committee would like to be updated regarding the progress made and lessons learnt following a year of operation of the health centre. Mr Tracey said that they would be happy to report back to the committee.
7. RESOLVED that the Committee consider and note the report. That the NHS report back after the centre had been operative for at least 12 months or more as to the progress and lessons learnt.

142. Mental Health Transformation - Places of Safety

(Item 7)

Louise Clack, Programme Director Mental Health Urgent and Emergency Care, NHS Kent and Medway, and Rachel Bulman, Project Manager, CPC Project Services were in attendance for this item.

1. The Chair welcomed the guests and asked them to introduce themselves. A PowerPoint presentation showed images of the Maudsley Health Based Place of Safety site which had been requested by the Committee at the previous meeting.
2. Previous scrutiny had led to questions around the transition from three sites to one and whether this lead to a single point of failure if an unforeseen event

were to occur. Ms Clack said that the architects delivering the project had delivered other HBPOs build and were using that past experience. Each assessment room and bedroom could have its electricity and water supply isolated, the fabric of the building would be highly resistant, and they had incorporated learning from South London and Maudsley, particularly on their doors and door frames. Thorough consideration of a single point of failure had been given.

3. A Member questioned what would happen if there was sudden pressure but only one site available. Ms Clack said that incidence of section 136 had decreased by 50% over the last 2 years due to the introduction of community crisis alternatives. She also noted that it was rare for the beds to all be in use at the same time. Despite the 50% reduction, there were no plans to reduce the capacity of the Health Based Places of Safety and the efficiencies generated by centralising the facilities would enable service users to have a shorter length of stay. The efficiencies achieved through centralising the service would also offer a better working environment for staff than under the current model, as they would not have to travel between sites, they would work as part of a larger team with better shift patterns and more opportunities for career progression.
4. A Member raised concerns about the bland interior colour of the Maudsley facility and whether it was appropriate for patients' mental health. Ms Clack said that the images had been taken during the build stage and since then there had been changes to the interior design with decorations added.
5. A Member asked what fallback option was in place if the centre had to be evacuated or required to close for some time. Ms Clack said that the new facility would be co-located with the Priority House Mental Health in-patient unit, which could be used if necessary. A risk assessment would be carried out. If necessary section 136 incidents would be diverted to emergency departments which were also considered health-based places of safety under the Mental Health Act. Ms Clack noted that the Maudsley site had never closed in its entirety, though certain rooms had been closed due to damage.
6. Ms Clack welcomed the opportunity to return to the committee with an update on progression at an appropriate time.

RESOLVED that the Committee

- i) support the decision of NHS Kent and Medway to provide a centralised Health Based Place of Safety at Maidstone
- ii) invite the NHS to provide an update once the unit has been operative for a meaningful period of time.

143. Nursing workforce (Item 8)

Allison Cannon, Interim Chief Nursing Officer, NHS Kent and Medway, was in virtual attendance for this item.

This item was taken after item 5.

1. Ms Cannon provided a brief overview of the paper, noting it was a follow-up to a paper presented last year about nurse recruitment. She highlighted the progress made with recruitment, which was achieved through a collaborative approach across all providers paying attention to both domestic and international supply. The NHS had published a long-term workforce plan last year which set out specific aims for nurse recruitment over the next 15 years. A People Plan had also been developed for Kent and Medway which would be published in October 2023 and provide detail on deliverables of growing the domestic supply and supporting local needs for developing that nursing pipeline.
2. The Chair asked for further detail about the loss of student nurses at Canterbury Christ Church University, and where the fault lay. Ms Cannon said the University was responsible for ensuring their students undertook the adequate number of hours in their placements. Whilst that had reduced during the pandemic, the University had not made the necessary adjustment to increase the hours so the most recent cohort of students had not carried out the required hours to complete their course. 180 final-year students were currently being supported to complete the gap in practice hours.
3. The Chair asked what role members could play to support the international recruitment drive. Ms Cannon felt that the best approach was to show Kent as an attractive county in which to live in, fostering a sense of community and wider network that they could feel part of. It was noted that the high cost of living, house prices and parking charges could all put off prospective nurses from coming to Kent, as well as the London weighting. Ms Cannon said that there would need to be a collaborative approach to find ways to support staff in meeting cost of living pressures.
4. Asked what more could be done to encourage young Kent residents to take up nursing as a career, Ms Cannon said that the paper outlined some of the measures underway which included the Health and Care Academy for Learning and holding events for school pupils, particularly primary school age, to generate a sense of interest in the NHS.
5. A Member asked what measures were in place to support the retention of staff. Ms Cannon said this was key and that all individual provider organisations would have their own retention plans in place, which would include offers, appraisals, and development opportunities. Exit interviews were conducted with those who leave to understand their reasons.
6. The Chair welcomed the opportunity for further scrutiny and requested that the Kent and Medway People Strategy be brought to the committee in the future.
7. RESOLVED that the committee considered and noted the report and that the Kent and Medway People Strategy be presented to the committee.

144. Healthwatch Kent annual report 2022/23
(Item 9)

Mr Robbie Goatham, Healthwatch Kent, was in attendance for this item.

1. Mr Goatham noted that there was an error on page 85 and that the number of volunteer days should read “over 41” (instead of “x days”). He then shared some slides that described the purpose of Healthwatch, noting that it was a sub-committee of the Care Quality Commission (CQC).
2. Mr Goatham gave an overview of Healthwatch’s areas of work which included confirming the work plan for the year ahead and ensuring that the plan included a variety of topics. Additional aims were said to include: making the volunteer pool more representative of the local population, highlighting areas of best practice, to actively engage with the public on mental health issues and provide value for money.
3. The Chair asked for more detail about the organisation EK360 which had given Healthwatch a £50,000 subsidy for work. Mr Goatham noted that it was a community interest company which held the Healthwatch Kent contract and delivered services, such as, ‘Hypertension Heroes’ and other commissioned services. It was noted that Healthwatch did not have a bank account and that was why EK360 was required. The income received was activity generated by Healthwatch Kent that would need to be deducted from the subsidy to show the true value of the EK360 subsidy.
4. A Member commented on the coroner's notices on the prevention of future deaths amongst children with mental health issues. The Member asked if this information was being captured and considered by Healthwatch Kent. Mr Goatham said that a steering group prioritised topics and that he would be open to speaking with the Members outside the meeting if there was evidence from the coroner’s reports that they should be aware of and if there were additional priorities that Healthwatch could take forward.
5. A Member asked if Healthwatch could have a campaigning role for access to dentistry for all, in light of the lack of NHS provision. Mr Goatham said that this was a common issue raised and that Healthwatch England had done some work on it. Details of this would be circulated after the meeting.
6. RESOLVED that the Committee note the report and invite Healthwatch Kent to provide an update in one year’s time.

145. HASU implementation - written update

(Item 10)

1. The Chair noted that there would be a fuller discussion on this item at the 7 December 2023 meeting of the Committee.
2. A Member said there was an issue with hospitals not actively taking part in SNAPP data collection. Such data was very important and the failure to supply this was given as a result of Covid-19 backlogs. The committee must be reassured as to when this data would be provided in the future. The Chair noted that this point would be taken to the December meeting where a

response would be given. The Chair would also raise a question about the reason for the delay for the rollout at William Harvey Hospital.

3. The Chair asked that Members were welcome to email their questions to the Chair or clerk so that the guests would be prepared to respond at the meeting.
4. RESOLVED that the Committee consider and note the report and that the ICB be invited to return with a fuller update at the next meeting.

146. Covid-19 update - written update

(Item 11)

1. The Chair asked that Members submit their questions to him ahead of the NHS representatives attending the committee.
2. RESOLVED the Committee considered and noted the update.

147. Work Programme 2023/2024

(Item 12)

1. A Member asked that the NHS update the committee on the work they are doing to meet the net zero target and other green initiatives. It was noted that the ICB may update the Committee on this as part of the NHS estate item in December 2023.
2. A Member asked for an update on the NHS response to the coroner's preventable deaths notices. The Chair said for this to be added to the future work programme.
3. RESOLVED the work programme 2023/2024 was noted.

148. Date of next programmed meeting – 7 December 2023

(Item 13)

Item 5: Kent and Medway Cancer Screening Programmes

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 7 December 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.

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.
- c) This item was deferred at the 19 July 2023 HOSC meeting.

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, though in many cases, the immune system naturally gets rid of HPV.

2.1 Cervical Screening model in Kent and Medway

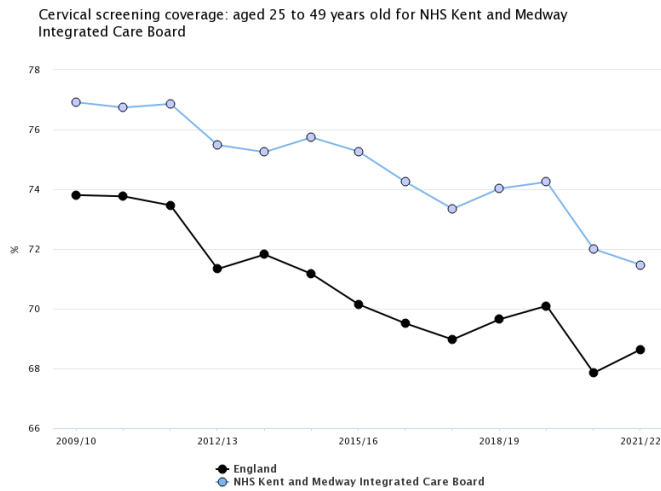
Like most of the country, cervical screening in Kent and Medway is delivered in general practice by specially trained sample takers (nurses, doctors and some nurse associates). There has been a national move to deliver some screening through sexual health services and in Kent and Medway, both KCHFT and 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

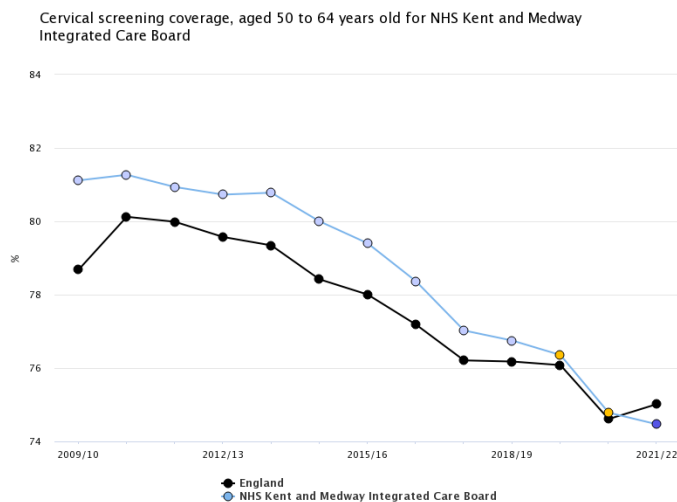
Cervical screening coverage in Kent and Medway remains largely in line with the general trend in the rest of the country.

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 delivered 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 up to their 71st birthday every 3 years. Women are invited for their first screening sometime between their 50th and 53rd birthdays.

Some women may be eligible for breast screening before the age of 50 years 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.

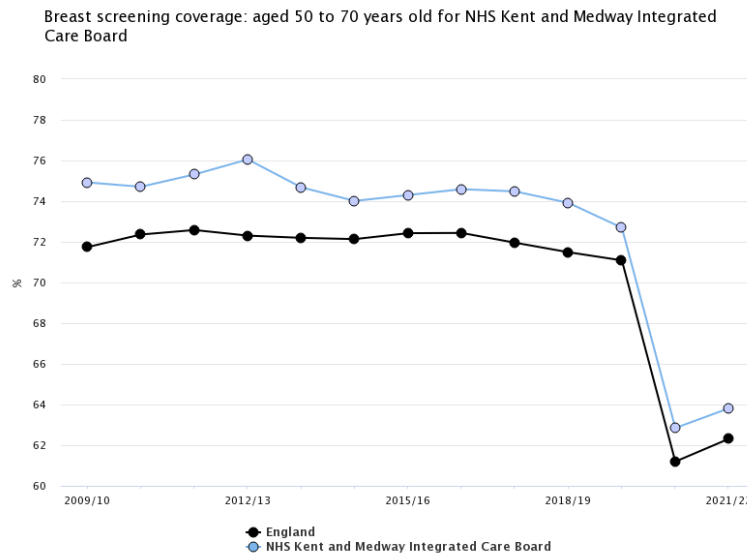
3.1 Breast screening model in Kent and Medway

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.

All three breast screening units have recovered in Kent as measured by the screening round length (offer of appointments within 36 months of last screen). 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 56-74 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 in the West Kent and Medway centre and East Kent plan to roll out in January 2024. In the next phase there is a plan to roll it out to individuals aged 50 and 52 in 2024/25.

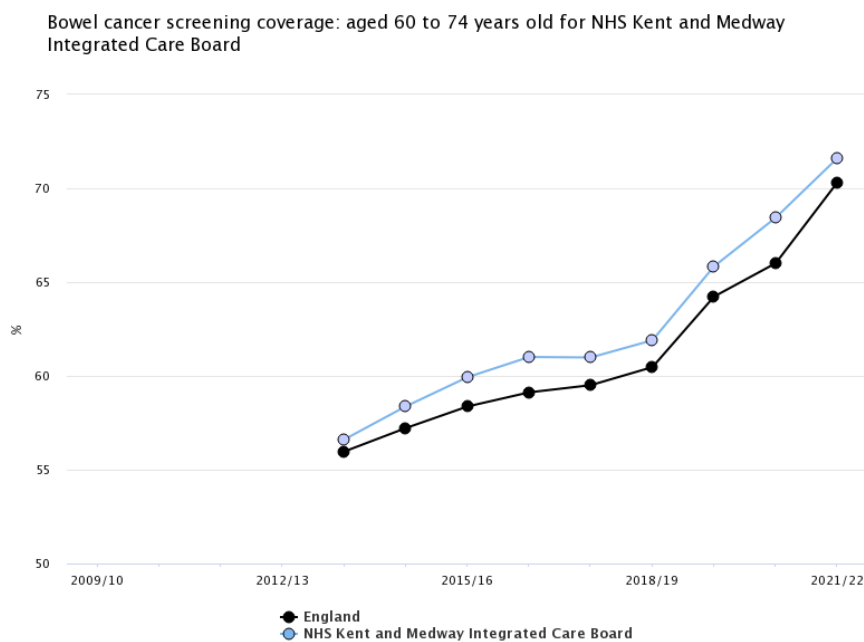
4.1 Bowel screening model in Kent and Medway

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.

1. 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.

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

15/11/2023

Item 6: East Kent Hospitals University NHS Foundation Trust - Maternity Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

Subject: East Kent Hospitals University NHS Foundation Trust - Maternity Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT). It provides background information which may prove useful to Members.

1) Introduction

- a) On 19 October 2022 Dr Kirkup's report "Reading the Signals" was published by the Government. The report followed an investigation into maternity and neonatal services at the Queen Elizabeth The Queen Mother Hospital (QEQM) in Margate and the William Harvey Hospital (WHH) in Ashford, between 2009 and 2020. Some 202 cases were assessed by the panel, led by Dr Bill Kirkup.
- b) Representatives from the Trust have been invited to attend today's meeting to provide an update on improvements made since publication of the Report one year ago.

2) Previous scrutiny

- a) HOSC has scrutinised maternity services at East Kent hospitals 6 times since March 2020. The Trust last attended HOSC with a maternity update on 10 May 2023, setting out the improvement work and highlighting activities undertaken. Key points from the discussion were:
 - i) A culture and leadership programme had been launched at the Trust, developed by The King's Fund.
 - ii) The Canterbury Christ Church University (CCCU) midwife training program at both William Harvey and QEQM had been withdrawn.
 - iii) Two senior midwives had been appointed to undertake the "Your Voice is Heard" engagement initiative.
 - iv) A new bereavement pathway offered 7-day support to families.
- b) The Chair asked for examples of work that had been achieved because of the Your Voice is Heard program in the next committee update report.
- c) On 26 May 2023, the Care Quality Commission (CQC) published inspection reports for maternity services in both [QEQM](#) and [WHH](#). Both units were rated inadequate (the overall rating for the hospitals remained "requires improvement").

3) Estates

- a) The Kirkup report included references to the Trust's infrastructure and its dated estate, some of which failed to meet recommended guidance.
- b) The poor state of the buildings has been scrutinised by HOSC. At a meeting in November 2022, the Trust explained how they were investing £1.6m in maternity services at WHH and QEQM and £1.7m in the Special Care Baby Unit at QEQM. They were seeking additional investment to expand and refurbish both units, including for a second obstetric theatre at QEQM hospital and to increase the number and size of rooms available for women and their families.
- c) During an informal briefing about maternity services for the Committee on 18 October 2023, the Chair offered to write to the Secretary of State for Health and Social Care to highlight the Committee's support for additional investment to improve the maternity units. A copy of the letter is attached as Appendix A.¹

4) Recommendation

- a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) '*Health Overview and Scrutiny Committee (05/03/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&Ver=4>

Kent County Council (2020) '*Health Overview and Scrutiny Committee (22/07/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4>

Kent County Council (2020) '*Health Overview and Scrutiny Committee (17/09/20)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8497&Ver=4>

Kent County Council (2022) '*Health Overview and Scrutiny Committee (26/01/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4>

Kent County Council (2022) '*Health Overview and Scrutiny Committee (30/11/22)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9048&Ver=4>

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>

Care Quality Commission, East Kent Hospitals University NHS Foundation Trust, Overview and CQC inspection ratings, <https://www.cqc.org.uk/provider/RVV>

Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation (2022), <https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

¹ A letter was sent to the Secretary of State for Health and Social Care, Steve Barclay MP, on Friday 10 November 2023. On Monday 13 November, Victoria Atkins MP became the new Secretary of State, and therefore a copy of the letter was sent to her on 14 November.

Contact Details

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Victoria Atkins MP

Via email

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Date: 14 November 2023

Dear Victoria Atkins,

East Kent Hospitals maternity services and capital allocation

Congratulations on your new role as Secretary of State for Health and Social Care. I wanted to share with you the contents of a letter I sent your predecessor that he may not have had chance to consider yet.

I would like to seek your support for additional capital funding for health services for East Kent Hospitals University NHS Foundation Trust (EKHUFT). Specifically, this is for maternity services which have been under scrutiny following the Kirkup Report published in October 2022. Significant improvements are required in the maternity service, including a clear need for £123m to improve the maternity units at Queen Elizabeth Queen Mother (QEQM) & Willam Harvey Hospital (WHH) in Margate and Ashford respectively.

Kent's Health Overview and Scrutiny Committee (HOSC) has considered EKHUFT maternity services 6 times since 2019. In addition, the Kent and Medway Joint HOSC has met 6 times to discuss the east Kent acute care Transformation Programme.

At a recent briefing on 18th October 2023, we heard that there have been significant improvements in patient outcomes, with a marked reduction in stillbirths and neonatal death rates, which are now both below the national standards.

There have been improvements in training and support for trainees, student midwives returned to QEQM and WHH last month and the Midwife Led Unit is expected to reopen at WHH in the next few weeks.

Feedback from doctors training in Obstetrics and Gynaecology at QEQM and WHH has significantly improved, particularly at QEQM, as seen in the latest GMC survey of doctors in training.

Listening and acting on patient feedback is now embedded in the service, as evidenced by the Your Voice is Heard programme, where midwives have

spoken in detail to over 5,500 women who have given birth in EKHUFT care since May 2022.

EKHUFT now have a clear plan for improvement, but the leadership recognise there is much more to do, particularly to improve service users' experiences of the service. A Maternity and Neonatal Improvement Programme (MNIP) was developed throughout Spring and Summer 2023 and involved bringing together people who use the service, the maternity leadership team, all grades of midwifery, obstetric and neonatal staff, Kent & Medway Local Maternity and Neonatal System (LMNS), Maternity and Neonatal Voices Partnership (MNVP) and members of NHS England's regional maternity team to ensure it was truly co-produced. The programme was also benchmarked against, and aligned to, requirements of the recently published Three Year Single Delivery Plan for Maternity and Neonatal Services.

I carried out a site visit in October 2022 and saw for myself, the age and quality of the Trust's buildings, a lack of funding for maternity and neonatal estate is a significant, ongoing challenge. EKHUFT requires £123 million to build new maternity units at QEQM and William Harvey hospitals that meet modern building standards, provide patients and families with a dramatically improved environment to give birth in, and for staff to work in. EKHUFT is experiencing challenges attracting and retaining suitably skilled staff to facilities that are degrading.

Currently, the birthing rooms at both hospitals are too small to fit essential equipment and the number of staff required in emergency situations. The rooms also lack ensuite facilities for families, or any space for clinical teams to train. At QEQM an additional obstetric theatre is required as currently, if the unit's theatre is busy, patients are taken through the hospital's main corridors to the main theatres.

External investment is required to deliver this much-needed transformation of both units as without it, maternity alone would consume almost all EKHUFT's capital allocation over the next five years (£130m total), preventing investment to address critical infrastructure risks and replacing aging medical equipment.

You may be aware that this specific need for investment to provide two new maternity units sits within a wider need for long-overdue funding for east Kent's hospitals. The Trust was informed in May 2023 that it had not been selected as one of the next schemes to receive capital investment to fund either of the two options for a long-term reconfiguration of its clinical services. The Department of Health and Social Care received 128 expressions of interest to the New Hospitals Programme (NHP) from 100 trusts, including East Kent Hospitals. The five schemes chosen all carried significant safety risks related to Reinforced Autoclaved Aerated Concrete (RAAC).

The lack of NHP funding required to transform services for the long term means that EKHUFT faces significant clinical and infrastructure safety risks. These will continue to manifest and accelerate without significant new investment to address them. The investment required is significantly greater than EKHUFT's limited capital resources.

In late 2021 EKHUFT calculated that at least £211m capital investment was needed to maintain safe services over the next five years. This included essential upgrades to the aging hospital estate, some buildings dating back to the 1930s, and to replace medical devices and equipment that are essential for safe patient care. EKHUFT is undertaking an updated assessment of the full costs associated with critical infrastructure and backlog maintenance, and the emerging and potential future risks. This is over and above the £123m needed to upgrade the maternity departments.

I would be pleased if you could give this request for £123m additional capital for new maternity facilities careful consideration and would be pleased to meet with your team, along with senior management from EKHUFT, to discuss this in more detail.

Kind regards



Paul Bartlett
Chair, Health Overview and Scrutiny Committee
Kent County Council

CC Kent & Medway Council Leaders,
Kent MPs
Chair of Medway Council's HASC

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East Kent Hospitals Update for Health Overview and Scrutiny Committee **Maternity Services Update: December 2023**

1. Purpose

To update HOSC on work undertaken by maternity and neonatal services and wider Trust initiatives one year on from the publication of [Reading the Signals](#), the independent report into maternity and neonatal services in East Kent.

2. Background

On October 19 2022, Dr Bill Kirkup published his independent investigation into maternity and neonatal care provided from 2009 to 2020 in East Kent.

The report found that women, babies and their families had suffered significant harm and the experience they endured was unacceptably and distressingly poor. Care repeatedly lacked kindness and compassion, both while families were in our care and afterwards, when families were coping with injuries and deaths. We did not listen to women, their families and indeed at times, our own staff.

The investigation found at least eight opportunities where the Trust Board and other senior managers could and should have acted to tackle these problems effectively. Of the 202 cases that agreed to be assessed by the panel, the outcome for babies, mothers and families could have been different in 97 cases, and the outcome could have been different in 45 of the 65 baby deaths, if the right standard of care had been given.

The Trust Board has apologised unreservedly for the pain and devastating loss endured by the families and for the failures of the Board to effectively act. Losing a baby has an immeasurable impact on women and their families and whilst the Trust Board has apologised, the impact of these outcomes can never be altered and for this we are truly sorry.

We remain determined to use the lessons in *Reading the Signals* to put things right, to make improvements and make sure that we always listen to patients, their families and staff when they raise concerns.

3. Acting on the key areas for action

One year on from the publication of *Reading the Signals*, the importance of the report and its findings remains just as profound and significant.

We have taken each of Dr Kirkup's key areas for action and adopted them as five of our seven organisational objectives, we call these:

- Patient, family and community voices
- Reducing harm and delivering safe services
- Care and compassion
- Engagement, listening and leadership
- Developing our organisation.

Our maternity service is working to embed the changes that are needed with families and staff to make continued and sustained improvement in care and outcomes for women, babies and their families. We recognise there is much more we need to do. This work is ongoing and we need to involve more people as we continue our work to develop safer and more compassionate services.

We are grateful to the families, and colleagues, who are giving their time to the Reading the Signals Oversight Group and for their challenge and involvement. The purpose of the group is to ensure there is appropriate engagement with patients, their families and the community to oversee, challenge and advise on how the Trust embarks and embeds the restorative process required to address the problems identified in the report.

4. Patient, family and community voices

Dr Kirkup's investigation found that we did not listen to women, families and at times our own staff, and this contributed significantly to the poor experience of families and in some cases to clinical outcomes.

We are working hard to change this in both our maternity and neonatal services and as a Trust. There is much more we want and need to do in this area. To help us achieve this we have recruited a patient experience team specifically to work with women, birthing partners and families and staff to improve patient and staff experience.

The Director and Deputy Director of Midwifery have introduced *Walk the patch*, regularly walking around the units to listen to women and birthing people and directly hear about their experiences of their maternity care. By doing this they are also assessing that the environment is safe and clean, are observing what staff are doing well and what needs improving. The Maternity and Neonatal Voices Partnership will continue to take this work forward.

The team has also launched *Leave your troubles at our door*, as an additional patient experience service to provide women and birthing people in hospital with direct access to a senior member of the midwifery team, as someone to speak to about their care.

We want our service to be welcoming, safe, clean, friendly, calm and well organised. The Maternity and Neonatal Voices Partnership are to lead monthly '15-Steps challenges', which see the service through the eyes of people who use it and what they see and experience within 15 steps of entering a department.

The age and quality of our buildings across the Trust, and a lack of capital funding available, is an ongoing challenge. We are working with the Kent and Medway Integrated Care Board, local MPs and NHS England regionally to identify sources of funding, including to enable us to deliver much-needed expansion and refurbishment of our maternity units.

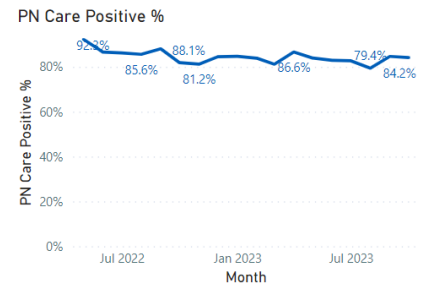
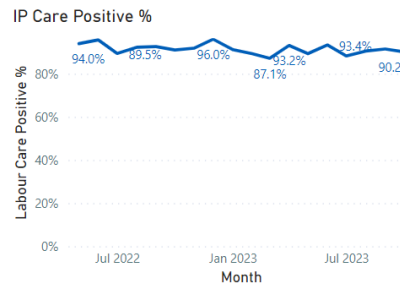
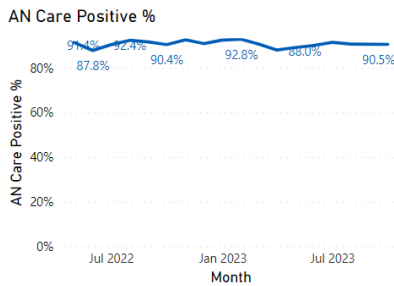
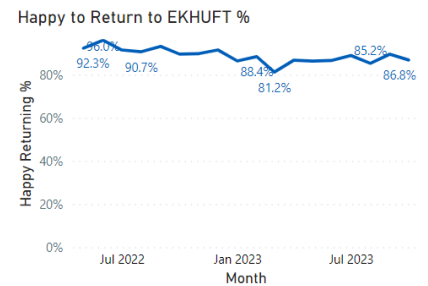
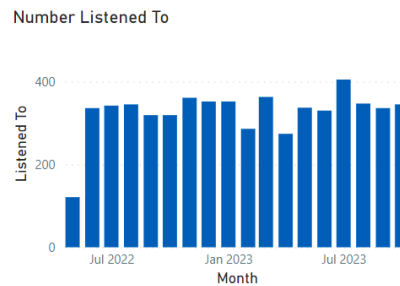
5. Your Voice is Heard

This year the maternity Patient Experience team has focused on embedding 'Your Voice is Heard', which is a feedback service unique to East Kent. This service was co-produced with our local Maternity and Neonatal Voices Partnership, families and a Trust governor.

Introduced in May 2022, this initiative is more than just a survey. People who use our maternity service are contacted by phone six weeks after discharge to discuss all aspects of their and their baby's care. Feedback from these follow-up calls is used to recognise what works well and identify where we need to make changes to improve people's experience.

So far, we have heard from more than 6,000 women who have given birth in our hospitals, and from their partners, too. We want everyone to have a positive experience of all aspects of their care and to be 'happy to return', we still have a lot of work to do to reach this point. We are committed to using the feedback we have from this initiative and other methods to make the necessary changes to achieve this.

Data to October 2023:



Some of the changes we have made are small but practical and important to people using our services, such as introducing soft-close bins to reduce noise on the postnatal wards, offering snack boxes and hot drinks for birthing partners and are trialling new sleeper chairs for birthing partners. We need to make sure these are consistently available.

We are refurbishing the postnatal ward at William Harvey Hospital and feedback has also been used to create a pain management working group, to understand and consider how we respond to the pain relief needs and options of our women and birthing people, including providing these in a timelier way.

We have reinstated home visits on the first day home from hospital and we are working with our system partners and the Patient Voice and Involvement team to listen to families about developing improved and accessible antenatal education. We need to do much more to improve people's experiences of postnatal care, including support for infant feeding, discharge processes and partner experiences; choice of place of birth; and consent and communication.

It is important that we also know where things are going well so we can build on them and thousands of compliments from families have been shared directly with staff. Next year we are extending Your Voice is Heard to include the neonatal service, as well as bereaved families, in addition to the support currently in place for them.

We also work closely with and receive feedback from the Maternity and Neonatal Voices Partnership. We look at the themes coming from all the sources of patient feedback to understand what actions we need to take to co-produce improvements with our patients and families.

6. Changes across our Trust: Patient Voice and Involvement

The lessons within *Reading the Signals* apply as much to the rest of our Trust and all our services, as they do in maternity. Within the wider Trust, we have recruited a new patient voice and involvement team to help us involve patients and our communities in our services. The team has been in place for 14 months. The role of the patient involvement officers is to

reach out to local communities and voluntary, community and social enterprise organisations to reach people who may not often get a chance to have their voice heard.

People can get involved on a voluntary basis by becoming a Participation Partner. The Patient Participation and Action Group is co-chaired by a Participation Partner and the Head of Patient Voice and Involvement, and a Non-Executive Director attends as the Board Champion for Patient Voice. Membership of the group is 50% people who use our services or are carers or family members, 30% voluntary community and social enterprise sector representatives and 20% staff.

7. Reducing harm and delivering safe services

Dr Kirkup's investigation identified unacceptable, poor clinical care in our maternity service. We are committed to providing the safe care that our communities need and deserve.

Despite the commitment and hard work of our staff, when the Care Quality Commission (CQC) inspected our maternity service in January 2023, they very disappointingly found that the Trust was not consistently providing the standards of maternity care women and families should expect.

We acted at once to respond to the CQC's concerns. For example, by increasing doctor cover in the triage service at William Harvey Hospital and introducing additional training and electronic alerts for staff when a fetal monitoring check is due.

Other immediate changes included improving access to and regular checking of emergency equipment and increased cleaning of the environment and the equipment. We continue to monitor these standards daily, alongside hand hygiene and PPE compliance.

To improve the safety of our triage service, we have implemented the Birmingham Symptom Specific Obstetric Triage System to ensure women and birthing people are assessed promptly on arrival at either of our maternity units and triaged appropriately according to their clinical need. The aim is for everyone to be assessed within 15 minutes and given a clinical priority using a recognised colour coding system so that people with the most urgent need(s) are treated first.

The timeliness and assessment of the triage service is monitored, to ensure patients are being cared for appropriately. The number of women and birthing people being seen on time by a midwife has increased from 97.3% in October 2022 when the system was implemented to 99.1% in October 2023.

To improve the quality and safety of care we have invested to increase the numbers of midwives and doctors, including specialist roles. However, filling vacancies has remained challenging this year, particularly in midwifery at William Harvey Hospital. To support our recruitment drive, we appointed ten internationally educated midwives. Once their training is completed they will be added to our rosters to increase our midwifery establishment and capacity.

Midwifery staffing challenges have meant we have been unable to offer women and birthing people the Singleton Midwife-led Unit at William Harvey Hospital as a place of birth. This unit is due to re-open later this month, offering more choice to women in relation to their preferred place of birth.

8. Return of student midwives

We are delighted to have welcomed back midwifery students to the Trust this autumn. In February 2023, student midwives were removed from their placements at William Harvey Hospital due to mounting concerns about how the safety issues identified by CQC and others, including concerns with fetal monitoring, escalation of concerns and checking of equipment, were impacting on the effectiveness of the learning environment.

In May, the Nursing and Midwifery Council (NMC) withdrew its approval for the midwifery programme at Canterbury Christ Church University and students were removed from all Kent and Medway placements.

We have been working closely with the University of Surrey to enable student midwives to return and have increased the practice development team and systems for student support and supervision, as well as increasing the ways students can raise concerns about their clinical placement.

We will continue to work with the NMC and the University of Surrey to ensure the standards students require in order to become safe and effective registered midwives are being met. Students on clinical placement with us are not counted in our staffing numbers, but they are an important part of our team and for our future workforce.

Regular staff training and reflection on clinical practice is a crucial part of delivering safe services. We have launched a staff Safety Summit to share key safety learning with staff, twice a month. At this forum cases are discussed, themes and learning identified and solutions discussed and shared.

We have also introduced five key ways to regularly share learning across maternity:

- 'Hot Topics' that require immediate dissemination
- 'Safety Threads' used in safety huddles and handovers
- 'Lunch and Learn' sessions to share learning in a relaxed space
- Monthly 'Safety Summit' with Board maternity safety champions, Chief Nursing and Midwifery Officer and Non-Executive Director
- 'We Hear You' and twice-monthly consultant forums, which give staff direct access to the senior leadership team.

We are changing the way we monitor patient safety and our clinical performance, articulated in the *Reading the Signals* report as 'finding signals among noise'. We use statistical process charts which plot data over time to help us understand variation and to help us take the most appropriate action. The format of our data is based on best practice, has been externally reviewed and welcomed by NHS England.

9. Changes across our Trust: Call 4 concern

In November we rolled out the national initiative 'Call 4 concern' across our main hospital sites following a successful pilot at William Harvey Hospital.

Call for concern is a scheme where patients and relatives can call the Critical Care Outreach Team directly if they are concerned about a patient's condition. If a patient/relative has unresolved concerns, CCOT staff liaise between the patient and or carer/relative and the team/ward staff. Posters and leaflets are provided in and outside ward areas across the hospital giving information and the contact number for the service. Patients and/or carers and relatives can contact the team directly or ask a member of staff for the information.

10. Saving Babies Lives

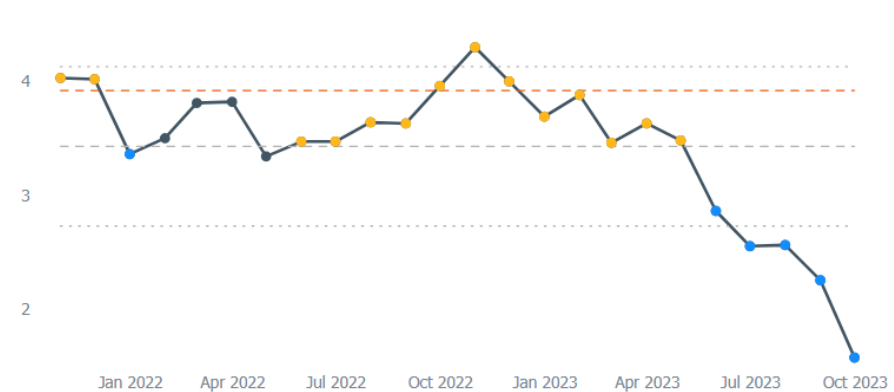
Saving Babies Lives is a government ambition to achieve a national 50% reduction in stillbirth and neonatal mortality by 2025, from 2010 figures. To achieve this the stillbirth rate in the UK would need to decrease to 2.6 stillbirths per 1000 total births and neonatal mortality to 1.2 neonatal deaths per 1,000 total births by 2025.

In October 2023, East Kent had 1.57 stillbirths per 1,000 and 0.87 neonatal deaths per 1,000.

MBRRACE Stillbirth 12m Rate

Timescale	Value	SPC
Nov-22	4.30	🟡
Dec-22	4.00	🟡
Jan-23	3.69	🟡
Feb-23	3.88	🟡
Mar-23	3.46	🟡
Apr-23	3.63	🟡
May-23	3.48	🟡
Jun-23	2.86	🟢
Jul-23	2.55	🟢
Aug-23	2.56	🟢
Sep-23	2.25	🟢
Oct-23	1.57	🟢

XMR Run Chart



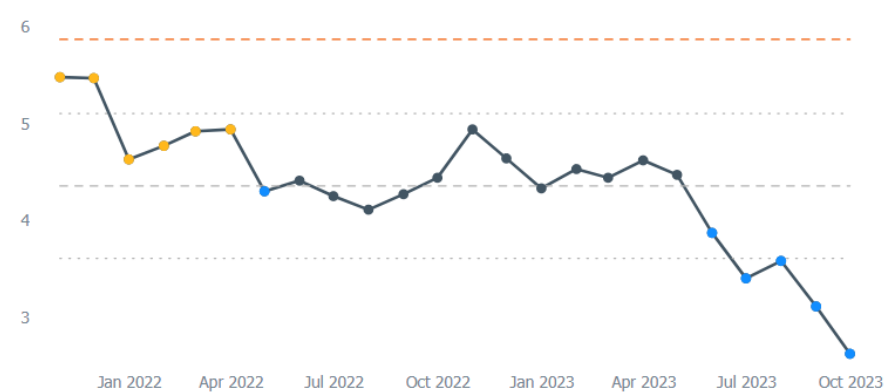
Extended perinatal mortality

Extended perinatal mortality refers to all stillbirths and neonatal deaths. The rate is per 1,000 total births. In October 2023 East Kent had a rate of 2.62 per 1,000 births, compared with our comparator group of 5.87 per 1,000 births.

MBRRACE Ext Perinatal Rate 12m

Timescale	Value	SPC
Nov-22	4.94	🟡
Dec-22	4.64	🟡
Jan-23	4.33	🟡
Feb-23	4.53	🟡
Mar-23	4.44	🟡
Apr-23	4.62	🟡
May-23	4.47	🟡
Jun-23	3.87	🟢
Jul-23	3.40	🟢
Aug-23	3.58	🟢
Sep-23	3.11	🟢
Oct-23	2.62	🟢

XMR Run Chart



11. Care and compassion

The importance of providing compassionate care, not just clinical care, was a theme running through the entire *Reading the Signals* report. We had failed families by not being compassionate when they needed us most.

We have co-produced a new bereavement care model in our maternity and neonatal service with families who wanted to ensure other families did not experience a lack of care and compassion. Specialist bereavement midwives have worked with families and the Saving Babies Lives charity (SANDS) to improve and expand the emotional and practical support available to families who have tragically experienced baby death or severe injury or illness.

This seven-day service model includes continuity of carer for women and their families during a bereavement but also through any subsequent pregnancies, labour and delivery.

The next step in the remodelling of our bereavement service is the relocation next year of the Twinkling Stars bereavement suite (a dedicated area for families) at William Harvey Hospital, to a location which provides improved privacy with its own access so that women, babies and their families can be cared for in a more considerate and suitable setting.

There is evidence that a positive working culture improves the safety and quality of care for service users. We have included caring with compassion and respect in routine staff training for maternity and neonatal staff. For example, we have adopted 'Civility Saves Lives', a national project aimed at promoting kindness and respect within teams, based on evidence about the impact this has on patient safety.

As part of the work to improve the culture in maternity services, service leaders are enrolled onto the NHS Perinatal Culture and Leadership Programme, and across the Trust we have adopted NHS England's Culture and Leadership Programme.

12. Engagement, listening and leadership

We want to have effective, embedded ways of listening to and involving staff, patients and our partners in decisions about services.

We recruited a new experienced, substantive Director, and Deputy Director of Midwifery, who started in post in mid May 2023 to strengthen maternity leadership and support further improvements to the service across the Trust.

The new maternity and neonatal leadership team has worked with families, staff and partners to co-produce a Maternity and Neonatal Improvement Programme for East Kent.

The programme has six priority areas:

1. Developing a positive culture
2. Developing and sustainable culture of safety, learning and support
3. Clinical pathways that underpin safe care
4. Listening to and working with women and families with compassion
5. Growing, retaining and supporting our workforce
6. Infrastructure and digital.

This programme incorporates work developed in March following the publication of the *Reading the Signals* report in October and the Care Quality Commission (CQC) inspection in January 2023. It also reflects the national Three-Year Single Delivery Plan for Maternity and Neonatal Services published in May 2023 – a plan that sets out how the NHS will make maternity and neonatal care safer, more personalised and more equitable.

We recognise the importance of staff feeling listened to, and having easy access to a senior leader if they have any concerns. The leadership team have introduced *We Hear You* which gives staff direct access to the Director and Deputy Director of Midwifery, and twice-monthly consultant meetings for colleagues to meet and discuss any concerns they have with the associate medical director for women's health as well as the clinical leads from each hospital site. These forums are in addition to regular multi-disciplinary patient safety meetings.

13. Developing our governance

We want to have effective governance processes which create link throughout the organisation, from frontline staff to the Board, where partnership working is embedded and effective, and leadership is open to challenge.

We established the Maternity and Neonatal Assurance group, chaired by the Chief Nursing and Midwifery Officer and attended by the non-executive director maternity champion (a senior clinician). The group reports monthly to the Quality and Safety Committee and directly to the Trust Board quarterly and is attended by multiple stakeholders, including the Maternity and Neonatal Voices Partnership. It provides specific oversight of maternity and neonatal services, including training compliance, the monthly maternity dashboard, maternity and neonatal improvement programme, progress against Clinical Negligence Scheme for Trusts (CNST), Ockenden and CQC actions.

We have implemented the nationally-required role of the Maternity and Neonatal Safety Champion. Our seven multi-disciplinary Maternity and Neonatal Safety Champions are promoted across the units, as a point of reference and contact for the workforce, our families and stakeholders. They include consultants, our Chief Nursing and Midwifery Officer, Director of Midwifery and Non-Executive Director Maternity Champion who hold regular walkabouts and monthly listening events.

We have reviewed governance in maternity and developed a maternity risk management strategy in 2022. To support improved governance systems of control across maternity, we appointed several specialist roles, including a head of governance, patient safety matron, a quality governance and education matron and a compliance midwife.

We are working with our partners across the health and social care system in Kent and Medway, to share our learning across the region and to learn from others.

Item 7: Kent and Medway People Strategy 2023-2028

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 7 December 2023
Subject: Kent and Medway People Strategy 2023-2028

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

1) Introduction

- a) At its meeting on 5 October 2023, the Committee received a report about the local nursing workforce. During the discussion, the Interim Chief Nursing Officer explained that a People Plan had been developed for Kent and Medway which was to be published in October 2023. It would provide detail on deliverables of growing the domestic supply and supporting local needs for developing the nursing pipeline.
- b) In June 2023, the NHS published the first comprehensive, national workforce plan. The strategy can be viewed [here](#).
- c) The Chair requested the local strategy be brought before the Committee.

2) Recommendation

- d) RECOMMENDED that the Committee consider and note the People Strategy.

Background Documents

Kent County Council (2023) '*Health Overview and Scrutiny Committee (5/10/23)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9318&Ver=4>

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KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Kent and Medway People Strategy

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

Author: Helen Edmunds, Director of People Strategy, NHS Kent and Medway

Summary

This report will provide the Kent Health Overview and Scrutiny Committee (HOSC) with an overview of the Kent and Medway People Strategy and delivery plan, as requested at the previous Health Overview and Scrutiny Committee following the nursing workforce update.

1. National context

- 1.1 NHS England have published the Long Term Workforce Plan, which describes the set of priority areas the NHS will focus on to ensure it has the workforce it needs for the future.
- 1.2 These areas are:
 - Train – through growing the workforce by expanding domestic education, training and recruitment
 - Retain- through ensuring fewer staff leave the NHS by improving culture, leadership and wellbeing
 - Reform – through working differently by harnessing digital innovations, utilising new roles and improving learner experience

2. Kent and Medway People Strategy

- 2.1 Kent and Medway's interim Integrated Care Strategy described our commitment and shared outcome across partners to make Kent and Medway a great place to work, live and learn. People priorities were developed under this shared outcome in the interim Integrated Care Strategy and NHS Joint Forward Plan. From these priorities, a five-year Kent and Medway People strategy for the NHS (our 'People Strategy') has been developed.
- 2.2 The People Strategy has been developed by the Chief People Officer of NHS Kent and Medway, with support of the Kent and Medway Chief People Officer's group and wide stakeholder engagement. The strategy focuses on the work that Kent and Medway partners will work on together, rather than a duplication of individual people strategies of our providers and partners.
- 2.3 We have worked with our NHS Chief People Officers to align the delivery milestones for 2023/24 and 2024/25 so we have a clear delivery plan to achieve the outcomes we've committed to in our strategy, the forward plan and NHS Long Term Workforce Plan for the next 18 months.

- 2.4 The Kent and Medway People Strategy was published in October 2023, and is included as Appendix 1 for reference.
- 2.5 The strategy sets out five people pillars:
- Growing our workforce and skills
 - Building 'one workforce' at place
 - Looking after our people
 - Using our current teams more efficiency and reducing high agency costs
 - Champion inclusive teams
- 2.6 These pillars and commitments sitting beneath them align with national policy including the NHS People Plan, NHSE Long Term Workforce Plan, NHSE Equality, Diversity and Inclusion Workforce Improvement Plan and the NHS People Promise.
- 2.7 Embedded within the commitments of our Kent and Medway People Strategy and local provider strategies, we have a workforce plan for 2023/24 and 2024/25 which includes:
- Reducing whole time equivalent vacancies to a rate of 7.7% for 23/24 (or less) and a further reduction to 6.9% for 24/25 (or less). [As at M05 23/24 our vacancy rate in providers is 8.7%](#)
 - Have a turnover rate of 12.4% for 23/24 (or less) and 11.4% for 24/25 (or less). [As at M05 our turnover rate for providers is 12.8%](#)
 - A sickness rate of 4.5% for 23/24 (or less) and a further reduction to 3.8% for 24/25 (or less). [As at M05 our sickness rate in providers is 4.4%](#)
 - Establishing a Health and Care Academy. [The Kent and Medway Health and Care Academy website is available as a single point of contact for Kent and Medway residents and students to access education, information, advice and guidance about health and care careers.](#)

3. Workforce Priorities to Deliver Outcomes

To support the People Strategy delivery plan outcomes, we have 10 strategic commitments for 23/24:

- **We will deliver targeted recruitment campaigns to reduction our vacancy position** – includes recruiting collaboratively against our hard to fill roles, creating a Kent and Medway employee value proposition and developing employability programmes with partners including the Department of Work and Pensions.
- **We will expand education and training opportunities and implement new ways of learning** – includes diversifying our education provision and increasing our learning and placement capacity.
- **We will grow more routes into health and care careers and maximise our use of apprenticeships** – includes expanding our health and care ambassador programme, and developing a strategic apprenticeship plan.
- **We will develop place-based workforce plans to enable new models of care and transformation** – including evaluating integrated care neighbourhood team

pilots, supporting new models of care through role redesign, new roles and transformation and developing a Kent and Medway Enhanced Care Framework.

- **We will implement retention interventions which improve the experience of our colleagues** – includes scaling best practice related to staff survey priorities, evaluating our pensions awareness programme, achieving quality mark for National Preceptorship programmes, focussing on improving our flexible working and new starter offers and implementing a collaborative international recruitment and support offer.
- **We will develop wrap-around occupational health and wellbeing service** - includes scoping services to be commissioned at ICS level and increase occupational health capacity and achieving the menopause accreditation.
- **We will deliver a set of high impact actions which will reduce our agency spend** - includes joining regional improvement projects to reduce spend and cost, reviewing end to end agency procedures to improve grip and control processes.
- **We will build a plan and deliver services to support transformation and more efficient ways of working** – includes reviewing drivers for workforce growth since 2019, developing a 5 year workforce model and system intelligence dashboards.
- **We will embed a compassionate and inclusive culture and respond to the national EDI Workforce Improvement Plan** – includes implementing a cultural intelligence programme, focussing on addressing gender pay gaps and setting collaborative board objectives to support inclusion.
- **We will deliver a series of interventions which support the development of colleagues – focussing on those with protected characteristics** – includes evaluating our aspiring development and debiasing recruitment programmes to identify opportunities to scale and delivering a series of reciprocal and reverse mentoring schemes.

Our priorities for 24/25 are based on the above and in-line with our commitments made through NHS operational priorities and actions emerging from the NHS Long Term Workforce Plan. We will evaluate the progress and effectiveness of these programmes ahead of 24/25 through our governance structures to ensure we are set to deliver on our 24/25 outcomes.

4. Programme Architecture and Governance to drive delivery

- 4.1 We will deliver our People Strategy through a strong system governance structure existing of three programmes: ICS Workforce Resourcing, ICS Staff Experience and ICS Education and Careers. These programmes will make sure

the right level of shared leadership and delivery, oversight and support is in place to drive improvement and achieve our collective commitments.

- 4.2 Leadership and strategic oversight will be provided by NHS Chief People Officers through the Chief People Officers' Group, with day-to-day management of the programme being led by the Director of People Strategy and Deputy Chief People Officers through programme boards and sub-groups. These will be attended by health and care partners across Kent and Medway where appropriate.
- 4.3 Each programme area will have a Chief People Officer as its senior responsible officer and will be required to report on progress, successes, risks and issues on a regular basis.
- 4.4 All groups will be accountable to our ICB People Committee – which brings together health and care leaders across Kent and Medway and is our senior assurance committee to assure and oversee the delivery of our Kent and Medway People Strategy and delivery plan

5. Conclusion

- 5.1 The Kent and Medway People Strategy is not an accumulation of individual organisational people strategies; rather the collective ambitions and strategic priorities which leaders across Kent and Medway will work on together. In doing so, this is the collective commitment and ambition of all our health and care employers to make Kent and Medway a great place to live, work and learn.

A great place to live, work and learn

Kent and Medway People Strategy 2023 to 2028



Introduction

We want Kent and Medway to be a great place to live, work and learn

That's the collective commitment and ambition of all our health and care employers and this strategy outlines the support we offer to our current and future colleagues.

Recent years have seen unprecedented pressures and change as a result of the coronavirus pandemic and our colleagues have worked tirelessly to support our communities – leading with care and compassion.

In this context, we want to empower our colleagues to drive the improvement, innovation and service transformation needed to support the health and wellbeing of our communities – now and in the future.

To do this, we need to:

- improve the health, wellbeing and experience of our colleagues
- develop a sustainable supply pipeline
- create an inclusive culture across our system to enable staff development through learning opportunities.

About this strategy

The world of work and healthcare is changing at a pace never before imagined.

Existing ways of working, models of care and organisational boundaries are being transformed, as health and care adapts to the changing needs and expectations of our population.

There is growing evidence of a direct link between staff experience and wellbeing, and care quality and patient outcomes. This strategy describes our collective commitment across local health and care employers, to create the conditions for colleagues to thrive in this context.

This strategy is not an accumulation of individual organisational people strategies; rather the collective ambitions and strategic priorities which leaders across Kent and Medway will work on together.

National context

Evolving to meet a changing world

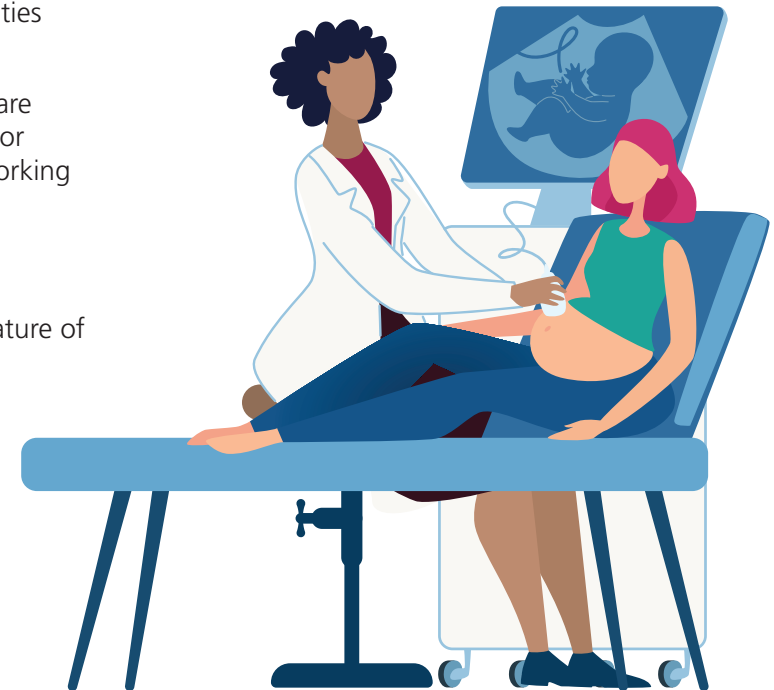
The need for change is set against a backdrop of rapid and widespread transformation across health and care services, especially in three key areas:

- **Integrated care:** The introduction of integrated care systems will drive collaboration and reduce competition, with more opportunities to scale up what works, sharing learning and resources.
- **The nature of healthcare:** The way healthcare is accessed and provided is changing, with new technologies advancing communication and interventions.
- **The nature of work:** The pandemic accelerated the move towards novel approaches to care and remote working. People want flexible arrangements that enable them to balance their job with other parts of their life and there is an increase in non-linear careers.

The future of care

Our vision for the future of care covers four key areas:

- **Closer partnerships:** To support the growing number of people with long-term conditions, we can no longer view each patient contact as a single, unconnected episode of care.
- **A preventative approach to health:** To use population health management to better support people to stay well and reduce health inequalities across entire populations.
- **Personalised care:** The needs of the patient are likely to change, with more wanting support for self-care and prevention, which will require working across organisational and sector boundaries.
- **Technological and scientific innovation:** Improvements in artificial intelligence, digital technologies and genomics will change the nature of care and how it is delivered.



Our ambition

Integrated care strategy shared outcomes

Our shared outcomes

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Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear and discrimination.



Support people with multiple health conditions to be part of a team with health and care professionals.



Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.



Ensure care is mostly available from a patient's nearest hospital; while, where appropriate, providing centres of excellence for specialist care.



Help people to manage their own health and wellbeing and be proactive partners in their care so they can live independent and fulfilling lives.



Make Kent and Medway a great place for our colleagues to live, work and learn.

Our people ambition

We want:

- **our colleagues** to work together as one team regardless of organisation, to learn in their jobs, have fulfilling careers and reach their potential
- **our employers** to work together to attract, develop and retain health and care professionals, through talented, inclusive leadership and the offer of attractive, flexible and interesting careers
- **our communities and our carers** to be part of our wider workforce, have the skills and support to manage their own health and care with confidence and with the right support to achieve their health, social and wellbeing outcomes and goals
- **our partners** to be influential and important in delivering our strategy, whether that is education or business working together with us to meet our current and future collective needs and ambitions.

Case for change

Our population needs

As our population ages, demand for healthcare services is increasing and our workforce must adapt to support people to age well.

At the same time, we have increasing demand for mental health, maternity, urgent care, children and young people and social care services. Addressing health inequalities also requires us to adapt our service provision to local communities.

Our employment opportunity

Youth unemployment (18 to 24-year-olds) across our region is above the national rate of 4.9 per cent, and as high as 9.4 per cent in Thanet. Health and social care is the second largest industry in Kent and Medway at 13.6 per cent of all employment.

As anchor organisations, we can work together to recruit more actively from underrepresented groups, including people with learning disabilities, autism and neurodiversity, veterans and carers.

Our location

There are many great reasons to live, work and learn in Kent and Medway. There are plenty of sites of cultural interest, attractive beaches and countryside, areas of affordable housing, good schools and educational opportunities. By working together, we can maximise our employment offer, improve cross-organisational working and move away from competing for colleagues.



New care models, innovation and collaboration

By working together and with digital tools, our workforce will provide better joined up care, with better outcomes. We are already embracing new ways of working, such as the use of telehealth technology in care homes, which enable GPs and other professionals to deliver care remotely.

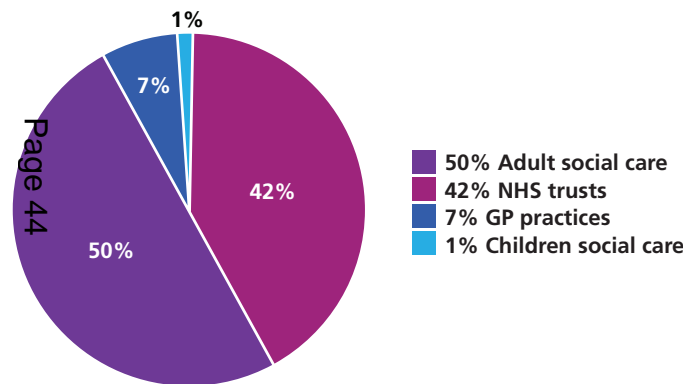
Another example is our Acute Response Team in Thanet, which works across organisational boundaries to provide holistic responses to acute needs in the community, helping people remain at home.



Case for change

Our workforce profile

We have a directly contracted workforce of around 90,000 people working across our health and social care services, supported by the broader voluntary, community and social enterprise sector.



Health workforce

This diverse workforce covers around 350 different roles and is expanding and transforming to meet the increased demand and changing health and care needs of our population.

Please note these figures do not include community interest companies, voluntary sector and private organisations providing health and care services, or ambulance Trusts and primary care sector beyond those employed in general practice.

- **Trusts:** In March 2023, there were 31,709 whole time equivalent (wte) substantive roles in our NHS Trusts (4,543 wte in community, 23,847 wte in acute and 3,319 wte in mental health). There were 3,409 vacancies (9.71 per cent) and is highest for registered nurses (11.4 per cent). In January 2023, the average rolling 12 month turnover of staff was 14.2 per cent. In 2022/23, there was a £102.8m spend on agency staff.
- **General practice:** In December 2022, there were 5,071 wte colleagues employed in general practice, including 912 wte GPs, 533 wte nurses and 1,243 wte other health professionals providing direct patient care. Kent and Medway has less GPs per head of population than the national average.

In February 2023, workforce demographic across our Trusts was 60 per cent white and 28 per cent Black, Asian and minority ethnic (12 per cent unknown); 19.4 per cent were over 55 years old and five per cent of NHS staff declared a disability or long-term condition.



Case for change

Our workforce context

Health and wellbeing of our workforce



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4.5%
sickness rate in the NHS
for Kent and Medway
(February 2023)

After the sustained efforts in responding to the pandemic and now the cost of living crisis, staff sickness rates remain higher than pre-pandemic levels.

A range of offers have been put in place to support colleagues, but it remains a priority to ensure that recovery of our colleagues and their health and wellbeing is at the heart of all our plans.

Recruitment and retention

Recruitment and retention challenges exist across many areas of Kent and Medway. To follow are the average rates for the region as a whole:



11.4%
vacancy rate within
the nursing and
midwifery workforce



9.7%
vacancy rate in the NHS



14.2%
staff turnover in the NHS

Similar pressures are being felt in many other areas across the health and care system, particularly in social care, primary care and the ambulance service.



Our workforce risks and opportunities

Risks

- Shortages of key workforce due to national and local shortages risks our ability to deliver health and care. This is particularly acute across our GPs, paramedics, nursing and midwives, and specialist medical roles.
- A limited student and trainee pipeline to grow our local workforce risks our ability to retain our existing workforce. The experience of placements or our students and trainees is critical in influencing whether they will stay within Kent and Medway.
- While the richness of diversity and experience that international recruits bring to our workforce is valued, there are ethical considerations to balance around international workforce mobility.

Opportunities

- To work with our partners in education to redesign educational pathways, thereby improving the experience of our students and trainees, and growing our local workforce.
- To work with partners and our communities to improve employment opportunities for underrepresented groups.
- To work across our system to redesign our workforce model, creating cross organisational integrated care teams.
- To use digital tools and technologies to improve ways of working and free up the valuable time of our colleagues; improving decision making and care delivery outcomes.



Fit with national policy and strategy

Kent and Medway is developing its People Strategy at a time when the national focus on supporting and developing staff is greater than ever before.

Building strong ICSs everywhere: the system people function

Building strong Integrated Care Systems everywhere: guidance on the ICS people function, sets out the 10 outcome-based functions for ICBs to deliver with their partners. These are:

1. supporting the health and wellbeing of all staff
2. growing the workforce for the future
3. supporting inclusion and belonging for all
4. valuing and supporting leadership at all levels, and lifelong learning
5. leading workforce transformation and new ways of working
6. educating, training and developing people, and managing talent
7. driving and supporting broader social and economic development
8. transforming people services and supporting the people profession
9. leading coordinated workforce planning using analysis and intelligence
10. supporting system design and development

HEE Framework 15

Framework 15 recognises that traditional approaches to planning will not produce a workforce fit for the future needs of our patients. Instead, it focuses on the skills, values and behaviours our colleagues need to deliver holistic care – informed by global and national drivers of change. Our future workforce will:

1. include the informal support that helps people prevent ill health and manage their own care
2. have the skills required to provide co-productive and traditional models of care
3. have adaptable skills, responsive to evidence and innovation to enable 'whole person' care, with specialisation driven by patient rather than professional needs
4. have the skills, values, behaviours and support to provide safe, high-quality care wherever and whenever the patient is, at all times and in all settings
5. deliver the NHS Constitution: be able to bring the highest levels of knowledge and skill at times of basic human need when care and compassion are what matters most

NHS Long Term Workforce Plan and NHS People Promise

Building on the NHS People Plan, the NHS Long Term Workforce Plan describes the set of priority areas the NHS will focus on to ensure it has the workforce it needs for the future. These areas are:

1. train – through growing the workforce by expanding domestic education, training and recruitment
2. retain – through ensuring fewer staff leave the NHS by improving culture, leadership, and wellbeing
3. reform – through working differently by harnessing digital innovations, utilising new roles and improving learner experience.

The NHS People Promise details what we should all be able to say about working in the NHS by 2024. The promise requests a pledge from all colleagues, line managers, employers and central bodies to work together on the below themes.



Our people pillars on a page

Making Kent and Medway a great place to live, work and learn



Enabled by:

system leadership, collaboration and partnership working

system workforce planning and intelligence

high-performing and future-focused people services

digital and technology innovation

Our People Strategy on a page

Growing our workforce and skills

- Expand and diversify education opportunities for colleagues and students, including increasing placement capacity for clinical and medical students.
- Create employment programmes to address long term and youth unemployment, increase employment opportunities for individuals with learning disabilities and neurodiversity, carers, our armed forces community, and widen participation from underrepresented groups.
- Provide opportunities for skills development for colleagues to better support those with complex needs, working in integrated ways, enabled by digital technology.
- Develop system leaders for the future through talent management.
- Create a holistic system employment proposition, including a Kent and Medway Nurse Model.
- Drive innovation and digital transformation with research partners.

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Building 'one workforce' at place

- Grow routes into health and care and maximise our use of apprenticeships.
- Create place based workforce plans to address local population needs through new models of care.
- Create integrated care neighbourhood teams, with supporting team based organisational development and leadership development.
- Promote local employment and careers including more local volunteer opportunities.
- Work in partnership with colleagues and volunteers to shape and improve services.
- Increase opportunities for shared roles and place based learning opportunities, working across our local authorities and wider social and third sector partners.
- Support new models of care through role redesign, new roles and transformation - with a focus on enabling holistic community-based care through roles such as physician associates in primary care, care co-ordinators and pathway navigators.
- Enable seamless rotation and movement across the system and standardisation where possible. This will include local workforce sharing agreements and digital passporting solutions.

Looking after our people

- Develop a one wellbeing approach, and improve access for our wider health and care workforce.
- Identify health and wellbeing interventions that address inequalities and reflect population need within our own health and care workforce.
- Promote our collective commitment to zero violence, bullying, aggression, discrimination and abuse against health and care workforce.
- Implement listening approaches which best engage our colleagues and ensure continuous feedback.
- Promote our collective cost of living and benefits of working within Kent and Medway.
- Identify further areas to support colleagues in the workplace who have caring responsibilities.
- Implement local and system wide retention programmes including promoting generational needs and interventions evidenced from colleague feedback.
- Enhance opportunities for colleagues to work flexibly at all stages of life.
- Implement a one stop shop for support to internationally recruited colleagues across the system.

Using our teams efficiently and reducing high agency costs

- Temporary staffing and workforce efficiency plan in place to deliver workforce productivity.
- Identify our hard to fill roles across the system and target recruitment at these collectively through innovative resourcing practices.
- Advance levels of attainment programme to review e-rostering and e-job planning for expansion to support reduction in temporary staffing and enhance clinical productivity (working with digital, finance and operational colleagues).
- Explore opportunities to collaborate on temporary staffing across health and social care, building on Trust, primary care and social care bank arrangements.
- Develop a long-term workforce model to right size the health and care workforce for now and for the future.
- Build stronger insights and analytical capabilities to support new ways of working through digital transformation and intelligence.
- Drive the automation of onboarding and other HR processes collaboratively, using digital technologies which also improve colleague experience and release time for direct patient care.

Championing inclusive teams

- Develop a Kent and Medway equality, diversity and inclusion (EDI) strategy and underpinning plan with system Workforce Race Equality Standard (WRES), Workforce Disability Standard (WDES), Medical WRES, gender pay actions.
- Deliver a Kent and Medway talent development programme, focused on colleagues where intervention is needed to progress, starting with the Band 5 nurses pilot.
- Deliver a Kent and Medway mentoring programme to support colleagues with protected characteristics (reciprocal and reverse mentoring).
- Deliver a de-biasing recruitment programme to systematically de-bias recruitment processes.
- Develop cultural intelligence through the rollout of the Cultural Intelligence Development Programme to improve diversity in leadership, culture and behaviours.
- Embed a just learning culture in all organisations.
- Empower our EDI and staff networks to identify collaborative opportunities, including a shared calendar of cultural events, such as PRIDE, black history month, disability month etc.

People Strategy commitments

Growing our workforce and skills

Our ambition: To grow and develop our workforce

We will develop our Kent and Medway Health and Care Academy to create a robust pipeline of local workforce, maximise the use of apprenticeships and support new ways of working, such as cross-organisational portfolio roles.

Organisations will work together to attract and retain professionals, through the provision of exciting and diverse careers and training opportunities. This will also include leadership and management development so we invest in a pipeline of leaders for the future.

Our commitments:

- Employment programmes for individuals with learning disabilities and neurodiversity, carers, our armed forces community and other underrepresented groups.
- Skills development programme, including digital skills, leadership and management and supporting patients and citizens with complex needs.
- Explore opportunities for role and team redesign.

- Shared career frameworks and develop a Kent and Medway employee proposition.
- Expansion of placements and improving learner experience.

Our measures of success:

- Delivery of year one staff in post workforce growth.
- Delivery plans in place for agreed shortage areas.
- Delivery of growth trajectory, including need for placements, with less reliance on international recruitment.
- Increased attraction into health and care from education and local communities.
- Increase in employment placements from underrepresented groups.
- Implement Kent and Medway nurse model.

Case study



Launch of our Health and Care Academy

In May 2023, we launched Kent and Medway Health and Care Academy at our Health and Care Conference. The academy is a partnership of organisations aimed at supporting people who are looking for careers in health and social care. It provides jobs advice, career guidance and development, apprenticeships as well as opportunities to gain management, specialist and leadership training.

The conference saw 150 participants across our system come together with education partners to promote partnership working. Delegates tested new technologies such as virtual classrooms, which will transform the experience of learning. We also considered issues, such as how to maximise apprenticeships within the system, our priority areas for careers and education engagement, and the future skills requirements for health and care.

People Strategy commitments

Building 'one workforce' at place

Our ambition: To enable our colleagues to work differently

We will create place-based workforce plans and work with our anchor institutions to create integrated neighbourhood teams which are enabled through digital technology and capabilities.

We will develop and implement new roles and ways of working to support new models of person-centred care. And we will ensure mobility for colleagues to work across the system and enable portfolio and cross-sector working, supported by workforce sharing measures.

Our commitments:

- Create integrated care neighbourhood teams, with supporting team based organisational and leadership development.
- Create place-based workforce plans to support new models of care and address local population needs.
- Promote local employment and careers, including expanding local volunteering opportunities.
- Increase opportunities for shared roles and place-based learning opportunities.

- Support new models of care through role redesign, new roles and transformation.
- Refresh workforce sharing agreements and digital passporting solutions to enable movement across the system.
- Maximise routes into health and care with a focus on apprenticeships

Our measures of success:

- Place-based development plans delivered.
- Increase in voluntary sector and volunteer workforce working as part of integrated care teams at place.
- Place-based workforce sharing agreements in place enabled by digital infrastructure and new ways of working.
- An increase in shared roles and place based learning and development.
- Infrastructure to maximise levy spend across organisations in place.

Case study



Youth volunteer programme established

We have set up a youth volunteer programme, which offers placements with rotations in different departments across three acute hospitals in east Kent. The aim is to give young people exposure and experience of working in an NHS organisation. Individuals do the National Volunteer Certificate and receive careers-related support from the trust's Apprenticeships Team. Since the launch in March 2023, more than 25 youth volunteers have been recruited and inducted at the three hospitals. Local teams have already told us that volunteers are really making a difference and we've received lots of positive feedback from patients on wards.

People Strategy commitments

Looking after our people

Our ambition: To support and look after our workforce

Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn. We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

Our commitments:

- Develop a one wellbeing approach, and improve access for our wider health and care workforce.
- Identify health and wellbeing interventions that address inequalities and reflect population need.
- Promote our collective commitment to zero violence, aggression, discrimination and abuse against our workforce.
- Implement listening approaches which best engage our colleagues and ensure continuous feedback.
- Promote our collective benefits of working within Kent and Medway.

- Identify support for colleagues who have caring responsibilities.
- Implement local and system wide retention including promoting generational needs and interventions.
- Enhance opportunities to work flexibly at all stages of life.
- Implement a one stop shop for support to internationally recruited colleagues across the system.

Our measures of success:

- Targeted interventions evaluated to show they address inequalities.
- Reduction in sickness absence.
- Reduction in turnover.
- Reduction in violence, discrimination, harassment and abuse of colleagues.

Case study



Flexible working

We recognise the impact flexible working can have on our colleague's work-life balance and achieving a positive staff experience. Building on 'Our Flexible Working Commitment' we created in 2022, local employers partnered with Timewise, flexible working experts, to deliver training masterclasses to colleagues across our health and care providers in 2023.

Representatives from our system worked collaboratively to design bespoke masterclasses for our HR colleagues and line managers, to develop understanding of different types of flexible working, including 'hard to flex roles' and hybrid job-design, supporting the overall delivery of the flexible working domain of Our People Promise.

As an outcome of those attending masterclasses, colleagues committed to having proactive flexible working conversations with their teams and a solutions-focused approach to flexible working requests, including considering the different flexible working options when advertising roles.

People Strategy commitments

Using our teams efficiently and reducing agency costs

Our ambition: To reduce our reliance on agency and improve workforce productivity

We will build a long term workforce model at system and place to ensure we have the right number of people, in the right place, with the right skills. We will work together to ensure that we reduce our reliance on temporary staffing, drive down agency cost, and improve the productivity of our teams.

Our commitments:

- Temporary staffing and workforce efficiency plan to improve productivity.
- Identify our hard to fill roles across the system and target recruitment at these collectively through innovative practices.
- Advance levels of attainment programme to review e-rostering and e-job planning for expansion.
- Explore opportunities to collaborate on temporary staffing, building on existing bank arrangements.
- Develop a long term workforce model.

- Build stronger insights and analytical capabilities to support new ways of working through digital transformation.
- Drive the automation of onboarding and other digital processes.

Our measures of success:

- Reduced reliance on temporary staffing and reduction of agency spend as a proportion of overall pay bill.
- Improved productivity of current workforce including rostering efficiency and job planning attainment.
- Improved use of automation and artificial intelligence.

Case study



Gillingham South Primary Care Network (PCN) – Triage improvement process

Gillingham South is a PCN in Kent and Medway ICS with a 40,000 patient population and six practices, including a disproportionate number of smaller practices with three single hander GPs and one double hander GP practice.

- This was an ELITE Quality Improvement project using the digital tool, APEX GP Business Intelligence, across the PCN to measure demand and capacity, which culminated in standardising triage procedures across the PCN. 2.6 per cent of GP capacity was released, giving time back to practice appointments. There are now in total 2.6 per cent more 'unavoidable' appointments available to their population (access has been improved), equivalent to an annual saving of circa £40,000.
- Data from EMIS clinical system was used. A template was used to allow GPs to audit appointments for whether they were avoidable.

People Strategy commitments

Championing inclusive teams

Our ambition: To create inclusive cultures and teams

We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion. We will provide shared talent and development opportunities for leaders and teams, grow and celebrate our diversity and be representative of our communities. We will systematically address bias, empower and develop our colleagues from underrepresented groups and celebrate diversity at all times.

Our commitments:

- Develop an equality, diversity and inclusion (EDI) strategy and underpinning delivery plan.
- Deliver a talent development programme, focused on colleagues where intervention is needed to progress.
- Deliver a mentoring programme to support colleagues with protected characteristics (reciprocal and reverse mentoring).
- Deliver a programme to systematically de-bias recruitment processes.

- Develop the cultural intelligence development programme to improve diversity in leadership, culture and behaviours.
- Embed a learning culture.
- Empower our EDI and Staff Networks to identify collaborative opportunities, including a shared calendar of cultural events.

Our measures of success:

- System talent development plans delivered to improve diversity of our talent.
- Improvements in Workforce Race Equality Standard (WRES), Medical Workforce Race Equality Standard (MWRES) Workforce Disability Equality Standard metrics (WDES) and gender pay gap.
- Improvement in staff survey experience metrics across organisations, including levelling up of organisations.
- Measures devised to capture wider health and care.

Case study



Aspiring Development Programme for staff with protected characteristics

To improve progression opportunities for staff with protected characteristics, our NHS trusts have partnered with experiential learning specialists to design and deliver a collaborative Aspiring Development Programme for nurses from diverse backgrounds. Since March 2023 the programme has been attended by over 180 nurses, with 73 per cent of participants identifying as either non-white and/or non-British. The programme has received excellent feedback from both individuals and participating organisations.

Find out more at: dgt.nhs.uk/working-for-us/km-development-programme

Our enablers

Governance

This strategy will be overseen by the Chief People Officer Group and will report into the ICB People Committee.

This strategy is supported by an underpinning delivery plan, which focuses on years one and two, and links into the workforce chapter of the Joint Forward Plan for Kent and Medway.

System leadership, collaboration and partnership working:

To deliver this strategy and support integrated ways of working, we require a mindset shift of all partners away from competition to collaboration and a change in our ways of working and delivery through partnership working. The chief people officers will support system development by creating leadership development opportunities, skills and development to support system leaders.

System workforce planning and intelligence

To inform the delivery of this strategy and the people interventions, we will build on and improve our shared workforce intelligence and develop place based and system workforce modelling, to enable and support medium to long term workforce planning needs and supply.

Digitally enabled

We will work with digital experts to maximise the skills of colleagues to use tools and technologies to improve ways of working, freeing up valuable time and enabling cross organisational working that improves care delivery outcomes.

High-performing and future-focused people services

Meeting the challenges ahead will mean changing the way people professionals and managers across Kent and Medway support our colleagues.

Building on the ambition of the NHS future of human resources and organisational development, the chief people officers will work together to develop our people services to be future focused with more opportunities for collaboration and sharing of best practice.



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Item 8: Maidstone and Tunbridge Wells NHS Trust – mortuary security

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

Subject: Maidstone and Tunbridge Wells NHS Trust – mortuary security

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Maidstone and Tunbridge Wells NHS Trust (MTW).

1) Introduction

- a) In November 2021, evidence came to light of many crimes committed by David Fuller whilst employed as a maintenance supervisor at Maidstone and Tunbridge Wells NHS Trust (MTW).
- b) MTW initiated an independent investigation into the specific offences but on 8 November 2021 the Secretary of State announced this was being overtaken by an independent inquiry led by Sir Jonathan Michael. The Inquiry was to consider issues including:
 - i. the circumstances surrounding the offences committed at the hospital, and their national implications,
 - ii. understanding how these offences took place without detection in the trust,
 - iii. identifying any areas where early action by this trust was necessary, and
 - iv. consideration of wider national issues – including for the NHS.
- c) The inquiry was initially expected to produce an interim report (into the activities carried out at MTW) 2022 with a final report (into the broader national picture and wider lessons) in 2023. However, new information which came to light led to delay in the interim report, and the final report is due for publication in 2024.
- d) HOSC received a paper on 2 March 2022, and were updated on what action had already been undertaken. Whilst the inquiry has been ongoing, HOSC's scrutiny into this area has been necessarily limited. The Committee cannot investigate individual cases, but it can consider what steps the Trust has taken to prevent such events happening in the future.
- e) The [interim report](#) was published on 28 November 2023. The Trust will attend today's meeting to answer questions members may have. The Trust did not

Item 8: Maidstone and Tunbridge Wells NHS Trust – mortuary security

see the report in advance of publication, and therefore have not had sufficient time to prepare a response for this meeting. However, their statement is attached.

2) Recommendation

- a) RECOMMENDED that the Committee consider and note the response of the Trust to the interim inquiry report.

Background Documents

Independent Inquiry into the issues raised by the David Fuller case,
<https://fuller.independent-inquiry.uk/>

Kent County Council (2022), Health Overview and Scrutiny Committee (2/3/22),
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4>

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Independent Inquiry into the issues raised by the David Fuller Case publishes Phase 1 Report

28 November 2023: Immediate release

The Independent Inquiry into the issues raised by the David Fuller case is today publishing its Phase 1 Report.

In November 2021, the Secretary of State for Health and Social Care announced an independent inquiry into the issues raised by the actions of David Fuller, an electrical maintenance supervisor. Over the course of 15 years, Fuller committed sexual offences against at least 100 deceased women and girls in the mortuaries of the Kent and Sussex Hospital and the Tunbridge Wells Hospital. His victims ranged in age from nine to 100.

This phase of the Inquiry has been to establish what happened in the Maidstone and Tunbridge Wells NHS Trust to allow Fuller to commit such awful crimes and to understand how his offending remained undetected for so long.

The Inquiry held interviews with over 200 witnesses and reviewed more than 3,700 documents. Based on the evidence heard and reviewed by the Inquiry team, the report makes 17 recommendations with the aim of preventing any similar atrocities happening again in the Trust, including:

- the Trust must ensure that non-mortuary staff and contractors are always accompanied by another staff member when they visit the mortuary. Maintenance staff should undertake tasks in the mortuary in pairs [Recommendation 1];
- the Trust must assure itself that all regulatory requirements and standards relating to the mortuary are met and that the practice of leaving deceased people out of mortuary fridges overnight, or while maintenance is undertaken, does not happen [Recommendation 2];
- the Trust must review its policies to ensure that only those with appropriate and legitimate access can enter the mortuary [Recommendation 6];
- CCTV cameras must be installed in the mortuary and the post mortem room. The footage must be reviewed regularly, alongside records of who is accessing the mortuary and how often [Recommendations 9 and 10]; and
- the Trust Board must review its governance structures to make sure that the Board has greater oversight and assurance of legally regulated activity in the mortuary. The Trust must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients [Recommendations 13, 14 and 17].

Sir Jonathan Michael, Chair of the Inquiry, said:

“When I was asked to chair this Independent Inquiry, I was conscious of the responsibility of the role, as Fuller’s crimes had caused shock and horror across our country and beyond.

“As a former NHS hospital consultant and Chief Executive, I hoped that I could help provide answers to the families of Fuller’s victims by identifying what went wrong to allow the creation of an environment, where Fuller was able to offend undetected for so long. I also wanted to help the Trust and all organisations charged with the oversight of the Trust and its mortuary services, to understand, to acknowledge and learn from what went wrong and to take steps to ensure that nothing similar could ever happen again.

“The offences that Fuller committed were truly shocking, and he will never be released from prison. Failures of management, of governance, of regulation, failure to follow standard policies and procedures, together with a persistent lack of curiosity, all contributed to the creation of the environment in which he was able to offend, and to do so for 15 years without ever being suspected or caught.

“Over the years, there were missed opportunities to question Fuller’s working practices. He routinely worked beyond his contracted hours, undertaking tasks in the mortuary that were not necessary or which should not have been carried out by someone with his chronic back problems. This was never properly questioned. There was little regard given to who was accessing the mortuary. Fuller entered the mortuary 444 times in a single year and this went unnoticed and unchecked.

“Mortuary staff were mostly unsupervised and left to their own devices. They frequently did not follow policies and standard operating procedures. Deceased people were left out of fridges in the post-mortem room both overnight, and during working hours when Fuller was carrying out maintenance tasks. He was not accompanied or supervised by mortuary staff at these times. On their intermittent assessments, those responsible for regulation of the mortuary often did not detect these systemic procedural failings.

“It was in this uncontrolled environment that Fuller was able to offend undetected. The senior management of the Trust were aware of problems in the running of the mortuary from as early as 2008. But there is little evidence that effective action was taken to remedy these or that the Trust Board paid any attention to the mortuary. Requests for CCTV to be installed in the mortuary were not actioned for over a decade.

“Had his colleagues, managers and senior leaders been more curious, it is likely that he would have had less opportunity to offend.

“In identifying such serious failings, it’s clear to me that there is the question of who should be held responsible. Although the failures took place over many years and during various management and regulatory regimes, I expect the current leadership of the Maidstone and Tunbridge Wells NHS Trust and those outside the Trust charged with oversight and regulation, to reflect seriously and carefully on their

responsibility for the weaknesses and failings that I have identified in this Report and to implement my recommendations.

“I am satisfied that our detailed work and the co-operation we received from the Trust and other interested parties has enabled the Inquiry to reach robust and evidence-based conclusions. Had the measures that I am recommending, been in place when Fuller was working at the Trust, I firmly believe his offending could have been prevented.

“I note that the Trust has improved its overall performance in recent years. Only this year, it was moved into the highest category in the NHS England performance monitoring system. The findings of this Inquiry are in sharp contrast with that.

“Fuller committed 52 per cent of his offences between the beginning of 2018 and his arrest in December 2020, the same time period during which the Trust has seen rapid improvement in other areas. This serves as a stark reminder that there may be serious hidden issues found in organisations that are apparently performing well.

“The fact that the Trust was apparently improving its overall performance does not in any way excuse the failings that allowed Fuller to offend. The thousands of staff who worked hard to provide high-quality care for patients across the Trust, and had nothing to do with the running, management and oversight of the mortuary, will be justified in feeling let down by their colleagues who held those responsibilities.

“As the Inquiry has been preparing and finalising this Phase 1 Report, we have also begun our Phase 2 work, looking at the broader national picture to understand the procedures and practices across the country which are in place to protect the deceased, not just in hospital mortuaries but in other settings too. Central to this is understanding whether we can be confident that offending such as Fuller’s couldn’t take place in other locations where the bodies of the deceased are kept.

“I would like to reiterate my sincere thanks to the families of Fuller’s victims, for bravely sharing their feelings and experiences with us, and for their patience as we undertook the process of reviewing evidence and drafting this Report.”

ENDS

Notes to Editors

The Phase 1 report is available at <https://fuller.independent-inquiry.uk/report/>

For media inquiries please email fuller inquiry@luther.co.uk or telephone 020 7618 9110.

Further background on David Fuller

In December 2021, David Fuller, an electrical maintenance supervisor with Maidstone and Tunbridge Wells NHS Trust, was convicted of the murders of Wendy Knell and Caroline Pierce in 1987. On his arrest, police officers conducted a search of his home address. This search uncovered printed photographs and video images, held on hidden computer hard drives of Fuller performing sexual acts on deceased people. The subsequent police investigation found that Fuller had sexually abused at least 100 deceased women and girls in the mortuaries of the hospitals in which he had worked. His victims’ ages ranged from 9 to 100 years old. His offences took

place between 2005 and 2020. Fuller was convicted of the mortuary offences under the Sexual Offences Act 2003, at the same time as his conviction for the murders of Wendy and Caroline.

Trust statement following publication of the Inquiry into the issues raised by the David Fuller mortuary offences

David Fuller's depraved, calculated and devious criminal behaviour remains deeply shocking. That he murdered two young women in 1987 and went on to abuse his role in public service to pursue his criminal activities is equally shocking. At the time of his conviction two years ago the Trust offered its sincere apologies to the families of Fuller's victims. Today we repeat that apology.

The Trust Chief Executive, Miles Scott, said, "On behalf of the Trust, and on behalf of the previous NHS organisations that Fuller worked for, I am deeply sorry for the pain and anguish the families have suffered. I know how devastating it has been for them to learn the extent of his crimes."

We would like to thank Sir Jonathan Michael and his team for their detailed work. The Trust did not see the report in advance of publication, but clearly it contains important lessons for us.

It makes 16 recommendations for the Trust including the installation of further CCTV cameras, additional swipe card access on doors, and regular auditing of mortuary access records. The vast majority of these recommendations have already been actioned in the period since Fuller's arrest, and we will be implementing the remaining recommendations as quickly as possible.

The Inquiry team told us if they came across any conduct of concern, such as potential disciplinary offences or breaches of professional codes of conduct, they would tell us. We have received no such notification, but we will be studying the report carefully to make our own assessment.

We have worked with Kent Police and Victim Support to help the families of Fuller's victims in a number of ways and established a dedicated compensation scheme. Our commitment to the continuing support of these families is ongoing and will be open-ended.

Sir Jonathan Michael's report covers a period of over 30 years. Fuller's crimes were horrific, and the impact of these crimes will stay with the families of his victims forever. We now have a duty to ensure the lessons are learned.

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Item 9: Maidstone & Tunbridge Wells Trust – Clinical Strategy – Repatriating Bariatric Care

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

Subject: Maidstone & Tunbridge Wells Trust – Clinical Strategy – Repatriating Bariatric Care

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone and Tunbridge Wells NHS Trust (MTW).

1) Introduction

- a) At its meeting on 21 July 2021, the Committee received a paper about the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust (MTW). The Trust wanted to develop deeper specialist service provision.
- b) At the HOSC meeting of 10 May 2023 the Committee was updated on the progress of the clinical strategy. During the discussion, a member asked about repatriating services from London to Kent. It was explained that there would need to be a clear understanding of which services could, and could not, be provided from London. Although some very specialist care would have to be provided from London, providers across Kent and Medway were looking for opportunities to bring care closer to residents.
- c) Ms Jones (Executive Director Strategy, Planning and Partnerships, MTW) provided the example of repatriating bariatric care and offered to provide the Committee with further information at a future meeting.

2) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2021) '*Health Overview and Scrutiny Committee (21/07/2021)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4>

Kent County Council (2023) '*Health Overview and Scrutiny Committee (10/05/2023)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=62792>

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Maidstone & Tunbridge Wells NHS Trust Bariatric Service Update

November 2023

Introduction

The Maidstone and Tunbridge Wells (MTW) Bariatric Tier 4 service commenced in November 2022, initially with an exclusive referral pathway from the Kent and Medway contracted Tier 3 service, TBC Healthcare. Currently all patients must have successfully completed the tier 3 programme, demonstrating they are suitable to succeed in achieving successful surgical outcomes following a strict post-operative follow up programme.

TBC Healthcare is a Specialist Weight Management Service offering a weight management programme for a period of up to 12 months that support adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes before onward referral to Tier 4. Patients have full autonomy on which hospital they are referred to on the Tier 4 provider list.

Bariatric Tier 4 Surgical pathway is the MTW service which is initially a 'one stop' clinic with a multi-disciplinary team (MDT) made up of psychologist, dietician, surgeon, anaesthetist and specialist nurse.

Governance

For the first 12 months of the service a contracted arrangement with Professor Mohammed Elkalaawy from University College London NHS Foundation Trust (UCL) was put in place to support a strict governance process and enable review in regards to pathway management, decision making at MDT and surgical skills and patient outcomes. Consultants are currently operating with Professor Elkalaawy present with a view for this support to be removed for sleeve procedures following review at the MTW new procedures committee. It has been identified that the integrated decision making at MDT alongside UCL, whom would take the complex patients that cannot be treated at MTW, as per pathway exclusion criteria is invaluable therefore this support will remain indefinitely.

Bariatric Service review meetings are held quarterly to discuss individual service developments from each MDT representative and to allow reflection on current processes. Patient feedback is reviewed as well as reviewing the ongoing strategy for the service. The Bariatric service provides an update at the Directorate clinical governance meetings.

Developing the Service

The activity for the MTW Tier 4 service was agreed in July 2022 with the Integrated Commissioning Board and commenced in November 2022 after a period of recruitment. The agreed activity for 2022 and into 2023/24 was as follows:

Elective Surgeries:

- November 2022 to March 2023 – 50 elective procedures
- April 2023 – March 2024 – 100 cases elective procedures

- April 2024 – March 2025 – 200 cases elective procedures

In November 2023 a referral pathway was agreed and opened to Tipping the Balance, which is a Medway commissioned Tier 3 service. The expectation is 10 referrals a month in addition to the current referral numbers from TBC Healthcare.

Current position

MTW Bariatric Activity	
	November 2022 to October 2023
Referrals Received	244
Referrals accepted	243
Patients booked in for outpatients	149
Patients awaiting outpatient booking/triage	88
Patients cleared for surgery	6
Patients booked for surgery	16
Patients treated	50
Active Monitoring	31

First year

- Initially low referral numbers whilst MTW became an established Tier 4 provider with patients often researching units before choosing their hospital.
- Referrals paused from tier 3 for 4 weeks in January 2023 whilst agreement from ICB regarding MTW ability to accept out of area referrals for patients who had completed the K&M Tier 3 service as patient choice. Although the number was low there was concerns from TBC Healthcare that their provider list should not have postcode exceptions.
- Due to slow referrals initially building an established waiting list to ensure fully utilised bariatric lists was a challenge.
- Clinic capacity became challenged once the referrals increased and was increased from 10 a month to 18 in August 2023 and from December 2023 will increase further to 24 a month.
- Website and YouTube videos set up to promote the service and patient education.
- Current wait time for 1st Outpatient appointment is 16 weeks.
- Current wait time once listed for surgery is 8 weeks.

Next steps

- MTW New Procedures Committee on the 31/01/24 for trust agreement for independent operating by MTW consultants for Gastric Sleeves.
- The expectation will be to increase clinic capacity to 30 a month from April 2024 by removing the clinical psychology from the one stop clinic. The clinical psychology appointments have been identified as quite intense interactions for both patients and staff as part of the one stop

clinic. The patients will have remote appointments the week before their one stop clinic allowing a more relaxed environment for the patient and less time pressure for the staff carrying out high volumes of appointments in one day.

- From April 2024 bariatric operating capacity will increase providing capacity for 336 procedures a year supporting the outpatient capacity of 30 patients per month.
- Continue to work towards developing paper free pre-one stop questionnaires via patient portal.
- Increase accepted BMI to 55 by January 2024.
- New procedures committee in October 2024 for independent operating on gastric bypass.

Future Service Developments.

A recent Policy Recommendation and Guidance Committee (PRGC) meeting was held to consider recent NICE recommendations of allowing direct access from GP's for all patients. This recommendation will remove the requirement for completion of Tier 3 programme. The views of local specialists and the potential impact of changing eligibility criteria on the local health economics has been considered.

If agreed by Kent & Medway ICB a full-service review and new business case would need to be developed and supported by the K&M ICB. Initial thoughts from the consultant body is of positive benefits for patients receiving surgery sooner in their Bariatric pathway however the support services of dietetics, clinical psychology and one stop capacity will need to be increased with an overall reduction in conversion rates to surgery.

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Item 10: NHS Kent and Medway Community Services review and procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

Subject: NHS Kent and Medway Community Services review and procurement

Summary: This report provides background information for members.

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

1) Introduction

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

2) Previous Scrutiny

- a) A representative from the ICB attended HOSC's meeting on 19 July 2023 to set out the position, but the Committee did not feel it had enough information to make a decision around declaring a substantial variation of service.
- b) The ICB returned to a specially convened HOSC meeting on 6 September 2023. The proposal was to reprocure community services via a new model of care based on national best practice and innovation. New contracts would be mobilised by the 1 April 2024, with service delivery expected to continue under the current specifications for the first 12 months. During that time, there would be a year of transformation followed by a new model of care for the remainder of the contract. The incumbent contracts could no longer be extended.
- c) Members raised concerns around the procurement method to be used, whereby new contracts from April 2024 would be like-for-like with the existing specifications while the year of transformation took place at which time new specifications would come into effect. The Committee also had questions around the engagement and co-design that would take place during the year of transformation, the integration of IT systems and the financial cost attached to the procurement.
- d) The ICB had assessed that the first year of the contracts did not represent a substantial variation of service, though the Committee noted that many phrases in the agenda report indicated significant change would occur at some point.
- e) A Member asked what effect a substantial variation decision would have on the timescales and implementation of the contract. It was recognised that the proposed procurement was (locally, at least) a new way of undertaking contracts and if it was decided that it constituted a substantial variation, the

Item 10: NHS Kent and Medway Community Services review and procurement

ICB would extend the current contracts and delay the transformation for two years. It was noted that this would prevent the NHS from developing capacity at scale to meet with the needs of an older population. Seeking clarification as to why a two-year delay would be required, the ICB advised that it was necessary as they did not have alternative mechanisms in place. It was not possible to roll over the current contracts and ask providers to reflect national changes in the way they delivered services.

- f) The Committee said that a delay would not be in the interest of the authority, residents, or the NHS, but they did want to be kept informed about the progress of the transformation over the duration of the contract.
- g) Following discussion, the committee resolved that:
 - i) The Committee deems that proposed changes to the re-procurement of Community Services are not a substantial variation of service.
 - ii) NHS representatives be invited to attend the Committee and present an update at an appropriate time, to include details on financing and engagement.

3) Scrutiny in Medway

- a) The proposed changes impact residents in both Kent and Medway (excluding the Children's lots which do not cover Medway). For this reason, they were also presented to Medway's Health and Adult Social Care Overview and Scrutiny Committee (HASC) on 20 September 2023. When considering whether the changes represented a substantial variation of service, councillors had similar concerns to those raised by HOSC members. They were also advised by the ICB that such a declaration would delay the transformation work for a substantial time. Extracts from the minutes are as follows:

"Staff undertaking the work would shortly need to be moved to winter planning work. This could lead to a two-year delay in the process."¹

"The reference to a 2-year delay being caused by a decision to deem the changes a substantial variation was questioned, given the Committee had not seen such a delay in the past when deciding proposals were substantial variations and Members considered the need to make the right decision for Medway was paramount."

- b) Following the debate, Medway's HASC resolved the following:

"The Committee agreed that the proposals from the Integrated Care Board to re-procure community services constituted a substantial variation or development in the provision of health services in Medway."

¹ Medway Council (2023) 'Health and Adult Social Care Overview and Scrutiny Committee (20/09/23), <https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MIId=5809>

Item 10: NHS Kent and Medway Community Services review and procurement

4) **October Update**

- a) At the HOSC meeting on 5 October 2023², the Chair informed members about the resolution of Medway's HASC. He also said that a committee member had raised concerns over the information provided by ICB colleagues at the meeting on 6 September 2023 and that he agreed a further investigation was required. The Monitoring Officer was to write to the ICB to highlight the concerns.
- b) Representatives have been invited to attend today's HOSC meeting and provide an update on the procurement process and next steps.

5) **Recommendation**

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

Background Documents

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

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

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

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² Kent County Council (2023) 'Health Overview and Scrutiny Committee (6/09/23)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=9318&Ver=4> (item 138)

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KMICB HOSC Community Services Procurement Update Report

Background

Previously The ICB presented plans to reprocore and transform the community health services across Kent and Medway.

At the time of the HOSC meeting in September members raised a number of questions but did give approval, however this was followed up with further clarifications and concerns raised by councillors, leading to the Chair's announcement at the October HOSC meeting. In Medway, HASC voted that the proposals constituted a substantial variation and required more work and information before it could be approved.

Below is a summary of the issues raised across both committees:

- A. The shortened contracting process and associated risk.
- B. The possibility of new incoming providers working from different locations and in different ways.
- C. The possibility of staff erosion, becoming unsettled and leaving the local workforce.
- D. The reference to a 2-year delay being caused by a decision to deem the changes a substantial variation was questioned.
- E. Financial detail for the community services contracts.

The purpose of this paper is to update the HOSC members on how the ICB will seek to address the issues raised and our next steps.

Governance (in reference to points A & D)

Following the scrutiny committee meetings and subsequent discussions at the ICB Executive Management Team (EMT), it is proposed that the current community contracts be extended across Kent & Medway to September 2025. This would be made up of an initial 1-year contract with the possibility for a further one-year extension, if agreed by providers and the ICB, with a 6-month notice period/break clause included.

This extension will allow the ICB to harmonise the three contracts currently held by MCH, HCRG and Kent Community Health NHS Foundation Trust (KCHFT) from a contract end date perspective, allow transformation work to begin to improve services for patients, and enable a full and transparent procurement of the services to be instigated and be in place no later than September 2025. It should be noted that this procurement will follow the recently announced (23rd October 2023) Health Care Services (Provider Selection Regime) Regulations 2023 (the Regulations), which replaces the existing procurement rules for NHS and local authority funded health care services, this regulation will come into effect from 1st January 2024.

This extension will include the Community Ambition (previously Community prospectus), and a program of collaborative work with the current providers to deliver transformation of the community services across Kent and Medway aligned to local and national strategy



and objectives. However, implementation of the Community Ambition and the transformation program will require close collaboration with the current providers and will not be enforceable under the present contract: it will require the providers to take ownership for delivery of the local ambition.

Kent and Medway ICB's Community Services Review Steering Committee (the "Committee") provides oversight guidance and governance to the ICB's Community Services Review, and assurance to the ICB EMT regarding the progress of the Review.

The Committee is responsible for:

- Operating the programme in accordance with the principles of good governance, organisational learning and continuous quality assurance and improvement.
- Establishing and maintaining regular dialogue with wider ICB and neighbouring strategic change programmes to ensure strategic alignment of change proposals/ Interdependency.
- Monitoring the progress of the review, including identified risks and issues and associated mitigations, as reported by the Committee's Working Group.
- Approval of a transparent change methodology, with appropriate governance arrangements, building service change knowledge, skill and capacity across clinical design teams and other governance groups, as required.
- Ensuring appropriate enabling and cross-cutting work is undertaken to support the change process, including accessibility analysis, equality, health and inequalities assessments, communications, and engagement.
- Regular reporting to the EMT and Board through relevant highlight reports and the corporate risk register, as well as Lessons Learned reporting at appropriate stages of the review and a review closure report.

Delivering the review includes:

- Refresh of current community service specifications to reflect current service delivery on the ground
- Identification of current and future activity, utilisation and population needs
- Development of a new integrated model for community services

The Committee is accountable to, and provides periodic updates to the ICB EMT, and will provide future updates for HOSC.

Community Services Procurement Programme Summary

Actions	06-Nov-23	04-Dec-23	01-Jan-24	05-Feb-24	04-Mar-24	01-Apr-24	06-May-24	03-Jun-24	01-Jul-24	05-Aug-24	02-Sep-24	07-Oct-24	04-Nov-24	02-Dec-24	06-Jan-25	03-Feb-25	03-Mar-25	07-Apr-25	05-May-25	02-Jun-25	01-Jul-25	01-Aug-25	01-Sep-25	01-Oct-25	01-Nov-25	01-Dec-25	01-Jan-26	01-Feb-26	01-Mar-26	01-Apr-26	
HASC Meeting (19.12.23)																															
CVs developed and agreed inc SDIP/DQIP																															
Key Milestone: CVs commence 01.04.24 (terminate 31.03.26)																															
Public engagement inc report/publication																															
Stress test of procurement process																															
Finalise ITT/Tender documentation (stress test/public engagement outcomes)																															
Review of Tender Documentation by Capsticks																															
Internal approval of Tender Documentation (AGEM CSU)																															
EMT Procurement Governance paper																															
Approval of ITT for publication: EMT																															
Key Milestone: ITT published / 'Town Hall' event (03.03.25)																															
Bidder response																															
Tender Evaluation																															
Tender Moderation																															
Contract Award Recommendation Report (CARR)																															
Contract Award Approval (EMT; PIC; Extraordinary Board)																															
Key Milestone: Contract Award Approval																															
Award Letters sent and Standstill Period (10 Days)																															
Commence contract negotiation (if new provider/s - contract due diligence)																															
Key Milestone: Contracts signed / Commence contract mobilisation																															
Mobilisation period (6 months)																															
Key Milestone: Contract start date (01.04.26)																															

Estates & Service Locations (In reference to point B)

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition. This will enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future. Over recent years we have shifted our focus towards optimising the use of current estates and recognise the drive for greater integration through a shared, co-located estate, which can be used by all organisations within the ICS. This will lead to improved utilisation and general estates efficiencies.

Kent and Medway ICB recently published our Interim Estates and Infrastructure Strategy which includes a road map for delivery of new locations across Kent & Medway right up to 2028, this includes the development of Folca New Medica Centre in Folkestone High Street. This project is still in the design phase and is expected to be completed in 2025, repurposing part of the Art Deco building into a modern medical centre. This initiative will be an excellent illustration of “Health on the High Street” serving local people in the heart of their community.

We will be looking to our colleagues in the Health and Care Partnerships to create a more localised strategy as they are best placed to develop and optimise the local and healthcare estate for the needs of the local population. All organisations delivering healthcare across the localities will be expected to contribute to the localised planning and so will be involved in developing the strategy, working in unison with either the incumbent provider or a new one in the future.

Finance (In reference to point E)

The ICB and Kent & Medway system continues to operate in a challenging financial position. In developing the ICB operating plan, each system partner has focused on balancing delivery across the national recovery objectives for 2023/24 with a focus on recovering our core services and increasing productivity levels. Therefore, all system

partners including community providers are focused on maximising productivity across the ICS to support delivery of the national recovery objectives. The plan was produced with input from all system partners including their Business Intelligence (BI), workforce and finance teams working closely with the ICB BI, workforce and finance team to produce the final operating plan for 23/24.

A full financial review has been undertaken by the ICB as part of the community services procurement with the scope based on procurement of 3 main community services providers contracts and budgets those providers are KCHFT, Medway Community Healthcare and HCRG.

The starting position for the review was the service line reporting data from the providers baseline information based on 23/24 contract values plus agreed additional pay award funding.

Finance service lines have been mapped to the new service specs and the ICB has also analysed the spend per head of population to provide as an indication of relative benchmark across the Health and Care Partnerships areas. It excludes children's services, as Medway and Swale children's services were outside of the scope of the proposed procurement. However, it was included for other H&CP areas. Further work is required on this benchmarking as services provided by community providers in some H&CP area are provided either by acute trusts, through joint commissioning arrangements with Local Authorities, or via other community contracts. The review includes cost per head benchmarking, ensuring like for like services are included in the benchmarking across all H&CP areas.

The ICB has no plans to significantly alter the spending plan for community services over the two-year extension but does need to increase productivity and efficiency during the transformation period.

Workforce (In reference to point C)

Organisational change is something the NHS and ICB is familiar with. The NHS is a system which is constantly evolving and changing to meet new challenges and incorporate new evidence, new technologies, and more efficient ways of working. Change is intended to lead to improvements but can also lead to uncertainty, anxiety, and disruption in the shorter term.

The ICB plans to support the current workforce working with existing and any new providers with a structured approach to any change being implemented to minimise any disruption, introducing new ways of working in a planned and systematic way. Some improvements in these areas are necessary and framed within the NHS Long Term plan, including the need to expand capacity and grow the workforce. The challenge is substantial, but there are real opportunities to make improvements. Many of those leaving the NHS would remain if they were offered improved development opportunities and more control over their working lives.

The Long-Term Plan sets out a number of specific workforce actions developed by NHS England and others that can have a positive impact now. The Plan also sets out our wider reforms for the NHS workforce. NHS workforce planning will always be complex and never an exact science, whether led nationally, regionally, or locally. But we must ensure plans

work locally and add up nationally. Workforce plans need to be highly adaptive over the next ten years, and attentive to both the detail and the wider context.

Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups. For doctors, we will focus on reducing geographical and specialty imbalances. For the wider workforce, we aim to ensure sufficient supply of nurses and to address specific shortages for AHPs and other key groups.

Kent and Medway's Integrated Care Strategy has been published, detailing our six shared outcomes, which include making Kent and Medway a great place for our colleagues to live, work and learn. People priorities within this include championing an inclusive workforce, looking after our people, growing our local workforce, and building 'one' workforce at place. Medway Community Healthcare are a key partner within our collaborative workforce space.

In October 2023, we published our 5-year Kent and Medway People Strategy and 2-year Delivery Plan. This described our collective commitments to support and develop our workforce across the area, through 3 distinct programme areas: workforce resourcing, staff experience and education & careers.

Our community service providers play an active role across our staff experience and education and careers programmes - where we are taking action to improve retention and reduce leaver rates, embed a culture which enables staff to thrive, improve equality and diversity (strong links to the NHSE EDI Workforce Improvement Plan), develop new education models and drive improved learner experience.

The Kirkup report and Fuller report both have significant implications for our system's workforce and progress is being made to implement their recommendations. The NHS Long Term Workforce Plan, published 30th June 2023 and the outputs of the Hewitt review, published 4th April 2023 both have further shaped our programmes of work and our Kent and Medway People Strategy and Joint Forward Plan.

To realise our ambitions for Kent and Medway, we will continue to develop our provider collaboratives and four HCPs and ensure place-based integration and provider collaboration across the full scope of health and care providers. Robust population health management, reducing health inequalities, supporting broader social and economic growth, and providing the very best care for the people of Kent and Medway through our workforce, is central to our plans and key to the people strategy

As part of the system wide People Strategy there is a system wide workforce efficiency programme, with a focus on temporary staffing agency reduction and the wider workforce efficiencies that support this reduction. There will be a focus on filling the hard to recruit roles through specific system wide, joined up recruitment campaigns (such as GP attraction in primary care and work with social care partners) and ongoing work with schools and colleges to attract more people into our health and care roles.

There are key system wide workforce shortages in nursing, GPs, midwives, domiciliary care workers and paramedics. Key Kent and Medway people priorities include attraction, recruitment redesign and retention activities.

Attraction campaigns and recruitment events for hard to recruit roles for health and care are planned such as GPs, following some pilots of this in 22/23, working with DWP, schools, education and VSCE to attract for local communities. Joint recruitment events across health and care will be planned to support an increase in intermediate care capacity.

Impact of industrial action (IA) on service provision and backlogs may result in increased workforce utilisation; duration of IA and scale of impact not known. Cross-system working group in place and to date impact of IA has been effectively managed and disruption to services minimised.

Ongoing risks of limited workforce supply, mitigated through recruitment and retention activities outlined above. The slowing of establishment growth will also make the task of reducing the vacancy gap more achievable. Transformation work across pathways utilising alternative roles attracting new to care applicants through T-levels, apprenticeships and other development roles will also support workforce growth and build a more diverse pipeline of talent and skill mix. Limited availability of domiciliary care to support with discharge pathways and transformation plans (i.e., virtual wards).

Conclusion

The ICB is committed to working with its partners, including HOSC and Medway's HASC, to raise standards and 'level up' Kent and Medway community services, addressing health inequalities in our communities. Therefore, we are proposing an extension of up to 2 years of current contracts to the 3 aforementioned community providers to allow us to undertake engagement and transformation processes across the community services prior to new contract awards.

Item 11: Kent and Medway children and young people’s mental health services procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

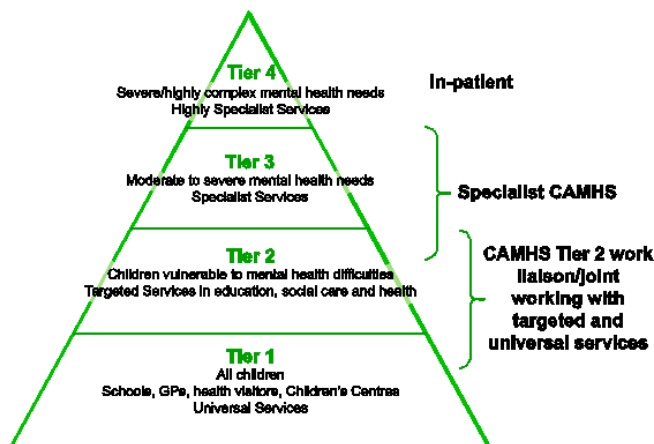
Subject: Kent and Medway children and young people’s mental health services procurement

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

The Committee has yet to determine if the changes represent a substantial variation of service.

1) Introduction

- a) Children and young people’s mental health services (CYPMHS) is an umbrella term covering a wide range of services commissioned by the NHS and local government. The diagram below helps explain the four tiered provision of the overall service.¹ NHS England commission tier 4 services and the Integrated Care Board (ICB) Commission tier 1-3 services.



- b) NHS Kent & Medway (“the ICB”) currently commission around £36m of children and young people’s emotional wellbeing and mental health services from a range of providers from across the NHS, local authority and voluntary, community and social enterprise sector. All the contracts with current service providers are due to expire by the end of August 2025.
- c) The ICB’s Children’s Commissioning Team contacted the Chair of HOSC on 30 October 2023, informing him about the programme of work they are undertaking before the procurement of new Children and Young People’s

¹ 1 Parliament (2014) CAMHS as a whole system, <https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34206.htm#note29>

Item 11: Kent and Medway children and young people's mental health services procurement

mental health services contracts. A pre-market engagement event took place on 9 November 2023, and provided an opportunity for NHS Kent and Medway to engage with providers and other stakeholders about the future design of services and develop a new model of care by September 2025. A survey was also carried out between July 2023 and October 2023 and sought the views of children, young people, families, carers, and health professionals.

2) Previous visits to Kent's HOSC

- a) Whilst the proposals being brought to the Committee today are new, the performance of CYPMHS has been discussed regularly by the Committee. The current provider, NELFT, and the ICB (formally the Clinical Commissioning Group) have attended the Committee and faced scrutiny several times, the most recent of which was in May 2022. Highlights from the report and discussion were:
- i. The number of children presenting in crisis continued to increase, rising from an average of 85 children per month before covid-19 to an average of 140 per month. That reflected national trends and there was a system wide steering group that met every two weeks to address the issue.
 - ii. The number of children experiencing anxiety continued to rise.
 - iii. Key areas of work underway included improving patient flow through the system, strengthening community support, recruiting an Associate Director of Pathways (Complex and Crisis Care), and an expansion to the NELFT crisis service.
 - iv. Mental Health Support Teams (MHSTs) were to be in 51% of Kent and Medway schools by 2023/24.
 - v. It was recognised that an inpatient bed was not always the right treatment for a patient. NELFT were also looking into what more could be done locally for patients with eating disorders as there was no inpatient facility nearby.
 - vi. A huge piece of work was underway looking at multidisciplinary roles in primary care including non-clinical ones, expanding the neurodevelopmental pathway pilots, and ensuring individuals knew how to access services.
 - vii. Recruitment continued to be a challenge.
- b) Previous scrutiny also identified concerns relating to waiting times; service provision because of capacity issues; and communication during waiting times.

Item 11: Kent and Medway children and young people's mental health services procurement

3) Recommendation

- a) The ICB have brought the proposal to HOSC today for their information. A decision on whether the changes are substantial are to be made at a future meeting.
- b) RECOMMENDED that the Committee note the report and invite NHS Kent and Medway to return to a future meeting with more detail.

Background Documents

Kent County Council (2022) *'Health Overview and Scrutiny Committee (11/05/22)'*, <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8763&Ver=4>

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Kent and Medway children and young people’s mental health procurement: Briefing for Kent’s Health and Overview and Scrutiny Committee

December 2023

Situation

This paper provides a briefing to the Kent Health and Overview Scrutiny Committee about work under way by NHS Kent and Medway Integrated Care Board to procure children and young people’s mental health services for Kent and Medway.

The purpose of this paper is to inform committee members of the procurement, and provide early assurance of the approach being taken, engagement already carried out, and plans for further engagement with children and young people, families and carers, providers of services, and wider stakeholders.

Background

The NHS Long Term Plan

The NHS Long Term Plan requires NHS Kent and Medway to deliver against identified priorities for children and young people’s mental health. To support delivery, NHS Kent and Medway has a [Local Transformation Plan](#) in place. The plan has, historically, been annually refreshed, to address some of the key challenges we face, such as:

- increasing need for children and young people’s emotional wellbeing and mental health services, particularly since the Covid-19 pandemic
- increasing complexity and seriousness of mental health needs children and young people have
- challenges in recruitment and retention of specialist mental health professionals
- long waiting times for neurodevelopment assessments, which, in turn, impacts other mental health and wider health, care, and education services
- not all children, young people and young adults being able to access support and those who do might not show any reliable improvement¹.

NHS Kent and Medway’s annual spend on children and young people’s mental health

NHS Kent and Medway has an annual budget of £37 million to deliver mental health services for children and young people in Kent and Medway. This money is used to commission

¹ Reliable improvement is when a young person has pre-intervention and post-intervention scores that improve over the course of treatment to an extent that is greater than chance.

services ranging from specialist NHS mental health services to local council and voluntary and community sector organisations. Mental health interventions and support are delivered across primary care, schools, community groups, digitally, and within specialist clinical settings.

Currently, these organisations support 35,800 children and young people in Kent each year. This is monitored through a dataset called the Mental Health Services Data Set.

Assessment

Developing a proposed new model of care

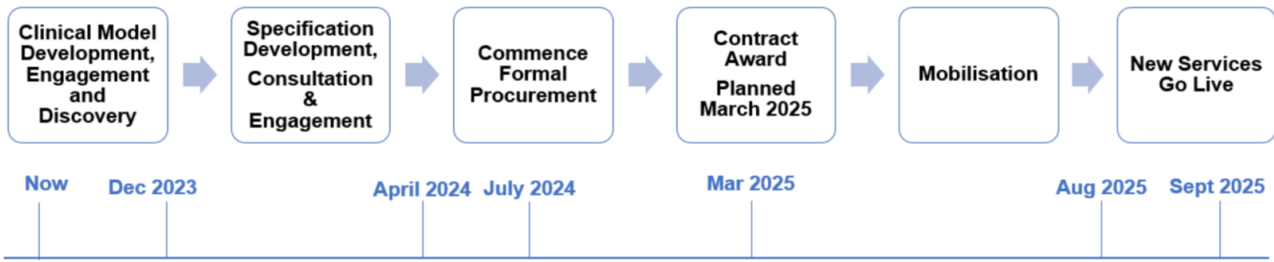
All NHS Kent and Medway contracts with current providers of children and young people’s mental health services are due to expire by 31 August 2025. NHS Kent and Medway wants to use the opportunity presented by the procurement process to commission modernised services, which will support implementation of our [Local Transformation Plan](#) and the shared outcomes in Kent and Medway’s Integrated Care Strategy Priorities (Appendix 1).

NHS Kent and Medway will award ten-year contracts which will provide stability and security for a future workforce. We are working with children, families, partners, and stakeholders, to develop services that focus on specialist mental health, therapeutic earlier support, and mental health support in schools.

Future services will focus on making sure children and young people get support as quickly as possible when they first experience mental health issues. This will help to prevent children and young people becoming more seriously unwell, and free up capacity in specialist mental health services to care for those who will benefit most from their expertise.

To support the development of the future offer, we have also established a clinical reference group (CRG), comprising children and young people’s mental health clinicians, to develop a new evidence-based model of care. The initial phase of the CRG’s work to develop a proposed new model of care will conclude in December 2023. The indicative timeline for the procurement can be found here (*please note: this timeline is subject to change*):

Indicative timeline for children and young people’s mental health procurement



Initial engagement with children, young people, and families

NHS Kent and Medway has actively embedded engagement and lived experience in children and young people’s mental health transformation work since 2017. We regularly engage with

groups of children, young people, and families under the leadership of our employed lived experience lead and two participation workers, hosted by Kent County Council. Our [Local Transformation Plan](#) outlines the comprehensive programme of engagement that they lead with children and young people.

In preparation for this procurement, we have already carried out a good range of engagement work which is being incorporated into future service model development; some examples are below:

- **Young People's Mental Health Conference:** In May 2023 we delivered a conference developed by and for young people and included commissioners, heads of services, voluntary and community providers, partners, and councils. Key themes from young people included: young people supporting other young people; young people being involved in decision-making and being listened to; needs-focused holistic support; honest and transparent communication around services, provision, and support limitations; clearer information about how and where to access support; voluntary, GPs, schools, parents and carers, NHS staff and others being trained in Mental Health First Aid; health, social care and voluntary services developed stronger and better integrated services and partnerships.
- **Online Survey:** This ran between July and October 2023 to hear how NHS Kent and Medway could improve available support for children and young people's mental health. The survey questions were promoted through a range of face-to-face summer activities with children, young people, and families and through online paid promotion. The survey reached 36,000 people with 981 individual responses.
- **Big Mental Health Conversation 2023:** In October, The Big Mental Health Conversation event took place and was attended by more than 250 young people from Kent and Medway's secondary schools. A report of the event is available here (Appendix 2).

Responses are being analysed and a comprehensive report will be written to identify key themes heard during our engagement with children and young people. The findings will inform the next stage of our programme of engagement.

Initial market engagement

We already work collaboratively with current and potential providers of services. We know that current and potential providers of services from across the NHS, council and voluntary and community organisations are well placed to help us find solutions to meet the needs of our population.

We want to understand their views, hear their ideas and solutions to address the challenges we face, and understand whether there are any new providers or different ways to deliver services in the future.

As part of this, we held an initial market engagement event on 9 November 2023. Twenty-two providers attended, as well as colleagues from NHS Kent and Medway, Kent County Council and Medway Council. The event was an opportunity for providers to:

- understand the procurement process for future children and young people's mental health provision in Kent and Medway, and emerging outline plans
- provide reflections on this process and what would help to make the procurement process work as well as possible for different stakeholders
- share ideas for excellent children and young people's mental health services and provide feedback and reflections on emerging ideas from NHS Kent and Medway.

Feedback confirmed that providers welcomed the opportunity to hear about future commissioning intentions and being asked their views on early ideas (Appendix 3). Several providers confirmed they would like to attend follow-up sessions to further explore some of the discussions during the day. Further engagement opportunities are planned for early 2024.

Planned engagement on the proposed new model of care

We have a strong track record of engaging with children and young people, their families and carers, as well as with mental health professionals and those who provide services.

We will deliver a comprehensive programme of engagement between January and March 2024 to seek views from a wide range of stakeholders on the proposed new model of care. Appendix 4 outlines the detailed plan of engagement, which includes key deliverables, stakeholders, and approaches.

Our planned engagement activity includes a focus on seldom asked groups, so we can learn how to make our services more accessible. The identification of specific groups has been collated from the findings of the equality impact assessment and local intelligence from currently commissioned services.

Engagement with children, young people, families, the workforce and partners, will focus on patients' journeys and experiences through any future proposed models. This process will enable us to evaluate the scale of change for children and young people in accessing services and receiving support in the future model.

Recommendations

After engagement is completed in early 2024, we would like to return to the Health Overview and Scrutiny Committee with recommendations on whether the implementation of a future model and set of services constitutes substantial variation.

In the meantime, the services we provide to children and young people, and their families and carers, will continue to be proactively managed with continued oversight and scrutiny of the quality and responsiveness of all services.

We are committed to keeping Health Overview and Scrutiny Committee members informed and updated at every stage of this work and would welcome feedback on how best to engage with members over the next five months.

Committee members are asked to:

- **SUPPORT** the proposal to return to a future committee meeting with a report evaluating the level of variation of services in the future model, and recommendations on how we propose to respond to this.
- **NOTE** the ongoing commitment by NHS Kent and Medway to engagement of our population and partners in service design and delivery.
- **CONFIRM** how best to keep committee members informed of the progress of engagement and procurement of future services in addition to committee reports.

Sue Mullin

Associate Director for Children's Mental Health

22.11.23

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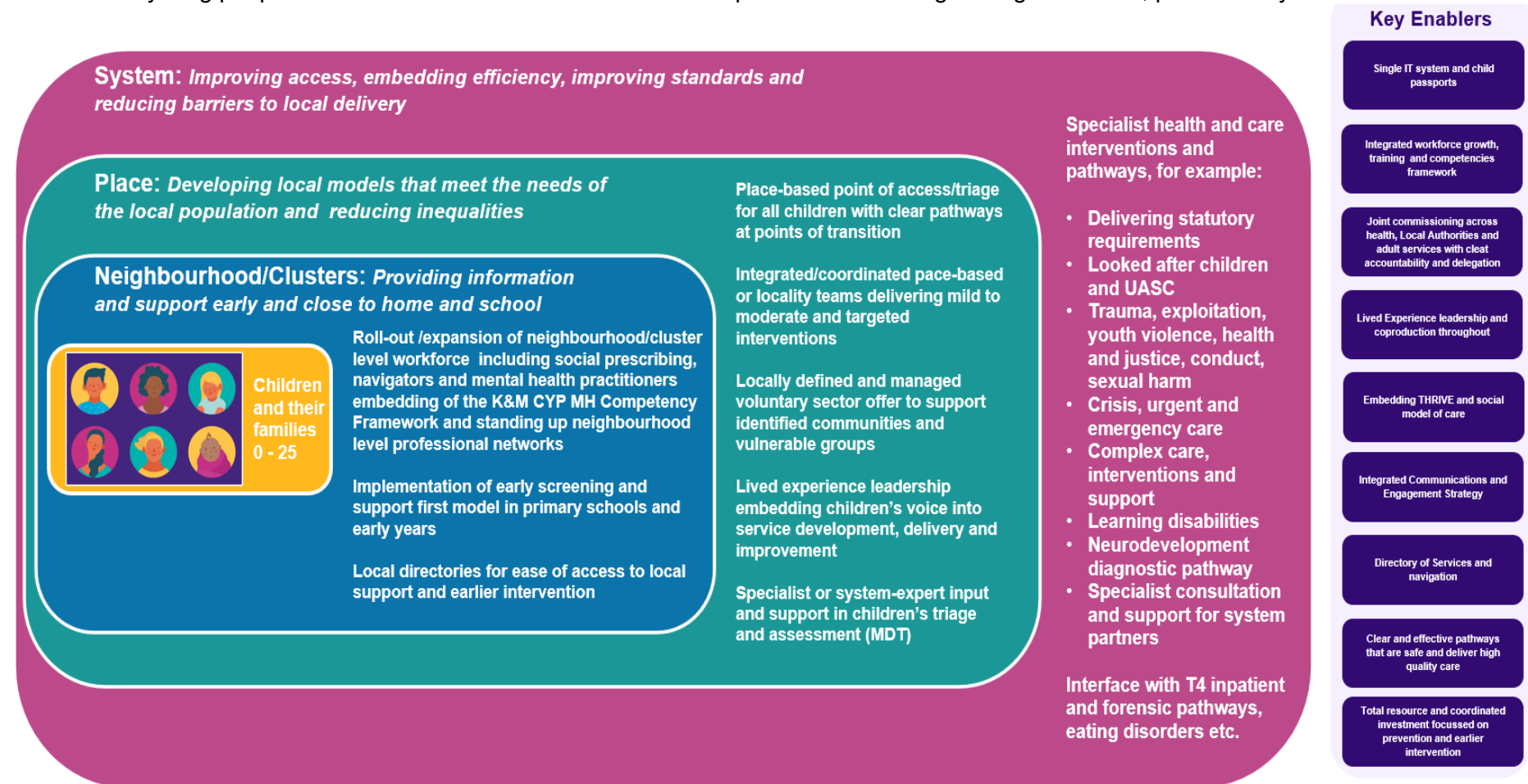
Appendix 1: ICS Strategy: How can future CYP MH model deliver ICS priorities?

NHS Kent and Medway are taking the opportunity presented by the procurement process and ensure that new contracts will deliver evidence-based best practice care. We want our services to be targeted at the right time so they can help prevent children and young people becoming seriously unwell and provide specialist care when needed. Therefore, alongside engagement with providers and the market testing activity, we have established a clinical reference group (CRG), comprised of children and young people’s mental health specialists, to develop an evidence-based model of care.

ICS Strategy Priority	How the can a future CYP MH model deliver against the ICS priorities?
Giving children the best start in life and working to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.	Focus on removing the inequity that has been built into numerous contracts and ways of working. New model can build on place and neighbourhood points of access and support . Locally defined services can address specific and local inequalities and population needs which tie in and complement a whole K&M therapeutic approach to care .
Helping the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.	Focus on meeting needs first and early . It will enable system partners to invest and plan together on preventative/wider determinants of health interventions. The place-based components will be able to identify their most vulnerable populations and design services to meet their needs. Exploring personal health budgets at neighbourhood level as an integral component to any future model will test a new approaches to direct support and solution finding.
Helping people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.	Implementation of iTHRIVE to give a framework & language to describe & navigate the information and support on offer. This will be hand in hand with a transformed digital offer and implementation of the CYP MH Communication and Engagement Strategy , making mental health ‘everyone’s business’ and giving the tools to manage within family, friend and communities.
ICS Strategy Priority	How the can a future CYP MH model deliver against the ICS priorities?
Supporting people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.	Children who are looked after or care leavers , those on the criminal justice pathways, trans young people, autistic people and those with ADHD will remain a focus of any CYP MH programme. Models of care where specialist interventions are delivered by a variety of experts, skilled with working with particularly vulnerable young people will be rolled-out. How can supervision, consultation and psychoeducation can support a whole network of partners support children and young people?
Ensuring that when people need hospital services, most are available from people’s nearest hospital ; while providing centres of excellence for specialist care where that improves quality, safety and sustainability.	Children and young people need rapid access to crisis care 24/7 . Where CYP do not have a physical health need, they will be offered care at home or in the community , in environments which are appropriate to their safety, care and need.
Making Kent and Medway a great place for our colleagues to live, work and learn .	By offering contracts for a generation , the new model can build much needed resilience within the workforce . There is a large component of delivery through the VCSE , and longer-term contracting supports the NHS commitment to the sector . It will enable the CYP MH system to better engage with young people seeking to enter into future NHS careers in therapy/MH sector.

Future model of children and young people's integrated care 2023/24

Kent and Medway Children's Programme Board and Joint Commissioning Sub Group have adopted the below model of integrated care for children and young people. This model commits future services and provision to working at neighbourhood, place and system-level.





Report of the Day 2023

**Kent
County
Council**
kent.gov.uk



Medway
COUNCIL
Serving You

NHS

Kent and Medway

The Big Mental Health Conversation 2023



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More than 250 young people got together for this year's Big Mental Health Conversation on World Mental Health Day (10 October).

The free event gave 13 to 16-year-olds the chance to share their experiences of mental health support in Kent and Medway and learn new skills to boost their health and wellbeing.

The event was hosted by Kent County Council, iThrive & Participation Team in collaboration with NHS Kent and Medway.

Thank you to the following 28 schools for joining us on the day!

Charles Dickens

Duke of York Royal Military school

Ebbsfleet Academy

Forelands Fields

Grange Park

Hadlow Rural Community School

Harvey Grammar school

Hill View

Homewood

Knole Academy

Maplesden Noakes

NWK Alternative Provision

Oakwood Park Grammar School

Portal House

Queen Elizabeth's Grammar

Rochester Independent

Rosewood School

Rowans AP

Sir Roger Manwood's

Spires Academy

St John Fisher

St Johns Comprehensive

The Howard School

The Hundred of Hoo School

Tunbridge Wells Grammar for Boys

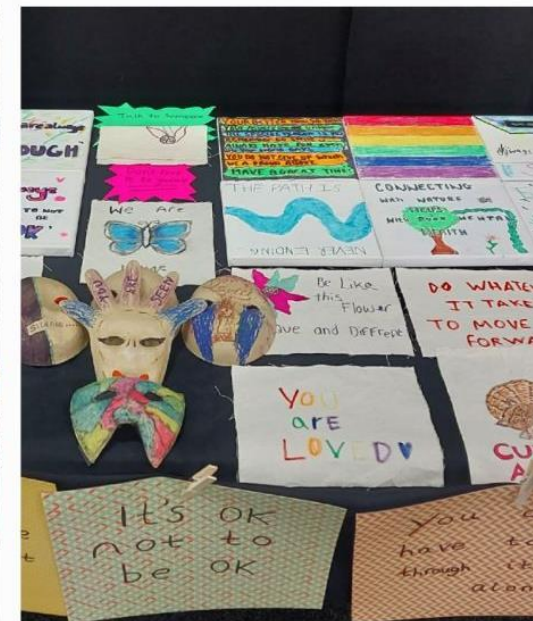
Waterfront UTC

Will Adams Academy

Valence School



The event featured a broad mix of attending schools and our interactive marketplace was supported by 29 organisations.



Thank you to the following organisations for joining us on the day!

- NHS Kent and Medway - ICB
- Active Kent and Medway
- Canterbury Christ Church University
- Ellie's Angels
- Emerge Advocacy
- Family Action
- Imago
- Involve Kent
- KCHFT
- Kent Country Parks
- Kent Cricket
- Kent Youth County Council - KYCC
- Kooth
- KCC - Sibling Support Project
- KCC SEND Information Hub
- KCC Early Help
- Medway Parents and Carers Forum
- Kent & Medway VRU
- Medway Council - Youth Service
- Metro Charity
- Mid Kent Mind
- NELFT
- North Kent Mind
- Oasis Domestic Abuse Charity
- Open Road
- Pets as Therapy
- Place 2 Be
- Porchlight - Be You
- Salus
- TONIC
- We Are With You - MAB

Thank you to the following organisations for providing workshops and CPD sessions on the day!

KCC – iThrive & Participation team
KYCC Young Leaders and volunteers
Kent Cricket
Family Action
KCHFT
Kent Country Parks
Lower Bush Alpacas
NELFT
North Kent Mind
Porchlight - Be You
KCC Early Help
Pets as Therapy dogs
KCC - Autism Education Trust Trainers



This year we provided eleven different workshops with young people able to choose two to attend.



Workshops included discussion and tabletop activities on a range of subjects.



Partners from across the county joined us on the day. Outdoor activities included dog walks, bug hunting, mindfulness and sports.

A special mention for Kent Cricket, who stepped in to deliver sessions all day.



The Pets as Therapy dogs were really popular with young people and offered unlimited affection, support and comfort throughout the day.





Hadyn, KYCC member and Young Volunteer, opened the event alongside Harrison, setting the scene for the rest of the day.



Liv, KYCC
Chair, did a
brilliant job of
opening the
first activity and
presenting to
the audience on
the topic of the
Mental Health
Continuum.



Harrison, KYCC
Young
Leader, engaging
young people in
discussions about
mental health.
Harrison was also
part of the social
media team on
the day.



Zak, a member of KYCC and Young Autistic Experts, staffing the market stall, alongside Melissa Devine from KCC.

Zak also co-delivered a CPD session on Autism and Anxiety in the afternoon.



Izak, one of our
KYCC Young
Leaders, delivering
CPD training
alongside
colleagues from
NELFT.



Joshen, one of our KYCC young volunteers, co-delivering the iTHRIVE workshop to young delegates from across Kent and Medway.



Quotes from our Young Leaders and Volunteers

'Thank you so much for this amazing opportunity. It was a true honour and such an amazing experience that I will remember! Thank you so much as well for the support and help!'

'I was really able to get a sense of every workshop, and it was clear to me that the young people were really enjoying themselves. It was an excellent event that I'm glad I was able to capture.'

Our fully accessible safe space featured mood lighting, comfy rugs and blankets and a selection of fidget toys, books and games.

The space was staffed by one of our participation team throughout the day.



Quotes from SEN School

'Our students find large crowds and accessibility challenging at these events, but we were all really impressed at how accessible it was.'

The students commented that despite feeling overwhelmed at times, they felt it had built confidence.

There was some good feedback from the sessions and students particularly enjoyed the more practical activities.

We look forward to joining you again next year'.

Quotes from Schools

'The enthusiasm of those who hosted and the way they interacted with the students and young people attending. They were exceptionally friendly and enthusiastic, and this helped our students reduce their anxiety and engage in activities set'.

'The workshops and marketplace, I learnt a lot in a short space of time'.

'It was a very enjoyable and informative day'.



Quotes from young people

'This event was the first time I have spoken about my mental health to anyone.'

'I didn't know all of these services in the marketplace existed.'

'I learnt how emotions work.'

'The big mental health conversation was engaging and enthusiastic.'

'I now know where to get help.'

'Feels good to be creative and making the (Pride) flags means something.'

'At school I fidget with anything I can get my hands on, but here I could use specific things.'

'I want to learn how to go to sleep easier.'



More quotes from young people

'Instead of just listening, we did activities'.

'The day has made me learn a lot of new things that are good'.

'Made new mates'.

'I felt like I wasn't judged and they were accepting and the staff were kind'.

'The tea and coffee station = independence'.

'The dog walk, peaceful and allowed pupils to talk to each other'.

'How nice the people are, like really nice'.

'I had a fun day. It was nice to get out of school and breathe, it was relaxing'.



Even more quotes from young people!

'I really enjoyed the sultanas mindfulness and feeding the alpacas'.

'I didn't know all these apps existed'.

'I didn't hear any of this until I thought about it (Mind Magic activity about things you can see, hear, feel ,smell, taste)'.

'Found it useful, liked the activities'.

'If you go to CAMHS, they do things like anxiety and depression'.

'I've got ADHD and I should have medication but I don't want it'.

'If my little brother won't go into school, I won't. He needs support'.



Quotes from Providers

Page

'We all really enjoyed the conference, it was so good to spend time with young people and the whole day was really well organised'

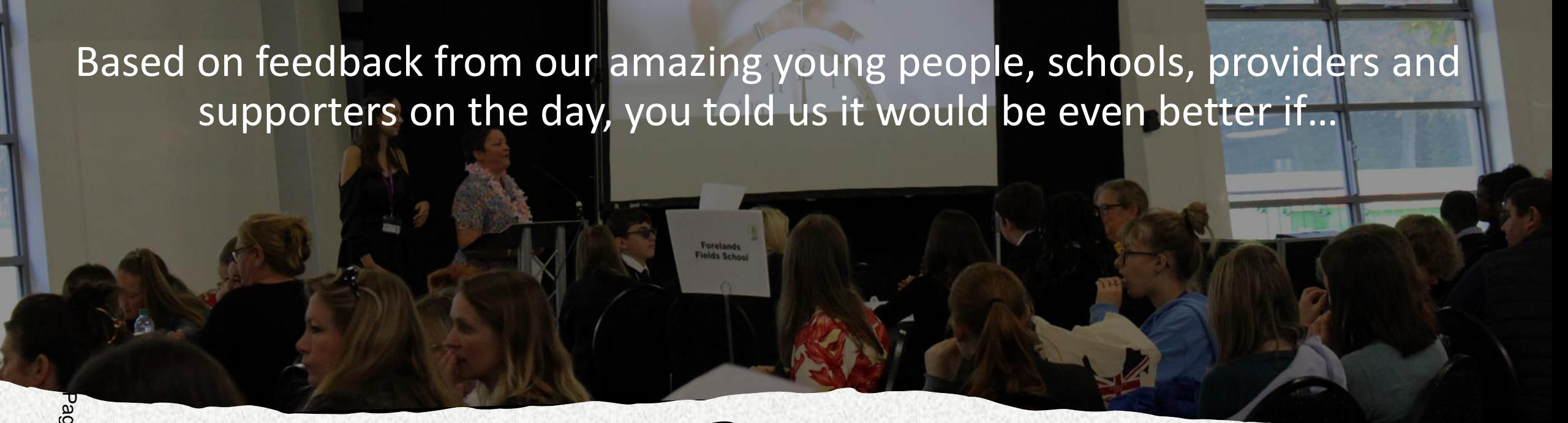
'I enjoyed the opportunity to engage with other services and young people that may not be aware of ours. it was great to network'

'The marketplace was fantastic, engaging and full of passionate people. The general organisation was excellent and was a real show of collaboration and CYP led planning'

'The workshops were what the young people I spoke with liked the most. They particularly liked the sensory workshop.'

'As a Mental Health practitioner, I found networking and learning about the different support services very enjoyable and useful.'

Based on feedback from our amazing young people, schools, providers and supporters on the day, you told us it would be even better if...



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- We provide opportunities for young people to design, deliver and evaluate the event
- Clear, coproduced information about workshops and CPD is made available before the event
- An even better venue with separate break out spaces can be sourced
- Young people have more space and time to access the marketplace
- There are more opportunities for young people to attend workshops with their friends
- We offer additional workshops and even more animals!

Children and young people's mental health pre-market engagement event - report

Introduction

The pre-market engagement event for children and young people's mental health future commissioning on the 9th of November 2023 brought together key partners in the Kent & Medway children's mental health and emotional wellbeing provider landscape to:

- Understand the procurement process for future CYP mental health service provision in Kent and Medway and the emerging outline plans
- Provide reflections on this process and what would help make the procurement process work as well as possible for different stakeholders
- Share ideas for excellent CYP mental health services and provide feedback and reflections on emerging ideas from the Kent and Medway teams

Many key stakeholders from across the system were represented within the workshop. Some key stakeholders were unable to attend, and every effort will be made to ensure colleagues from these organisations are part of the work going forward.

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Opening presentation

The event was opened by Caroline Dove, CEO of NHS Elect, and led into a presentation from Sue Mullin, Associate Director for CYP Mental Health at NHS Kent & Medway ICB. The full presentation is available here:



CYP MH event -
slide pack FINAL.pdf

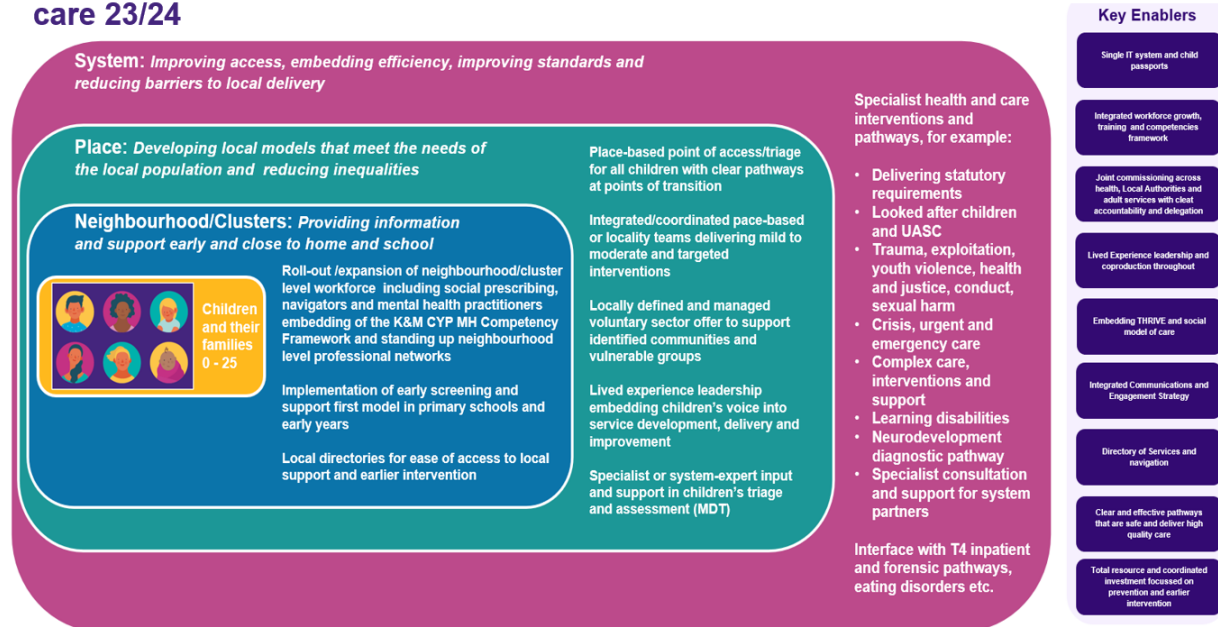
The key messages were:

- We are in the early stages of our thinking around how the future commissioning model of Children and Young people's mental health services should look in Kent & Medway. In order to make sound choices, we need to collectively hear the voice of the sector about what to do in the future.
- Now is an ideal time to consolidate the work that's been done since the last large-scale CYP MH procurement in Kent & Medway. It presents an opportunity to:
 - Move to a more connected and responsive offer, with providers working in greater collaboration to allow CYP a smoother journey through a network of support.
 - Move to the next level of maturity around tackling difficult strategic problems within CYP MH. For example, how are we growing our own CYP MH workforce?
 - Grow and embed the innovation that's been taking place over the past 7 years.



- The proposed new model is available on slide 7 of the presentation. It outlines an approach of locally-defined and managed early intervention and VCSE support, working in a therapeutic alliance model alongside specialist mental health intervention, input and consultation.

K&M children, young people and young adults' future integrated model of care 23/24



Future ambitions

'Children' is first among the strategic priorities of the Kent & Medway ICS. However, work within CYP MH fits all six priorities.

Our ambitions for the new model against these priorities are available on slides 9 and 10 and the main presentation embedded above. They outline the ICB's commitment to, among other things:

- Meeting needs first and early
- Reducing inequity built into contracts and ways of working
- Enabling locally defined services to meet specific needs, and local points of access
- Invest and plan together on preventative approaches
- Focus attention on vulnerable populations
- Explore personal health budgets at the neighbourhood level
- Embed iTHRIVE to provide a common language and framework
- Transform the digital offer
- Improve the way we communicate and engage with CYP, families and the system
- Explore how supervision, consultation and psychoeducation can enable a network of providers supporting CYP
- Rapid access to crisis care 24/7, at home or in the community where there is not a physical health need
- Offering contracts for a generation (10yrs) to build resilience within the workforce, especially within the VCSE

Collectively, we need to move away from people thinking that mental health only equals CAMHS, and anything else is lesser.

Some of the challenges and limitations to these ambitions are articulated on slide 13 of the main presentation. However, it is right that we are ambitious for the children and young people of Kent & Medway.

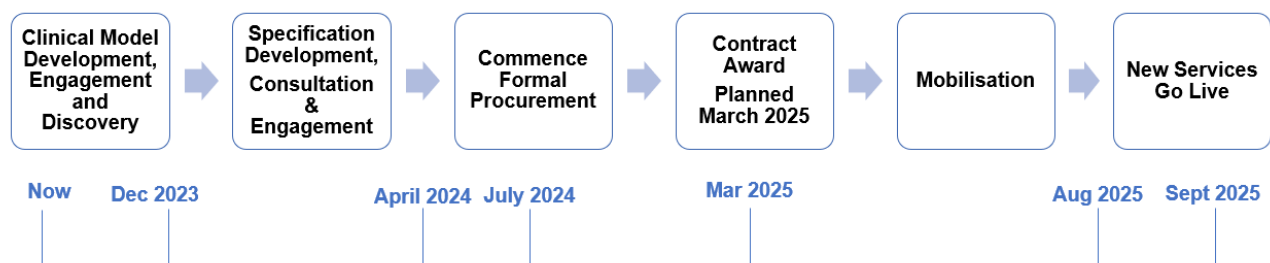
Indicative timeline

The procurement timeline is provided on slide 14 of the main presentation. It is indicative and subject to change. However, it represents our current best prediction as to when key points in the procurement process will happen.

We are currently in the discovery phase, which will last through until December 2023. Engagement proper will run from January to March 2024. Formal procurement is likely to begin at the end of July 2024, and the ambition is to stand up new service contracts by September 2025.

Indicative Timeline*

(*subject to change)



Workshop 1 - Reflections on how to make the procurement work as well as possible

Colleagues in the room undertook a workshop exercise to help identify ways we can make the procurement process as smooth as possible. The key questions asked were:

- How would you like us to communicate with you?
- What can we do to maintain engagement in the process?
- What should we avoid doing?

A summary of the feedback provided can be found in the attached document:



Workshop 1 - procurement proces

We commit to ensuring these reflections are held in mind and implemented wherever possible through the procurement process.

Workshop 2 – Bright ideas from colleagues in the room

A second workshop asked colleagues to share their ideas for what a future CYP mental health system might include. Key themes emerged from the feedback around:

- Ideas for the potential strategic partnership model
- Needs-led services
- Demonstration of impact, both at the strategic and individual level
- Innovative use of funding
- Making best use of existing learning and existing initiatives
- Gaps in the current system

Full details of the feedback provided can be found in the attached document:



Workshop 2 -
bright ideas write-u

We commit to explore these ideas earnestly and work them into our collective design of the system.

Workshop 3 – Feedback on early ideas

Slides 11 and 12 of the main presentation articulate some of the emerging early ideas from within the Kent & Medway ICB team.

A third workshop asked colleagues to consider these ideas and provide feedback. Tables were given a theme reflecting the Kent & Medway commissioning team's current thinking. Partners were free to choose which discussion to join and provide feedback to.

The themes provided were as follows:

- Local access and locally defined services
- Focus on vulnerable groups and meeting needs first and early
- Therapeutic alliance/collaboration/network
- Specialist services
- Aligning future contracts for shared responsibility

The full feedback provided can be found in the attached document:



Workshop 3 - early
ideas write-up.pdf

We commit to reflect on the feedback provided and use the views of partners in the system to guide the final model, both from this engagement event and ongoing.

Q&A

Opportunity was provided for an open Q&A session on any of the points raised within the event thus far. A full summary can be found in the attached document:



Q&A write-up.pdf

Next steps

NHS Kent & Medway ICB agreed the following as next steps:

- We committed to producing a write-up of the event and sending it to colleagues both present at the day and those who could not attend.
- We produced and circulated an evaluation questionnaire for the day so we can keep learning and improving.
- To explore the best ways to share information with stakeholders, listening to the feedback given during this event, and to ensure that we cater to different preferences (e.g., bulletins, a dedicated website, video updates).
- Further engagement and consultation of children, young people, stakeholders and partners to further develop models will continue through December 2024 and beyond.
- As part of the above, we will host another session before the end of January 2024 discussing potential contractual models to best enable the therapeutic alliance (before Christmas was mentioned in the event, but we are unable to secure a date with appropriate notice).
- We will explore the creation of a community of practice where we can share intelligence around specific issues, e.g. disordered eating etc.
- Specification development and engagement will begin in January 2024.
- We will share an update to the timeline in January to keep stakeholders informed of the procurement's progress.

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Communications and engagement plan phase 2 for Kent and Medway’s children and young people’s mental health procurement

November 2023

Key contacts

Communications and engagement lead		<i>Sara Warner, Engagement lead</i>	
Programme leads		<i>Sue Mullin, Jemma Blesky</i>	
Approval of plan		<i>NHS Kent and Medway</i>	
Date	Version	Revisions made	Author
20 th November 2023	Draft 1		Jemma Blesky / Sara Warner

Introduction

Children, young people and young adults (CYP/A) in Kent and Medway receive mental health support from a range of providers. Most services were set-up prior to Covid-19 and, as the impact of Covid-19 on mental health continues to emerge, services are adapting to meet the changing need, within the constraints of their specification and financial envelope.

More than 35,000 children, young people and young adults' access mental health services commissioned by NHS Kent and Medway Integrated Care Board each year. However, the impact on outcomes is not as high as we would want due to increased demand, increased acuity, reducing workforce and emergence of new vulnerable groups (for example autistic transgender young people, and disordered eating).

NHS Kent and Medway is looking to significantly improve patient access and the offer of support for CYP/A emotional wellbeing and mental health across Kent and Medway. NHS Kent and Medway intends to develop an offer that is informed by young people's voice and is undertaking a comprehensive engagement process.

Core principles to be applied to the development and implementation of a new model are:

- **Contract for a generation:** The impact of procurement on service delivery cannot be underestimated. In the previous two children and young people's mental health procurements, it took time for the providers to settle into new and stable models of delivery which led to an erosion of system and partner confidence in new providers' ability to deliver. We therefore sought and received support from NHS Kent and Medway's Executive Team to 'contract for a generation' and procure contracts to NHS Trusts and the voluntary community social enterprises (VCSE) for long periods of time. For example, 10 plus years to ensure stability of service and stability for an already vulnerable workforce.
- **Children, young people, and family-led design:** Making sure they are at the heart of planning future services and continuing our commitment in terms of engagement and voice in the development of future service models and procurement process.
- **Whole system approach that values the VCSE as key partners:** All partners will be engaged early to design the future model helping to reduce duplication, increase workforce, particularly through the VCSE, and increase opportunity to make sure holistic care is offered to all children with complex needs.
- **Holistic and early intervention approaches reinforced as a key component of overall model of care:** This recognises the role that robust universal, early support pathways, and prevention, all have in working alongside, and with, the specialist mental health services.
- **Evidence-based, THRIVE and trauma informed:** Making sure that future models of care are within an evidence-based framework and approach. This supports a shared language across the system and a similar approach to support for families and their children.

Background

The NHS Long Term Plan requires NHS Kent and Medway to deliver against identified targets for CYP/A mental health. All targets are currently being achieved and are delivered under the framework of the [Kent and Medway Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health](#).

Investment for CYP/A mental health is through a combination of NHS Kent and Medway baseline investment and NHS England funding. All spend on CYP/A mental health contributes to the Mental Health Investment Standard. In 2022/23, a total of £31.8million was invested.

A new model of care must be developed to meet emerging and different needs. The specifications for the current specialist mental health services were drafted in 2015 in partnership with Kent County Council (KCC) and Medway Council (MC). Since then, there have been several additional investments and disinvestments resulting in several contract variations. A new model must:

- consider new guidance, policy, and legislation since 2015. This relates to, for example, looked-after children, including unaccompanied asylum-seeking children, children and young people with long-term conditions, and young people in the criminal justice pathway
- respond to the increase in complexity and acuity, changes in inequalities and relationships between different conditions/needs up to the age of 25
- make sure there is a consistent approach to integration, flexibility and family
- be affordable and deliver the biggest impact for the most vulnerable CYP/A.

Initial engagement

As part of the process of understanding what a future offer for children and young people might look like, we have begun engaging with children, young people, families, partners, providers, and other stakeholders.

Key activities have included:

- A review of all patient and partner insights into children's mental health within the past two years so that we can learn from what people have already told us. This includes looking at what people told us during: our 2023 young adults' mental health and wellbeing conference; our ongoing participation work with existing CYP/A groups; our work with lived experience and experts-by-experience; and wider engagement on our Local Transformation Plan. A report of findings is expected by December 2023.
- Asking five key questions of children, young people, young adults, carers and families, and professionals working with children and young people via the [Have your say Project hub for children and young people](#), as well as face-to-face at summer and autumn 2023 events. A full analysis and report is being prepared by independent contractors Hood and Woolf.
- Holding the first of a series of pre-market engagement events with interested providers, to share their early ideas and hear their views.
- Initiating a clinical reference group, attended by children's mental health clinicians, to develop the clinical model for future services.

Guiding principles

NHS Kent and Medway is working with system partners to support the people of Kent and Medway to lead healthier lives for longer. We see our future as one where we collaborate with the people of Kent and Medway to create thriving communities that are amongst the healthiest in England. We want to be known for the quality and safety of our services as well as an influential partner working with our communities.

To do this, we will strive to have a deep understanding and connection with the people and communities we serve, and actively involve them in co-producing and shaping improvements to local services. By working with, listening to, and acting on feedback from people and communities, NHS Kent and Medway, together with health and care partners in the integrated care system, can:

- support people to sustain and improve their health and wellbeing
- involve people and communities in developing plans and priorities
- continually improve the way we deliver our services

- address health inequalities by working with our people and communities where inequalities exist to co-produce solutions
- work with wider partners to create holistic services and pathways across organisational and sector boundaries that best serve the whole person or community.

Throughout this process NHS Kent and Medway will be **accountable and transparent**. The NHS Constitution states:

'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals.

Throughout this process NHS Kent and Medway will **improve quality of care by working with people, partners and communities**. Co creation and working in partnership means services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is impossible to raise the overall quality of services. It also improves safety, by making sure people have an opportunity to raise problems, which can be addressed early and consistently.

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge. **This makes for better decision-making**. Challenge from outside voices can promote innovative thinking, which can lead to new solutions that would not have been considered had the decision only been made internally.

Aims

We will deliver a comprehensive programme of engagement with the following aims:

- To raise awareness of the programme of engagement and how to contribute across Kent and Medway.
- To collect views from the full spectrum of people who may be affected or have a view – including children, young people, families, people with lived experience and their friends and families, providers, professionals and other stakeholders, and the public. Gathering feedback from both individuals and representatives.
- To make sure we use a range of methods to reach different audiences, including activities that target specific groups with protected characteristics and those quieter more diverse communities affected by health inequalities.
- To explain how the proposals have been developed, what this means in practice, so people can engage fully.
- To ensure the integrity and legality of the engagement process, to the best of our ability, working with both Kent and Medway's Health Overview and Scrutiny Committees.
- To meet or exceed our objectives and deliver our programme of engagement within the published timeframe.
- To produce series of reports on the engagement responses which will be considered in developing the model of care and the service specifications.
- To feedback to all those who have contributed any decisions and actions agree in a timely and consistent way using all appropriate channels.

The quality of feedback is important alongside the quantity. It is important that we seek and get both broad and representative views and undertake targeted work to make sure a diverse range of views give rich insights to support the development of the model of care and the subsequent service specifications.

Young Researcher Project

The i-Thrive and Participation Team have recently been successful in receiving funding from the National Institute of Health Research to increase opportunities for young people to participate in, and develop their own, research on topics relating to health and social care.

Working with the University of Kent we have already recruited and trained the first cohort of young researchers, aged 11 – 18 years and supported them to develop and undertake their own research project. The group really engaged with their project on Sustainable Development Goals across the UK.

We will now be recruiting and training three further cohorts of young researchers (two groups aged 11-18 and one group aged 19-25). The next cohort will be trained in January 2024 and will work with the current young researchers to develop their next research projects. This group provides an opportunity to link in and develop peer research opportunity on children and young people’s mental health services, considering accessibility, inclusion and what good looks like.

Research developed by the young people, including surveys, interview questions and focus group interactive activities, will also be shared with the Kent Youth Research Network; a network of practitioners across Kent working with young people as part of KCC delivered services, commissioned providers and voluntary sector, who have signed up to provide space for the young people they work with to participate in research opportunities.

This is who will lead in co designing our research methods for the next phase of the engagement.

Smart objective	Measure of success
<p>Raising awareness through opportunities to see or hear about the programme of engagement. Informing a minimum of 150,000 about the proposals during the extended engagement phases.</p>	<p>To be achieved through multiple channels and activities including: a dedicated website for engagement work; paid advertising; online publicity; and printed materials in local communities, in addition to more personalised and interactive engagement including evaluation of social media, research, face-to-face and virtual events and focus groups.</p>
<p>Co production of research with CYP: Trained children and young people will develop the research questions and approach that will allow a range of young voices to contribute their views on increasing access and creating relevant measures of success to influence future service provision.</p>	<p>A mixed cohort of children and young people will develop the plan for detailed engagement with CYP whose voices are less heard. Blending creative and fun approaches with qualitative research questions and agreed questions and materials to allow for consistent social research to be carried out across vulnerable CYP and families identified by the equality impact assessment.</p>
<p>Outreach target for active and direct engagements: CYP participation workers from partners in KCC and MC will reach out and engage a range of seldom heard groups. They will collect their views and experiences themselves, or commission trusted community organisations to facilitate the involvement of CYP and their families. This will help to make sure future services address issues of access and health inequalities.</p>	<p>To be achieved through working in partnership with a network of groups who are engaged with communities, and who will assist in creating safe and inclusive opportunities for:</p> <ul style="list-style-type: none"> - CYP with physical disabilities - CYP from Kent and Medway’s black and Asian communities - Unaccompanied Asylum Seeking CYP - CYP/A not in education employment or training - Romany Gypsy Traveller communities

Smart objective	Measure of success
	<ul style="list-style-type: none"> - CYP from trans or non-binary community - Populations whose voices are less often heard.
<p>Target for responses: 500 CYP will be involved in engagement activities, with an additional 1,000 separate responses to the wider online engagement (approximately five per cent of those receiving mental health services currently, recognising the specialist nature of the service).</p>	<p>Collecting responses to the engagement including questionnaire, focus groups, emails, social media interactions, phone calls, letters, comments at events, etc.</p>
<p>Working with existing service users and providers to offer a safe, supportive, and creative means to gather views of existing services and measures for success that future services should offer.</p>	<p>Agree potential opportunities for 100 CYP current service users and their families to be interviewed or take part in focus group activities exploring expectations for success. What it means how it could be measured.</p>
<p>Recognising families and carers also have lived experience and need to make informed choices with their children. We'll continue to find a variety of ways they can contribute safely and anonymously. Building on existing networks and means of engagement.</p>	<p>Taking advice from North East London NHS Foundation Trust (NELFT), voluntary and community and people with lived experience to allow a range of engagement to take place. Making sure information and processes overcome barriers and a variety of formats are available to include all.</p>
<p>Communication and information will be coordinated with local authority partners using existing channels, the Have your say platform, networks and both internal and external facing communication routes to share information and opportunities across all sectors of the population.</p>	<p>Using a variety of appropriate channels (social media, newsletters, media publicity as set in this plan) to make sure affected individuals, and/or their families/carers can respond during both phases of engagement.</p> <p>We will achieve direct engagement with affected patients and their families, and working with our partners, will involve representative groups of people with lived experience of services and their families.</p> <p>Assessment will be based on the opportunities to engage, and responses received.</p>
<p>CYP and carers/family will be trained and supported to take part in the formal evaluation of tenders in the summer.</p>	<p>NHS Kent and Medway and KCC have a track record in using this approach and will work with colleagues in Medway to recruit, train and support a cohort of young commissioners.</p>
<p>Attending suitable family CYP friendly public events, possibly as roadshow/manned exhibitions, working in partnership with community partners: VCSE, local authorities (LAs), schools and children centres. We'll recognise aligned pieces of work such as children's strategy work, learning difficulty (LD) and autism work, special educational need (SEN) activities, as well as CYP mental health support services.</p>	<p>To make sure wider public and families have variety of ways to contribute through in-person events, as well as remotely through online surveys. At least 200 people to take part.</p>
<p>Involve partners and attend stakeholder meetings: Many partners have their own meetings that we can attend to brief people, raise awareness of the engagement work and the issues involved, and share information and evidence e.g., Healthwatch, LAs, health and care partnerships (HCPs), VCSE networks and staff networks.</p>	<p>Attend as many meetings as possible within the three-month engagement period, depending on number of invites/service issues. Measured by spread and range of invitations. Many stakeholders will have been involved in the early engagement and we will make sure we keep them are briefed throughout.</p>

Smart objective	Measure of success
We have a clinical reference group meeting regularly to consider different aspects of the CYP journey, as well as different parameters of care and workforce issues. We will supplement clinical engagement by engaging a wider range of professionals through workshops and involving staff networks, team meetings and offer drop-in sessions and online surveys so that everyone has a range of ways to contribute.	Clinicians, allied VCSE organisations and staff at different professional levels will have opportunities to access information about the plans as they develop. They will be able to contribute their views via workshops, surveys and during the second phase of engagement. Measured by numbers taking part.
NHS Kent and Medway and partners will assist in collecting and reporting on the responses received , to feed into the development of plans for the model of care and service specifications.	Reports will be fed into discussions, workshops, and drafting of specifications. A library of the evidence will be compiled and form a part of the overall evidence base. Building on the foundation of the evidence collected over the last two years and the engagement carried out in phase one over the summer and autumn.
Budget we will achieve this within the agreed funding for operational costs.	Funding is available depending on scale of work agreed.

Stakeholder mapping

This engagement plan sets out the activities we will undertake to gain responses and promote engagement and involvement. Through our early engagement work we have identified and worked with a broad range of audiences and stakeholders. This will continue during the second phase of engagement but allow for more detailed activities with different audiences. We will work with both targeted and vulnerable audiences, seek clinical and professional advice in developing our thinking, and ask the population served how to improve the overall quality of care by having clear principles of inclusion and personalisation at the heart of all services.

See below an initial stakeholder map of those we intend to involve.

People and communities served	Staff across partnerships
<ul style="list-style-type: none"> • CYP/A with lived experience, loved ones, unpaid carers. • Residents in Kent and Medway. • EK360 patients, service users, carers, and volunteers. • LA participation groups. • Family and carer support groups. • CYP MH networks. • Healthwatch in both Kent and Medway. • Those diverse communities potentially affected: Looked After Children, LGBT+; young carers; CYP on neurodiverse spectrum; CYP with disabilities; CYP in Pupils Referral Unit/youth justice system; home schooled, CYP affected by poverty/homelessness. • Protected characteristic groups (under equalities legislation) including: age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity. • Advocacy and peers support groups. 	<ul style="list-style-type: none"> • NELFT and existing VCSE providers (including staff side and trade unions). • Local clinical, psychiatric, GPs, and advanced health practitioner (AHP) leads. • Provider trusts: Kent and Medway NHS and Social Care Trust (KMPT); Kent Community Health NHS Foundation Trust (KCHFT); East Kent University NHS Hospitals Foundation Trust (EKHUFT); Medway NHS Foundation Trust (MFT); Medway Community Health CIC (MCH); Maidstone and Tunbridge Wells NHS Trust (MTW); Dartford and Gravesham NHS Trust (DGT); HCRG care group. • Kent Police. • Dartford, Gravesham and Swanley HCP; East Kent HCP; Medway and Swale HCP; West Kent HCP – stakeholders. • General practice (including primary care network clinical directors and primary care teams). • Medway Council and Kent County Council (including social care and public health teams).

<ul style="list-style-type: none"> • VCSE groups and networks. • NHS Kent and Medway local health network patient and community engagement groups. • GP patient participation groups. • NHS providers patient governors and membership. 	
System leaders	Clinical and Professional bodies
<ul style="list-style-type: none"> • NHS Kent and Medway governing body (including as decision-makers for this consultation). • Kent and Medway Integrated Care Partnership. • Dartford, Gravesham and Swanley HCP; East Kent HCP; Medway and Swale HCP; West Kent HCP • Medway and Kent Health and Wellbeing Boards. • Medway and Kent Council executive teams. • Partner leadership – VCSE alliances, Health subcommittee. 	<ul style="list-style-type: none"> • Southeast Clinical Senate. • Kent and Medway local medical and pharmacy committees. • The Royal College of Psychiatrists. • The Royal College of Physicians. • KSS Academic Health Science Network.
Regulators/assurance	Elected Officials
<ul style="list-style-type: none"> • Department for Health and Social Care. • NHS England. • Care Quality Commission. • Healthwatch Medway, Healthwatch Kent. • Medway CYP Overview and Scrutiny Committee, Kent Health Overview and Scrutiny Committee. 	<ul style="list-style-type: none"> • MPs. • Kent Council and Medway Council. • District and parish councils.

Accessibility

We will target, and cater for, groups and individuals with additional requirements, or those responding on behalf of another individual, and those who are less familiar with the subject matter. To best meet the needs of people with additional requirements we will:

- produce information and any documents in plain English
- use accessible formats, such as Easy Read, audio and video updates, and in different print formats on request. For example: large print, audio, foreign language translation, or braille
- Telephone and freepost contact details: To support open and accessible communications, the Engagement Team will be accessible via telephone, email, and post. This will give people the opportunity to give feedback in the way they prefer and is inclusive.

Throughout the extended engagement period we will monitor channels of information and engagement activity closely to identify any demographic trends that may indicate a need to adapt our approach. An example would be underrepresentation from a particular demographic group or geographic area, particularly where there is a demonstrable disproportionate impact upon individuals within that group.

Media approach

We will promote engagement events and opportunities through the local news media, social media, and all our established newsletters, bulletins, and communication channels. We will also work with the local press (print, online and radio) to further amplify messages about the engagement and encourage involvement.

We will provide programme leads and clinical spokespeople wherever possible to explain the reasons for change and our proposals, recognising that people have high levels of confidence and trust in clinicians and health professionals.

Specific action plans will be created for any significant milestones during the engagement. This could include:

- inclusive methods of involvement
- key message
- any information or questions and answers needed to support engagement approaches or information cascades to staff, stakeholders and the media.

We will keep a record of which organisations and outlets have been approached and will also keep CYP/A safe by making sure consent to be involved is known and recorded for all activities.

An efficient monitoring and approvals process will be important in terms of reacting quickly to requests for information/responses, rebutting any inaccurate media articles, social media posts and signing off any response to issues and themes as they develop throughout the engagement process. In addition, we will develop and agree a media handling protocol that will make sure all partner organisations are able to respond and react appropriately to queries from the media.

We will evaluate all media/social media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

Impact of engagement on outcomes and decision-making

What we seek from the engagement phase is to fully understand what people think of services and how the future model of care can be resilient, inclusive, and flexible to a range of needs - giving them an opportunity to shape the final service model for future services.

As well as understanding what people might want from services, we want to understand how any problems with access might be mitigated, and provide an opportunity for any additional evidence, data, or alternative ideas to be put forward that would support improving the quality of care. Feedback will be used to shape the final service specifications and allow us to consider mitigating actions for any concerns raised.

After the engagement phase has closed, and the independent report analysing responses has been carefully considered by NHS Kent and Medway, the Engagement Team will publish a final summary of the outcome.

Resourcing plan

We will be working in partnership with Kent County Council, Medway Council, and EK360, using their expert CYP/A participation and lived experience teams, to reach out to vulnerable children, young people and families. We will co-create the means of engagement with children and young people trained as researchers to deliver an effective, best-practice programme of engagement. Despite current financial pressures, we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure.

An effective engagement programme will produce rich feedback and insights to improve the overall quality of decision-making and service design and, in turn, the quality of people's outcomes and experience in the future. This approach makes sure we meet our statutory duties around involvement and co-production and reflects the inclusive values and principles which all our organisations espouse.

Programme of engagement tasks for children and young people's mental health procurement

Engagement tasks	Owner	Oct 23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Stakeholder mapping to identify involvement levels.	SW C&E group							
Review of existing insight and evidence of CYP/A views and their families gathered over last 18 months.	Hood and Woolf							
Highlight and full report to be produced once analysis of summer/autumn engagement activities and 'Have Your Say survey' responses is completed.	Hood & Woolf							
Communications and Engagement working group plans and oversees programme of engagement.	SW							
'Have Your Say' project page updated for use in phase two of engagement. Including the updating of information, and links to wider documentation and evidence-base to be explored on the integrated care system (ICS) website.	LB / SW							
Develop narrative briefing document, FAQs, and glossary.	Comms / SW							
Preparation and commission of videos to promote engagement and share information.	Lived experience lead							
Develop plan for social media promotion.	Comms							
Develop plans to involve young researchers to develop phase two engagement methods.	KCC/EK360/MC							
Regular, coordinated, updates in staff, primary care, and stakeholder bulletins (including MPs) that link to website.	SW							
Initial briefing submitted to Kent HOSC/ Medway CYP OSC.	ICB							
Run outreach engagement to vulnerable communities and seldom heard voices.	KCC/EK360/MC							
Involvement of existing service users CYP/A and families.	KCC/ICB/NELFT/VCSE							
Focussed stakeholder engagement including with CYP, families, and professionals.	SW (supported by AF/JB/SM)							
Engage with people with lived experience/Local Mental Health Networks	TP							
Engage with HCPs and partners.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with GPs.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with schools.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with providers.	SW (supported by JB/SM)							

Working groups with Clinical and Professional Board to discuss/develop plans.	SM / JOR						
Attending public events/other people activities.	SW (supported by JB/SM)						
Review findings from programme of engagement to ensure it is reflected in final service model.	JB/SM (supported by SW)						

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Item 12: Kent and Medway Strategic Estates Plan

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 7 December 2023
Subject: Kent and Medway Strategic Estates Plan

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

It provides background information which may prove useful to Members.

1) Introduction

- a) At its meeting on 28 March 2023, the Committee received an update report from the Integrated Care Board (ICB). During the discussion, the Executive Director of Corporate Governance explained that a Strategic Estates Plan was in development for Kent and Medway.
- b) The Chair requested the local strategy be brought before the Committee.

2) Recommendation

- c) RECOMMENDED that the Committee consider and note the Strategic Estates Plan.

Background Documents

Kent County Council (2023) '*Health Overview and Scrutiny Committee (28/3/23)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9052&Ver=4>

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NHS Kent and Medway Strategic Estate and Infrastructure Interim Strategy
Briefing for Kent Health Overview Scrutiny Committee
7 December 2023

This briefing is for the Committee's assurance.

Summary

1. At its November public meeting, the ICB Board approved the Kent and Medway Strategic Estate and Infrastructure Interim Strategy and accompanying Technical Reference Document – **attachments 1 and 2**.
2. This is the first time the NHS across Kent and Medway has had an estates strategy that covers the whole county. The strategy is currently an 'interim' document, as the four local Health and Care Partnerships are developing their local estates plans which should be available in early 2024. The Kent and Medway strategy will then be updated to reflect these local plans.

Context

3. As an integrated care system (ICS), our local health and care organisations across Kent and Medway are committed to making health and wellbeing better than any individual partner can do alone. We face many challenges including population growth, an increasingly elderly population, changes in societal behaviour and in some areas, poor quality ageing infrastructure. All this at a time when budgets are severely constrained, and public organisations are having to make extremely difficult decisions.
4. In terms of buildings and estate, an example of the challenges the NHS currently faces in Kent and Medway can be demonstrated in the amount of backlog maintenance our main NHS providers are faced with, which equates to well over £250million. This is just to maintain our existing buildings.
5. As noted, Kent and Medway is already seeing significant housing growth and other developments which requires additional capacity to be delivered across acute, community, mental health and primary care services. Also, on-going clinical and technological advancements mean that how we work and provide services has changed considerably over the last decade. Climate change is also much more at the forefront of everyone's agenda and societal behaviour and demographics particularly within younger age groups have also shifted. And, during this time, much of our existing infrastructure and estate has remained the same and been far less adaptable to these developments.

6. The attached NHS Kent and Medway Estates and Infrastructure Interim Strategy and accompanying Technical Reference Document considers how we, along with our partners, address these challenges and start to deliver more high quality, fit for purpose, accessible, sustainable, and efficient estate, within a limited financial arena.
7. The strategy has been developed in partnership with local health and care colleagues and compliments similar work underway in the local authorities and other agencies. As such, and where appropriate, the strategy includes information from the local authorities for comparison purposes and to highlight both the scale and opportunities working together brings. The strategy also highlights the opportunities of working with wider public sector partners (through the One Public Estate agenda) and with partners such as the voluntary sector and local enterprise.
8. As previously noted, this is an interim strategy and will be further informed as the Kent and Medway clinical strategy and service sustainability and transformation plans are developed. It will also be further informed by the local Health and Care Partnership estate strategies as they are finalised during early 2024.
9. Importantly, the strategy provides a framework for applying a consistent approach to the planning, prioritisation and the delivery of strategic estate programmes across Kent and Medway. It includes:
 - guiding principles to be adopted when developing plans;
 - commitments of how we will work together to maximise utilisation of our 'one public estate' and Section 106/CIL funding, in support of true partnership working and integration (also see further below); and
 - and a prioritisation framework that will help staff and decision-makers determine the viability of proposals at an early stage.
10. The strategy also highlights examples of key existing programmes of work that are planned to be developed over the next two to three years, and commits to explore opportunities for new innovative developments such as the development of additional elective surgical and diagnostic hubs in the community, outside of a hospital settings.
11. It will, for the first time, ensure a coordinated and consistent approach is taken to planning health and care estate infrastructure in Kent and Medway.

Section 106 (S106) and Community Infrastructure Levy (CIL) arrangements

12. Historically, engagement with district and borough council Local Plan developments and associated securing of S106 and CIL investment, has been focused predominantly around the impact on general practice and not wider

healthcare services. Also, we recognise there was not a consistent approach across the 8 former clinical commissioning groups, and this led to variation in both engagement and funding contributions secured for health, with some areas subsequently losing available development funding. We have been actively working to change that and now have robust and effective arrangements in place, working closely with local authority planning departments and officers.

13. As noted, population growth in Kent and Medway is a major challenge and the ICB recognises the importance of engaging early with district and borough councils, both informally through regular liaison meetings and formally as part of the Local Plan development process and responding to planning applications – examples of this include Otterpool Park and south Ashford garden community. Local Plans will continue to inform our own strategic planning within each of our Health and Care Partnership areas, which will in turn identify infrastructure and funding required to mitigate the needs of the developments.
14. Our estates and infrastructure interim strategy details how we are developing a more strategic and system-wide approach to engaging with councils as Local Plans are developed and the shift to a place-based focus will support this at a local level. Our Health and Care Partnerships have commenced engagement with district and borough councils as part of their estates strategy development and we expect the engagement to continue on a regular basis going forwards. We will focus on maximising the use of S106 and CIL, where it is held, to support priority projects. This will include working with local councils to most effectively use these funds in a flexible way across health and care services, both where existing agreements allow this and when considering future development applications.
15. The ICB has also recently invested in a sophisticated health and infrastructure planning tool in recognition that the NHS's historic approach to estate and infrastructure planning has not always been fit for purpose and has been primary care focused, rather than taking a collective health and care system approach. We are in the early stages of implementing this tool and have already engaged with Kent County Council and district and borough councils as part of this initial phase and once rolled out, the NHS and council planning teams will benefit from access to standardised data driven tools and models.

Mike Gilbert

Executive Director of Corporate Governance

(portfolio holder for strategic estate)

NHS Kent and Medway

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NHS Kent and Medway Estates and Infrastructure Interim Strategy

2023-2028/33

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Introduction

As an Integrated Care System (ICS), we are committed to making health and wellbeing better than any partner can do alone. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates to enable high quality care and support in fit for purpose facilities that improve the experience for our residents.

We have made good progress in recent years investing in modern facilities that enable high quality integrated care delivery. Nevertheless, we still face many challenges including significant population growth, an increasingly elderly population, ever-evolving clinical and technological advancements, changes in societal behaviour and, in some areas poor quality ageing health infrastructure. All this at a time when budgets are severely constrained and organisations are having to make extremely difficult decisions.

A comprehensive reference document supports this strategy and provides considerable backing information, including detail on national and local context, population health and demographic information, where we currently are and where we want to be, our priorities and plans, and how we will apply a consistent approach to planning in the future.

The reference document should be read alongside this strategy.

About this strategy

This strategy sets out how we address these challenges, whilst also delivering high quality, fit-for-purpose, patient-focussed, sustainable and efficient estate solutions, that will support and enable delivery of our Integrated Care Strategy. It provides a consistent approach to the planning and prioritisation of new estates proposals, that will help staff and decision-makers determine the viability of proposals at an early stage. It sets out guiding principles to be adopted when developing plans and commits partners to work together to optimise the capacity and utilisation of our collective estate.

The strategy has been developed in partnership with local health and care colleagues and complements similar work underway in the local authorities and other organisations. As such, and where appropriate, the strategy includes information from the local authorities for comparison purposes and to highlight both the scale and opportunities working together brings.

This is an interim strategy. It will need to be further informed as the Kent and Medway clinical strategy and plans are developed. Whilst some services and facilities will, by their nature, need to be planned on a pan-county basis, the majority of services can and should be developed on a more local basis. This strategy will support local Health and Care Partnerships (HCPs) in the development of their own strategic plans by the end of this year.

National and local context

Our approach is founded on the NHS Long Term Plan, and key national goals for infrastructure...



- **Consolidating non-clinical estate** (as set out in the 2015 Carter Report)



- **Raising funds for investment through disposing of surplus estate** (recommended in the 2017 Naylor Report) and



- **Building integrated care teams at neighbourhood level** (as set out in the 2022 Fuller Stocktake Report)



- **Driving sustainability and delivering a Net Zero NHS** (reflected in our own Green Plan)

...as well as our specific local context in Kent and Medway:

- **Inequality:** Kent and Medway is home to some of the most affluent areas of England, but we also have some of the most (bottom 10%) socially deprived areas in England.
- **Geography:** Kent and Medway has over 350 miles of coastline and a mix of rural and urban areas. Road and rail infrastructure and travelling times for patients, staff and visitors all have an impact on how we plan our estate and the services we provide from it.
- **Population growth:** Our population of 1.9m is expected to grow by 5.4% within the next ten years. Some localities will see much higher growth linked to large scale housing developments. This has implications for how we plan and where we locate our services.
- **Care Strategy:** Our interim Integrated Care Strategy, published in December 2022, sets out our strategy for delivering six shared outcomes. Our estate and infrastructure plays a key role in supporting delivery of these outcomes. For example, a system-led network solution for community diagnostic centres aims to reduce time to diagnosis through improved patient flow. Urgent Treatment Centres and facilities that can provide Same Day Emergency Care are also able to redirect people who would otherwise have visited an emergency department.

The following partners have contributed to development of this strategy:

- Community Health Partnerships (CHP)
- Dartford and Gravesham NHS Trust (DGT)
- East Kent Hospitals University NHS Foundation Trust (EKHUFT)
- HCRG Care Group
- Kent Community Health NHS Foundation Trust (KCHFT)
- Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Kent County Council (KCC)
- Maidstone & Tunbridge Wells NHS Trust (MTW)
- Medway Community Healthcare (MCH)
- Medway Council (MC)
- Medway NHS Foundation Trust (MFT)
- NHS Property Services (NHSPS)
- NHS South East Coast Ambulance Service NHS Foundation Trust (SECAMB)
- North East London NHS Foundation Trust (NELFT)
- Kent and Medway Primary Care

Our current estate and infrastructure

At almost 750,000 square metres, the space in our buildings* is the equivalent of approximately 2 times the size of Terminal 5 at Heathrow Airport.

There are also 183 general practices occupying almost 100,000 square metres in 280 health facilities.

Good progress has already been made to ensure the estate portfolio continues to support excellent care for the population of Kent and Medway. One example is tackling the pressures on Accident and Emergency (A&E), moving some hospital services into community settings, and creating centres of clinical excellence for specialist services.

Over recent years we have shifted our focus towards a shared, co-located estate, which can be used by all organisations within the ICS. This will lead to improved utilisation and general estates efficiencies.

We have also started to categorise the estate into three groups to help inform investment prioritisation:



- **'Core'** – buildings that will remain in operation for at least the next 10 years.



- **'Flex'** – needed for at least the next five years but may not be needed longer-term as the clinical model evolves.



- **'Tail'** – buildings that are likely to be disposed of within the next five years.

Work is also underway on a number of schemes to progress towards our Net Zero targets to achieve 80% reduction by 2028 to 2032 for emissions we control directly.

Work has also been undertaken to address health inequalities through our Core20PLUS5 programme. This has helped to identify how estates can support improved models of care and access.

Examples of some of our recent improvement projects

Over £1m investment in Urgent Treatment Centres, reducing pressure on Emergency Departments and delivering more appropriate care, faster and closer to the patient's home.

Hospitals' A&E extensions at Medway Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. These extensions have provided much needed additional capacity and greatly improved both patient and staff experience.

As of June 2023, a total of £12.2 million of capital funding had been invested across nine schemes within general practice. Detail of each has been outlined in Appendix A. This investment will provide increased capacity, improved patient access and improved patient experience.

Stand-alone Community Diagnostic Centres in each of the 4 HCPs providing elective diagnostics and one stop shop MRI, PET-CT, ultrasound and x-ray helping to support ICS elective recovery.

£13.5m investment in Edenbridge Memorial Health Centre, a purpose built one-stop-shop for health and wellbeing services, replacing old estate and enabling service integration. Set to complete Winter 2023.

In April 2022, a new, state of the art critical care unit opened at William Harvey Hospital, designed to provide the best experience for patients and their loved ones. The unit contains four six-bed areas, including side rooms and bays. There are also rooms for family and visitors, and dedicated staff facilities, including rest areas, changing rooms and workspaces.

*excluding primary care and KCC and Medway Council non-clinical space.

The Case for Change

Funding

Funding for estate transformation will be constrained for the foreseeable future as we concentrate on our financial recovery plan. When evaluating competing priorities, all initiatives will be carefully reviewed and prioritised.

System leaders will adopt a systematic and strategic approach to agreeing capital investment, based on many factors. Before any new initiative commences, an initial viability assessment will be required.



Disposals

£70.2m has already been realised within the last 5 years. A further **£8.8m** has been identified to the end of the financial year 2025/26.

Greater collaboration around the One Public Estate agenda is likely to identify further opportunities to rationalise estate through greater utilisation of our good estate and disposal of estate that is no longer suitable or does not represent value for money.



Partnerships

Parts of our estate are privately owned and have varied occupancy arrangements in place.

Four healthy living centres were constructed through the Local Improvement Finance Trust (LIFT) programme. These are among the region's best healthcare estates, with modern facilities and zero backlog maintenance. Our current focus is on increasing the utilisation of these assets.

As we move beyond 2025, we need to consider what happens next as they near the end of their current lease terms (2031 onwards). Similar consideration will be given to our three hospitals procured through Private Finance Initiatives (PFI).

More than three quarters of our GP facilities are privately owned, either by GPs themselves (40%) or other private or third parties (47.5%). Furthermore, almost a quarter (24%) of the GPs in our region are aged 55 and over. It is, therefore, important that we work with our practices to address any premises-related risks that could impact on the delivery of patient care.

Backlog Maintenance

Backlog maintenance – the cost to bring estate assets that are below acceptable standards up to an acceptable condition – is a significant challenge for older parts of our estate. Across our healthcare estate, the total backlog is valued at £252m. This means that some critical elements of buildings' infrastructure remains very fragile, and this may impact on future service delivery. Each provider has business continuity plans with appropriate contingency arrangements in place. NHS Kent and Medway will continue to work with these providers to help mitigate these risks.

East Kent Hospitals has been identified as the South East Region's top priority for capital investment, and we will continue to work closely with the Trust and the national team to secure much needed national investment to improve its estate and support its services.

Our Vision

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition. This will enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future.

To achieve our vision, we will make sure that all estate and infrastructure initiatives, investments and frameworks align with our **8 principles:**



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Development must meet identified need of local communities, and be driven by the clinical, health and well-being priorities.

Estate must enable provision of high quality, fit-for-purpose environments which aid patient and staff experience and outcomes. Equality, diversity and inclusion needs will be at the heart of designs.

We will invest in good estate and take every opportunity to dispose of surplus / poor estate that is not economically viable or does not meet our need.

We will optimise the use of all our estate, including partner estate, recognising the drive for greater integration and co-location of services.

Working with partners we will identify greater opportunities to ensure our buildings are used flexibly and as much as possible, recognising changes in societal behaviours and expectations.

There must be a clear commitment to driving forward the sustainability and environmental requirements in everything we plan and do, to meet our climate change commitments.

We will appropriately target our limited investment opportunities, focused on areas of greatest need, that minimises risk and delivers greatest value for money.

We will embrace and future proof our estate with regards to new and emerging digital, clinical and environmental technologies. Our estate will enable safe, high quality, agile clinical and professional working practices that can adapt over the medium and long term.

How will we get there?

We will:

- ✓ make sure our **estate is flexible** for use by a wide range of services.
- ✓ **work collaboratively** with partners across Kent and Medway to ensure use is optimised to achieve maximum benefit.
- ✓ **dispose of estate** that we no longer need, and re-invest the proceeds to develop improved fit-for-purpose, patient-focussed estate.
- ✓ develop **locality-based, system-wide estates plans through our health and care partnerships**, to ensure that we have fit-for-purpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos.
- ✓ work with our practices to **understand potential issues and risks**, and develop plans or contingencies to address any premises-related risks that could impact on the delivery of patient care.
- ✓ explore opportunities to **develop health on the high street models**, providing quality care as close to our populations as possible.
- ✓ work with all partners to further develop **centres of excellence** where there are clear clinical benefits from doing so.
- ✓ ensure that our **digital and data** ambitions are considered as part of the Digital and Data strategy development.

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Folca New Medical Centre

Plans are being developed to create a new medical centre on the Folca site in Folkestone high street. Folkestone and Hythe District Council made a successful bid to the government’s Levelling Up Fund for just under £20 million to transform Folkestone Town Centre. This will partly support the refurbishment of the Art Deco section of the Folca building; with the other part of the building proposed for the medical centre (capital funding via a third party medical centre developer). If approved, the scheme is estimated to complete in 2025.

Chatham Healthy Living Centre

This project is still in the design phase, but, if approved, will provide purpose-built space for two primary care practices as well as a comprehensive array of community health, outpatient clinics, public health services, and minor diagnostics. This initiative will be an excellent illustration of “Health on the High Street” functioning as an anchor tenant in a shopping centre, increasing footfall and supporting regeneration, whilst also providing healthcare to a region with significant health inequalities.

How will we get there? (continued)

We will:

- ✓ **deliver on the new estates developments** and improvement projects that are underway.
- ✓ continue to work up the **detailed plans and business cases** to secure funding to progress other schemes.
- ✓ follow a consistent approach, guided by **clear principles and a prioritisation framework**.
- ✓ continue to work with partners and stakeholders to undertake a range of **sustainability projects**, including:
 - ✓ working collectively, at pace and at scale to reduce our carbon footprint, targeting high emission generating activities with system-wide carbon reduction priorities.
 - ✓ decarbonising our estate, electrifying our fleet vehicles, working to reduce travel and transport emissions and improving air quality.
- ✓ continue to work hard to **secure national capital** to support the delivery of sustainable acute hospital services in east Kent and more widely, to improve the quality of care and experience we provide to our citizens.
- ✓ continue to work hard with our partners **to secure funding and other obligations due from developers**.
- ✓ have a clear definition around the **prioritisation** of proposed new projects set against the availability of capital and continue to monitor the benefits delivered from our capital investments.
- ✓ plan for the long-term future of the **NHS LIFT and PFI estates portfolio**.
- ✓ **optimising estates utilisation** and acting as a key co-ordinator between partners.

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The Community Diagnostic

Centre project is currently being undertaken and implemented by all 4 HCPs within Kent and Medway.

This extensive project is a core element of the diagnostics and imaging network programme and is integral to the success of the recovery and reformation of diagnostic services as stated within the Richard's review.

A key aim of this programme is to implement standalone community diagnostic centres providing elective diagnostics and new one-stop-shop pathways.

Maidstone Theatre complex

The Kent & Medway Orthopaedic Centre (KMOC) at Maidstone Hospital will expand elective orthopaedic capacity for Kent and Medway. The £39.1m facility will open in spring 2024 and include three laminar flow theatres in a "barn" theatre block with a predicted capacity of over 5,000 elective adult orthopaedic patients per year, a 14-bed inpatient ward, and a 10-trolley day care area.

The facility will also generate almost 30,000 outpatient appointments per annum.

How we will work with our system partners

This strategy complements the work of our local authorities.

For example, the homes and environment that we live in have a fundamental impact on our health and wellbeing. Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home. Key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will also work closely with our local councils and developers to ensure provision of affordable housing for our workforce.

We want to make sure our strategic plans are fully aligned across the Kent and Medway system. We also want to use this strategy as a springboard for working with other partners such as the voluntary community and social enterprise (VCSE) sector and appropriate local businesses where this makes sense.

To deliver this strategy and support greater integration, we will work with our health and care partnerships at place level to ensure that our priorities and ambitions are aligned, and that robust implementation plans are developed with the system partners holding each other to account.



Sheerness Revival Project

Swale Borough Council has been awarded £20 million to improve health, education, leisure, and employment opportunities in Sheerness.

The Sheerness Revival project has been awarded the money from the Government's Levelling Up Fund. The scheme will include the relocation and expansion of Minster Medical Practice (currently located in the Healthy Living Centre) and is estimated to complete in 2025.

Ebbfleet Development

Located in the north of Kent by Dartford and Gravesham, this development aims to create a 21st century garden city and will see over 15,000 homes built over the next 15 years.

3,383 homes have already been built housing over 7,600 new residents.

Health partners are working closely with Ebbfleet Development Corporation and health and care partners to ensure that health facilities are designed and funded to support the anticipated future needs of the growing population.

How we will support growth

As the population of Kent and Medway continues to grow, we will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities. This includes good transport links, high-speed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Securing the right health and social care infrastructure is a key priority for the major residential developments in:

- Otterpool
- Ebbsfleet Garden City
- South Ashford Garden Community
- Paddock Wood

Developer obligations

New residential schemes have an impact on our already challenged system, so new planning consents on residential sites create opportunities to secure planning obligations for healthcare. This could be land, buildings or financial contributions. We are focusing on ensuring we develop a more strategic and system-wide approach to engaging with councils' local plan developments and securing planning obligations.



Otterpool Development

This is a large garden community housing development currently in design and planning stage and planned to be delivered over the next 15 years.

Health partners are collaborating closely with the local council to ensure that health and care facilities are provided to support the anticipated future healthcare demand and the delivery of integrated health care.

South Ashford Garden Community Development

Having obtained Garden Community designation and funding from Homes England in 2019, a holistic programme of activities were set in place to masterplan three major development sites. Together they represent 7,250 homes (2,175 affordable), a 142-hectare public park along with new schools, healthcare facilities, play spaces and ecological areas to be protected. These new homes being built over the next 20 years.

How we will manage our impact

Social value is a critical consideration for the NHS estate as it encompasses the wider financial and non-financial impacts of estate programmes, interventions, and the organisations responsible for delivering them.

The NHS and its partner organisations across Kent and Medway share this commitment to promoting social value and strive to maximise the use of the built environment for this purpose.

There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. We will continue to work hard to minimize our environmental impact and promote sustainable practices across the system.

Our vision is bold: It is to **embed sustainability at the heart of everything we do**, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste. Our new buildings will also be designed to reduce negative environmental impacts and to be energy efficient.



Health Based Places of Safety (HBPoS)

NHS Kent and Medway are working with system partners, to develop proposals to improve the current Mental Health Urgent and Emergency Care (MHUEC) pathway. Part of these proposals, which are still in development and subject to approval, is the implementation of centralised Health Based Places of Safety (HBPoS) which is anticipated to have system wide benefits that include reduction in time and travel commitments for Kent Police and SECamb meaning resources can be used to support the local population elsewhere. It will also enable better use of clinical workforce as dedicated medical resource will see patients in the HBPoS and other mental health wards, and doctors will not be pulled from the wards to support the Mental Health Act assessment.

East Kent Hospital solar arrays

These have already generated more than 1,500Mwh since commissioning, saving 1,579t CO₂, as well as significant financial savings.

How we will prioritise scarce resources

We have a large range of estates projects and programmes across our system currently at different stages. We recognise that capital and revenue funding is a scarce resource, and its allocation will need to support evidence-based interventions that improve health outcomes, as well as ensuring equitable access to healthcare services and interventions across the population.

Our estates strategy and programmes of work will enable delivery of our strategic objectives, clinical priorities and service transformation.

This allows us to provide high quality patient experience, by prioritising and allocating investments that maximise benefit and minimise risk.

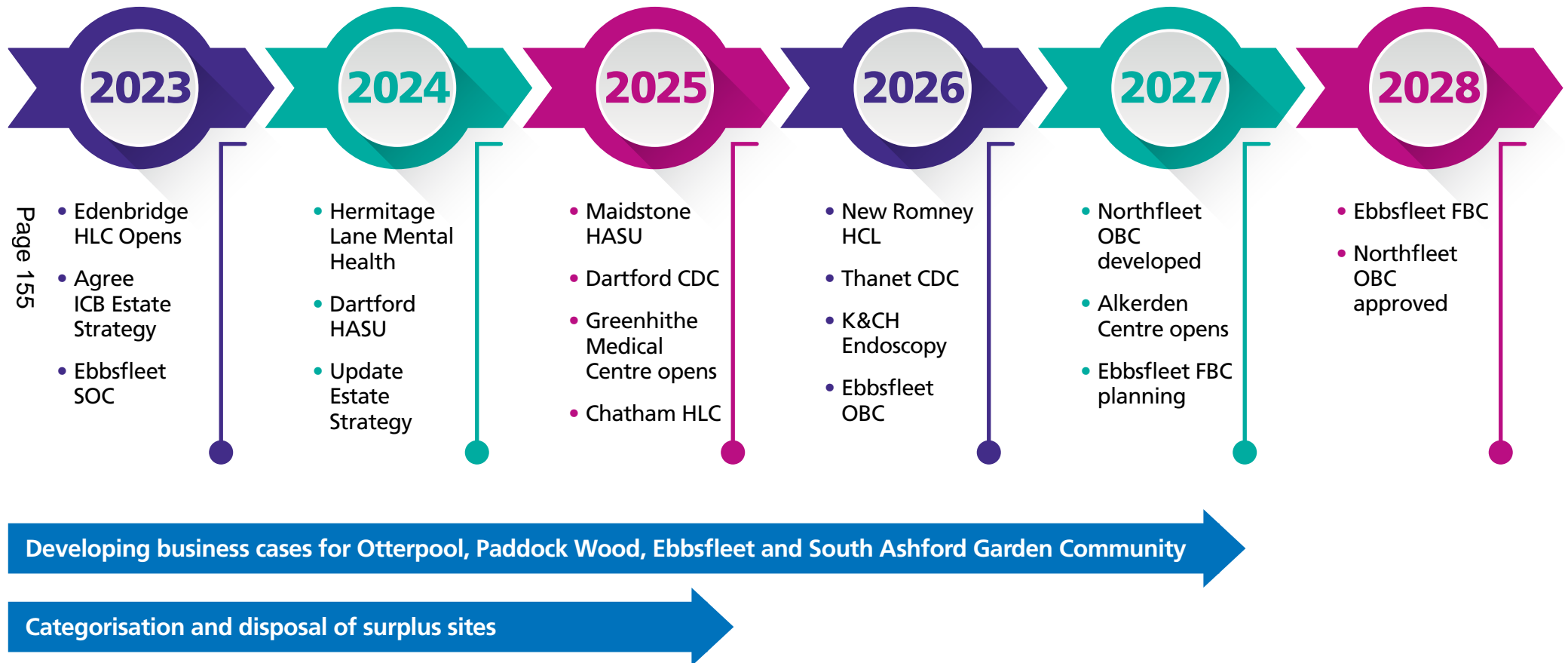
We will have a clear definition around the prioritisation of projects set against the availability of funding and other key criteria.

Before any project is undertaken, an initial viability assessment (IVA) will be required, which considers a range of factors to assist with prioritisation.



Our roadmap

The timeline shows **some** of the many schemes that we plan to deliver to support our current strategic and clinical priorities.



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Conclusion

This interim strategy sets out the plan for our estate in Kent and Medway for the next 5 years and beyond, based on our integrated care strategy, current clinical and professional priorities, and service sustainability and transformation plans.

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition to enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future.

This strategy sets out the actions we will take to achieve this vision. It is grounded in robust analysis of the current estate and builds on the progress made in recent years. We highlight how we will tackle a number of challenges, such as backlog maintenance, workforce availability, and a lack of readily available capital. For example, we will dispose of estate that is no longer fit-for-purpose; and adopt a consistent set of principles to shape and prioritise new projects.

We set out a range of commitments to enable our clinical priorities for excellent, patient-focused, integrated care, such as exploring health on the high street models, and centres of excellence, and ensuring delivery of a number of projects already underway.

The NHS and its partner organisations share a commitment to promoting social value and strive to maximise the use of the built environment for this purpose. We will continue to work hard together to minimize our environmental impact and promote sustainable practices across the system.

As the population of Kent and Medway continues to grow, we will work together to plan housing development and regeneration in a way that secures the right health and social care infrastructure for new and existing communities.

The needs of our local populations are paramount. Each Health and Care Partnership will create its own local estates strategy based on the principles and guiding framework of this strategy, which will optimise the local health and care estate for the needs of the local population. Once they are completed, we will review and update this strategy to ensure it fully reflects the areas highlighted at HCP level.



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Comprehensive Reference Document to

Kent and Medway Estates and Infrastructure Interim Strategy



This Comprehensive Reference Document should be read alongside the Kent and Medway Estates and Infrastructure Interim Strategy. It provides detailed information, on national and local context, population health and demographic information, where we are now and where we want to be in the future, our priorities and plans, and how we will apply a consistent set of principles and approach to planning in the future.

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Comprehensive reference document to – Kent and Medway Estates and Infrastructure Interim Strategy

This should be read alongside the interim strategy. It provides detailed information, on national and local context, population health and demographic information, where we are now and where we want to be in the future, our priorities and plans, and how we will apply a consistent set of principles and approach to planning in the future.

Overview

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions for healthcare services. It is also responsible for bringing partner organisations and partners at a system and place level together in a collaborative way to improve health and care outcomes, putting patients at the centre of healthcare delivery. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates as an enabler to delivering high quality care and support in fit for purpose facilities that improve the experience for our residents.

As an integrated care system (ICS), our local health and care organisations across Kent and Medway are committed to making health and wellbeing better than any partner can do alone. We face many challenges including significant population growth, an increasingly elderly population, ever-evolving clinical and technological advancements, changes in societal behaviour and, in some areas poor quality ageing health infrastructure. All this at a time when budgets are severely constrained and organisations are having to make extremely difficult decisions. As an example of the challenges, across healthcare providers in Kent and Medway, our estates backlog maintenance requirement is over £252m.

This NHS Kent and Medway Interim Estates and Infrastructure Strategy therefore considers how we, along with our ICS partners, address these challenges, while also delivering high quality, fit for purpose, patient-focussed, sustainable and efficient estate solutions, that will support and enable delivery of the Kent and Medway Integrated Care Strategy.

This strategy has been developed in partnership with local health and care colleagues and compliments similar work underway in the local authorities and other organisations. As such, and where appropriate, the strategy includes information from the local authorities for comparison purposes and to highlight both the scale and opportunities working together brings.

This is an interim strategy. It will need to be further informed as the Kent and Medway clinical strategy and service sustainability and transformation plans are developed.

Importantly, the strategy provides a framework for applying a consistent approach to the planning, prioritisation and the delivery of strategic estate programmes across Kent and Medway. It includes:

- guiding principles to be adopted when developing plans
- commitments of how we will work together to maximise utilisation of our 'one public estate' in support of true partnership working and integration
- and a prioritisation framework that will help staff and decision-makers determine the viability of proposals at an early stage.

While some services and facilities will, by their nature, need to be planned on a pan-county basis, it is expected that most services can and should be developed on a more local basis.

This strategy will support local health and care partnerships in the development of their own strategic plans which are expected to be developed by the end of this year.

Chapter one – introduction

As an integrated care system, our local health and care organisations across Kent and Medway are committed to working together to make health and wellbeing better than any partner can do alone.

In December 2022, the Integrated Care Partnership published its Interim Integrated Care Strategy. It sets out the shared ambitions of the NHS, local authorities, voluntary sector and health and care organisations in Kent and Medway for improving the health and wellbeing of the people who live and work here. This was followed up by the production of the NHS Five Year Joint Forward Plan in March 2023. Both the Interim Integrated Care Strategy and the Joint Forward Plan are underpinned by and respond to the Joint Strategic Needs Assessments for Kent and Medway.

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions for healthcare services as well as bringing partner organisations and partners at a system and place level together in a collaborative way to improve health and care outcomes. This includes working with voluntary, community and social enterprise colleagues, alongside local and district councils to explore greater opportunities to use our collective estates as an enabler to delivering high quality care and support in fit-for-purpose facilities that improve the experience for our residents.

This Kent and Medway Estates and Infrastructure Strategy has been developed by NHS Kent and Medway working closely with its partners across the system. Its purpose is to set out how we can deliver efficient and effective estate solutions that support the overarching strategy for integrated care across Kent and Medway.

This strategy considers current and future population needs, and how the capacity, type and use of spaces will need to adapt in response. It also sits alongside the NHS Capital Plan for the next two years.

Our goal is to enable the shared outcomes outlined in the Integrated Care Strategy through the provision of fit-for-purpose, high quality, financially viable and sustainable estate that allows the right care in the right place to be provided wherever you live in Kent and Medway.



The following partners have contributed to development of this strategy.

- Community Health Partnerships (CHP)
- Dartford and Gravesham NHS Trust (DGT)
- East Kent Hospitals University NHS Foundation Trust (EKHUFT)
- HCRG Care Group
- Kent Community Health NHS Foundation Trust (KCHFT)
- Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Kent County Council (KCC)
- Maidstone and Tunbridge Wells NHS Trust (MTW)
- Medway Community Healthcare (MCH)
- Medway Council (MC)
- Medway NHS Foundation Trust (MFT)
- NHS Property Services (NHSPS)
- NHS South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- North East London NHS Foundation Trust (NELFT)
- Kent and Medway Primary Care

Our governance arrangements

Kent and Medway partners have worked together to develop the interim strategy, with appropriate governance processes established to make sure there is a clear and agreed framework for managing estate across our system. Each of the four health and care partnerships (HCPs) have also established local estates groups, with appropriate representation from local stakeholders to develop and oversee similar plans at a local level.

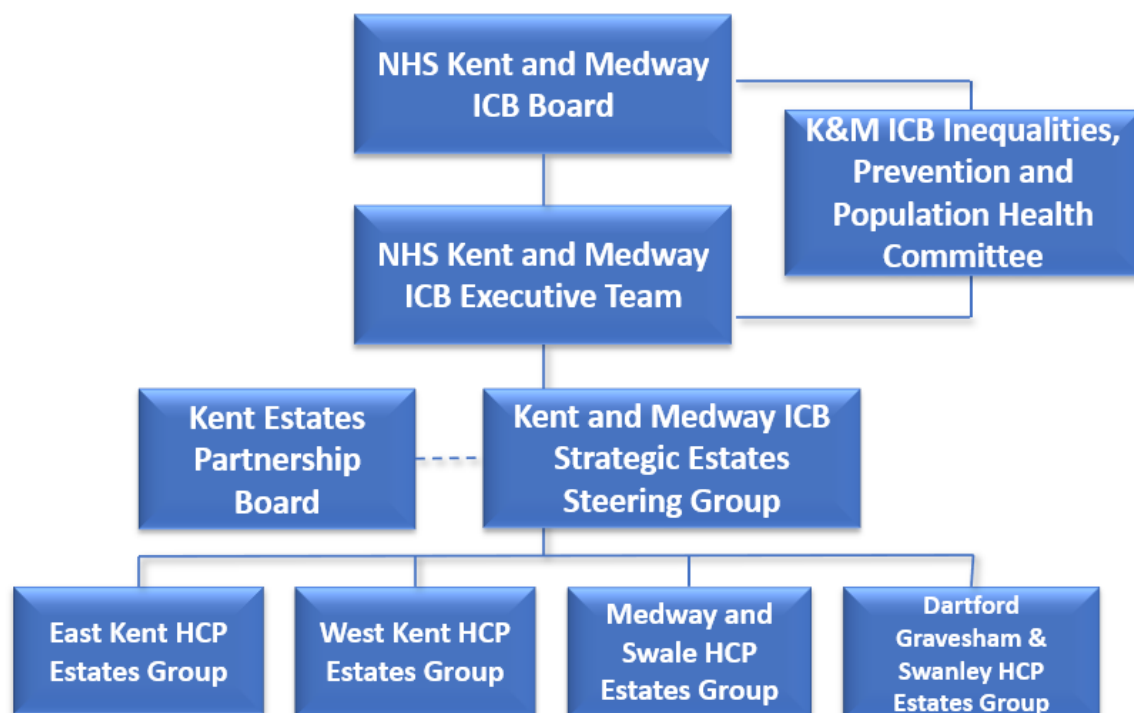
These groups report into the Kent and Medway Strategic Estates Steering Group, which has oversight for the development and implementation of this strategy. The steering group is also responsible for overseeing strategic projects and making sure there is a co-ordinated joint approach to health and care estates management across Kent and Medway. This includes understanding key strategic estate risks and providing mitigating direction where appropriate.

The NHS Kent and Medway Executive Director for Corporate Governance chairs the steering group and reports back to the NHS Kent and Medway Executive Team and the ICB Board.

The steering group works alongside the Kent Estates Partnership (the Kent chapter of One Public Estate (OPE)).

The group meets every two months, and will monitor progress against the estates strategy, identifying opportunities to use the partnership's shared estate portfolio to support integrated care and joined up service delivery across organisations.

It will also aim to drive innovation and be a catalyst for positive change to optimise estates infrastructure efficiencies and effectiveness thus optimising benefits for the communities across Kent and Medway.



Progress to date

Good progress has already been made in making sure the estate portfolio supports aspects of the interim estates strategy, for example, tackling the pressures on Accident and Emergency (A&E), moving some hospital services into community settings, and creating centres of clinical excellence for specialist services.

Over recent years the estates focus has shifted towards a shared, co-located estate, which can be used by various organisations within the ICS, leading to improved use and general estates efficiencies, in line with the OPE initiative.

We have made significant efficiencies through disposals and release of leased properties at break clauses to improve utilisation. Work is also underway on several schemes to progress towards our Net Zero targets to achieve 80 per cent reduction by 2028 to 2032 for emissions we control directly.

Work has also been carried out to address health inequalities through our Core20PLUS5 programme identifying how estates can support improved models of care and access.

However, many of these schemes have been funded via specific NHS England capital sources, such as Targeted Investment Fund, and work is ongoing at an NHS Kent and Medway level to develop a comprehensive and cohesive plan for capital funding allocation of future schemes moving forward.

A summary of recent improvement projects

Reduction in surplus office accommodation – 900 sqm at Amberley Green released by Medway Community Healthcare in March 2023 reducing revenue costs by £500k per annum. In the past three years NHS Kent and Medway has reduced its offices down from 14 rented offices to five.

More than **£1 million** invested in urgent treatment centres, reducing pressure on emergency departments and delivering more appropriate care, faster and closer to the patients' home.

Hospitals' A&E extensions at Medway Maritime Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. These extensions have provided much needed additional capacity and greatly improved both patient and staff experience.

As of June 2023, **a total of £12.2 million of capital funding had been invested across nine schemes** within general practice. Detail of each has been outlined in Appendix A. This investment will provide increased capacity, improved patient access and improved patient experience.

Stand-alone **Community Diagnostic Centres** in each of the four HCPs providing elective diagnostics and one stop shop MRI, PET-CT, ultrasound and x-ray helping to support ICS elective recovery.

£13.5m investment in Edenbridge Memorial Health Centre, a purpose built one stop shop for health and wellbeing services, replacing old estate and enabling service integration. Set to complete winter 2023.

In April 2022, a new, **state-of-the-art critical care unit opened at William Harvey Hospital**, designed to provide the best experience for patients and their loved ones. The unit contains four six-bed areas, including side rooms and bays. There are also rooms for family and visitors, and dedicated staff facilities, including rest areas, changing rooms and workspaces.

East Kent Hospital solar arrays, which have generated more than 1500Mwh since commissioning, saving 1,579t CO2, as well as significant financial savings.

Five Heat Decarbonisation Plans commissioned and delivered to provide road mapping for decarbonisation of heat sources at Tonbridge Community Hospital, Hawkhurst Community Hospital, Sevenoaks Hospital, Victoria Hospital (Deal) and Queen Victoria Memorial Hospital (Herne Bay).



Chapter two – national context

In November 2020, building on the road map outlined in the NHS Long Term Plan (LTP), NHS England and NHS Improvement published Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems Across England. This document mandated that all components of a health and care system collaborate as integrated care systems beginning in July 2021.

As infrastructure is a crucial enabler for delivering the transformation of health and care services, our updated infrastructure strategy will be used to outline our shared estates and infrastructure commitments, and roadmap to facilitate integrated working across all partner organisations' teams.

By using several national policies as the foundation of our strategy, we have developed a thorough plan that addresses all aspects of our estate and infrastructure initiatives.

As we place a high priority on sustainability, our estates strategy will reflect this by working to meet the NHS's net zero objectives. To make this possible, we want to develop and adapt buildings in accordance with the most recent standards and, in collaboration with others, seek renewable energy options to maximise efficiency and resilience. We will also look for chances to reduce reliance on fossil fuels, develop our green space and grow more trees.

In the following chapter, we outline the series of activities that we intend to do over in the coming years to address the recommendations outlined in these national policies.

Our system plans

- Build estate models and facilities that can align and support the ambitions set out within the **NHS Long Term Plan** in addition to using our estates in a more efficient and effective way.
- Encourage co-design to make sure the correct and essential infrastructure is in place to support the operation of workforce, population management, digital, and clinical initiatives enabling us to deliver against the **joint forward plan** and encouraging collaborative teamwork among teams from affiliated organisations.
- Embrace equity, diversity, and inclusion, train and develop the next generation of estate and facilities management staff and enhance our employees' health and wellbeing by utilising the **NHS estates and facilities workforce action plan**.
- Take full advantage of opportunities to consolidate non-clinical estate as recommended by the **Carter Report** to increase the productivity of our NHS Trust and deliver significant savings where possible. In addition to raising funds towards the implementation of the **Naylor Report 2017** recommendation to invest more in NHS estates to support the Five Year Forward View (new models of care) for the NHS.
- Create a system-wide estates plan to assist neighbourhood and place teams in delivering integrated primary care, adopting a **one public estate** approach, and optimising the use of community resources and spaces in fit-for-purpose facilities.
- Collaboratively embrace the challenges of climate change, looking at all opportunities to decarbonise our estate in line with **Estates 'Net Zero' Carbon Delivery Plan**

- Implement recommendations outlined in the **Fuller Stocktake Report** by:
 - increasing integration of primary and community services to provide our communities with services closer to home
 - facilitating the development of PCNs into neighbourhood teams
 - supporting primary care to work with other providers at scale
 - closing gaps in service provision, especially for underserved communities
 - supporting multidisciplinary teams to work together in neighbourhoods to improve the quality of estates.



Chapter three – local context

Kent and Medway overview

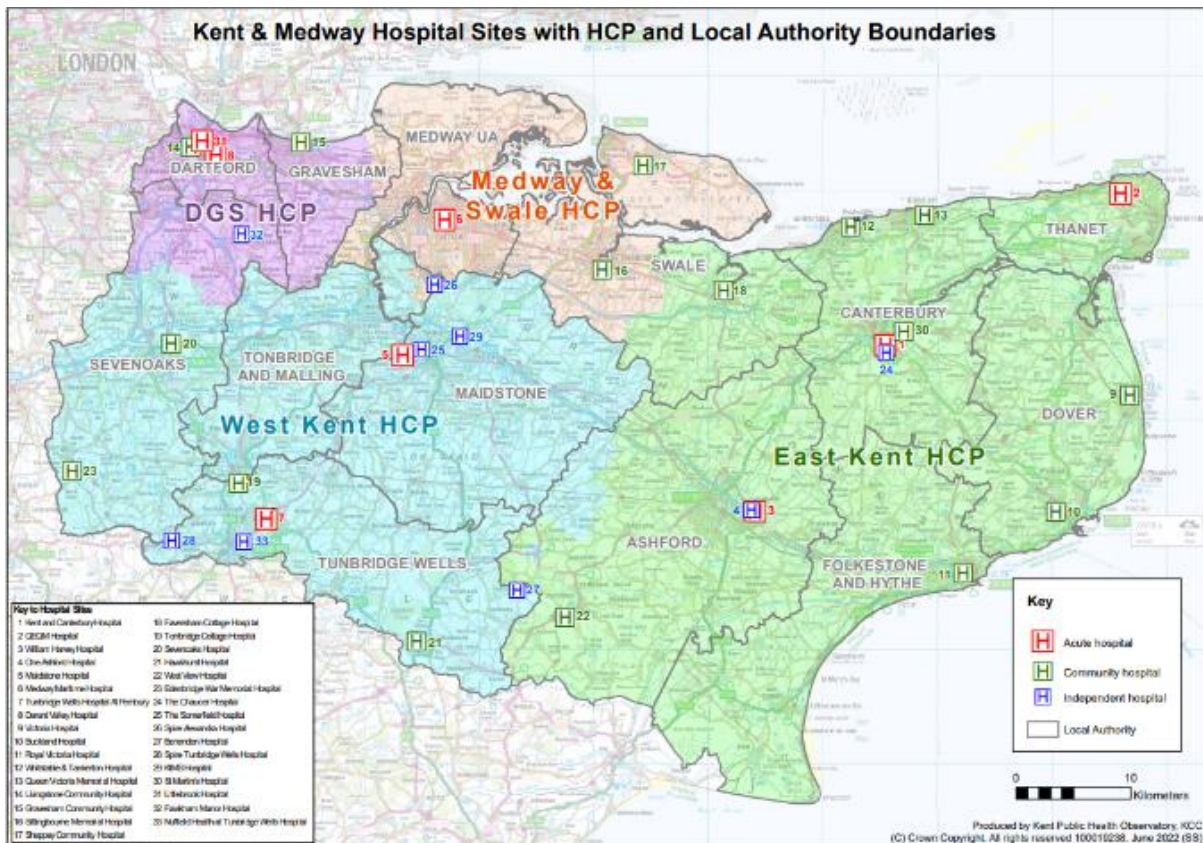
NHS Kent and Medway serves approximately 1.9 million residents and currently spends more than £3.9bn on health each year. It is essential we deliver care in a way that make best use of our collective resources, including our physical infrastructure.

Kent and Medway is an attractive place for so many who choose to live here. Known as the 'Garden of England' because of its abundance of orchards, hop gardens, agricultural and green spaces, it is home to some of the most affluent areas of England. It is also home to some of the most (bottom 10 per cent) socially deprived areas in England.

With over 350 miles of coastline, and its close proximity to London and mainland Europe, its mix of rural and urban areas present a range of challenges in terms of access to care.

Demand for health and social care services is at higher levels than ever before, as evidenced by our [Joint Strategic Needs Assessment](#).

- In Medway and Swale, local survival rates for cancer are among the lowest in the country.
- Life expectancy at birth in Medway, Swale and Thanet is below the England average for both men and women.
- 12 per cent of people in west Kent smoke, compared to over a fifth (21 per cent) in Swale.
- Although women's life expectancy is higher than men, women spend more years, and a greater proportion of their lives, in poor health (23 per cent vs 19 to 22 per cent).

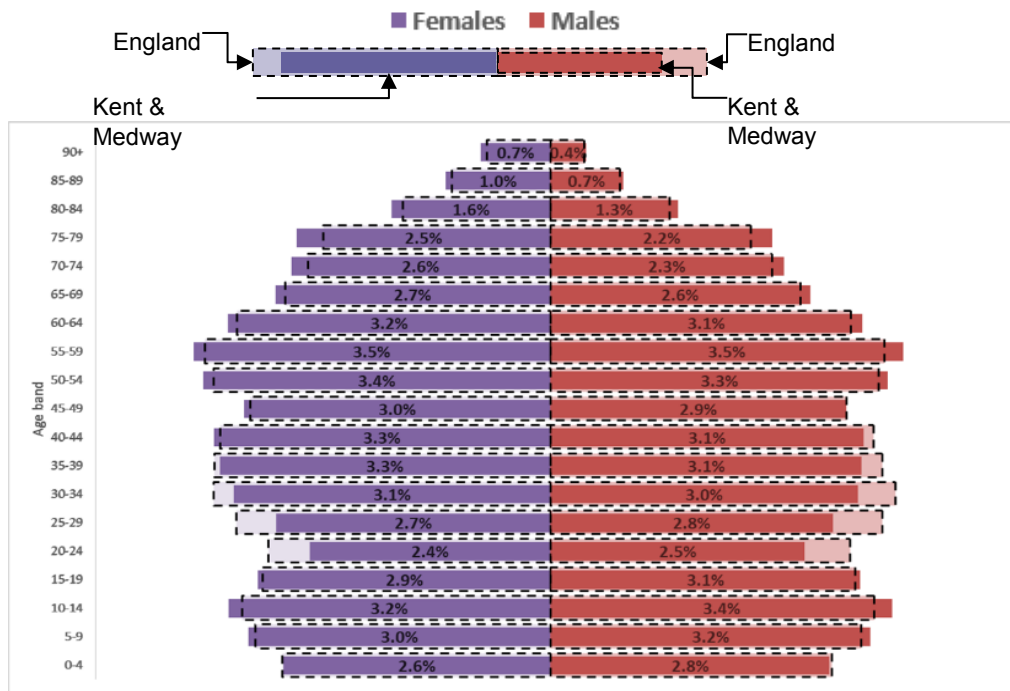


England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities have multiple, overlapping but addressable health problems.

Our population overview

Kent and Medway has a population of approximately 1.9 million. Compared to the rest of England, it has a higher proportion in the over 50 and under 15 age bands.

Over the next 10 years, the population in Kent and Medway is projected to grow by 5.4 per cent. This is largely driven by growth in the '15 to 24' age group, and even more so, the over 65 age groups, both in percentage and absolute terms. This ageing population will create increased pressure on health and care services for frailty, complexity of condition, cancer and multiple comorbidities.

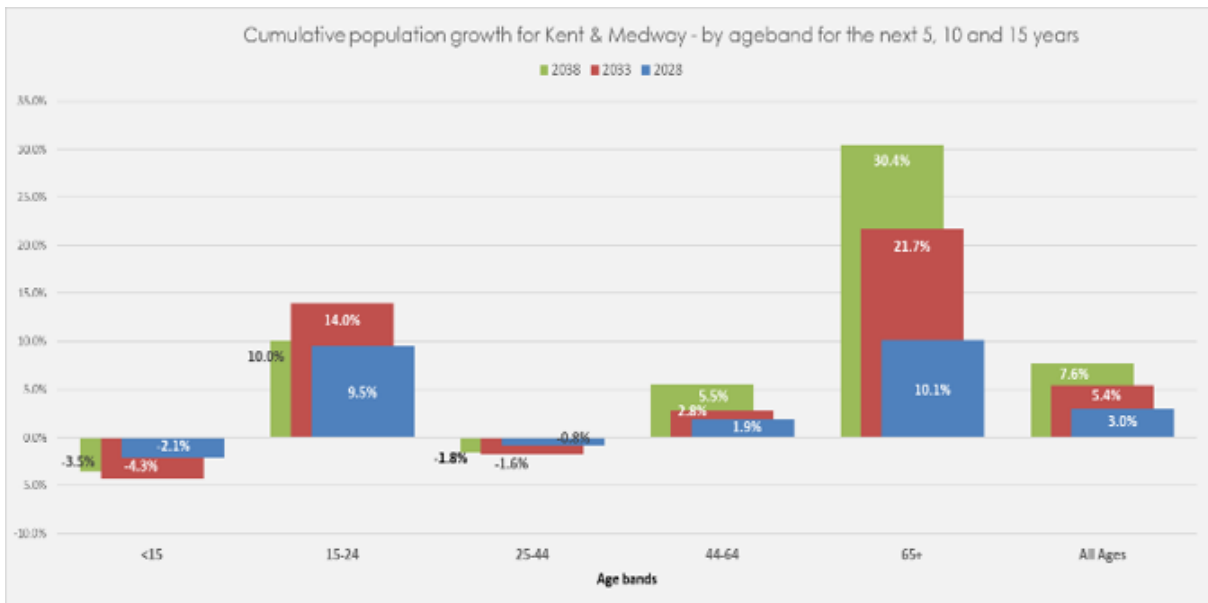
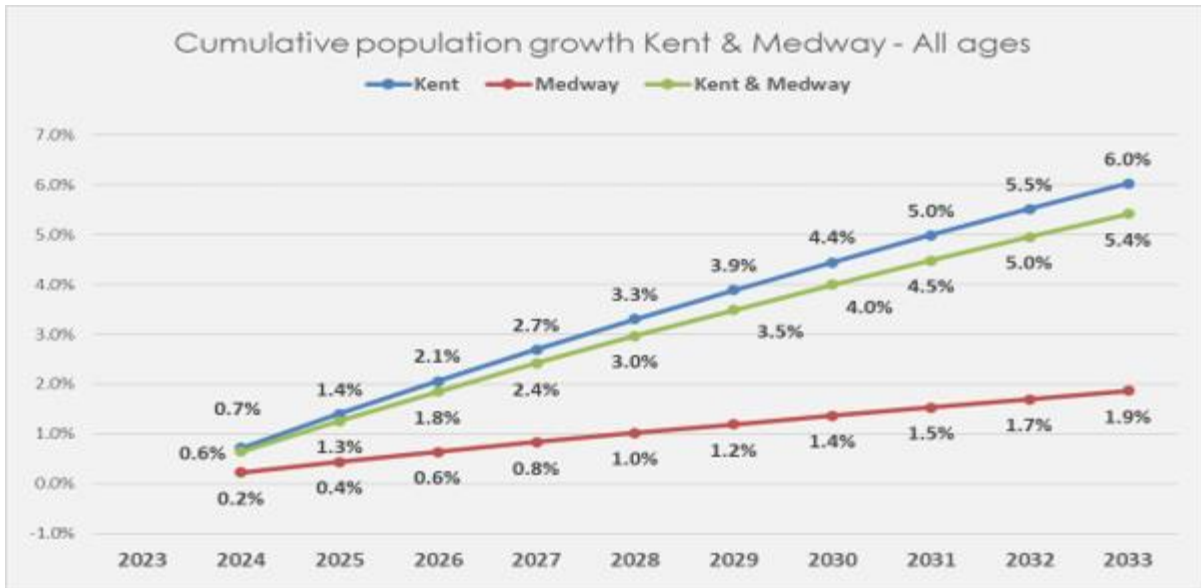


Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration>

Our Joint Strategic Needs Assessments and Core20PLUS5 obligations help us understand the health needs of our population and where to target health provisions for different demographic's requirements.

Life expectancy is significantly shorter for some groups of people, including homeless, people with learning disabilities, or severe mental illness compared to the general population.

Another important group is children in care, who are at significant risk of being disadvantaged in several ways and that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.



Sources: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration>

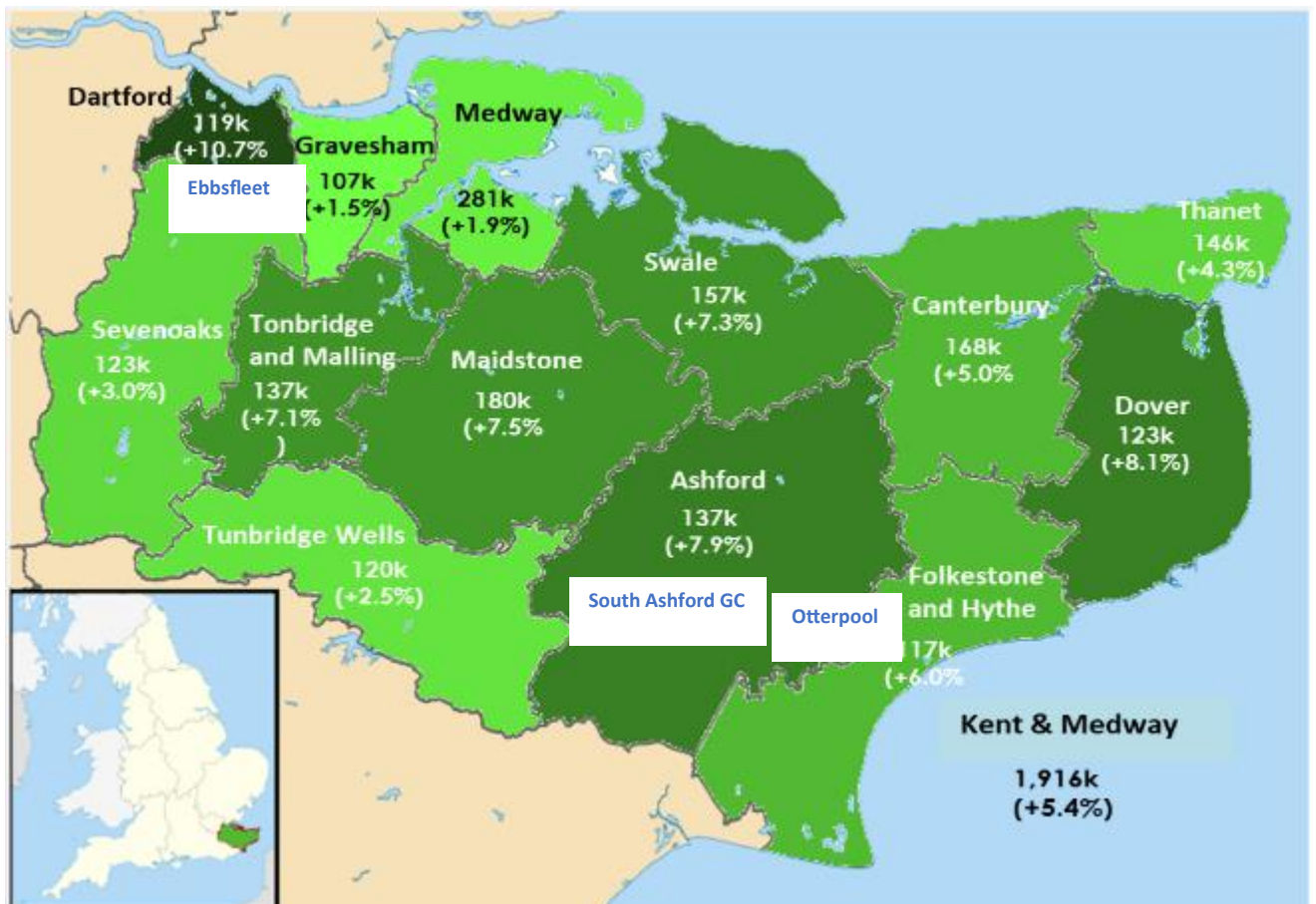
Our changing population – location

Population growth will be experienced unevenly across the region, and this will have implications for where we locate our healthcare estate and infrastructure.

In the next 10 years, the highest population growth is expected to be in the Dartford area (+10.7 per cent by 2033) driven by a 28 per cent increase in 15 to 24-year-olds.

Many other parts of Kent will see growth of more than seven per cent by 2033. Some of the major new developments that are in process include:

- **Otterpool** – a new garden city development being built just north of Hythe. It will see the development of 10,000 homes over the next 25 years and an increase in population of around 25,000. Full planning permission for the first 8,500 homes has been granted.
- **Ebbsfleet Garden City** – located in the north of Kent by Dartford and Gravesham, this development will see over 15,000 homes built over the next 15 years. 3,383 homes have already been built housing more than 7,600 new residents.
- **South Ashford Garden Community** – made up of three areas of development, this will see 7,250 new homes being built over the next 20 years.
- **Paddock Wood** – significant growth is expected in this area (up to c3,500 homes) as part of the new local plan.



Current population with projected 10-year growth for each area (in brackets).

There are also many other smaller community housing developments underway across the region. As system partners, we are working to understand the impacts associated with these

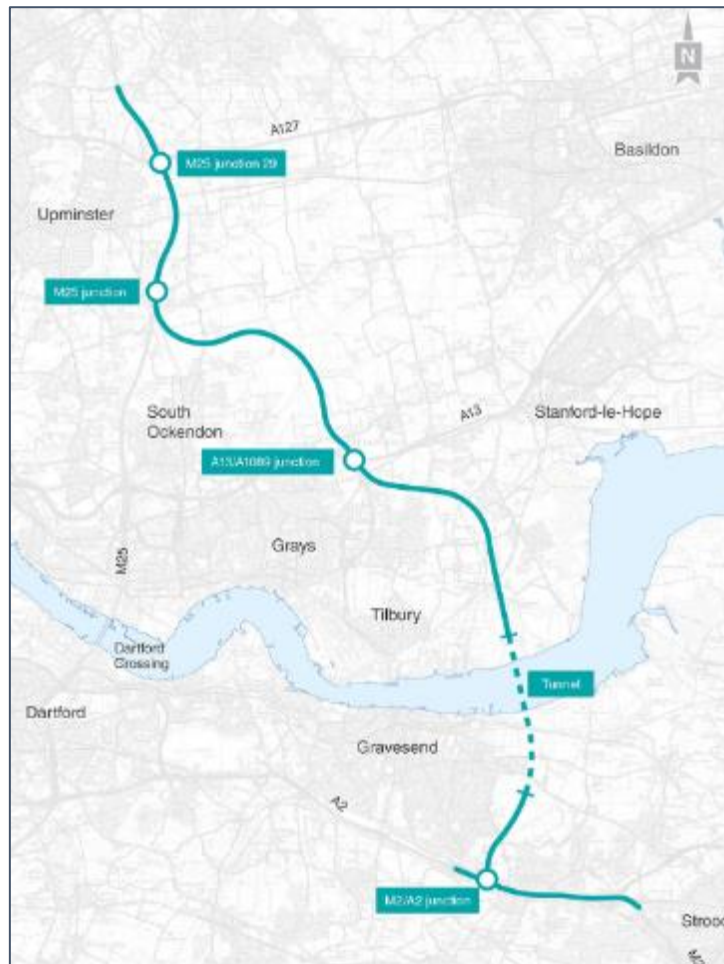
developments, including securing potential developer financial contributions through s106/Community Infrastructure Levy (CIL) arrangements that support the provision of additional healthcare services and facilities for local growing populations.

Our road and rail links

Much of the current road infrastructure in Kent and Medway consists of rural A and B class roads meaning travel times between towns and cities can be lengthy, and public transport is often limited. This is particularly the case when travelling north/south across the geography. Road infrastructure and travelling times for patients, staff and visitors also impacts how we plan our estate and the services we provide from it.

The region's two motorways (M20 and M2) link the M25 with the Channel terminals at Dover and Folkestone.

The rail infrastructure in Kent serves many markets and communities including commuters in and out of London and linking major towns and cities such as Canterbury, Ashford and Dover. The network also serves channel routes to Europe and has the UK's first domestic high-speed service (HS1), with high volumes of domestic, holiday and freight traffic.



The Lower Thames Crossing route, source: <https://nationalhighways.co.uk>

The proposed new Lower Thames Crossing construction will link to the A2 and M2 in Kent with the tunnel crossing being located to the east of Gravesend. Once completed, the Lower Thames Crossing will be the longest road tunnel in the UK, stretching 2.6 miles, including 14.3 miles of new road connecting the M2/A2, A13 and M25 with approximately 50 new bridges and viaducts.

During construction, the project may have a minor impact on local hospitals. Construction workers will be treated for minor injuries and illnesses at the project's own medical facility, while serious injuries will be taken to one of the Medway or Dartford area hospitals. Once it is finished, it is anticipated that the crossing will make it easier for Kent residents to commute to Essex for medical treatment and vice versa. However, this has not yet been modelled in detail.



Our integrated care strategy

Integrated Care Strategy

We will work together to make health and wellbeing better than any partner can do alone

Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.

Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

Shared Outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

Shared Outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing

Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

Shared Outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

Enabler: We will drive research, innovation and improvement across the system

Enabler: We will provide system leadership, and make the most of our collective resources

Enabler: We will engage our communities

Enabler: We will provide fit-for-purpose estate which is right-sized enabling the system to deliver against these outcomes

Estates as an enabler to our integrated care strategy

Our estate and infrastructure play a key role in supporting delivery of the outcomes in our ICS strategy. For example, the location of services can have a significant impact on health equality: by prioritising locations with good, low-cost access as close to the population as possible, we can help to improve access for vulnerable or disadvantaged groups.

Demand on our emergency departments is at an all-time high nationally. We have invested in A&E extensions at Medway Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. These extensions have provided much needed additional capacity and greatly improved both patient and staff experience. Embedding new models and services will allow us to not only reduce pressure on emergency departments but also deliver more appropriate care faster and closer to the patient's home. Certain investigations and treatments which could traditionally only be provided in hospital, will increasingly be available in primary care, enabled through primary care networks with wider skill mixes, more estate options and extended hours. A system-led network solution for community diagnostics centres aims to reduce time to diagnosis through improved patient flow. Urgent treatment centres and facilities that can provide Same Day Emergency Care are also able to redirect people who would otherwise have visited an emergency department.

Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration. Voluntary Community and Social Enterprises (VCSE) are our strategic partners in various workstreams throughout the ICS and have a vital role to play in supporting people to manage their own health and wellbeing. This could include exploring opportunities to share premises to improve utilisation, efficiency and integrate services.

Maintaining and developing our estate requires a strong workforce. We want to create a great environment for our staff. We want our workforce to work together and have opportunities to develop in their jobs and across health, care and voluntary sector. We want our teams to be empowered, engaged and enjoy their work, so they can be excellent at what they do.

TOGETHER, WE CAN



What does this mean for our ICS estates strategy?

The ICS strategy and the ICB's objectives linked to the NHS Joint Forward Plan raise some key questions that our estate and infrastructure must address:

Key demand-side questions.

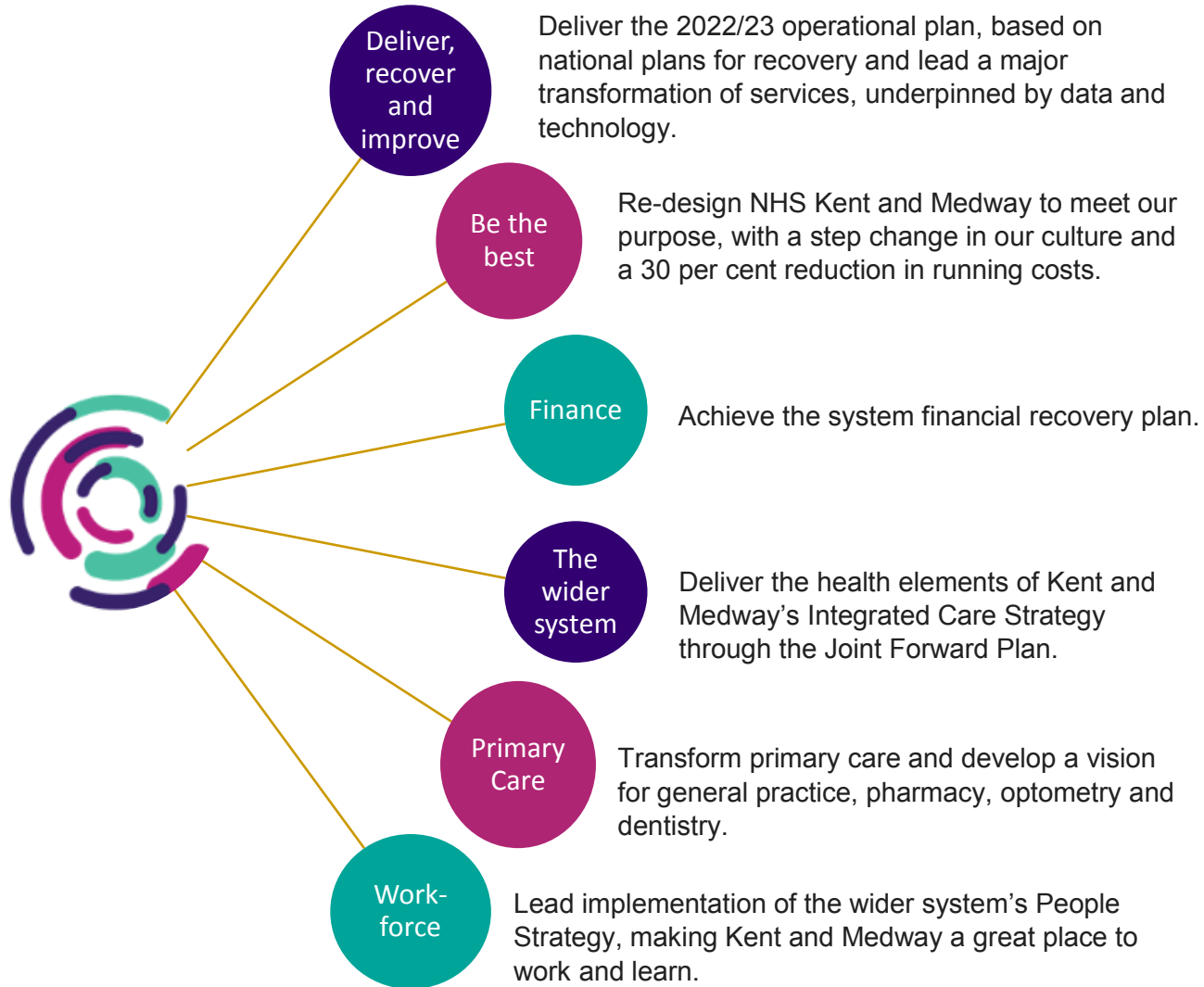
- How do we support and enable our clinical and professional strategy for new models of care and transformation of services, including increased focus on prevention and wider determinants of health, such as social and economic development?
- What capacity (acute, community, mental health, social and primary care) is needed to support the changing population?
- How will our estate support a new vision for primary care, including changes in workforce and working practices such as Additional Roles Reimbursement Scheme (ARRS) and the vision for integration set out in the Fuller Stocktake Report?
- How does our digital strategy affect the estate requirements?

Key supply-side questions

- What is the current estate (capacity and condition) and level of flexibility to adapt to future requirements?
- How do we meet our financial challenges while still providing excellent care and a great environment to work and learn?
- How can we work more closely with our partners to provide a truly integrated system?
- How far is the estate from achieving net zero?

NHS Kent and Medway's six objectives for 2023/24

These objectives are supported by seven cross-cutting enablers, of which estate and sustainability are one.



Chapter four – where are we now?

Kent and Medway healthcare estate currently comprises four acute hospital trusts (with seven acute hospital sites (two of which are PFI hospitals)), 13 community hospitals, 14 mental health facilities.

Estates data for NHS trusts has been drawn from the NHS Estates Information Returns Collection (ERIC) reports and validated by the trusts. It covers the estate owned and operated by providers. In addition, data has been supplemented by information from Kent County Council, Medway Council and non-NHS providers. Data on the size of the primary care estate has been sourced from national estate data mapping toolkit, SHAPE, and is presented separately.

Baseline data shows that the non-primary care estate occupies a total GIA of 749,379 square metres, equating to approximately two times the size of Terminal 5 at Heathrow airport.

180,805 square metres (or 24 per cent)^{***} is assigned to non-clinical space. In addition, NHS Kent and Medway leases five properties. The total operational running cost of the estate is almost £380 million per annum.

Void space, in most cases, is low with around nine per cent of space not currently fully utilised. There are opportunities to improve the percentage of time that a space is physically in use against the time available.

Organisation	Gross internal area (m ²)	Total void space (m ²)	Non-clinical space (m ²)	Backlog maintenance cost	Operational running cost of estate
DGT	70,427	902	22,834	£0	£16,500,000
EKHUFT	192,663	12,098	55,301	£125,138,198	£230,572,067
HCRG	6,997	0	1,500	N/A	£3,661,598
KCHFT	44,617	609	23,249	£30,952,379	£16,323,024
KMPT	64,851	25,622	8,055	£17,289,992	£12,385,815
MCH*	4,008	769	950	Not provided	Not provided
MFT	97,385	11,679	27,975	£76,949,474	£22,500,000
MTW	132,823	6,903	30,980	£647,605	£9,095,641
NELFT	4,389	Not provided	1,628	£1,200,000	£1,750,000
SECAMB	40,000	N/A	N/A	£0 **	£15,000,000
CHP	9,340	200	2,242	£0	£5,155,680
NHSPS	75,488	7,251	7041	Not provided	£22,120,000
Subtotal	742,989	65,264	180,805	£252,177,648	£355,063,825
KCC	441,154	52,160	434,764	£165,000,000	£24,297,747
Medway Council	3,596	0	Not recorded	£0	£348,180
Total	1,187,739	117,424	615,569	£417,177,648	£379,709,752

*Excludes leased properties from CHP and NHSPS listed under their returns.

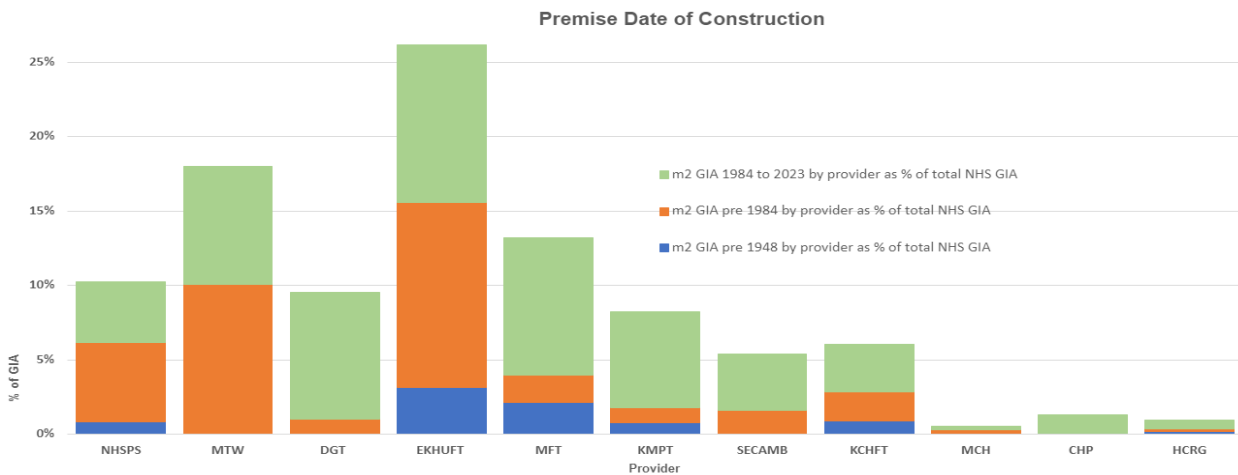
** Maintenance cost related to high-risk backlog maintenance

*** Excludes KCC and Medway Council

Challenges and risks

The age profile of the estate varies significantly, with 43.71 per cent of the NHS estate by footprint built before 1985. This percentage varies by different providers.

Backlog maintenance remains a challenge for the ICS, with total backlog valued at £252m. This represents the cost to bring estate assets that are below acceptable standards up to an acceptable condition. All providers invest annually in addressing their backlog maintenance focussing on health, safety and security compliance, critical infrastructure and capitalisable responsive maintenance.



Three providers have significant backlog maintenance costs

Medway NHS Foundation Trust (MFT) sited at Medway Maritime Hospital in Gillingham, Kent provides emergency and planned clinical services for the populations of Medway and Swale of around 405,000 people. MFT is a core part of the healthcare services system in the area. Backlog maintenance is valued at £77m, although only £16m is considered critical infrastructure risk cost. MFT have reported that they may have Reinforced Autoclaved Aerated Concrete (RAAC) in one of their buildings. They have commissioned further survey work on this.

Kent Community Health Foundation Trust (KCHFT) has identified £31m backlog maintenance cost, with £23m critical infrastructure risk cost.

East Kent Hospitals University NHS Foundation Trust (EKHUFT) has an ageing hospital estate, much of which is over 70 years old, costly, and no longer supports high-quality care. Backlog maintenance is valued at over £125m, with critical infrastructure risk of £88m.

Since 2015 NHS Kent and Medway, East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public have worked closely on a review of hospital services. In July 2021, East Kent Hospitals submitted an expression of interest to secure £460m capital as part of the New Hospitals Programme (NHP). The scheme was highlighted as NHS South East region's top priority for capital investment.

The aspiration was that the three hospital sites in East Kent would be developed and bring together a broader set of health and care services to support more innovative approaches to improving the health and wellbeing of the local population.

In May 2023, it was confirmed that the application was unsuccessful in being selected for the NHP.

Disparate community provision

We acknowledge and identify that across our region there is currently insufficient provision of community services in some areas to adequately cater for the needs of our population. This sometimes results in care being delivered primarily within acute settings as opposed to in the community where it may be more clinically appropriate.

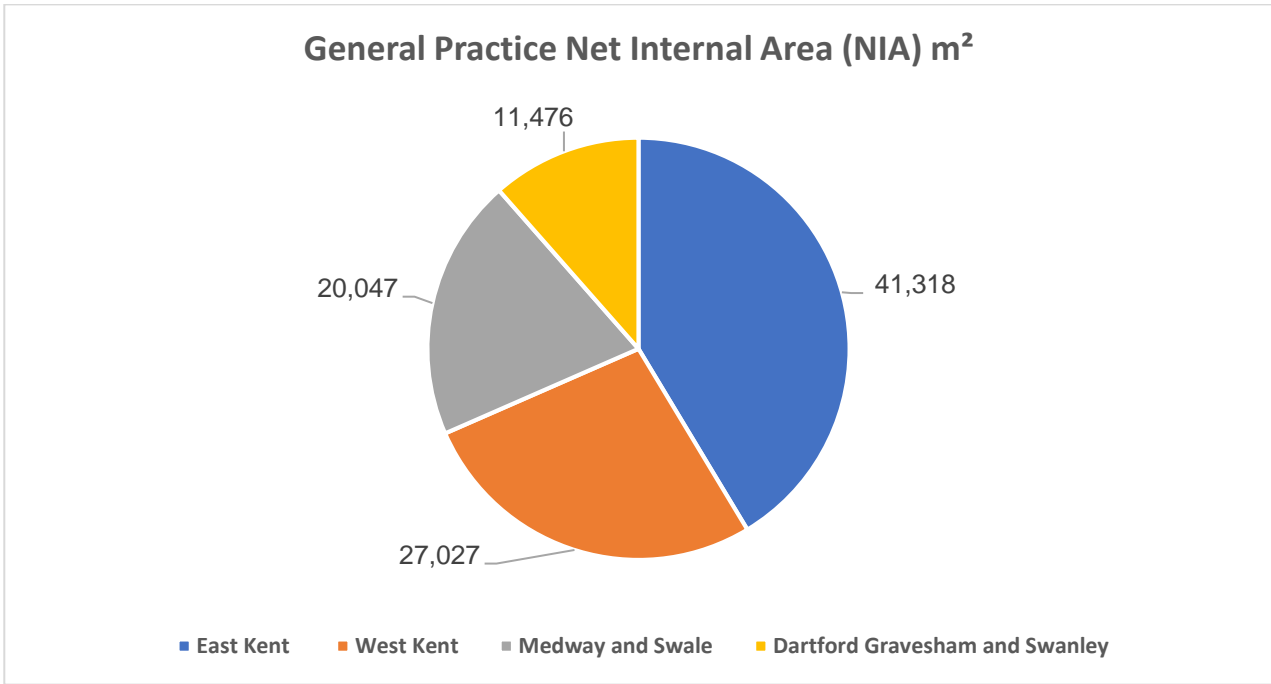
Workforce

There is a general lack of qualified estates and facilities professionals. With Kent and Medway's proximity to London, many trusts face competition from London-based providers, as well as local employers, often resulting in a reliance on interim staff. Some trusts also face the challenge of an ageing workforce, and the succession planning challenges which that creates.

Our primary care estate

Across Kent and Medway there are:

- 42 Primary Care Networks (PCNs) – see Appendix B
- **183 general practices** caring for a combined patient list of 1,992,789 people (June 2023)
- These practices occupy **280 health facilities**, totalling NIA of **99,734 square metres**
- **79.9 per cent of practices are rated 'good' and 5.4 per cent as 'outstanding' by CQC** (June 2023)



We are aware that the state of our estate affects the experiences of those who work or get care there. We acknowledge that the quality, ownership, and size of our primary care estate varies and does not always match the standard that our patients and staff deserve.

Recent developments in Coxheath, Tonbridge, Canterbury and Southborough provide modern and well-equipped amenities. In comparison, there are other older areas of our primary care estates which have substantial maintenance backlogs, resulting in high operating expenses.

79 per cent of the estate is more than 20 years old, with 14 per cent more than 50 years old. Some of our older estates do not meet modern day standards in terms of specification. We also have properties that are underused because they lack the appropriate, flexible infrastructure required to align with new operational delivery models of care.

The outputs of the national PCN Service and Estate Toolkit programme, which commenced in September 2022, will be used to inform our wider estates planning within our HCPs. We have carried out an initial categorisation of our estates into ‘core’, ‘flex’ and ‘tail’ groups to help inform planning and investment prioritisation at HCP level. This will be reviewed with our practices as part of the HCPs’ estates planning work.

Health and Care Partnership Area	Core	Flex	Tail	Total
East Kent	64	22	0	86
West Kent	42	28	3	73
Medway and Swale	56	25	2	83
Dartford Gravesham and Swanley	26	12	0	38
Total	188	87	5	280

Core – Buildings that will remain in operation delivering primary care services for at least the next 10 years.

Flex – Buildings that will be providing primary care services for at least the next five years but may not be needed longer term as the clinical model evolves.

Tail – Buildings that are likely to be disposed of within the next five years.

Our general practice estate – further challenges

It is not just the physical nature of our primary care estate which impacts on how we manage it.

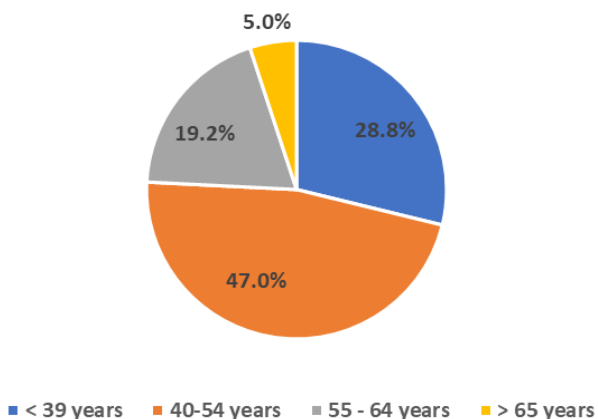
More than three quarters of our GP facilities are privately owned, either by GPs themselves (112, 40 per cent) or by other private or third parties (133, 47.5 per cent); a smaller number of practices occupy NHS (NHSPS or CHP) buildings (35, 13.5 per cent). While this poses the overarching difficulty of managing supply, our strategy needs to respect and work with a model where parts of our estate are privately owned and have varied occupational arrangements in place.

Given the number of premises owned by general practitioners, many proposals to enhance, expand, or replace their estate originate from the practices themselves. Not all practices are able to expand even when there is unmet demand.

Our data also shows that almost a quarter (24 per cent) of the GPs in our region are aged 55 and over. It is, therefore, important that we work with our practices to understand potential issues (retirements, lease breaks/expiries, retiring property owner's decision to sell) so we can have plans or have contingencies in place to address any premises related risks that could impact on the delivery of patient care.

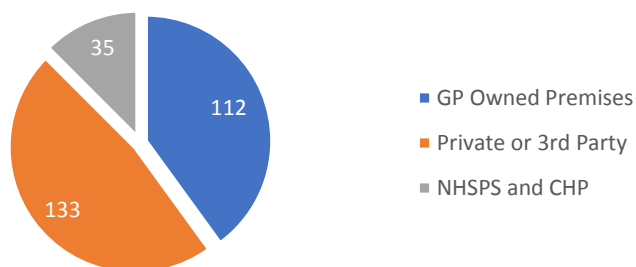
For example, many younger GPs who enter the profession and join partnerships do not want the burden and risks associated with owning their own GP premises, and are looking to work from rented accommodation.

General Practitioner Workforce by Age



Data source: NHS Digital April 2023 GP Workforce data – Exc. Trainees and Locums

Primary Care Estate Ownership



Data source: SHAPE June 2023 (with additional validation). Note, it will include multiple GP occupancies in the same building.

LIFT and PFI properties

The current Public Private Partnership agreements and Private Finance Initiative (PFI) estate is held or managed by a variety of organisations including, NHS trusts, NHS Property Services, community health partnerships/LIFT, local authorities and other stakeholders.

The NHS LIFT Buildings

The NHS LIFT programme was established in 2000 as a public-private partnership to improve primary and community care facilities in England. Four healthy living centres were constructed in Kent through the LIFT programme, which are among the region's best healthcare estates. While they are well received by both tenants and patients, there is vacant capacity which is currently being reviewed. These buildings are maintained to estates code condition B and have zero backlog maintenance, in line with contract requirements.

The ICB's current focus is on increasing the use of these core assets, however, as we move beyond 2025, consideration must also be given to the treatment of these buildings as they near the end of their lease term. Three have lease terms expiring in 2031 and one in 2035.

At the end of the lease term, and subject to future government policy, three options are available to the local system:

1. purchase the asset
2. extend the lease on negotiable terms, or
3. return the building to the LIFTCo.

If the clinical strategy supports the retention of the Healthy Living Centres post 2032, then we will need to consider the model of ownership and the financial impact of the purchase or the lease extension. Both options 1 and 2 will impact the Capital Departmental Expenditure Limit (CDEL). The CDEL is the maximum amount of money that a government organisation can spend on capital projects and investments in a fiscal year. It helps control and prioritise capital expenditures while maintaining fiscal responsibility. However, it also reduces the amount that organisation can spend on its estate.

Community Health Partnerships (CHP) will support NHS Kent and Medway in planning for the long-term future of the portfolio, optimising estates use and acting as a key co-ordinator between the Department of Health and Social Care, NHSE, LIFTCos, and occupiers.

The PFI estate

Similar consideration will have to be given to our PFI assets. **Darent Valley Hospital**, run by Dartford and Gravesham NHS Trust, was the first hospital procured under PFI in 1997, and it opened in 2000. Although the contract term does not finish until 2032, preparatory work is already underway with condition surveys being completed in 2023. This will set the programme of works to be completed by the PFI company before 2032.

Gravesham Community Hospital PFI contract expires in April 2034. NHS PS holds the headlease and NHS Kent and Medway will need to work closely with NHSPS and Kent County Council (which occupy approx. 50 per cent) to agree a strategy post 2034.

Pembury Hospital which is operated by Maidstone and Tunbridge Wells NHS Trust was also built under PFI and expires in September 2042.

Chapter five – where do we want to be?

Our vision is to provide efficient, adaptable and sustainable premises in the right location and condition to enable delivery of excellent, integrated health and social care to the communities of Kent and Medway, now and in the future.

To achieve our vision, we will ensure that all estate and infrastructure initiatives, investments and framework align with **our eight principles**.

1. Development must meet identified need of local communities, and be driven by the clinical, health and well-being priorities.
2. Estate must enable provision of high quality, fit for purpose environments which aid patient and staff experience and outcomes. Equality, diversity and inclusion needs will be at the heart of designs.
3. We will invest in good estate and take every opportunity to dispose of surplus/poor estate that is not economically viable or does not meet our need.
4. We will optimise the use of all our estate, including partner estate, recognising the drive for greater integration and co-location of services.
5. Working with partners we will identify greater opportunities to make sure our buildings are used flexibly and as much as possible, recognising changes in societal behaviours and expectations.
6. There must be a clear commitment to driving forward the sustainability and environmental requirements in everything that we plan and do to meet our climate change commitments.
7. We will appropriately target our limited investment opportunities, focused on areas of greatest need, that minimises risk and delivers greatest value for money.
8. We will embrace and future proof our estate with regards to new and emerging digital, clinical and environmental technologies. Our estate will enable safe, high quality, agile clinical and professional working practices that can adapt over the medium and long term.

Providing efficient, adaptable and sustainable premises

We need to make sure our estate, whether it be existing, new, or refurbished, is flexible for use by a wide range of clinical and professional services. Our ICS strategy is also about creating environments which give people the opportunity to be as healthy as they can be and put in place prevention measures to improve mental health and wellbeing. Indeed, one of the Fuller Stocktake Report recommendations was to put more emphasis on preventative care, using primary care locations to create healthier communities. So, we should look to wider opportunities to use our space in a way that a wide range of activities can take place which can help improve people's health or wellbeing, whether it is prescribed or not.

With ever increasing pressures on the public purse, efficient use of our estates is vital. If it is no longer needed for the delivery of services, then we need to dispose of it and recycle the capital or revenue to where it is better used. Underused estate also gives us the opportunity to look at how we can more creatively use parts which we cannot dispose of, to deliver our wider ambitions.

Medway Council has recently agreed to work with the ICB and Medway and Swale HCP colleagues, to review the combined community estate in the Unitary Authority area and develop where appropriate, joint plans for improved use, co-location of services and staff, and asset rationalisation.

Kent County Council is reviewing how commissioned care can best provide services for the needs of its children, young people and adult residents and will collaborate closely with health care partners to ensure best outcomes. It is acknowledged that a seamless approach should be adopted where possible for residents needing care with clear leadership and responsibilities being applied. NHS and partners will work collaboratively across service and real estate provision to achieve this.



Shared Workspace is a project running, between Kent County Council and partner organisations including district councils, Blue Light services, NHS services and universities.

The Shared Workspace project not only allows staff from across organisations to work in each other's buildings, it provides an alternative to travelling to their own place of work, allowing for savings in time, energy, improved work life balance and increased collaboration with partners.

The Shared Workspace offices currently open and available to use are:

- Medway Council offices, Chatham
- Gravesham Council offices, Gravesend
- Ashford Borough Council offices
- Sevenoaks Council offices
- Invicta House, Maidstone
- St Peter's House, Broadstairs
- Folkestone and Hythe Council offices
- ICB offices at Chatham, Maidstone and Ashford

In the right location and condition

We recognise the importance of **providing quality healthcare as close to our populations as possible** and we will continue to plan our services in such a way as to enable this to happen. Some hospital services will continue to move to community-based settings. For example, during the Covid-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

Our community hospitals and 'home with support' pathways in east and west Kent do not always meet the needs of our patients. We also know patients often stay too long in a hospital bed and risk deconditioning as they are not in the most appropriate setting to enable optimum rehabilitation. Our ambition is to **improve overall system flow**; improve outcomes for patients and provide a better environment for staff through a New Model of Care. This includes offering a wider range of bedded rehabilitation services, from sub-acute treatment to transitional enablement, helping us provide the **right space in the right condition in the right location**.

The **high street** occupies a pivotal role in our communities. They are economic, social and cultural hubs that shape the vibrancy, wellbeing and prosperity of where we live and work. As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. There are real opportunities for the NHS to become directly involved in the high street policy agenda, including:

- running health services from vacant properties, including vaccination programmes
- broadening the range of services provided within communities
- supporting and participating in the design of healthy communities and places.

Local authorities also have a particularly important role to play in developing and embedding **health on the high street** principles. The NHS is well placed to work with them to assist in developing an approach that better understands the social and economic potential of health, as well as strengthening the role of communities in decision making, and ownership and use of high street spaces. However, this also needs to be considered alongside maximising existing facilities in the area where they remain suitable and being affordable and good value for money.

There is compelling evidence that creating **centres of clinical excellence** provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical and professional adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff and enhance clinical and research and innovation.



In Kent and Medway, we have already established several centres of excellence. We are also in the process of creating Hyper Acute Stroke Units. We will continue to work with partners to further develop centres of excellence where there are clear clinical benefits from doing so.

Meeting the needs of Kent and Medway communities

A number of challenges and opportunities are already known.

Dartford, Gravesham and Swanley (DGS)

Current health care services in the area are already under increased strain due to population growth. This demand is projected to rise further as Ebbsfleet Garden City continues to grow. To meet the rising demand and relieve acute, community and primary care services, the system needs significant general outpatient and diagnostic capacity.

DGS HCP is working with partners to optimise and repurpose clinical and non-clinical space. We are also working closely with Ebbsfleet Development Corporation to develop plans for a significant health facility in Ebbsfleet in response to rising demand.

Medway and Swale (M&S)

Health inequalities are of particular importance in M&S. The areas has some of the largest health inequalities within the country. Added to this, there is a clear difference in clinical outcomes dependent on the demographic of areas. Working closely with Medway Council, the ICB has secured capital funding to develop a Healthy Living Centre in the Pentagon Centre in Chatham. Subject to further approvals, this new development, which is due to be completed by March 2025 builds on the Health in the High Street model, bringing health services together and making services more accessible to the local population.



West Kent

This has a diverse population with a broad range of need over the geography of the area, and while it can be seen as relatively affluent there are areas of deprivation that require levelling up. West Kent also has an ageing population and has a high number of nursing and care homes placements.

There is a drive to not be so dependent on a new and an ever-increasing estates portfolio to meet the needs of our population. While there are some notable estates projects in progress, such as the West Kent CDC, the Edenbridge Health Centre and the Kent and Medway Orthopaedic Centre, there are also opportunities to consider how new and existing estates can be maximised to support new models of care such as that of Integrated neighbourhood Teams.

East Kent

EKHUFT has been working with NHS Kent and Medway for several years to improve its ageing estate and reconfigure services to make them more sustainable. The trust has more than £76m backlog maintenance of which £56m is identified as high risk. East Kent's health services are also under increasing pressure from a growing and ageing population. Additional capacity is required for primary care, acute care and diagnostics. Cancer services at Kent and Canterbury Hospital are also in need of significant investment.

The trust was unsuccessful in securing national capital funding from the New Hospitals Programme. As a result, the health and care partnership will be working with the ICB to identify alternative sustainable service and estate solutions across acute and community services.



Health and care facilities for everyone

Population health needs should be understood to inform service redesign and workforce planning which in turn informs potential estates requirements.

Across the ICS, work is underway to understand the estate required to support the Core20PLUS5 approach, facilitating a reduction of health inequities and targeting health and care services to those most in need.

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Our key goal will be to make sure a whole system collaborative approach to Population Health Management, reducing avoidable unfairness in people's health and wellbeing outcomes. Our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged.

While some planning and service design is done once across all of Kent and Medway, we will empower our local neighbourhood and place-based partners to tailor services and interventions to meet the needs of their communities.

Improved design for SEND

Thinking is shifting around design principles to create more engaging, inclusive places in all areas of the built environment for children and young people with special education needs and/or disability. For instance, designers are considering the major factors that affect how young people with autism spectrum conditions experience their surroundings.

Designing for Specialist Educational Needs and Disabilities (SEND) needs a holistic approach, thinking how buildings can have a positive impact on health and wellbeing, boost confidence and motivation, adapt to an individual's daily experiences, learning and physical needs while providing the right environment to safeguard them. By more closely considering the needs of SEND children and young people in the design or procurement process, and working to understand operational and management requirements, buildings provide a welcoming, inclusive, accessible, secure, positive and sustainable environment that will have the inherent flexibility to cater for a wider array of SEND requirements, both now and in the future.

Facilitating economic development

The ICS strategy has an increasing recognition of the role it could have in wider community issues, such as influencing the social determinants of health and building sustainable communities. This can be done in ways that make our high streets more economically and socially sustainable and the services themselves more accessible.

Swale Borough Council has been awarded £20 million to improve health, education, leisure, and employment opportunities in Sheerness. The Sheerness Revival project has been awarded the money from the Government's Levelling Up Fund. The scheme will include the relocation and expansion Minster Medical Practice (currently located in the Healthy Living Centre).

Excellent, integrated health and social care

Our Kent and Medway Primary Care Strategy will outline a direction of travel that will align with national policies and guidelines. A model of care that links to HCP strategies will also be part of this plan. The increased integration of primary, community, mental health and social care staff may influence the size and type of wider community estate.

To integrate primary care, enhance access, and improve outcomes for our communities, the **creation of integrated neighbourhood care hubs** from new and existing community-located assets is envisaged. The intention is to develop system-wide estates plans for primary care to ensure that we have fit for purpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos.

Taking a one public estate approach will enable us to maximise the use of community assets and spaces. The health and care estate will be expanded to include more integrated areas in community settings. Our hubs will also seek to optimise digital technologies and solution to promote estate efficiency.

By adopting the NHS England Cavell Centre principles, we will seek to consolidate all health and social care services under one build, integrating primary care, improving access, experience and outcomes for communities which centres around four main principles.

1. Providing an integrated and broad service offer that is wrapped around primary care.
2. Providing community hubs that address health inequalities, support the health and wellbeing needs and aspirations of residents, as well as supporting and strengthening healthy and resilient communities.
3. Making sure services are future proofed and sustainable.
4. Providing high quality, fully utilised and flexible clinical and non-clinical space that:
 - can meet the changing needs of the community and service providers
 - maximises the amount of shared space – clinical and non-clinical, including; single reception; shared and activated waiting room space; meeting/group rooms; and shared office spaces
 - takes a creative approach to ensuring flexibility and use of floor space to maximise activity that supports and promotes patient wellbeing
 - provides flexible clinical space that is not determined by any single model of care
 - provides the opportunity to reimagine the traditional delivery of healthcare provision to include the health generating potential of place making, the creative arts and a co-designed, purpose-built building that embeds wellbeing into the fabric of spatial design.

Virtual wards and consultations

During the Covid-19 pandemic, virtual wards and virtual consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services. This proved so successful, we plan to continue with these initiatives.

Patients can get the care they need at home safely and conveniently, rather than being in hospital, thanks to virtual wards and virtual consultations, enabled by telemetry and wearables.

Support is delivered by a multi-disciplinary team at a distance. Treating patients in virtual wards also means we don't need to accommodate these patients at an acute hospital setting. This frees up this much needed capacity for patients that need acute hospital care.

Virtual consultations also mean patients no longer travel to their appointments. This saves time and helps to reduce carbon emissions, so it's great for the environment too.

Further integration and collaboration opportunities

Other activities planned to achieve our aims will involve:

- using local authority, third sector and community assets
- taking advantage of vacant and unused space in the portfolio of community health partnerships and NHS Property Services
- identifying opportunities for co-locating primary care, while developing secondary care estate plans
- identifying opportunities to repurpose existing spaces
- exploring opportunities for locating primary care onto the high street as part of local economic regeneration
- making sure health infrastructure needs are considered from the outset in residential developments
- consider ownership models for new estate.

As our integrated system matures, we will increasingly look to collaborate on our estate to enable partnership working, and further efficiencies.

Providing excellent, integrated health and social care – examples of current projects in each HCP area

We continue to make solid progress with delivering against our current plans, making sure services are delivered in the right location and in the right condition for our populations. The following pages provide examples of the projects currently underway together with their estimated timescales for delivery. It should be noted most of these schemes are subject to further development and business case approvals.

All HCPs

Health Based Places of Safety (HBPoS)

NHS Kent and Medway is working with system partners, to develop proposals to improve the current Mental Health Urgent and Emergency Care (MHUEC) pathway including Section 136. Part of these proposals, which are still in development and subject to approval, is the implementation of centralised Health Based Places of Safety (HBPoS).

This is anticipated to have system wide benefits that include reduction in time and travel commitments for Kent Police and SECamb meaning resources can be used to support the local population elsewhere. It will also enable better use of clinical workforce as dedicated medical resource will see patients in the HBPoS and other mental health wards, and doctors will not be pulled from the wards to support the Mental Health Act assessment. Due to be completed in March 2025.

The Community Diagnostic Centre project is currently being carried out and implemented by all four HCPs within Kent and Medway.

The project is a core element of the diagnostics and imaging network programme and is integral to the success of the recovery and reformation of diagnostic services as stated within the Richard's review.

A key aim of this programme is to implement standalone community diagnostic centres providing elective diagnostics and new one stop shop pathways.

Dartford, Gravesham and Swanley

Greenhithe Medical Centre is currently in the planning stage, if approved, the project will provide modern, efficient accommodation replacing three branch surgeries for two practices and will support integrated working across the PCNs as well as growth in the area. The scheme is estimated to complete in 2025.

Dartford, Gravesham and Swanley | Medway and Swale

Winter pressures beds – ACTIF

Two projects approved and underway and due to be completed by end of 2023.

Additional 15 bed capacity being developed at Darent Valley Hospital through the conversion of non-clinical office space.

Additional 20 bed capacity being created at Medway Hospital through the conversion and refurbishment of the former mental health Ruby ward whose patients have relocated to the new facility in Maidstone.

East Kent

Folca New Medical Centre is in the design phase where two General Practices in Folkestone are developing an outline business case to be submitted to the ICB for new premises on the Folca site in Folkestone high street. Folkestone and Hythe District Council made a successful bid to the government's Levelling Up Fund for just under £20 million to transform Folkestone Town Centre. This will partly support the refurbishment of the Art Deco section of the Folca building. The other part of the building proposed is for the medical centre (capital funding via a third party medical centre developer). If approved, the scheme is planned estimated to complete in 2025.

Medway and Swale

Chatham Healthy Living Centre This project is still in the design phase, but, if approved, will provide purpose-built space for two primary care practices as well as a comprehensive array of community health, outpatient clinics, public health services, and minor diagnostics. This initiative will be an excellent illustration of "Health on the High Street" functioning as an anchor tenant in a shopping centre, increasing footfall and supporting regeneration, whilst also providing healthcare to a region with significant health inequalities.

Sheerness Revival Project

Swale Borough Council has been awarded £20 million to improve health, education, leisure, and employment opportunities in Sheerness.

The Sheerness Revival project has been awarded the money from the Government's Levelling Up Fund.

The scheme will include the relocation and expansion Minster Medical Practice (currently located in the Healthy Living Centre) and is estimated to complete in 2025.

Reprovision of Ruby Ward

Due to the national eradication of dormitory style accommodation the Ruby Ward (a dormitory style accommodation at Medway Maritime Hospital) will be replaced with a new build facility on the Priority House site in Maidstone. This will enable several mental health services to be provided from one site. The build is due to complete in November 2023 with patients occupying by January 2024.

West Kent

Edenbridge Health Centre is currently under construction. Once complete, it will provide general practice and community health services, with the potential for outpatients, as well as flexible mental health services. The scheme is due to be open in December 2023.

Maidstone Theatre complex

The Kent and Medway Orthopaedic Centre (KMOC) at Maidstone Hospital will expand elective orthopaedic capacity for K&M. The £39.1m facility will open in spring 2024 and include three laminar flow theatres in a 'barn' theatre block with a predicted capacity of 5,030 elective adult orthopaedic patients per year, a 14-bed inpatient ward, and a 10-trolley day care area.

The facility will also generate 28,923 outpatient appointments per annum. It will be ring-fenced for orthopaedic green pathway (covid negative) elective activity and operate 60 hours a week for 48 weeks a year, following GIRFT recommendations.

By being ring-fenced and by operating to GIRFT guidelines, the unit will make a significant impact on the forecasted medium-term Kent and Medway demand and capacity gap and create capacity to help system-wide elective recovery.

As part of the supporting strategy, MTW also proposes to reconfigure several other orthopaedic theatre sessions on the Maidstone Hospital site. This will provide an opportunity for other surgical specialities to refine their planned theatre sessions.

Kent and Medway wide

The Kent and Medway Stroke Programme aims to reconfigure acute stroke services across Kent.

The Kent and Medway Stroke Review was instigated in 2014 by local healthcare professionals, including senior doctors, nurses and care professionals.

The plan is to establish hyper-acute stroke units (HASUs) and acute stroke units (ASUs) operating 24 hours a day, seven days a week, to care for all stroke patients across Kent and Medway.

Following the development of options, options appraisal and public consultation, the Joint Committee for stroke agreed that three HASU/ASUs would be established at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital.

The programme is to be delivered in two phases, with MTW and DGT going live in phase one and EKHUFT in phase two. Works on phase one are due to start by July 2023 for completion in 2024. This will deliver many benefits for patients, most notably improved survival rates and have improved quality of life and independence.

Chapter six – how do we get there?

Meeting the future needs of our communities

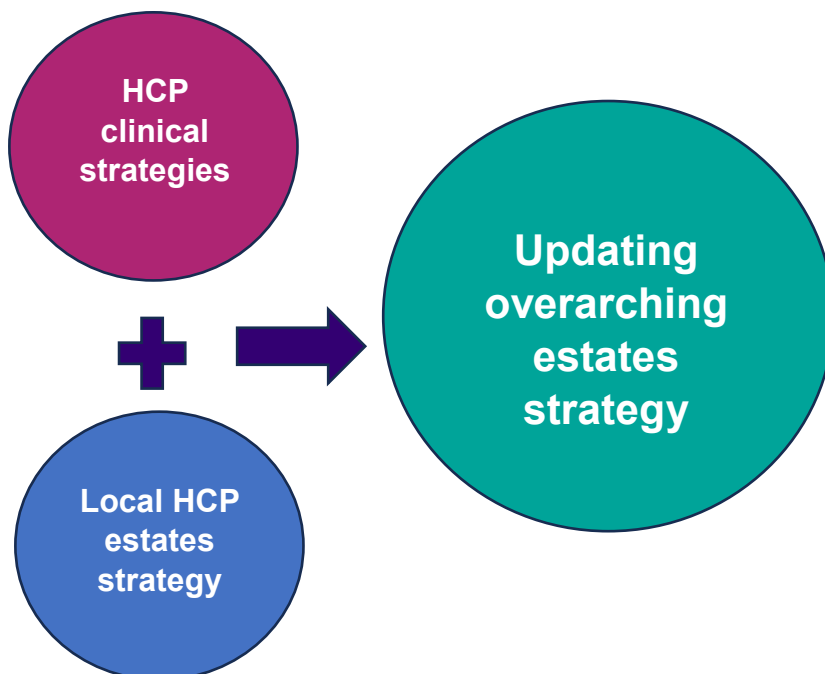
This strategy provides the framework for applying a consistent approach to planning, prioritisation and the delivery of facilities across Kent and Medway. Some services and facilities will, by their nature, need to be planned on a pan-county basis. However, most services can and should be developed on a more local basis.

The four place-based HCPs are now a critical part of our system architecture, bringing together health and care partners, including district councils and VCSE colleagues, in each area to work as one. HCPs can and should design and deliver services to meet the needs of everyone they serve based on their local population and context.

Over the next six months, each HCP will be developing its own local estates strategy, based on population need and on local clinical and professional strategies and plans. These strategies will inform estates plans and further inform the local authority Infrastructure Delivery Plans (IDP) regarding future healthcare infrastructure plans and requirements.

Going forwards, HCPs will be responsible for working with all partners to develop and make best use of the local health and care estate. Once the HCPs have produced their estates strategies, NHS Kent and Medway will refresh this overarching strategy.

As HCPs consider their strategies, and any new proposals are brought forward, **we will adopt a strategic approach to prioritisation, with NHS Kent and Medway playing its role as system leaders.**



We will make sure our estate is flexible for use by a wide range of services and we will work collaboratively with partners across Kent and Medway to make sure use is optimised to achieve maximum benefit. We will dispose of estate we no longer need, and we will look to re-invest the proceeds to develop improved fit for purpose, patient-focussed estate.

Through our health and care partnerships, we will develop locality-based, system-wide estates plans to make sure we have fit for purpose buildings for neighbourhood and place teams to deliver integrated primary care and avoid teams working in silos. We will work with our practices to understand potential issues and risks and develop plans or contingencies to address any premises-related risks that could impact on the delivery of patient care.

We will explore opportunities to develop health on the high street models, providing quality care as close to our populations as possible. Where there are clear clinical benefits from doing so, we will work with all partners to further develop centres of excellence.

We will make sure the eight digital and data ambitions, identified to make sure digital priorities and estates plans are aligned, are considered as part of the digital and data strategy development.

We will deliver on the new estates developments and improvement projects that are underway and we will continue to work up the detailed plans and business cases to secure funding to progress other schemes in the pipeline. We will follow a consistent approach to this, guided by clear principles and a prioritisation framework outlined in this strategy.

We will continue to work with partners and stakeholders to carry out a range of sustainability estates improvement projects. We will continue to work at pace and at scale to deliver a combined approach to reducing our carbon footprint, targeting high emission generating activities with system-wide carbon reduction priorities. We will continue to decarbonise our estate, electrify our fleet vehicles, and work to reduce travel and transport emissions.

We will continue to work hard to secure national capital to support the delivery of sustainable acute hospital services in east Kent and more widely, to improve the quality of care and experience we provide to our citizens.

We will continue to work hard with our partners to secure S106 and CIL funding due from developers. We will have a clear definition around the prioritisation of proposed new projects set against the availability of capital and continue to monitor the benefits delivered from our capital investments.

We will plan for the long-term future of the NHS LIFT and PFI portfolio, optimising estates and acting as a key co-ordinator between partners.

Social value is a critical consideration for the NHS estate as it encompasses the wider financial and non-financial impacts of estate programmes, interventions, and the organisations responsible for delivering them. The NHS and its partner organisations across Kent and Medway share this commitment to promoting social value and strive to maximise the use of the built environment for this purpose.

We have a large range of projects across our system currently at different stages. We recognise that capital and revenue funding is a scarce resource, and its allocation will need to support evidence-based interventions that improve health outcomes, ensure equitable access to healthcare services and interventions across the population.

Our estates strategy and programmes of work will enable delivery of our strategic objectives, clinical priorities and service transformation, allowing us to provide high quality patient experience, by prioritising and allocating investments that maximise benefit and minimise risk.

Transformation programmes and estate and digital enablers

	Estates enablers	Digital enablers
Primary care	Primary care and same day access hubs. Greater integration of primary and community care facilities. Development of pharmacy, optometry and dentistry strategies.	Digital implementation plan to support model of care.
Urgent and emergency care	Urgent treatment centre design. Acute care coordination and same day emergency.	Digital implementation plan to support model of care, including SPOA and teletracking. Review of digital platforms for virtual wards.
Mental health	Further development of safe havens and crisis houses. Health-based places of safety. Community mental health clinical space in all four HCP areas. Psychiatric liaison clinical triage space in acute hospitals. Space for 24hr crisis support telephone line and memory assessment clinics.	Mental health digital strategy. Exploring use of EROS for community.
Learning, disabilities and autism		LDA digital strategy. Exploring use of EROS for community.
Elective care	Expansion of Kent and Medway Orthopaedic capacity at MTW. Development of elective surgical hubs and outpatient capacity in acute hospital and community settings	Elective digital strategy.
Cancer services	Replacement programme for Linear Accelerators (LINACs).	Cancer digital strategy to be reviewed – includes single PTL for Endoscopy.
Diagnostics/pathology	Community Diagnostic Centres. Development of large-scale endoscopy centres with training and research facilities.	Diagnostic digital strategy. Order Comms.
Cardiovascular disease pathways	Acute/Hyper Acute Stroke Units.	Review of pathway systems to be completed to underpin new models of care.
Aging well, end-of-life and community	Better use of beds – intermediate care and transfer of care hubs. Greater integration of primary and community care facilities.	Four digital pilots – Ageing Well strategy.
Specialist commissioning	Review of specialist commissioning services and strategies to include estates planning.	Digital review as part of any delegated commissioning.

Mental health and LDA collaborative

Social care, primary care and community collaborative

Acute collaborative

Four health and care partnerships

Our estates development priorities for the next few years

Partner organisations that make up Kent and Medway Integrated Care System have been proactive in planning for the population growth and managing the ongoing estates related challenges for many years. As a result, there is a long list of estates projects already underway. Many of these schemes will help us to address the pressures we are currently experiencing as well as helping us address some future challenges.

Over the next two to five years, **we will focus on delivering the current new estates developments and improvement projects, including:**

- Completion of the new Edenbridge Health and Wellbeing Centre by December 2023.
- New health and care hub in Thanet by March 2025.
- New health and care hub in New Romney by March 2025.
- New Healthy Living Centre in Chatham by March 2025.
- Completion of the Hyper Acute Stroke Units at Dartford and Maidstone by April 2024 and in east Kent by 2025/6.
- Completion of the Community Diagnostic Centres in all four HCP areas by 2024/25.
- Completion of the new Kent Elective Surgery Centre in Maidstone by March 2024.

We will look for **alternative innovative sources of funding** streams, alongside our mainstream sources, working with other partners including other public and commercial organisations to maximise funding opportunities, whilst taking a risk-based, value for money approach.

We will also **explore developments and opportunities that accelerate delivery and on-going sustainability** of our health and well-being priorities. This will include programmes such as:

- the establishment of centralised endoscopy services to deliver high volume care; and
- planned care hubs to increase capacity for procedures which can be completed outside of a hospital setting.

Alongside delivering the current estates developments, **we will continue to work up detailed plans and business cases to secure funding** to develop:

- a new health and care facility in Ebbsfleet to provide a range of health services as a result of the new housing growth.
- new health and care facilities in Otterpool as part of the new housing development.
- new health and care facilities for the new South Ashford Garden Community and Paddock Wood developments.
- improved cancer centre for east Kent at Kent and Canterbury Hospital.

Examples of schemes – and how we get there...

East Kent

South Ashford Garden Community Development

Having obtained garden community designation and funding from Homes England in 2019, a holistic programme of activities were set in place to masterplan three major development sites.

The three development areas include Chilmington Green, Court Lodge Road and Kingsnorth Green. Together they represent 7,250 homes (2,175 affordable), a 142-hectare public park along with new schools, a primary healthcare space, play spaces and ecological areas to be protected. These new homes being built over the next 20 years.

Otterpool development

This is a large garden community housing development currently in design and planning stage and planned to be delivered over the next 15 years. Health partners are collaborating closely with the local council to ensure that health facilities are designed and funded through a S106 agreement to support the anticipated future of integrated health care delivery.

New Cancer centre at Kent and Canterbury Hospital

East Kent's oncology service re-provision has been ongoing for five years. Four options are being considered alongside the Do Nothing. To deliver any of the options the system will need to be approached for capital funds to invest in new estate at the Kent and Canterbury Hospital. An Outline Business Case is currently being finalised. East Kent residents will benefit from an enhanced and sustainable outpatients, radiotherapy, and chemotherapy facility.

Dartford, Gravesham and Swanley

Ebbsfleet Development

Located in the north of Kent by Dartford and Gravesham, this development aims to create a 21st century garden city and will see over 15,000 homes built over the next 15 years.

3,383 homes have already been built housing over 7,600 new residents.

Health partners are working closely with Ebbsfleet Development Corporation and health and care partners to ensure that health facilities are designed and funded to support the anticipated future needs of the growing population.

Managing the wider social and economic impact of our work

Social value is a critical consideration for the NHS estate, as it encompasses the wider financial and non-financial impacts of estate programmes, interventions, and the organisations responsible for delivering them. NHS Kent and Medway is leading the way in promoting social value and environmental sustainability. **We will continue to work with partners and stakeholders to undertake a range of sustainability improvement estates projects**, such as developing and increasing accessibility to green spaces, and improving access to the estate for community activities. All of this is done with the goal of enhancing the wellbeing of individuals and communities, as well as the environment and social capital.

The NHS and its partner organisations across Kent and Medway share this commitment to promoting social value and strive to maximise the use of the built environment for this purpose.

By prioritising social value in the context of the NHS estate, we can make a positive and sustainable impact on the health and wellbeing of our local communities. By addressing the 10 building blocks included in NHS England's 'Building for Health' recommendations, **we will be looking for ways to make sure that our estates support our ICS strategy. We will look for opportunities to integrate each building block into all our estate management plans** such as:

- The modernisation of our facilities.
- Prioritisation of our investments.
- Delivery of new healthcare buildings such as Community Diagnostic Centres, which are already in the implementation process.

There are many ways NHS estates can intentionally and strategically add social value, enhance the wider determinants of health, and help to reduce health inequalities. They can be grouped into 10 key building blocks for health:



1 SUPPORTING COMMUNITY DEVELOPMENT

- Use of premises by the community and VCSE organisations
- Co-location of community facilities and public services
- Supporting integrated care and partnership working
- Utilising and supporting community assets.



2 IMPROVING LOCATION AND ACCESS

- Estate located in areas of high deprivation or improving access from those areas (for healthcare and employment)
- Catalysing improvements to transport infrastructure particularly affordable public transport
- Encouraging active travel such as walking or cycling
- Exemplar inclusive physical and cultural design.



3 SUPPORTING HEALTHIER COMMUNITIES

- Providing healthy and affordable food options for patients, visitors and NHS staff
- Improving connectivity to wider public services in areas of greatest need
- Enabling social interactions and reducing isolation through volunteering
- Inclusive indoor and outdoor exercise facilities, supporting prevention programmes.



4 FACILITATING ECONOMIC DEVELOPMENT

- Catalysing regeneration of communities in urban or rural areas
- Improving footfall of high streets
- Enhancing civic pride
- Supporting town and spatial planning and improving public realm - attracting investment.

5 ENABLING ACCESS TO GREENSPACE

- Use of estates and land for social prescribing and community projects
- Creating new or improving quality of natural environment and green space for people and wildlife
- Use of green space for physical activity, play spaces, socialising and food growing.

6 ACCESS TO GOOD INCLUSIVE EMPLOYMENT AND TRAINING IN ESTATES

- Enhancing access to employment, skills and training programmes for communities that experience inequalities (across planning, construction and facilities management)
- Fair terms and conditions and supporting health and wellbeing of employees and career progression including supply chains
- Provision of space for training, education and upskilling.

7 IMPROVED DESIGN

- Developing safe, healthy, physically and culturally inclusive spaces
- Embedding community engagement
- Supporting digital inclusion
- Quality public realm.



8 ACCESS TO QUALITY AND AFFORDABLE HOUSING

- Re-using and developing estate for affordable and inclusive key worker accommodation
- Re-using and developing estate into housing to support vulnerable communities.



9 REDUCING NEGATIVE ENVIRONMENTAL IMPACT

- Supporting Net Zero carbon targets and sustainable consumption and production
- Reducing air pollution through fleet innovation (eg low emission vehicles)
- Raising awareness of environmental actions staff, patients and visitors can implement at work and home.

10 SOCIAL VALUE IN PROCUREMENT

- Supporting local business or VCSE
- Consideration of social, environmental and economic impacts of supply chain
- Embedding at least 10% social value and optimising social, economic and environmental investment
- Sharing investment.

Sustainability and our journey towards net zero

Kent and Medway Integrated Care System is taking the impact of climate change on health and inequalities very seriously. Partners across the system are working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing.

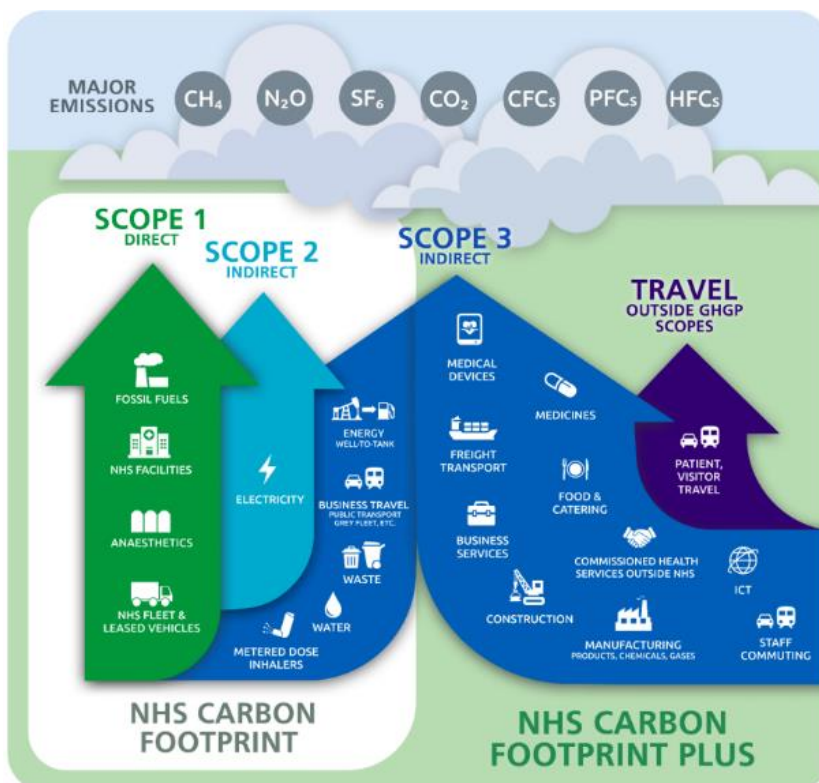
Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

We will continue to work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our green plan, and beyond.

The ICS hosts KM-SHARe (Kent and Medway Sustainable Health and Research network) – a collection of local and national partners who are coming together to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our green plan.

Our four steps to decarbonising our estate

1. Making every kWh count: Investing in no-regrets energy saving measures.
2. Preparing buildings for electricity-led heating: Upgrading building fabric.
3. Switching to non-fossil fuel heating: Investing in innovative new energy sources.
4. Increasing on-site renewables: Investing in on-site generation.



In 2023/24, NHS Kent and Medway commissioned a piece of work to detail the carbon footprinting for much of the NHS estate across Kent and Medway. These reports provide an accurate baseline of each provider's carbon emissions by category including estates, travel and waste. The reports also enabled us to understand our current estate's efficiency in terms of energy consumption, fuel types and Energy Performance Certificate (EPC) ratings.

We will target high emission generating activities with system-wide carbon reduction priorities. By re-running these reports quarterly, we will be able to accurately track our carbon reduction initiatives.

These actions link in closely with this strategy, which will be updated to include further actions at the next review. **We will continue to decarbonise NHS Kent and Medway estate, electrify our fleet vehicles, and work to reduce travel and transport emissions.**

We will also need to explore innovative solutions to secure the necessary capital to support the decarbonisation of our estates.

Appendix C provides an outline of some of the projects currently in the planning stage that aim to support NHS Kent and Medway achieve its net carbon zero target.

Enabling efficiency through digital and data strategies

The advantages of utilising data and digital technologies to manage our estates more efficiently, particularly across vast geographic regions, have been increasingly demonstrated in recent years. We recognise that using the initiatives and strategies stated in the ICS Digital and Data Strategy will be crucial if we are to realise our future estates goals.

The ICS Digital and Data Strategy sets out a three-year road map that makes sure the priorities in the Digital Plan align with refreshed strategic priorities, NHS Kent and Medway's strategy and Joint Forward Plan. The Digital and Data Strategy, which has been developed collaboratively with health and care partners, places more focus on delivery and is driven by the vision for Kent and Medway to become the best integrated care system (ICS) we can be.

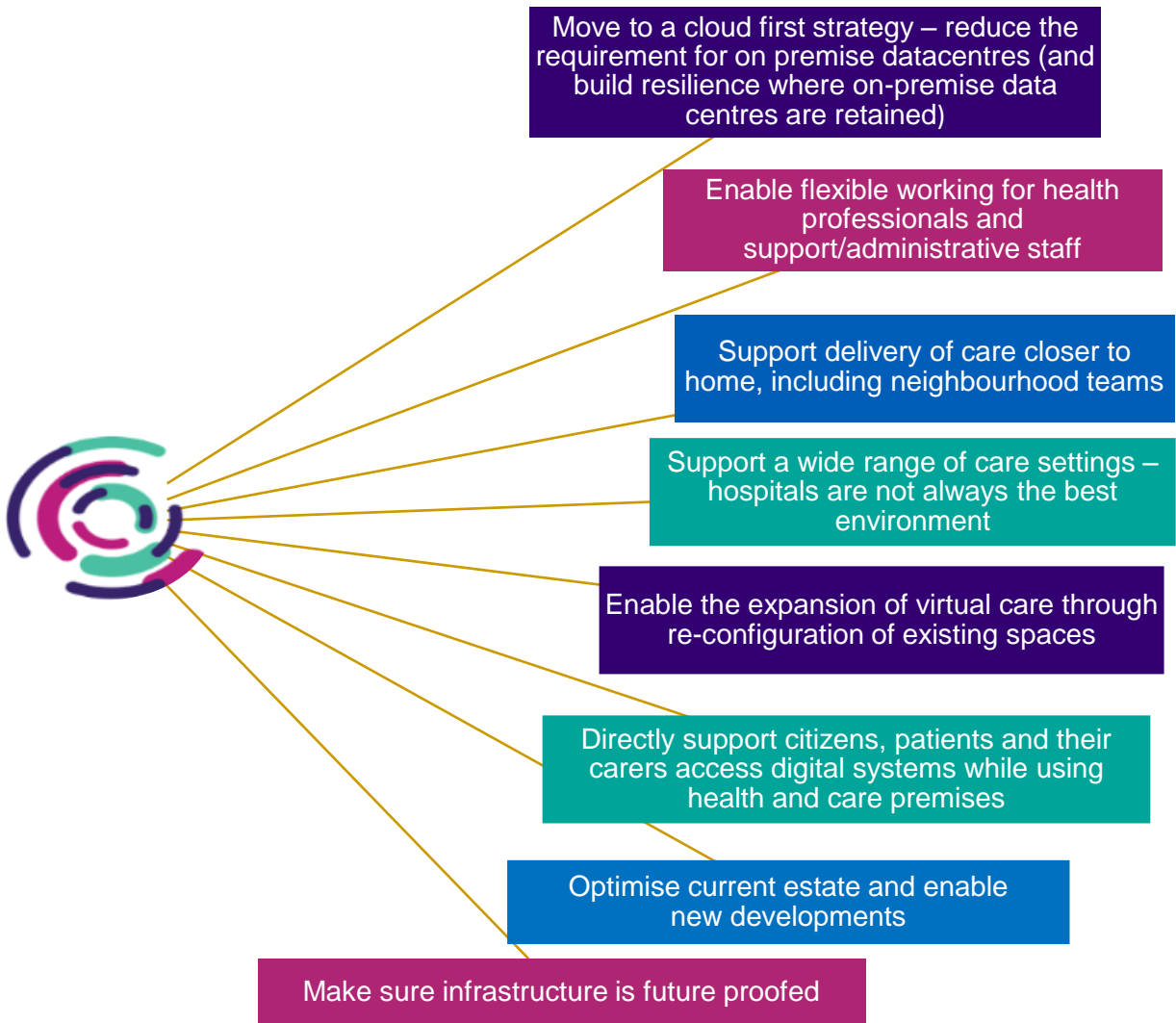
Our estates strategy aspires to facilitate collaborative and integrated working. The digital and data strategy recognises the need to develop an ICS technical architecture that provides the interoperability, systems, servers and networks required for Kent and Medway ICS to progress digitally.

This will include:

- seamless access and flexible work environments for all staff
- integration and collaboration as the default way of working
- digital innovation to support creativity and experimentation in a safe environment which can support blueprints and rapid scaling-up.

In advance of the ICS Digital and Data Strategy being developed, we have identified **eight ambitions** to make sure digital and estates strategies are aligned.

These ambitions will be further developed as part of digital and data strategy development process.



Opportunities for disposal of estate

We will make best use of our estate and look to dispose of buildings we no longer need.

The Naylor review in 2017 identified a potential £1.8bn capital receipt opportunity across the NHS estate in England. Following that report, each Sustainability and Transformation Partnership (STP) area was given a target receipt for disposals.

Kent and Medway was allocated a Naylor Fair Share for capital receipts of £85,435,502.

The current programme shows an estimated capital receipt of just over £79m, of which £70.2 m has already been realised, leaving a pipeline of £8.8 to the end of the financial year 2025/26. Many of the “easy” disposals have now been completed and future sales will require a higher level of enablement.

Year	Number of sites	Estimated capital receipt (000's)
23/24	10	£5,420
24/25	4	£2,900
25/26	1	£500
Total	15	£8,820

To keep up the momentum, each HCP will monitor the disposals programme with regular reporting from the property owners and escalation of blockers and issues. There is a very close working relationship with the Strategic and Property Optimisation Teams from NHS PS which has recently helped the release of two further sites for disposal. We will also work closely with NHS PS and our partners to make better use of void or unused space through further colocation and integration of teams and their services.

Disposal status	No.	Estimated disposal value (000's)
Vacant and declared surplus and disposal transaction in progress	0	£0
Vacant and declared surplus/disposal subject to marketing	5	£3,520
Vacant but not yet declared surplus	1	£250
Site occupied but OBC approved to achieve vacant possession and dispose	3	£1,650
Future opportunity subject to strategy/ feasibility	6	£3,400
Totals	15	£8,820

Core, flex and tail

We will proactively manage our estate to make sure its fit-for-purpose.

ICS partners have been working to classify buildings within their estate into core, flex, and tail.

Categorising our estate into 'core' 'flex' and 'tail' helps us to make sure we are investing in the right estate, using buildings more effectively and disposing of estate which is no longer suitable to meet the needs of our clinical strategies. Each HCP will work closely with its component provider partners to identify opportunities for rationalisation in the "flex" estate and support the release of those properties in the "tail" estate.

Where required, proposed disposals will be subject to public consultation at the appropriate time. Although no capital receipts will be realised, opportunities to rationalise estate at the end of leases will also continue to be sought.

Category	Number of buildings
Core	66
Flex	75
Tail	10

NHS National Capital Allocation Projects

In the past five years, we have been allocated a total of £203.3m funding from NHS national capital to invest in our estates and infrastructures across our system. We will continue to work to secure national capital allocation.

The capital we have received has been used to fund a total of 21 projects from 2020 through to 2025.

A total of £46.5m has been allocated to the implementation of four Community Diagnostic Centre (CDC) Hubs:

- CDC Hub - Hermitage Lane Maidstone – Maidstone and Tunbridge Wells NHS Trust
- CDC Hub and Spoke – Sheppey Hospital and Rochester Healthy Living Centre – Medway NHS Foundation Trust
- CDC Hub at Livingstone Hospital, Dartford – Dartford and Gravesham NHS Trust
- CDC Hub at Buckland Hospital, Dover – East Kent Hospitals University NHS Foundation Trust

£30m has also been allocated towards the expansion of William Harvey Hospital (WHH) and Queen Elizabeth The Queen Mother Hospital (QEQM) A&E Departments, with the work at WHH expected to complete in summer 2023, and the work at QEQM expected to complete in winter 2023.

The demand for capital outstrips the available funding and therefore our trusts are largely dealing with urgent and significant estate related service risks. Health and care partnership's estates groups have been set up to better understand how we use our estates.

While capital is constrained nationally, the ICB Board has approved c.£73m annually for capital plans, system investments for maintenance and additional improvements to infrastructure and the estate, replacement of medical and IT equipment.

We spend c.£6.5m of our system capital allocation on digitalisation to improve how we deliver patient care and supporting the transformation of services to improve patient outcomes.

We will work hard with our partners to secure S106 and CIL funding due from developers and use this to support the development of health and care facilities required for the growing population.

Benefit realisation

While some projects are still in the process of implementation, benefits have already been realised from many of the completed projects, demonstrating significant improvements in service efficiency, performance, as well as in the experience of our workforce and population. Appendix D provides more details.

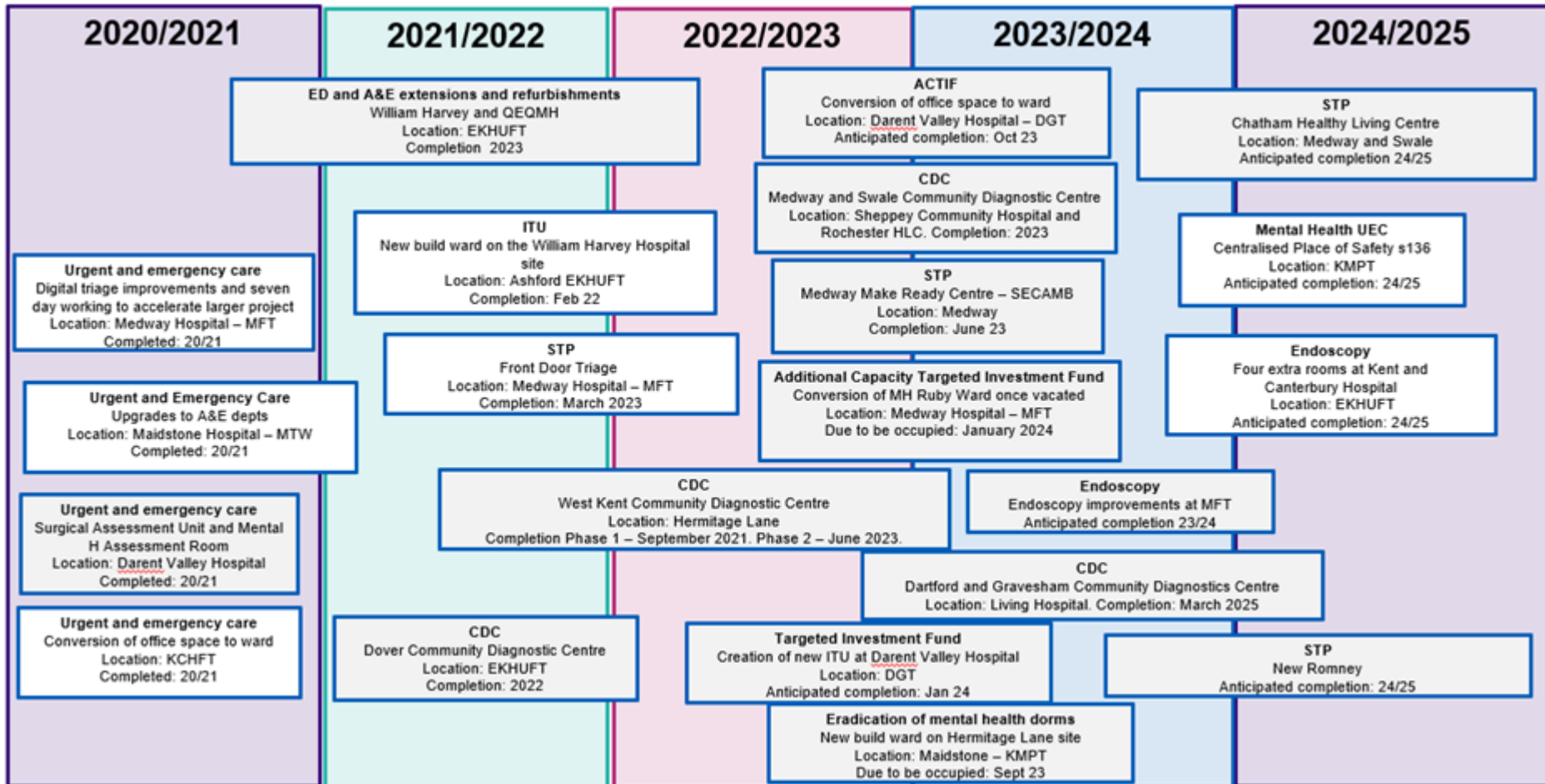
Benefits captured to date include:

- improved patient flow during Covid -19

- acceleration of significant emergency department projects.
- improved flow, and relocation of, paediatric patients at Maidstone Hospital.

NHS National Capital Allocation project timeline

See Appendix D for more information.



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Prioritisation, funding challenges and opportunities

With organisations focusing on financial recovery plans, system capital for estate transformation will be limited at least for the medium term. Resources must be spent on initiatives that are most likely to succeed and provide the greatest benefit to the overall system. To be affordable, any plans will have to be rigorously assessed and prioritised, and make the most of any and all sources of funding available to us:

- disposal – recycling
- developer contributions – S106/CIL
- organisation capital –Trusts/NHSPS/CHP
- private capital
- other

We will have a clear definition around the prioritisation of projects set against the availability of funding and other key criteria. Before any project is carried out, an initial viability assessment (IVA) will be needed, which considers a range of factors to help with prioritisation.

The IVA will enable both decision-makers and individuals/organisations who are considering future developments, to map proposals against the criteria at an early stage and determine whether scarce time and resource should continue to be applied to the initiative or ceased as it is unlikely to be prioritised and come to fruition.

This is an important component of the strategy, as too many times in the past, a lot of time, money and energy has been spent on estate programmes that have not delivered. A copy of the prioritisation matrix is provided at Appendix E.

The overarching aim of our capital allocation process is to make sure we make the most efficient use of our limited resources. Capital allocation will support evidence-based interventions that have been shown to be effective in improving the health needs of our citizens, giving equitable access to healthcare services and interventions across the population, with particular attention to disadvantaged or underserved communities. It will also be aligned with our broader strategic objectives and clinical strategies, enabling us to improve patient experience as well as making sure we mitigate our known risks, allocated in a way that will give our investments the greatest potential benefit with the least amount of risk.

Given the timescales involved in delivery of estates projects, capital is fully allocated for the next two years.

Developer obligations

Recognising the demands that new residential schemes have on our already challenged system, new planning consents on residential sites create opportunities to secure planning obligations for healthcare; this could be land, buildings or financial contributions.

We have already been successful in obtaining financial contributions (through s106 and CIL) to invest in healthcare infrastructure and are now focusing on ensuring we develop a more strategic and system-wide approach to engaging with council local plan development and securing planning obligations. This will allow us to identify the most beneficial opportunities for delivery of new buildings or capital investment created by new residential developments that will support delivery of our estates and infrastructure strategy.

Key strategic estates risks

Workforce is often recognised as a key challenge to the delivery of our ambitions. For every programme and project, we are bringing together the relevant expertise from our local, regional and national healthcare teams making sure the right solutions are put in place for our communities.

Our short- term workforce priorities

- Developing our Health and Care Academy hub and bespoke model with a range of activities to grow workforce skills, partnership working with colleges, schools, voluntary organisations and providers to promote careers, hold joint recruitment events and attract to hard-to-recruit roles.
- A range of developmental opportunities that support inclusive cultures and compassionate, inclusive leadership including shared talent and mentoring programmes, debiasing recruitment, cultural intelligence and leadership development programmes across Kent and Medway.
- Maximising our health and wellbeing offers including a range of offers to health and care colleagues and shared programmes to improve retention, such as flexible working programme, new starter champions, talking wellness hub and an increase in mental health first aiders to support workforce wellbeing.
- A workforce efficiency programme to maximise existing resources and reduce temporary staffing cost.

Backlog maintenance and critical infrastructure failure

- Several trusts have highlighted critical infrastructure risks and the subsequent impact that this has on addressing ongoing backlog maintenance. The continued limited availability of system capital means that providers are often faced with challenging decisions about how best to spend their very limited capital. It also means that some critical elements of buildings' infrastructure remain very fragile, which may impact on future service delivery. NHS Kent and Medway is working with these trusts to help mitigate this risk. Each trust also has a business continuity plan with appropriate contingency arrangements in place.

Shortage of capital and investment

- There is no doubt that the most significant risk we face is a lack of investment and available capital. This is likely to remain a challenge for the foreseeable future. However, we are working to ensure we make the best use of our scarce resources and deliver best possible value for taxpayers funding.

The population of Kent and Medway is growing at a higher rate than many other parts of the UK. Our population is also ageing. The demographic challenges vary by HCP but they pose a number of risks for the buildings we need to deliver services from over the coming years.

Through the development of their clinical strategies, each HCP will tailor services to meet the needs their local populations. By the end of Q3 2023, each HCP will need to have created its

own local estates strategy, based on the principles and guiding framework of this strategy, which will optimise the local health and care estate.

Conclusion

This strategy sets out NHS Kent and Medway's plans for the next five years and beyond. It provides high-level information about the current NHS estate, its use and condition. It also sets out the significant challenges associated with backlog maintenance and securing capital investment.

It sets out how we, along with our integrated care system partners, intend to address these challenges, while also delivering high-quality, patient-focussed, fit for purpose, sustainable and efficient estate that will enable delivery of the Kent and Medway Integrated Care Strategy, our five year Joint Forward Plan and associated sustainability and transformation programmes.

Working together with our partners, we have a wide range of exciting opportunities to increase the size of our estate through investment received from S106 and CIL funding as well as NHS capital.

We will also continue to work with the System Capital Working Group, chief finance officers and wider system partners to think of innovative ways to secure additional funding. Together, this will enable us to further develop our longer-term timeline of future estates developments.

Our continued focus will also be to develop the business cases for key strategic programmes which will help us to secure the additional capital and revenue needed to progress our plans. We will also work with our HCP colleagues to deliver the range of smaller, but equally important, individual schemes.

We will initiate the roll out of principles and prioritisation matrix supported by a new Initial Viability Assessment process for managing new estates project proposals.

Work will also continue to roll out the Primary Care Toolkit, and we will soon begin to see some early results from this work.

We need to make best use of our existing estate too, and we will work with local authority partners and other key stakeholders to map out utilisation and identify further efficiencies and disposal opportunities.

We will work closely with our local councils and developers to ensure provision of affordable housing for our workforce.

We will work with our partners across the system, creating a coordinated plan of activity to maximise the effect of our collective action in tackling climate change, working at pace and at scale to deliver a combined approach to sustainability.

We will continue to decarbonise the NHS Kent and Medway estate, electrify our fleet vehicles, and work to reduce travel and transport emissions, and explore innovative solutions to secure the necessary capital to do this.

We are aware of the estates related risks and challenges faced in Kent and Medway and will continue to work through these with partners to make sure we are delivering high-quality, fit-for-purpose, sustainable and efficient estate.

Over the next few months, we will work closely with HCPs to establish sustainable estates working groups to develop their local estates strategies by the end of 2023. These HCP estate strategies will address local need and will enable us to update this ICS Estate Strategy in early 2024 to ensure it accurately reflects local estate's needs.

Appendices

Appendix A: NHS Capital Investment for GP extension/new build schemes

Appendix B: List of Primary Care Networks

Appendix C: Proposed net zero carbon schemes

Appendix D: List of investments and benefits realised

Appendix E: NHS Kent and Medway Estates Prioritisation Matrix

Appendix A: NHS Capital Investment for GP extension/new build schemes

All schemes were completed early 2021 – March 2023

Scheme name	Project type	NHSE capital source	Total capital investment (£)
St Andrews Medical Centre	New Build	ETTF	4,260,000
Ivy Court Surgery	Extension	ETTF	3,800,000
Canterbury Medical Practice	New Build	ETTF	1,183,295
Whitstable Medical Practice – Chestfield Health Centre	Extension	ETTF	544,581
Newton Place Surgery	Extension	ETTF	765,864
Sandwich Medical Practice	Extension	BAU	761,000
Devon Road Surgery	Extension	BAU	393,593
The Elms Medical Centre	Extension	BAU	263,832
Old Parsonage Surgery	Reconfiguration / expansion	BAU	146,803
TOTAL		Nine schemes	12,118,968

Appendix B: List of primary care networks

Health and care partnership	Primary care networks	
Dartford Gravesham and Swanley	Dartford Central Dartford Model Garden City Gravesend Alliance	Gravesend Central LMN Swanley
East Kent	Ashford Medical Partnership Ashford Rural Mid Kent Canterbury North Canterbury South Herne Bay Whitstable Deal and Sandwich	Dover Town Folkestone, Hythe and Rual The Marsh Total Health Excellence East Total Health Excellence West Care Kent Margate Ramsgate
Medway and Swale	Sheppey Sittingbourne Strood Rochester Gillingham South	Medway Central Medway Peninsula Medway South Medway Rainham MPA
West Kent	Athena ABC Maidstone Central The Ridge Malling	Sevenoaks Tonbridge Tunbridge Wells The Weald

Appendix C: Proposed net zero carbon capital schemes

Trust	Project progress and description
East Kent carbon reduction	EKHUFT has been working with Breathe Energy and 2gether Support Solutions to identify further carbon reduction schemes that could be commissioned in the coming years (subject to funding). The trust, with 2gether Support Solutions, has produced a business case which identifies the installation of heat pumps on the three acute sites and with recent public sector grants being announced an application for funding has been submitted.
Kent Community Healthcare Foundation Trust	<p>Nationally leading KCHFT-led 'SitePulse' programme piloted at Queen Victoria Memorial Hospital, providing crucial data for energy and environmental management, and baselining for validation of future projects. To be deployed across clinical spaces to benefit patient care. Prioritising securing funding to undertake retrofit and upgrade works on sites with Heat Decarbonisation Plans towards reducing emissions and improving suitability of spaces.</p> <p>Establish an adaptation lead position with responsibilities including to investigate and understand climate-change based risk to estate portfolio to inform adaptation measures.</p> <p>Position Sustainability Team to collaborate with integrated care system partners to deploy KCHFT innovations and share expertise.</p> <p>Trust-wide sustainability policy to be ratified with relevant requirements including: All sites to have standardised waste management facilities, require that all capital projects meet set BREAAAM criteria, requiring sites have facilities supporting active travel where appropriate and that energy performance of sites be actively monitored and optimised.</p>
Kent and Medway Social Care Partnership NHS Trust	<p>Through the trust's adoption of hybrid working patterns, it is seeking to reduce non-clinical estate by 30 per cent some of this will be relocated to clinical accommodation and some will result in potential disinvestment or disposal releasing resources for reinvestment in retained estate.</p> <p>Currently seeking funding support for the development of a Heat Decarbonisation Plan to inform opportunities</p>

Kent and Medway sustainability projects funded through national schemes

Trust	Type of funding	Description	Funding Received/Applied for
Kent Community Healthcare Foundation Trust	Low Carbon Skills Fund (Salix)	HDP, detailed design at QVM, thermal modelling, building surveys, feasibilities, and desktop assessment.	£98,000 (<i>applied for</i>)
Dartford and Gravesham	Phase 3b Public Sector Decarbonisation Scheme (Salix)	To upgrade the Children's Resource Centre at Darent Valley Hospital, a service which provides healthcare for children. An air source heat pump and an electric boiler will be installed to replace the existing fossil fuel boilers, and wall insulation will be installed to improve the energy efficiency of the building.	£543,167 (<i>received</i>)
Kent Community Healthcare Foundation Trust	Healthier Futures Action Fund (Greener NHS)	Solar-Powered Public Health: Converting a public health outreach vehicle to use clean mobile power.	£8,827.39 (<i>received</i>)

Appendix D: List of investments and benefits realised

Kent and Medway projects with central NHS capital

Programme/project	Allocation £000s	System capital required in addition £000s	Date completed	Benefits
Upgrade to Urgent Treatment Centres at Sevenoaks, Folkestone and Deal – Kent Community Health NHS Foundation Trust (KCHFT)	1,500		2020/21	Improvements to patient flow and patient experience during Covid.
Digital triage improvements and seven day working to accelerate larger project – Medway NHS Foundation Trust (MFT)	548		2020/21	Major Emergency Department project was accelerated.
Upgrades to A&E departments – Maidstone and Tunbridge Wells NHS Trust (MTW)	2,817		2020/21	Improved patient flow, relocation of Paediatrics Emergency Department at Maidstone Hospital.
Direct booking and e-triage East Kent Hospitals University NHS Foundation Trust (EKHUFT)	25		2020/21	Improved efficiencies and patient experience
Expansion of William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital Emergency Departments – (EKHUFT)	30,000	4,200	Ongoing	Greatly improved patient flow and patient experience and outcomes. Much needed additional capacity. Improved staff wellbeing
Surgical Assessment Unit and Mental Health Assessment Room – Dartford and Gravesham NHS Trust (DGT)	2,553		2020/21	Improved patient flow and patient experience

New build ward on Hermitage Lane site – Kent and Medway NHS and Social Care Partnership Trust (KMPT)	7,773	3,200	Sep-23	Due to be occupied September 23 - all dormitory accommodation eradicated. Improved patient and staff experience
Centralised Place of Safety s136 – (KMPT)	3,785		2024/25	Improved patient experience and outcomes
New ITU at William Harvey Hospital – (EKHUFT)	14,000	4,632	Feb-22	Increased ITU beds. Improved outcomes, staff and patient experience
New ITU at Darent Valley Hospital – (DGT)	7,978	2,978	Jan-24	Currently using theatre space as ITU, so will allow full usage of theatres. Improved efficiency
Kent and Medway Planned Surgery Theatre (MTW)	31,490	7,610	Mar-24	Improved efficiency supporting elective recover

Conversion of office space to ward (DGT)	2,501		Oct-23	15 additional general and acute beds.
Conversion of Mental Health Ruby Ward, once vacated (MFT)	3,854		Nov-23	20 additional general and acute beds.
Four additional Endoscopy rooms at Kent and Canterbury Hospital (EKHUFT)	15,000		Awaiting approval	Business case due in summer 2023.
CDC Hub – Hermitage Lane Maidstone (MTW)	9,872		Ongoing	First phase (mobiles) completed. Second phase in construction.
CDC Hub and Spoke – Sheppey Hospital and Rochester Healthy Living Centre (MFT)	10,535		Ongoing	In construction.
CDC Hub at Livingstone Hospital (DGT)	19,640		Ongoing	First phase (mobiles) due to complete by December 23. Second phase in design.
CDC Hub at Buckland Hospital (EKHUFT)	6,483		Ongoing	First phase operational.
Front Door Triage (MFT)	1,000		2022/23	Part of larger emergency department/urgent treatment centre reconfiguration.

Medway Make Ready Centre – South East Coast Ambulance NHS Foundation Trust	13,320	1,706	Jun-23	Large Make Ready Centre with 111 centre.
Chatham Healthy Living Centre	14,500		Awaiting approval	
New Romney	1,500		Awaiting approval	
Margate	2,500		Awaiting approval	
Total	203,398			

Appendix E: NHS Kent and Medway Estates Prioritisation Matrix

SCORE	Health needs of the population Capital allocation should be driven by evidence-based interventions that have been shown to be effective in improving health needs of the population such as disease prevalence, demographic profile, and the most significant health threats.	Strategic fit Capital allocation should be aligned with broader strategic objectives, clinical strategies, improving patient experience, integration or achieving specific health outcomes.	Equity Capital should be allocated in a way that ensures equitable access to health services and interventions across the population, with particular attention to disadvantaged or underserved communities.	Deliverability clinical, capacity, capability, funding / capital availability (where and how much), revenue consequences. This may involve prioritising investments that offer the greatest potential benefit with the least amount of risk.	Efficiency / cost avoidance / resource utilisation alternative solutions have been fully and objectively considered. There is a clear and convincing explanation about it being the best, most efficient use of resources	Risk mitigation Capital allocation decisions should be focussed on mitigating the highest risks within an organisation or system such as addressing legal requirements, H&S uncertainties and patient safety concerns.	Ensuing impact Capital allocation should consider the likely negative impacts on other services as a consequence of the proposal, and should include a clear and costed plan for voids left behind.	
5	Clear evidence that the proposal delivers a specific and tangible improvements for and addresses the needs of the K&M population	The proposal has clear evidence that it aligns with the ICB's strategic objectives and is fully aligned with ICB and HCP clinical strategies.	Clear evidence that the proposal delivers a range of specific improvements in equitable access for disadvantaged or underserved communities	Clear evidence that the proposal can be delivered and required capital can be secured. There are the resources readily available to deliver this and the risks for delivery are very low	Clear evidence that the proposal makes the best use of resources and will deliver further efficiencies . Clear rationale that sets out the other options. All costs associated with do-nothing will be avoided.	The proposal will mitigate at least one Very high risk score (20 or above) as per the ICB's and/or HCPs Risk Matrix	The proposal will have no negative impact on any other services . The proposal includes a clear, costed plan for vacated or void space and are affordable	
4	Clear evidence that the proposal directly drives a specific and tangible improvement for and addresses the needs of (at least) the HCP population	The proposal has evidence that it broadly aligns with the ICB's strategic objectives and aligns with ICB and HCP clinical strategies	Clear evidence that the proposal drives a specific improvement in equitable access for disadvantaged or underserved communities	Very good evidence that the proposal can be delivered if required capital can be secured. The resources to deliver this proposal can be made available but not yet and the risks for delivery are low	Some evidence that the proposal makes good use of resources and may deliver further efficiencies . Good rationale and sets out the other options. All costs associated with do-nothing will be avoided.	The proposal will mitigate at least one High risk score (15-20) as per ICB's and/or HCPs Risk Matrix, or a very high risk score for a single provider	The proposal will potentially have a minor negative impact on any other services which can be mitigated and the proposal includes a clear, plan for vacated or void space	
Page 229	3	Clear evidence that the proposal directly drives the delivery of improvements and supports the needs of local population	The proposal has evidence that it aligns with some of the ICB's objectives and generally aligns with HCP clinical strategies	Some evidence that the proposal influences improved equitable access for disadvantaged or underserved communities	Good evidence that the proposal can be delivered if required capital can be secured. There are issues identifying the resources to deliver this and the risks for delivery are medium	Some evidence that the proposal may deliver some efficiencies . Alternative options have been explored . Costs associated with do-nothing may still need to be bourn but these are minor.	The proposal will mitigate at least one Medium risk score (9-14) as per ICB's /HCPs Risk Matrix, or a high risk score for a single provider	The proposal will have a moderate negative impact on any other services which should be able to be mitigated and the proposal includes an outline plan for vacated or void space
	2	Evidence that the proposal influences a specific element of the needs of local population	The proposal has limited alignment with the ICB's objectives and aligns with some HCP clinical strategies	Some evidence that the proposal supports improved equitable access for disadvantaged or underserved communities	Some evidence that the proposal can be delivered if required capital can be secured. There are a number of issues identifying the resources to deliver this and the risks for delivery are medium to high	Little evidence that the proposal may deliver efficiencies . Alternative options have been explored . Stated savings may be challenging to deliver . Costs associated with do-nothing may still need to be bourn but these are minor.	The proposal does not impact on ICB / HCP risk score, but reduces an individual providers Medium risk score (9-14)	The proposal may have a high negative impact on any other services. The proposal does consider vacated or void space
1	Some evidence that the proposal supports (but does not influence or drive) the delivery of improvements for the local population	The proposal has limited alignment with both ICB Objective's and HCP clinical strategies	No clear evidence that the proposal supports any improvements in equitable access for disadvantaged or underserved communities	There are difficulties to overcome trying to deliver the proposal either because of resources or funds. The risks of delivery are high	Very little evidence that the proposal will deliver efficiencies . Alternative options have been explored but are not viable . Stated savings are very unlikely to be delivered . Costs associated with do-nothing remain and these are high	The proposal has limited impact on risk	The proposal will have a high negative impact on any other services and the costs for dealing with vacated or void space are low	
0	No evidence that the proposal will have a positive impact on delivering improvements for the local population	The proposal does not align with the ICB's broader strategic objectives or the HCP's strategies	Clear evidence that the proposal reduces equitable access for disadvantaged or underserved communities	It is very likely that delivery of the proposal will be very difficult . This is a very risky proposal	It is clear that the requested resources could be put to better use . No efficiencies will be delivered from the proposal. Other options have not been explored. There are no costs associated with do-nothing	The proposal does not mitigate any material risks identified by the ICB, HCP or individual provider	The proposal will have a significant negative impact on any other services and the costs for dealing with vacated or void space are high	
Weighting	20%	20%	15%	15%	12%	9%	9%	
Raw Score								
Weighted Score	0	0	0	0	0	0	0	

Glossary

Term	Explanation
Backlog maintenance (BLM)	BLM is the cost to bring estate assets that are below acceptable standards in terms of their physical condition or do not comply with mandatory fire safety requirements and statutory safety legislation, up to an acceptable condition.
Core20PLUS5 model	Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘five’ focus clinical areas requiring accelerated improvement.
Gross Internal Area (GIA)	The whole enclosed area of a building within the external walls taking each floor into account and excluding the thickness of the external walls.
Health and Care Partnership (HCP)	HCPs bring together all provider health organisations in each area to work as one. They can design and deliver services to meet the needs of everyone they serve based on their local population, focusing services on areas of greatest need.
Integrated Care System (ICS)	ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services.
Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
Local Improvement Finance Trust (LIFT)	The NHS LIFT Programme is a partnership of public and private sectors, that delivers lasting transformation of the NHS primary care and community health estate.

Net Internal Area (NIA)	The usable area within a building measured to the face of the internal finish of perimeter or party walls ignoring skirting boards and taking each floor into account
One Public Estate (OPE)	The OPE programme supports locally-led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs, helping partners to repurpose surplus public estate for housing, regeneration, and other locally determined uses.
Private Finance Initiative (PFI)	The PFI funds public capital projects such as NHS hospitals, using private sources of money to pay for the costs of their design, build and maintenance upfront. The costs are repaid annually over the lifetime of the contract.
Primary Care Networks (PCN)	GP practices working with community, mental health, social care, pharmacy, hospital and voluntary services, providing integrated services to meet local need.
Section 106 (S106) and Community Infrastructure Levy (CIL) funding	Developer contributions obtained through the town planning system that can contribute to meeting the cost of new or improved infrastructure because of new development in an area.
Void	Space not occupied or paid for by a tenant.
Virtual Wards	Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital.

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Item 13: East Kent Transformation Programme

By: Kay Goldsmith, Scrutiny Research Officer
To: Health Overview and Scrutiny Committee, 7 December 2023
Subject: East Kent Transformation Programme

Summary: This report invites the Health Overview and Scrutiny Committee to note the information provided by NHS Kent and Medway and the decision of the Kent and Medway NHS Joint Overview and Scrutiny Committee on 3 November 2023.

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

1) Introduction

- a) The East Kent Transformation Programme was established to improve outcomes for patients, make East Kent Hospitals an exciting place to work and provide modern, fit for purpose hospitals.¹ Two proposals were shortlisted, which were: to build a two site emergency department model with William Harvey Hospital as the Major Emergency Centre; or to build a one site emergency department model with Kent and Canterbury Hospital as the Major Emergency Centre.
- b) A Pre-Consultation Business Case was written and assessed both options as requiring the same level of NHS financial investment (£460 million), though the second option would include additional private investment.
- c) In October 2021, a bid for £460 million was submitted to the Department of Health and Social Care (DHSC) under the Government's New Hospital Programme. Though market testing took place whilst a decision was pending, no formal public consultation could commence without secured capital funding.
- d) In May 2023, the Government announced the names of the five hospitals that would be rebuilt under the New Hospital Programme – East Kent was not included on the list.

2) Joint Scrutiny

- a) In cases where an Overview and Scrutiny Committee of more than one authority has determined the same proposal to be a substantial variation of service, this will entail the establishment of a Joint Health Overview and Scrutiny Committee (JHOSC). Where a JHOSC has been established, the home authority is deemed to have delegated its function to scrutinise a

¹ Kent and Medway Integrated Care System
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<https://www.kmhealthandcare.uk/transformation-projects/east-kent>

Item 13: East Kent Transformation Programme

specific proposal to the JHOSC until it has concluded its consideration and made recommendations to the authorities represented on the JHOSC.

- b) The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) and Kent HOSC both considered the proposals relating to Transforming Health and Care in East Kent in 2018 and declared them to be substantial. In line with regulation, formal scrutiny of the proposals transferred to the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) though reports have been shared with the Kent HOSC for their information.
- c) After the unsuccessful funding bid in May 2023, NHS Kent and Medway and EKHUFT attended a JHOSC meeting on 3 November 2023. The report is attached to this paper. The Joint Committee discussed the report and the inability for East Kent to move forwards with either of the two proposals without secured funding. Members considered that the proposals that had been declared substantial in 2018 were no longer possible and therefore the Chair proposed the item return to the home authorities until such time as new proposals were presented and a new decision around substantial variation could be made.
- d) At the end of the meeting, the Committee

RESOLVED that joint scrutiny of the East Kent Transformation Programme cease in light of the lack of capital to proceed with the original proposals. The Programme will return to Medway and Kent health scrutiny committees for future scrutiny.

3) Recommendation

- a) RECOMMENDED that:
 - i) the Committee consider the NHS report and note the decision of the Kent and Medway NHS Joint Overview and Scrutiny Committee to return formal scrutiny of East Kent Transformation to the Kent HOSC and Medway HASC.
 - ii) The NHS Kent and Medway and EKHUFT be invited to return to the Committee with amended proposals once available.

Background Documents

Kent County Council (2023) 'Kent and Medway NHS Joint Overview and Scrutiny Committee (3/11/23)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MIId=9381&Ver=4>

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East Kent Transformation Programme

Briefing for Joint Health Overview and Scrutiny Committee

This briefing provides an update on plans to transform hospital services in East Kent following the decision earlier this year not to include East Kent Hospitals in the next round of national NHS funding.

Background

In 2017 the NHS in East Kent proposed two potential options to transform local hospital services, following extensive engagement with clinicians, patients, the public, and our partners. A capital allocation was required before the NHS could proceed to public consultation.

The National Audit Office identified that East Kent Hospitals was among seven trusts removed from a list used to choose 40 new hospitals announced in October 2020¹. When applications opened for the next round of schemes for investment from the New Hospitals Programme (NHP) in July 2021, the Trust submitted an expression of interest for £460 million to fund either of the two transformation options. A detailed pre-consultation case detailing these options was approved by NHS England in August 2021 and identified as the South East region's priority investment scheme.

The Trust was informed in May 2023 that it had not been selected as one of the next schemes to receive NHP funding. The Department of Health and Social Care received 128 expressions of interest from 100 trusts, including East Kent Hospitals. The five schemes chosen all carried significant safety risks related to Reinforced Autoclaved Aerated Concrete (RAAC).

Recent investments to improve services

In recent years the Trust has successfully secured targeted investment for new and improved buildings to improve services including:

- £30 million to expand the emergency departments at Queen Elizabeth the Queen Mother (QEQM) and William Harvey hospitals, due to complete later this year;
- £14m for a new orthopaedic surgical centre at Kent and Canterbury Hospital, with four new operating theatres and renovations to wards, opened July 2021;
- £16m for a new 24-bed critical care unit at William Harvey Hospital, opened April 2022;
- £5m to develop the county's first Community Diagnostic Centre at Buckland Hospital to improve access to diagnostic tests and scans, commencing late 2021;
- £5m to expand interventional radiology services at Kent and Canterbury Hospital, with a new theatre and patient facilities opening in May 2022, followed by a newly renovated theatre opening in March 2023.

Current position and next steps

Despite these significant improvements for patients, the lack of NHP funding required to transform services for the long term means that the Trust faces significant clinical and infrastructure safety risks. These will continue to manifest and accelerate without significant new investment to address them. The investment required is significantly greater than the Trust's limited capital resources.

In late 2021 the Trust calculated that at least £211m capital investment was needed maintain safe services over the next five years. This included essential upgrades to our aging hospital estate, some

¹ Progress with the New Hospital Programme. [National Audit Office](#), 17 July 2023.

buildings dating back to the 1930s, and to replace medical devices and equipment that are essential for safe patient care. The Trust is undertaking an updated assessment of the costs associated with critical infrastructure and backlog maintenance, and the emerging and potential future risks.

Maternity

The Trust is seeking £123 million to build new maternity units at QEQM and William Harvey hospitals that meet modern building standards, provide patients and families with a dramatically improved environment to give birth in, and for staff to work in. The birthing rooms at both hospitals are too small to fit essential equipment and the number of staff required in emergency situations. The rooms also lack ensuite facilities for families, or any space for clinical teams to train. At QEQM an additional obstetric theatre is required as currently, if the unit's theatre is busy, patients are taken through the hospital to its main theatres.

External investment is required to deliver this much-needed transformation of both units as without it, maternity alone would consume almost all of the Trust's capital allocation over the next five years (£130m total), preventing investment to address critical infrastructure risks and replacing aging medical equipment.

NHS partners across East Kent, Kent and Medway and the South East region are working together closely to identify sources of additional funding to deliver these improvements for patients and staff.

East Kent Health and Care Partnership Estates Strategy Group

Kent and Medway Integrated Care System is made up of four Health and Care Partnerships whose role it is to bring together hospitals, community care, mental health, GPs, social care, ambulance, local councils and the voluntary sector to improve the health and wellbeing of people living in east Kent. The footprint for East Kent Health and Care Partnership (HCP) includes East Kent Hospitals.

Building a better integrated infrastructure is a key enabler to improving health and care service delivery. East Kent HCP, along with the three other HCPs in Kent and Medway, has been tasked with producing its own Estates Strategy by December 2023. The strategy is expected to include high level plans for the next five years. It will be helpful, where appropriate, to look at a longer period and to base decision on long term population need planning.

East Kent HCP has autonomy to draft the Estates Strategy according to the local population health and care needs. The aim of this work is to set up a series of engagement events with key stakeholders across East Kent including Primary Care, Acute, Community Trusts, Mental Health, Kent Health and Social Care, Voluntary Sector and District Borough Councils to work with system partners to ensure the strategy is co-produced and local feedback and partnership working is achieved. Additionally, the ambition is to design a strategy that can be jointly implemented by all system partners.

The final draft Estates Strategy will go through the Health and Care Partnership Governance group "East Kent Estates Strategy Group" for formal sign off and this will be shared with Kent and Medway ICB Estates team. The priorities that are identified within the Estates Strategy will set out a vision and ambition for estates transformation for the East Kent geography and will provide a foundation for managing business cases for capital investment for the future.

Ends.

Item 14: Work Programme 2023

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 7 December 2023

Subject: Work Programme 2023

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

1. Introduction

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

2. Recommendation

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

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

29 February 2024		
Item	Item background	Substantial Variation?
East Kent Hospitals University NHS Foundation Trust financial performance	To receive information about the financial position of the Trust.	No
Hyper Acute Stroke Unit (HASU) implementation	To receive an update on implementation of the programme.	-
Children Cancer Services – Principal Treatment Centre	To receive an update on the proposals following the public consultation.	No
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.	-
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)	-

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

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
ICB Digital Transformation Strategy	Members 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.	-
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents. (This was a member request).	-
Podiatry Services	To receive an update on the service following its relocation.	No
Transforming mental health and dementia services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Edenbridge Memorial Health Centre	The committee has requested an update once the centre has been open for one year.	No
Winter rehabilitation and reablement pilot in east Kent	To receive the outcome of the pilot run between November 2023 – April 2024.	-
Mental Health Transformation - Places of Safety	The committee has requested an update once the unit has been operational for a meaningful period of time.	-

Nb. The Burns Service review has been removed from the work programme following an update from NHS England that the project is currently on hold.

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

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