HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 2nd October, 2024

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 2nd October, 2024, at 10.00 am	Ask for:	**Kay Goldsmith**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**03000 416512**

Membership

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

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Substitutes	10:00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes of the meeting held on 17 July 2024 (Pages 1 - 10)	
4.	ICB Digital Transformation Strategy (Pages 11 - 24)	10:05
5.	Adult Autism and ADHD Pathway Development and Procurement (Pages 25 - 40)	10:40
6.	Learning Disability Services site move (Pages 41 - 50)	11:05

7. Temporary changes at Sevenoaks Hospital (Pages 51 - 56) 11:20

8. Kent and Medway Provider Collaborative (Pages 57 - 62) 11:40

9. Work Programme (Pages 63 - 66)

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

24 September 2024

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 17 July 2024.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Ms S Hamilton (Vice-Chairman), Mr J Meade, Mrs L Parfitt-Reid, Mr P Cole, Mr S R Campkin, Ms K Constantine, Mr R G Streatfeild, MBE, Cllr S Jeffery and Mr J Kite, MBE

ALSO PRESENT: Mr R Goatham (Healthwatch)

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

UNRESTRICTED ITEMS

172. Membership
(Item 1)

1. The Committee noted that there were two new Borough and District representatives – Cllr Stuart Jeffery (Maidstone BC) and Cllr Jeremy Kite (Dartford BC). Mr Cole returned to the Committee as a KCC representative.
2. The Chair thanked departing members Mrs Cole and Cllr Mochrie-Cox for their contributions over the past year.

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

1. The Chair declared he was an East Kent district representative on the Integrated Care Partnership
2. Mr Jeffrey sat as an advisor on the ICB's Environmental and Sustainability Steering Group and would therefore not take part in item 8.
3. Mr Cole declared that he sat on the West Kent DGS and Tonbridge & Malling Integrated Care Board Partnership Forum, as well as the West Kent elected members forum and he also had responsibility for the Housing and Health portfolio at Sevenoaks District Council.

174. Minutes of the meeting held on 29 February 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 29 February 2024 were a correct record and they be signed by the Chair.

175. Maidstone and Tunbridge Wells NHS Trust - mortuary security
(Item 5)

In attendance from Maidstone & Tunbridge Wells NHS Trust: Miles Scott (CEO) and Rachel Jones (Executive Director Strategy, Planning & Partnerships)

1. Mr Scott introduced the report, explaining that an action plan had been completed. A Statement of Assurance against each of the Trust's recommendations in the report had been signed off with NHS England. There was no confirmed date for the inquiry's second report. The dedicated compensation scheme for affected families was underway, with all eligible families having received a stage one payment.
2. Committee members received answers to a number of questions, including:
    a. The compensation scheme had no impact on the Trust's operational budget because it was paid for through NHS Resolution (an insurance scheme). There were over 200 individual claims.
    b. The Trust were responsible for implementing the actions across their sites. The ICB were following up broader actions with other Trusts.
    c. The mortuary and body storage services were provided by the Trust. For those bodies that needed retaining for longer, a contracted offsite facility was used. A licence and detailed SLA was in place.
    d. Forums such as HOSC were one way of re-building trust within the community. The Trust was also engaging elected representatives, and inspection reports were publicly available. For the affected families going through the compensation scheme, they were being provided support if they requested it, but some did not want to hear from the Trust.
3. RESOLVED that the Committee consider and note the response of the Trust to the interim inquiry report.

176. Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy - update
(Item 6)

In attendance from Maidstone & Tunbridge Wells NHS Trust: Miles Scott (CEO) and Rachel Jones (Executive Director Strategy, Planning & Partnerships)

1. Ms Jones provided an update on progress since December 2023. This included:
    a. Bariatric services had been in operation for over 12 months, and the Trust were looking to repatriate the Digestive Diseases Unit (DDU).
    b. An outline business case had been approved for Cardiology.
    c. The HASU was fully open and retained it's A rating.
    d. Maternity Services were a focus point following the latest CQC inspection report.
    e. A full business case was going through the approvals process for the use of surgical robots.
    f. The Community Diagnostic Centre (CDC) had opened, with building works set to complete by the end of the year.
    g. The opening of the Elective Orthopaedic Centre had been delayed but was scheduled for September.

h. The Trust had acquired a third site, Fordcombe Hospital in Tunbridge Wells, at the end of March 2024.

2. Members wanted to understand more about the acquisition of Fordcombe Hospital. Formally a private hospital, the purchase provided additional capacity and had been supported by the ICB and NHS England. The facility would be used for patient bookings across Kent and Medway as well as East Sussex – EKHUFT were being supported with a treatment pathway for 2,500 patients. Mr Scott commented that whilst no additional operating theatres had been created, capacity had increased because occupancy was lower and there was more flexibility in use of the estate. Patients with the longest waiting times would be targeted and could choose any of the Trust's three sites. A Member noted the isolated nature of the new site, but Mr Scott provided assurance that transport would be offered where needed. The Chair requested a report in 12 months' time to review the success of the acquisition.

3. At the previous discussion, a question had been asked about new injectables and whether these would replace surgery in the future. A written response had been circulated but Ms Jones confirmed these were not being used because the treatment pathway had yet to be approved.

4. Asked about the vacancy rates in Women's Services, Ms Jones confirmed that these remained a challenge but staffing appointments had been made. The Trust had successfully reduced its overall staff vacancy rate to 5% following an 18 month focus.

5. The Trust was soon to enter into its next 2 year clinical strategy, and an area of focus was likely to be Emergency Department (ED) demand which was unprecedented. The Trust was working with Primary Care Networks around integrated neighbourhood teams.

6. The link between mental wellbeing and frailty was discussed, and the impact that had on the Trust's resources in terms of longer hospital stays and challenges around the best way of supporting patients.

7. Mr Goatham from Healthwatch complimented the presentation of the Strategy in the agenda report, noting its understandability for the public.

8. Demand in the Urgent Treatment Centre had increased from around 200 a day to over 300 a day over the last few years. The Trust directly employed GPs as well as using West Kent primary care. The Trust's ED department was performing well nationally.

9. Ms Jones confirmed that the purchase of a robot would not change the ICB's strategy for Urology. It was important for the Trust to make use of such equipment to ensure they attracted the best staff.

10. Establishing primary percutaneous coronary intervention (PPCI) provision at Maidstone Hospital was an aspiration but dependant on securing adequate funding. Ms Jones confirmed that would come through the ICB as opposed to NHSE (because it did not exceed the relevant threshold). She offered to share a paper with the Committee setting out the available funding routes.

11. RESOLVED that the Committee consider and note the report.

177. NHS Kent and Medway Community Services review and procurement
(Item 7)

In attendance from NHS Kent and Medway: Mark Atkinson, Director of System Commissioning & Operational Planning

1. Mr Atkinson provided an overview of the report which described the communications and engagement strategy. The events had been reasonably well attended, with stage 1 set to complete by 27 July. Stage 2 was around the design of care models, with bed modelling to be covered in a later stage.
2. The Chair spoke of his negative experience trying to attend a virtual listening event. Mr Atkinson explained online numbers were restricted because there were breakout groups used which required facilitators. The virtual events had been more popular than the physical events, though he recognised some people were unable to get booked onto an event.
3. The discussion covered the following points:
    a. Concern there was not adequate time to analyse feedback in advance of the September deadline.
    b. Workforce and staff turnover if and when providers changed.
    c. There would be a core service offer, with necessary variation applied to reflect the needs of the local community. The ICB would work with the Health & Care Partnerships to reduce health inequalities.
    d. The lifetime contract value was £1.6bn – 15% of NHS activity was delivered through community services. More detail would be provided at a future meeting.
4. Mr Goatham (Healthwatch) recognised the complexity of procuring and transforming services alongside each other. He sought assurance that the public had the relevant information to make informed contributions at the listening events, and also that there was sufficient time to allow for co-design of services. The scale of the work required significant engagement, including with those groups that would not usually engage. Mr Atkinson said the ICB were committed to delivering the timings set out, and that the listening events were just the start of the journey. He welcomed the feedback from Healthwatch.
5. RESOLVED that the Committee note the report and invite the ICB to provide an update at the appropriate time (including information about finance and staff retention).

178. NHS Kent and Medway's drive towards a greener future
(Item 8)

In attendance for this item: Mike Gilbert, Executive Director of Corporate Governance (NHS Kent and Medway), Alison Watson, Greener NHS Lead (NHS Kent and Medway), Daryl Devlia, Strategic Partnerships Manager - Kent & Medway, (SECAmb), Matt Webb, Associate Director, Strategy & Partnerships (SECAmb)

1. Mr Gilbert explained that severe weather was the area with the biggest impact on the ICB's communities risk register. A green plan was in place with the aim of reaching net zero by 2040. Three areas of focus were: large buildings being efficient; societal behaviours; and adapting for severe weather events.
2. Mr Devlia added that vehicles were SECAmb's biggest green priority, and the Trust were considering various options to improve their fleet:

a. learning lessons from London ambulances that had gone electric.

b. A 6 month pilot on band size.

c. Non-ambulatory vehicles moving to hybrid.

d. Change of operating model so it's not always an ambulance that gets sent to patients (as not all patients needed conveying to hospital).

3. Asked about the impact on resources, Ms Watson was the local NHS green lead, and had no direct budget. Each provider Trust had a sustainability lead. Mr Gilbert confirmed no consultants had been used.

4. The Committee were told about several green projects underway, including:

   a. Recycling equipment in the community (such as crutches) meant less new orders needed to be placed.

   b. MTW's clinical waste audit showed £1.5m could be saved on reducing expired medicine.

   c. For SECAmb, millions of gallons of diesel were used each year, where the cost of electric charging was much less.

   d. MTW were leading the way on diet and a move to plant based foods. For example, reducing food waste by using coloured plates. A wide menu choice for patients resulted in increased food waste. The Committee were keen to understand more about this area.

   e. The use of solar farms.

5. The difficulty of reaching net zero was challenging due to the age of the estate. The ICB did not intend to use carbon credits.

6. The NHS were working with partners including KCC to develop a strategy, and the green agenda couldn't be delivered by them alone. A local climate adaptation tool would be used as a framework to standardise the approach taken – the ICB would score the progress each Trust made. Mr Gilbert confirmed that nothing in the Strategy would compromise patient care.

7. Technology moved at such a fast pace, with hydrogen now competing with electric. It was important that partners kept pace with those changes.

8. RESOLVED that the Committee consider and note the report.

179. South East Coast Ambulance Service - provider update
(Item 9)

In attendance for this item: Daryl Devlia, Strategic Partnerships Manager - Kent & Medway, (SECAmb), Matt Webb, Associate Director, Strategy & Partnerships (SECAmb)

1. The Chair welcomed the guests and invited questions from Members.

2. Members requested a break down per area of category 2 and 3 call outs.

3. The Chair asked about the pilot hubs in East Kent and West Kent. Mr Webb spoke of SECAmb's improvement journey, with a Strategy to launch in the next few weeks. Sending an ambulance to see if a patient required an ambulance delayed care - clinical outcomes showed that only 13.25% of SECAmb's patients required a double crewed ambulance (i.e. two clinicians)

with emergency intervention. Under the current model, double crewed ambulances were sent to 90% of calls. The Trust had therefore been looking at new models of working, considering:

   a. Group A patients – high acuity. Want to ensure a standardised emergency response.

   b. Group B patients – lower acuity, but typically more complex. Want to ensure a personalised and tailored service, which may include a virtual response.

4. Under the new model, approximately 35% of the Trust's 999 activity would be responded to physically with a double crewed ambulance. For 55-60%, the initial response would be virtual (using lessons learnt from pilot hubs).

5. Mr Webb provided an overview of the West Kent ('post dispatch') and East Kent ('pre-dispatch', also called the Ashford Hub) models. Evidence showed that intervening in a patient's pathway as soon as possible (i.e 'pre-dispatch') significantly improved their clinical outcomes.

6. For those patients not requiring a double crewed ambulance for their care:

   a. 30% of activity was from 20% of the most deprived communities.

   b. 20% activity was from frequent callers/ those with co-morbidities.

7. Virtual response call handlers were to be located in the local area, so they understood local pathways and demographics. A physical response was still possible following a virtual assessment, but in a planned way which would allow SECAmb to better manage resources. Getting patients on the right pathway would also positively impact hospital discharge which in turn would reduce the number of ambulances waiting to transfer their patients into an acute setting (which had no beds available as patients awaited discharge).

8. Mr Webb recognised the vital contribution of volunteers, and the Trust wanted to ensure they maximised the benefit of this resource. He went on to explain the Trust was creating a Volunteer Strategy alongside other blue light providers – the Committee asked to see this once available.

9. A Member was concerned that the new model would mean some high acuity patients did not receive a physical ambulance response quickly enough. They were concerned the needs of all patients were being put before the needs of the individual patient. They questioned whether the Trust was prepared for the 15% demand growth forecast over the next five years, and asked for detail on why the existing service model was insufficient to address that challenge (particularly in terms of staff retention). Mr Devlia recognised the priority of getting high acuity patients treated quickly and the new model didn't change that response. A multi-disciplinary team reviewed calls to ensure ambulances were available to be sent to those patients requiring double conveyance, as opposed to ambulances being dispatched to all calls. Data showed the pilots were having a positive impact on response times in the county. Mr Webb reassured the Committee that the new model would benefit individual patients by ensuring they received the response that best suited their clinical needs. For example, there would be frailty expert practitioners. As for the case for change - to maintain the current model of care, the Trust would need to recruit an additional 600 whole time equivalent staff members just to respond to category 1 and 2 calls. Staff retention was impacted because of frustrations

within the system, such as sitting in an ambulance waiting to transfer a patient instead of treating more patients.

10. A Member asked about the response provided to frail patients and those that had fallen. Mr Webb said the strategy had been co-designed with others in the system. He said thought was needed over the role of an emergency ambulance service in responding to frailty patients, taking into account the whole health system. Urgent community response (UCR) teams were able to deliver care from within the home to avoid an acute admission where possible. Mr Devlia explained that frail and elderly patients were the largest cohort of callers, with a high concentration in East Kent. It was important to manage these patients in the safest and most appropriate way. East Kent was quite short of frailty patient pathways, but the pilot Hub had a dedicated team that contacted patients directly to support them. SECAmb would still support those that had fallen and required a physical assessment.
11. RESOLVED that the Committee consider and note the update.

180. Winter rehabilitation and reablement in East Kent
(Item 10)

In attendance for this item: Clare Thomas, Community Services Director (KCHFT)

1. The Chair welcomed questions from Members. A Member asked how the piloted model differed from standard and current practice. Ms Thomas explained the move would get the Trust closer to meeting the national guidance for pathway two rehabilitations. There was a greater focus on integrated rehabilitation, working with social care colleagues to see a reduced return rate to acute hospital settings.
2. A Member asked if the three month pilot was an adequate amount of time to evidence meaningful change. Ms Thomas responded that the pilot duration was long enough to see that a new model could be implemented, but not long enough to stop the Trust looking at other ways of making improvements. The pilot accepted winter pressure patients that may not have been accepted under the incumbent model.
3. Ms Thomas explained that there were 60 beds in West View Integrated Care Centre – 30 were managed by KCC for respite and enablement; 15 beds were used by KCHFT; and 15 were used for the pilot – they were now going to be used for Sevenoaks Hospital ward closure patients.
4. RESOLVED that:
    a. the Committee deems that the changes to Community Hospitals in east and west Kent are not a substantial variation of service.
    b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

181. Temporary changes at Sevenoaks Hospital (written item)
(Item 11)

In attendance for this item: Clare Thomas, Community Services Director (KCHFT)

1. Ms Thomas provided an overview of why the Trust had needed to temporarily move inpatient beds out of Sevenoaks Hospital, drawing upon questions submitted by the Committee in advance.
2. She explained that the Trust took over the building in April 2022 and subsequently worked with the fire service to understand any risks. The most recent annual fire drill took place in December 2023, but did not include a test evacuation of the ward. In January 2024, a fire service report suggested there was an issue with compartmentation, which impacted the ability of staff and patients to horizontally evacuate the building. Inpatient services were on the first floor of Sevenoaks Hospital, and the lift was not a fire lift which meant horizontal evacuation was relied upon. Following that report, the Trust investigated if a full evacuation down the stairs was possible – it showed this could not be done safely in a reasonable timeframe. The Trust was required to have a robust fire plan in place, therefore reviewed the available options and ultimately made the decision to decamp patients until the building was safe to use.
3. All patients had been decamped from the ward in the week beginning 17 June. The following week, 15 replacement beds were opened at West View Integrated Care Centre (12 were currently open).
4. A Member asked about staff wellbeing during this time. Staff had been aware a fire test was underway, but were not forewarned about the temporary move because the Trust were hoping to remain on site. They were taking individual staff circumstances seriously and considering their travel needs. Ms Thomas said the Trust recognised the flexibility and resilience of staff who had made real efforts to accommodate the move.
5. The Committee were concerned that the evacuation risk was not fully identified for two years. Ms Thomas said the property was taken over from NHS Proprty Services and they took assurances at that point. The compartmentation risks were not highlighted until the fire report issued in January 2024.
6. Kent Fire and Rescue Service (KFRS) were due to inspect the building again in October, by which time remedial work could have started. Major structural work was required, and that would come with a cost. Ms Thomas confirmed all options were being considered with no decision yet made.
7. RESOLVED that the Committee consider and note the report.

182. Gypsy, Roma and Traveller Communities School Aged Immunisations
(Item 12)

In attendance for this item: Samantha Bennett, Associate Director of Population Health and Prevention (KCHFT)

1. The Chair welcomed Ms Bennett to the meeting and asked for questions.
2. In response to a question, Ms Bennett confirmed funding for the project and ended but new contracts were being entered into in August. A significant part of the contract was about reducing health inequalities, which members of the GRT community suffered from.
3. Ms Bennett spoke of the challenge around accessing sites, and the Trust was working alongside those schools with the largest GRT intake (whilst

recognising attendance was also a challenge). She recognised there was a long way to go in terms of equity of access. Those travellers that did not settle were also hard to reach, and tended not to register with a GP.

4. RESOLVED that the Committee note the report.

183. Urgent Care Review Programme - Swale (written item)
(Item 13)

RESOLVED that the report be noted.

184. Orthotics and Neurological rehabilitation in Kent (written item)
(Item 14)

RESOLVED that the report be noted.

185. Work Programme
(Item 15)

1. In addition to the items requested during the meeting, Members wanted the new Mental Health Together service to be included in the next Mental Health Transformation update.
2. AGREED that the report be considered and agreed.

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Item: ICB Digital Transformation Strategy

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 10 May 2024

Subject: ICB Digital Transformation Strategy

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.

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1. Introduction

1.1. At its meeting on 28 March 2023, HOSC received an update on the work of the Integrated Care Board. During the discussion, it was noted that a digital strategy was in development and the Chair requested a comprehensive briefing on this digital transformation when available.

1.2. Areas of interest raised during the meeting were:

1.2.1. how full system integration was possible when patient data could not be shared. This linked to the Kent and Medway Care Record (KMCR).

1.2.2. how the ICB could ensure technology was fit for purpose, recognising there had been instances when systems such as E-Consult had failed. The ICB was responsible for commissioning primary care ICT services and monitoring its performance.

2. Recommendation

2.1. RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2023) *'Health Overview and Scrutiny Committee (28/03/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9052&Ver=4

Contact Details

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Kent and Medway

NHS Kent and Medway Digital Update

Together, we can

Introduction

The NHS in Kent and Medway, as with other health systems, is on a journey to transform how we support patients both in and out of healthcare facilities through the use of technology.

There is both a prevention and treatment agenda, providing more information and online access to services to the population to support and direct patients to the best service.

Technology to support people in their homes, to own and manage their health conditions and enabling proactive care from health professionals in reaching to prevent escalation.

We are driving to have greater systems integration, using shared data platforms like KMCR (Kent and Medway Care Record) and the national federated data platform to enable one version of the truth for health professionals to access in caring for their patients.

The NHS has a unique opportunity to grasp the digital agenda with the hypothecated digital funding and as a K&M system we will be collectively working together to increase interoperability, drive system solutions that supports the delivery of person centred care.

The following slides outline a number of current projects and future areas of work and development.

NHS
Kent and Medway

K&M Digital Delivery Priorities:

Transforming Healthcare Access and

Efficiency in a person centred way.

The Digital Delivery Priorities represents a pivotal shift in how healthcare is accessed, delivered, and managed within the NHS Kent & Medway. This delivery plan aims to harness the power of digital technology to enhance patient care, streamline operations, and improve overall health outcomes.

By joining up and standardising digital solutions across primary, secondary and community care settings, the plan seeks to create a more responsive, efficient, and patient-centred healthcare system. From innovative patient access channels to AI-driven efficiency improvements, this plan outlines a bold vision for the future of the people of Kent & Medway in the digital age.

NHS App: The Digital Front Door to health and care

1

Initial Access

Patients use the NHS app as their primary digital entry point for healthcare services, offering a user-friendly interface for various health-related needs including self care options.

2

Online Consultation

The app seamlessly connects patients to online consultation services, allowing for problem identification based on need, self care advice and diversion to pharmacy, local authority services and the third sector.

3

Triage Hubs for consistent navigation at Practice/PCN/HCP level

Integration with Primary Care Network (PCN) triage hubs ensures patients are directed to the most appropriate medical care pathway efficiently (Modern General Practice)

4

Right Place, Right Time

This digital journey culminates in patients receiving care from the most suitable healthcare professional or service, optimising resource allocation and patient outcomes.

NHS Kent and Medway

Self-Serve Across Health and Care

Online Consultations

Patients and Carers can initiate consultations online via the NHS app, providing initial information and symptoms for efficient triage and assessment without the need for a GP appointment.

Directory of Services (DoS)

An integrated up to date K&M directory helps people and health and care providers navigate available services, ensuring appropriate self-referrals and resource utilisation.

Digital Social Prescribing Platform

A digital platform connects patients with community resources and non-clinical interventions, promoting autonomy, holistic health and wellbeing first.

System Integration

Kent & Medway digital ecosystem

We will aim for less digital suppliers to simplify systems and aim for a digital ecosystem of trusted partnerships to develop products, services and digital capabilities that are integrated and interoperable with existing systems and each other working for the people of K&M and our workforce. Leverage industry standard architecture and design principles and methods.

EMIS Integration out of hospital

EMIS, the primary care electronic health record system, can be leveraged to ensure at scale out of hospital services, useability, workforce rotation and reduction in cognitive overload.

Kent and Medway Shared Care Record & Federated Data Platform

KMCR provides a window into all systems both acute and non-acute to deliver on one version of the truth for those health and care professionals that need it. Embedding our risk stratification into data platforms (incl. FDP) puts Population Health Management into the hands of every clinician.

Convergence: EPR, Maternity, & others

Consider the pros and cons of different EPR systems (Sunrise Rio, Mosaic, Adastra & Clio). One Maternity System. Explore how rationalising clinical systems could produce better outcomes for people and better productivity for the workforce.

NB: Work on unifying the data layer should start first to separate the user interface from the data lake.

Modernization, Simplification, One IT

We will work on our core digital capabilities landscape in primary care and provider organisations to push extensive modernisation and simplification initiatives. Drive Cloud First, DC Consolidation. Converge and work as one in CyberSecurity, End User Devices, Comms, Service Desk and support functions to leverage our scale and deliver consistency in service.

Two-Way Messaging for Clinical Pathway Transformation

1

Initial Patient Contact

Healthcare providers initiate contact with patients via text or notification in the NHS app, providing information or requesting information asynchronously.

2

Patient Response

Patients can respond at their convenience, providing requested information or asking questions as well as completeing structured information forms - saving time in appointments and can be received in departmental / shared inboxes.

3

Automated Bulk Messages

Bulk messaging allows at scale messaging completing actions for entire cohorts of patients and/or bulk invites/structured form filling asynchronously saving time and increasing patient engagement e.g. waiting lists or PIFU

4

Clinical Follow-up

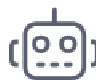
Healthcare professionals review and respond to patient messages directly, providing guidance asynchronously or scheduling synchronous appointments as needed.

Ambient AI for Workforce Workforce Productivity and and Patient Experience

NHS
Kent and Medway

Voice Recognition

AI-powered voice recognition systems will transcribe and analyse patient-provider interactions, reducing administrative burden, improving documentation accuracy and enabling health & care workers to spend more quality time with patients.



Virtual Assistants

AI-driven virtual assistants will help healthcare professionals by providing real-time information, coding information, and task management such as pathology & imaging requests including referral templates.

Predictive Analytics

Artificial Intelligence will analyse patterns in patient records to surface summarised information, predict health trends and suggest proactive interventions, enhancing preventative care strategies and reducing harmful events requiring hospitalisation.

Personalised Experience

Over time AI systems will learn patient and staff preferences and needs, tailoring the healthcare experience to improve satisfaction and outcomes for both.

Robotic Process Automation in Clinical & Back Office settings

Process	RPA Application	Benefits
Appointment Scheduling /rescheduling	Automated booking and reminders	Reduced DNAs, improved efficiency
Call & recall of long-term patients in a risk stratified way	Making Long Term Condition Management more efficient Based on need	Faster, more reliable processing, more time for those affected by health inequities.
Decision Augmentation	Triage and summarising notes	Less errors and more efficiency of workforce
Patient Data Management	Automated filing and registrations	Improved data accuracy, time savings

Device-Agnostic Remote Monitoring

1 Virtual Wards Step Down

Remote monitoring enables the creation of virtual wards, allowing patients to receive hospital-level care at home. This system supports various devices to continuously monitor vital signs, medication adherence, and patient progress, reducing the need for physical hospital beds in step down care facilities.

2 Community Settings Step Up

In community care settings, device-agnostic monitoring facilitates intermittent monitoring for patients with chronic conditions. This approach allows healthcare providers to track patient health remotely, intervening before falls or deterioration of long term conditions reducing the frequency of in-person visits.

3 Prevention and Early Intervention through Risk Stratification

By enabling at-scale identification of risk-stratified individuals, this remote monitoring supports pro-active healthcare interventions. Early detection of health issues allows for timely interventions, potentially averting more serious conditions and reducing the overall burden on the healthcare system.

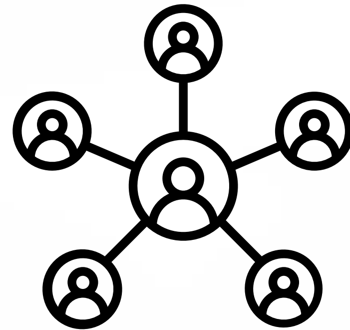
4 Scaling up by use of monitoring by Non-Clinicians

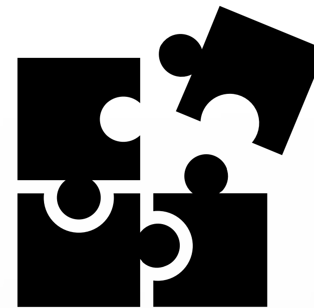
The flexibility of device-agnostic monitoring allows for its use by non-clinical staff and carers. This broadens the scope of care, enabling family members or community leaders to participate in monitoring patients' health under professional guidance, fostering a more integrated care approach.

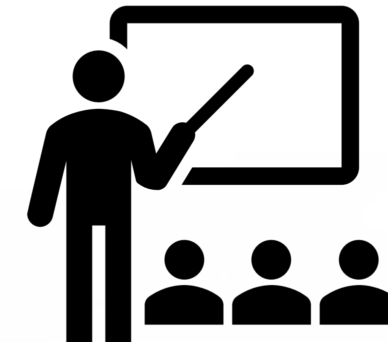
Kent and Medway

Investment in Adoption, Spread & Scale

People Process Technology







Digital Champion Networks

Create organisational digital user groups for:

- digital upskilling
- test beds
- evaluation feedback
- early adoption

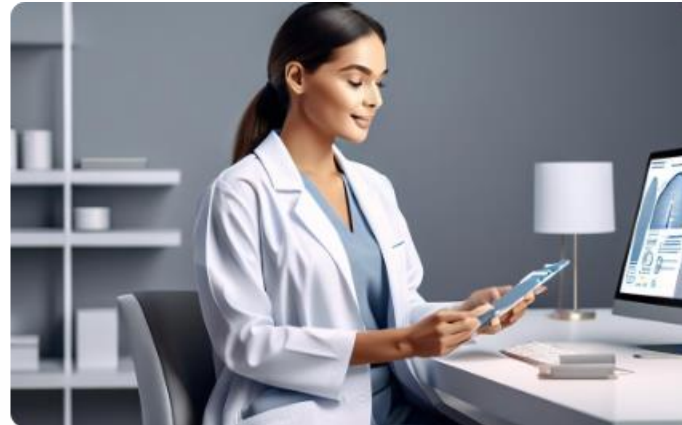
Innovation Framework

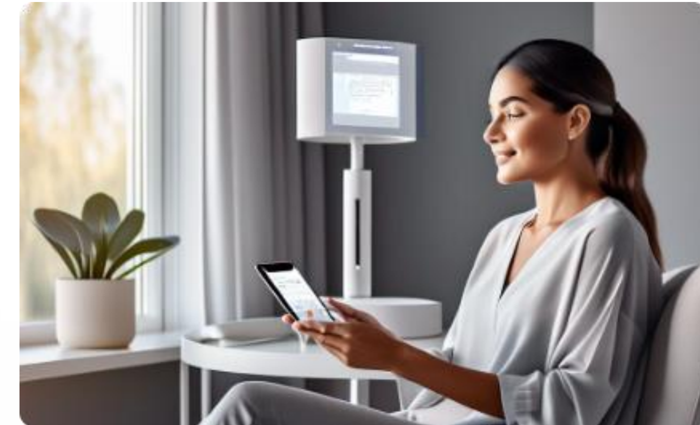
IG co-ordination across system
Procurement co-ordination
Real World Evaluation
Leading to Business Cases for adoption & Scale across K&M

Implementation

Create an Adoption Implementation fellowship scheme
On the ground floor walkers who can identify and overcome barriers to digital adoption

Integrating Digital Solutions for person centred care within an interoperable digital ecosystem





Centralised Digital Access

The NHS app serves as the digital front door for patient interactions, integrating various services and providing a seamless user experience for accessing health information, booking appointments, and initiating consultations.

AI-Enhanced Decision Support

Ambient AI and robotic process automation work together to support health &care professionals in optimising decision-making, streamlining administrative tasks, and enhancing the overall quality of care delivery.

Seamless Remote Care

Device-agnostic remote monitoring integrates with the broader digital ecosystem, allowing for continuous care virtual wards to community-based preventative interventions as well as public health initiatives to underserved communities.

Item: Adult Autism and ADHD Pathway Development and Procurement

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 October 2024

Subject: Adult Autism and ADHD Pathway Development and Procurement

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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.

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1. Introduction

1.1. The Learning Disability and Autism Programme Delivery Unit from NHS Kent and Medway (the ICB) contacted the clerk of HOSC in August 2024 to add this item to the agenda.

2. Potential Substantial variation of service

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

2.2. Where the Committee decides a proposal is substantial, the NHS is required to consult with it prior to a final decision being made. The NHS always remains the decision-maker though must take the comments of the Committee into account.

2.3. In considering substantial variations of service, the Committee will take into account the resource envelope within which the relevant NHS organisations operate and will therefore take into account the effect of the proposals on the sustainability of services, as well as on their quality and safety.

3. Recommendation

3.1. If the proposals relating to Adult Autism and ADHD Pathway Development and Procurement are deemed substantial:

RECOMMENDED that:

(a) the Committee deems that that the procurement of the adult autism and ADHD pathway in Kent and Medway is a substantial variation of service.

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

3.2. If the proposals relating to Adult Autism and ADHD Pathway Development and Procurement are not deemed substantial:

RECOMMENDED that:

(a) the Committee deems that the procurement of the adult autism and ADHD pathway in Kent and Medway is not a substantial variation of service.

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

Background Documents

None

Contact Details

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Kent County Council
Health Overview and Scrutiny Committee

2 October 2024

Adult Autism and ADHD Pathway Development and Procurement

Report from: Chief Delivery Officer, Delivery Directorate, NHS Kent and Medway

Author: Marie Hackshall, System Prgramme Lead Learning Disability, Autism and ADHD, Kent and Medway Partnership for Neurodiversity

This report seeks to provide clarity and assurance to Members on the proposed model and health commissioned care pathway for adult Autism and ADHD services in Kent, the commissioning processes being undertaken, the governance arrangements for this and future developments within this clinical area.

1. A brief outline of the proposal with reasons for the change

Background to the redevelopment of adult Autism and ADHD pathway
There has been a rapid increase in demand for adult neurodevelopmental (autism and ADHD) services nationally since 2022 (post Covid-19 pandemic) and this has also occurred in Kent.

NHS Kent and Medway commission specialist diagnostic and post-diagnostic services for autism and ADHD for adults over 18 years from Kent Community Health NHS Foundation Trust (KCHFT). KCHFT subcontract Psicon and Sinclair Strong to provide autism assessments, and Psicon and Psychiatry UK to undertake ADHD assessments and initial prescribing of ADHD medication where clinically appropriate for patients.

Referrals to this commissioned specialist service have increased by 600% against contracted activity in the last 2 ½ years (a total of 31,314 referrals received since April 2022 against contracted activity of 2,131 annually).

While demand for adult autism and ADHD assessments was expected to grow based on activity levels increasing between 2019 -2021 the increase seen from 2022 was unexpected and accelerated by the pandemic. 71% of this demand is related to ADHD

assessment and medication initiation and reviews. This has resulted in significant waiting times within the current commissioned pathway for ADHD assessment (up to 7 years) and medication reviews (up to 2 years). National prescribing data shows that there has been a significant growth
between 2019/20 and 2022/23 for adult prescriptions with the 25-44 age groups seeing the biggest increases in patients being prescribed ADHD medication, with a 146% increase in the 30-34 age group. This demand coupled with workforce pressures and NHS financial constraints has placed significant demand on the service.

Referrals to adult Neurodevelopmental Service 2022 – 2024 (Quarter 1)

	2022/23	2023/24	Apr-24	May-24	Jun-24	Q1 24/25
Total Diagnostic Referrals Received by SPA (Referral Received Data)	**12593**	**13133**	895	532	543	**1970**
Referrals Processed by Locality (Referral Received Date)	2022/23	2023/24	Apr-24	May-24	Jun-24	Q1 24/25
East Kent (includes south)	5512	5455	362	216	231	**809**
Medway	1758	2206	125	97	86	**308**
North Kent (DGS)	1369	1536	124	61	81	**266**
Swale	709	905	65	35	39	**139**
West Kent	2891	3031	219	123	106	**448**
Referrals by Type (Referral received date)	2022/23	2023/24	Apr-24	May-24	Jun-24	Q1 24/25
ASD Assessment	2007	2864	325	159	202	**686**
ADHD Assessment	4239	5906	419	215	217	**851**
Dual ASD + ADHD Assessment	2763	2234	0	0	0	**0**
ADHD Medicines Review	1536	2055	148	158	123	**429**
Unknown	1694	74	3	0	1	**4**

The drivers of demand for autism and ADHD services are multifaceted and complex, spanning wider societal and environmental factors. We know in Kent that demand has followed the national trend and is strongly influenced by increased public awareness of ADHD along with social and environmental changes that have impacted on people's lives following the pandemic. Demand for ADHD assessments has risen at such speed that current service models and the ability to keep pace with demand is recognised by NHS England as a significant challenge for all ICBs. This change was not predictable in terms of the speed in which this has happened.

The number of private providers undertaking autism and ADHD assessment and prescribing privately or through right to choose (RTC) has also increased significantly in recent times in response to the increased demand in this clinical area. The NHS Choice Framework gives patients the legal right to choose where they have their NHS treatment. These choices apply to both physical and mental health, but only apply at the point of referral (from a GP) to providers that have an NHS contract with an ICB in England to provide the service the patient needs. The virtual (online) nature of many ADHD services allows patients to choose to be referred and accepted from any geographical location in the UK.

RTC applies for autism and ADHD assessment and treatment and many patients in Kent have taken this option. Judgement on the clinical appropriateness of the referral is for the referring clinician, i.e. GP, to make. The patient's GP must be satisfied that the patient's chosen provider can provide safe, effective, and evidence-based care in accordance with standard quality and patient outcomes before making the referral. However, not all services offer the same level of assessment and treatment. For example, some services might provide a diagnostic service but may not initiate prescribing or support shared care with the patients GP. This means that patients who have gone through 'right to choose' and then wish to have their medication prescribed by their GP may be unable to do so because the ADHD service they went to does not support shared care for prescribing.

NHS Kent and Medway did not have clinical or commissioning oversight of non-NHS providers who see patients privately or through RTC (though is working to change this). This means the quality of assessment provided to patients can vary considerably, the number of people diagnosed by some providers is much higher than others and shared care arrangements with patients GPs for prescribing are difficult.

In December 2023, NHS England undertook a rapid review of the ADHD service provision within the NHS and identified challenges with:

a) current service models (how services are delivered) and the ability to keep pace with demand
b) lack of reliable data to fully understand the size of the challenge
c) the rate of growth within the independent sector and the potential variation in the service models and thresholds for diagnosis being used
d) the balance between use of medication and therapeutic treatment options, e.g. non-medication support such as ADHD coaching
e) variation in access, experience and outcomes for different groups of patients
f) the join-up across ADHD services and interrelated policies across health, care, education and the justice system

NHS England has established a taskforce, with experts from within the NHS and wider system partners, supported by public and patient engagement to identify potential actions to address the challenges in the complex ADHD landscape. The taskforce is looking at the following areas and expected to report on their findings later in 2024.

a) develop a national ADHD data improvement plan so more information is available on numbers of people seeking assessment, being diagnosed etc.
b) carry out more detailed work to understand the service provider and commissioning landscape across England. This includes mapping all the service providers (NHS and private), speaking to service providers, and analysing provider outcomes (patient satisfaction, diagnostic rates etc)
c) capture examples from ICBs who are trialling innovative ways of delivering ADHD services, to ensure best practice is captured and shared across the system

The challenges for autism services, whilst seeing a less significant increase in referrals by comparison with ADHD, include insufficient capacity to meet demand for intensive

multidisciplinary team support, high numbers of autistic people seeking support from other parts of the healthcare system, e.g. mental health services and/or A&E, due to unmet psycho-social needs related to autism and a limited range of support 'in the right place at the right time' to prevent needs escalating.

In response, Kent and Medway Integrated Care Board (ICB) has undertaken a review of the existing pathways between June 2023 and May 2024 (in partnership with people with lived experience of autism and ADHD and those awaiting assessment, the current service provider and system partners) to:

a) map out why and how patients are referred to the service and change the service provided to give people access to support while they wait for assessment or instead of needing an assessment. This included online workshops and facilitated peer support sessions being offered to those on the waiting list for assessment. Changing the service offered by the local NHS provider to a need led and support first service, i.e. prioritising referrals based on need, with those with the highest clinical need being seen.
b) developing a new care pathway for autism and ADHD that includes early intervention and support through social prescribing outside of the diagnostic pathway and offering non-medication treatment options, e.g. ADHD coaching.
c) reviewing the referral process and support offer to individuals and GPs to complete all relevant paperwork prior to the referral being made to the specialist service so all the information needed to make a clinical decision is available when the patient is due to be seen and their care is not delayed
d) put in place in partnership with KCHFT an electronic system to improve clinical triage processes as part of waiting list management and prioritisation approaches to ensure patients with the greatest clinical need are seen first. This is being tested in September 2024 and will be in place by mid October 2024.
e) Over 4,100 people on the waiting list for the specialist service have accessed app-based support, online workshops and facilitated peer support sessions Feedback has been positive about this support offer, but this is unlikely to reduce the demand on the pathway in the short term as people continue to seek an assessment.
f) improve the referral process from GPs to the specialist service by using electronic referral tools being developed. This will be in place by April 2025. Increase the information, advise and support available to people so they don't have to go through the specialist autism and ADHD service to get this. The ICB in partnership with Kent County Council have funded a social prescribing platform (Joy) which will enable people to access to support and information directly or through their GP. This will be available from late September 2024.
g) review and improve the shared care arrangements for ADHD prescribing so that patients can access medication and/or have their medication reviewed via their GP (or alternative GP when their GP is not signed up to shared care) rather than needing to be seen by the specialist service. This will reduce the waits patients have for medication reviews and free up capacity in the specialist service.
h) Look at new ways to manage prescribing and shared care for ADHD, e.g. develop a community hub with skilled staff in each locality in Kent and Medway to provide

more local expertise so GPs have access to better support and patients can be seen more quickly when needing a medication review or changes to prescribing. This model is still being developed and will take time to implement as will require staff to be trained and services to set up.

i) develop a revised service specification and business case to support the commissioning of a new model and pathway for adult autism and ADHD services from April 2025 onwards

Commissioning Body and contact details:
NHS Kent and Medway Integrated Care Board Learning Disability and Autism Programme Team kmicb.km-icb-neuro-diversity-pdu@nhs.net

Current Provider(s):
Currently NHS Kent & Medway commission the following services for autism and ADHD

- Specialist diagnostic and post-diagnostic services for autism and ADHD – 3-year lead provider contract (April 2022 – March 2025) awarded to Kent Community Health NHS Foundation Trust.
  KCHFT subcontract Psicon and Sinclair Strong to provide autism assessments, and Psicon and Psychiatry UK to undertake ADHD assessments and initial prescribing of ADHD medication KCHFT
- Intensive support for autistic people - Kent and Medway Complex Autism Service (KAMCAS) – contract with Sinclair Strong Ltd. extended to March 2025
- Community support for autistic people - Touch Base Project & All Together Autistic – Initial contract to March 2023 awarded under the mental health transformation programme and local authority grant funding. Contract extension awarded to the provider Advocacy for All to March 2025 funded through the Learning Disability and Autism programme.

Under the national policy drivers for the transformation of adult autism services NHSE has made £1.3 million additional investment available to enable us to enhance the support available in the community for autistic people and to meet the needs of those with more complex needs alongside the existing funding in place for diagnostic and post diagnostic services. The ICB worked with NHS England, local autistic people and health and social care providers to agree how this funding will be used.

At this time no additional funding has been provided by NHSE specifically for adult ADHD pathways and so the challenge of demand verses capacity remains. NHS Kent and Medway is working with the current providers of the adult autism and ADHD service and other stakeholders to take actions to mitigate the risks associated with the continued high demand in this clinical area, including prioritising referrals based on clinical need and risk factors, offering support to people while they wait and increasing skills and expertise within primary care to increase and improve the delivery of ADHD medication reviews and prescribing so people do not need to referred to the specialist service if not required. Additional funding is being made available by NHS Kent and Medway for this financial year

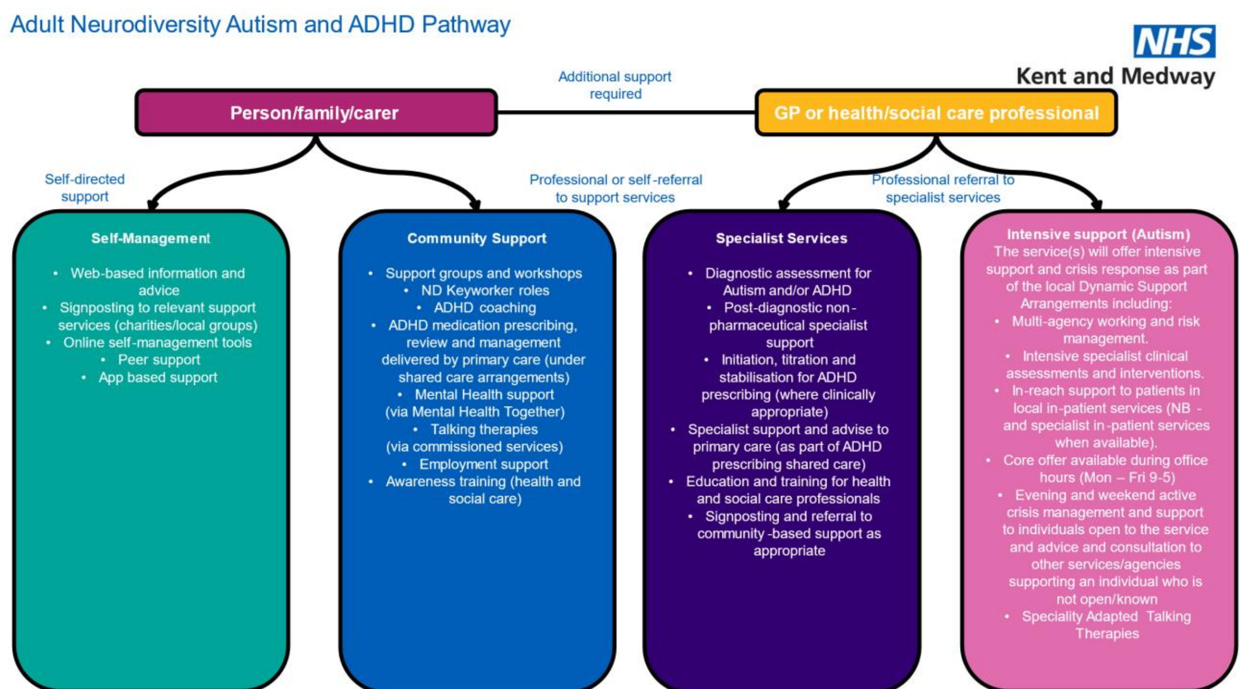
(2024-25) to address the waiting times for medication reviews and ensure those who have been prioritised are seen in a timely manner.

Outline of proposal with reasons:
Services for neurodivergent (autistic and ADHD) adults are limited when compared with services for other population groups e.g., mental health, learning disability. It is important to achieve maximum efficiency from the comparatively limited funding available for autism and ADHD services through the development of a streamlined, seamless care pathway that addresses the needs of this population at several levels.

The proposed new adult autism and ADHD care pathway aims to bring all elements of the existing provision together and to progress the development of a community autism support pathway at different levels to work with existing provision within health and social care to meet gaps in current services.

The proposed pathway comprises four pillars spanning early and proactive support (both self-directed and expert by experience lead) to specialist diagnostic, post diagnostic and intensive support services.

The proposed model for service delivery is described in the following diagram:



As part of the work undertaken, we have coproduced with autistic people and people with ADHD several community-based support offers which aim to:

- Improve the range and reach of community-based resources to reduce demand for post diagnostic interventions under specialist support from April 2025 onwards
- Establish a new advocacy key worker service as part of community support will reduce demand for specialist and intensive support from April 2025 onwards

- Set us a Community Developments Committee – The committee will be made up of autistic adults, those with ADHD and carers and will be responsible for developing the range and reach of community support across Kent and Medway according to the expressed preferences of people. The committee will have access to an identified budget for this purpose. Information about new developments and support will be available to the public via local platforms

Clinical evidence base

Activity levels in current services are impacted by existing service gaps that this pathway will aim to address. For example, non-urgent referrals for intensive support and referrals for post-diagnostic support will have needs that will be met with a new and enhanced community support offer. A key objective for the provider(s) is to deliver early intervention and preventative support (in conjunction with other agencies/services e.g. mental health) to reduce demand for higher intensity support. Resource allocation across the pathway should be commensurate with the achievement of this objective. In practice this should mean that, over time, the greater allocation of resources should be targeted at community support and specialist support i.e. pillars 2 and 3. Levels of activity across the pathway should also reflect this objective over the term of the service(s) contract with a move most of the activity at pillars 1 and 2.

It is recognised that even with the changes in service provision implemented through this revised pathway that demand will exceed capacity, especially within the ADHD pathway. Therefore, locally agreed clinical triaging criteria (currently being tested) will be implemented as part of waiting list management and prioritisation approaches to ensure those with the greatest clinical need and higher risk factors are prioritised by services. Provider(s) will be required to implement referral and waiting list management approaches as part of service delivery and to work with commissioners to review and refine the implementation and use of these based on clinical impact and patient experience.

This proposal contributes to the following priorities for autistic people in the NHS Long Term Plan (2019)

- Continue investment in community support, including 7-day specialist services and crisis care in every area by 2023/24, reducing the number of people needing hospital care to less than half of 2015 levels.
- Test the most effective ways to bring down waiting times for autism diagnoses.

The NHS Long Term Plan acknowledges that most people with a learning disability, autism or both rely on universal primary, community, and secondary health care services to keep them well. Therefore, equitable access to universal health and care services, coupled with appropriate specialist services, will have a significant impact on reducing health inequalities for this group.

Wider Infrastructure

To support people to access an assessment and support in a timelier manner there is a need to look at alternative ways of meeting people's needs and undertaking assessment consistent with NICE guidelines, including growing the number of health care professionals with training and expertise in the diagnosis and management of autism and ADHD within primary care.

Commissioners are working to develop and improve the interface between primary care and the ND specialist service(s) to achieve the following

a) Consistency of shared care arrangements for ADHD prescribing between primary and secondary care across Medway
b) Improved referral pathway including triage, clarity of roles and responsibilities and improved quality of supporting information or documentation
c) Seamless shared care arrangements and improved liaison, consultation and advice between primary care and specialist provider(s) for all patients on the care pathway
d) Development of a streamlined digital referral pathway

The use of technology such as Apps and on-line interactive interventions provides numerous opportunities to create more efficient and cost-effective ways to deliver care and support at the front end of the care pathway. At this time app-based support, online workshops and facilitated peer support sessions are being trialled with people waiting for assessment with feedback on the impact of this support being positive.

However, the use of such technology will not work for all neurodivergent people and so consideration will be given to ways that digital and online support can be interwoven with in person or other types of remote access, e.g. telephone support when required.

Autistic people and people with ADHD who use services have advised us that their needs are often better or more easily understood by other neurodivergent people and that they would relate much better to staff that are neurodivergent.

There is an opportunity for provider(s) to grow and develop an expert workforce, achieve greater cost effectiveness and offer support to a greater number of people through employing both neurodivergent and neurotypical people across a diverse range of roles in the delivery of the whole pathway.

Financial Modelling

Services for autistic people are subject to particular focus in national policy and programmes of work and dedicated funding has been ringfenced for autism services. The indicative annual budget for each pillar of the care pathway for autism and ADHD is set out below.

	Pillar	Description	Indicative Unit Cost	Indicative budget £
1.	**Self-Management**	Information, advice and signposting to local support groups via Joy (social prescribing platform) App based support (e.g. COGS-AI)	N/A £1 per license (15,000 already purchased)	**440,000**
2.	**Community Support**	Community Support Committee (responsible for developing the range and reach of community support across Kent and Medway according	N/A	

		to the expressed preferences of autistic people and those with ADHD)		
		ND Keyworker Service	N/A	**840,000**
		ADHD Group Coaching	£100 per person	**200,000**
3.	**Specialist Support**	Diagnostic Assessments (Autism/ADHD)	This pillar is subject to Right to Choose and a separate provider accreditation process **(current spend approx. £4.8 million including commissioned service and current RTC activity)**	
		Prescribing (initiation & titration) and shared care arrangements ADHD		
4.	**Intensive Support (Autism)**	Core offer	N/A	**843,000**
		Specially adapted talking therapy – average 20 sessions per person	£120 per session	**200,000**
		Out of hours support	N/A	**100,000**
Subtotal (pillar 1, 2 & 4)				**£2,623,000**
Subtotal (pillar 3)		Commissioned services Right To Choose expenditure		**£2,800,000** **£2,000,000**
Total				**£7,423,000**

Procurement process and timelines

Work commenced on the redesign of adult autism and ADHD pathways in September 2023. The plan was to have a new combined pathway in place from April 2025. KCHFT issued notice on the adult ND diagnostic and post-diagnostic service in November 2023 indicating that they would hand the service contract back early. KCHFT and the ICB have worked together since then to take actions to mitigate the risks associated with the continued high demand in this clinical area. KCHFT has agreed in principle to withdrawing the notice and to continue with the contract until the original end date of 31 March 2025.

Several workshops and meetings were held in January, February and March 2024 with key stakeholders including people with lived experience, providers and health and social care colleagues to develop the draft service specification. The procurement group established in March 2024 includes officers from Medway Council, Kent County Council, people with lived experience and ICB commissioning and procurement leads.

An options appraisal on the procurement approach and contractual model was develop by the procurement group in April 2024. The original procurement timeline was impacted by the pre-election period in May and June 2024. The revised timeline was set to issue the Prior Information Notice (PIN) at the end of August and Invitation to Tender (ITT) at the end of October 2024.

The issuing of the PIN was paused while further clarity was obtained on the route to market that needs to be taken given the ruling by the Independent Patient Choice and Procurement Panel in May 2024 of a proposed contract award: online ADHD assessment, diagnostic and

management services for North Cumbria. This ruling found that commissioners **must** use Direct Award Process B of the Provider Selection Regime (PSR) to contract for all services where patients have a legal right to choose their provider. The areas of this care pathway that are eligible under right to choose are those that are mental health services and must be led by a consultant or mental health professional (i.e. diagnostic and some post diagnostic support including pharmaceutical interventions).

Legal advice received in early September 2024 has clarified that the parts of the adult Autism and ADHD pathway that are subject to right to choose (RTC) under NHSE guidelines will need to be procured under the Direct Award Process B.

A contract accreditation process for NHS Kent & Medway was agreed by the ICB board in July 2024. This process will be implemented for the areas of the adult Autism and ADHD pathway that align to patient choice. The service specification, standardised tariffs and accreditation process for this clinical area will be complete by early 2025 so that eligible providers will be in place by 1 April 2025 when the current contract with Kent Community Health NHS Foundation Trust (KCHFT) will terminate.

This will be the process through which diagnostic and post diagnostic pharmaceutical (ADHD prescribing) will be undertaken for new patients referred and accepted to the pathway from April 2025 onwards. A clear process for referral management and clinical triage through primary care will be in place locally to ensure referrals under RTC are appropriate and meet agreed clinical thresholds.

Risks and Mitigations

The need to procure under right to choose legislation is likely to create significant financial pressure for the ICB as the demand for ADHD assessments and medication remains high. The forecast overspend due to RTC for 2024/25 is currently at £2 million. To mitigate this risk, we will

a) continue to work with KCHFT to cleanse the current waiting list and ensure only referrals who meet the clinical triage criteria are progressed for assessment
b) ensure there are locally clinical triage processes in place prior to referrals being made through RTC to ensure only appropriate referrals are made
c) agree local tariffs for RTC activity
d) continue to scope and develop a community hub with skilled staff in each locality in Kent and Medway to provide more local expertise increasing skills and expertise within primary care to increase and improve the delivery of ADHD assessment, medication reviews and prescribing so people do not need to be referred to a specialist service if not required, thus reducing demand for RTC

Procurement of other parts of the pathway (community and intensive support)

Given the requirement to direct award parts of the pathway this means the remaining parts of the service specification (namely the community support and intensive support offer) will need to be procured separately to the diagnostic and post diagnostic support offer. In relation to these areas the following options appraisal has been carried out:

Option 1 – Do nothing
It is not a viable option to maintain the status quo as this is not meeting patient needs due to gaps in service provision and current contractual arrangements come to an end on 31 March 2025

Option 2 – ICB to procure the remaining service elements from a lead provider via competitive tender
PROS
- Potentially introduces new entrants into the local provider market
- Potentially introduces new expertise and innovation to the pathway through new providers

CONS
- Community support is a psychosocial (lived experience led) model whereas intensive support is a clinical model and may result in the psycho-social model being heavily influenced by the clinical model. This possibly contravenes the strategic aims of the pathway to move need and demand from the clinical end to the social end of the pathway.
- The differing models are also likely to result in subcontracting by the lead provider and will compound the fragmentation that will ensue from Direct Award Process B particularly if the lead provider (and subcontracted provider) are new entrants and therefore unfamiliar with to the K&M market, population needs and caseload.
- New entrants to market will be unfamiliar with the system, population needs, service gaps etc
- Many current issues (e.g. capacity, funding) will remain as legacy issues in the new pathway and will be a significant challenge for new providers.

Option 3 – Commission community support as an expansion of the existing Dynamic Support Service (DSS) under the Partnership for Neurodiversity Agreement (Section 75 between ICB and KCC) and award the intensive support contract to the incumbent provider under Direct Award Process C.
PROS
- Will effectively counterbalance the fragmentation of Direct Award Process B by having the remaining services in the pathway provided by local partners/providers with established local infrastructure, system knowledge, relationships and knowledge of local need.
- Will effectively expand the offer of the existing DSS (current scope to age 26) to an all-age service which removes the transition issues that currently occur at age 26.
- Ensure continuity and consistency in clinical support and risk management for autistic people with the most complex needs through the incumbent provider of intensive support working in partnership to deliver an expanded and improved overall pathway.
- Allows for the following service gaps and inefficiencies to be addressed with existing providers within the current contract term (to 31 March 2025) rather than with a new provider from October 2025 following tender and mobilisation

    - duplication of role and function (*mission creep)* of existing services in the pathway due to service gaps and variations in provision for children and young people (to age 26) and adults
    - unmet need and waiting lists for priority referrals in existing services due to gaps in the current pathway
    - pressures on capacity of services in the wider system (e.g. A&E, mental health) due to gaps in the ND care pathway
- Allows for all elements of the new care pathway to be operational from April 2025 rather than October 2025 timeframe under a competitive tender.
- Allows for the benefits of integrated commissioning and integrated care under the Partnership for Neurodiversity Agreement to be realised
- Aligns with the expressed preferences of people with lived experience in Kent and Medway for local and familiar services and providers
- Achievable within the new PSR regulations (Jan 2024)

CONS

- Requires approval and sign off through an increased number of governance forums

Option 3 is the preferred procurement approach which has been recommended to the ICB Executive Management Team for consideration and approval.

Consultation undertaken with system partners and people with lived experience

Several events were held between January – April 2024 with key stakeholders including existing service providers, 35 autistic people and others with lived experience (in group and 1:1 sessions) to inform the development of the service specification and to gather their views, feedback and suggestions about the proposed model of service delivery.

A monthly ADHD lived experience reference group with representation from 20 Kent and Medway citizens who have a diagnosis of ADHD or are waiting for assessment was set up in April 2024. This group was established to

- bring people with lived experience and key stakeholders together to coproduce a new pathway for ADHD
- review the work undertaken to date and consider how it can be applied in a new pathway
- identify any gaps and challenges in delivering a new pathway from April 2025 and possible solutions to address these

Further communication and engagement are planned to take place between September and December 2024 with wider stakeholders, relevant patient groups and support organisations and people on waiting lists.

Governance arrangements

The re-procurement of the adult autism and ADHD pathway is included in the Learning Disability and Autism Delivery Partnership Board 2024/25 workplan.

As this is an NHS lead procurement the governance route for the procurement is through NHS Kent and Medway ICB.

Commission community support as an expansion of the existing Dynamic Support Service (DSS) under the Partnership for Neurodiversity Agreement (Section 75 between ICB and

KCC) will need to be considered and agreed through KCC governance routes. This is being progressed with commissioning and adult social care leads.

The bringing together of existing provision with additional community support and intensive support will improve the patient flow through these services and enable those with the greatest need and higher levels of risk to be seen and supported by the specialist services in a timelier manner.

Further opportunities for greater integration between health and social care exist for this population and this is an area of development which will be progressed through the Learning Disability and Autism Delivery Partnership Board and other joint commissioning and operational delivery groups.

We do not feel this is a substantial change in provision to the current services commissioned for autistic people and those with ADHD living in Kent. It does not remove access to services and will enhance the offer of support to people at a self-management and community level, so they have direct access to services rather than having to go via specialist services to gain access to support.

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Item: Learning Disability Services site move

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 October 2024

Subject: Learning Disability Services site move

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

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1. **Introduction**

1.1. Earlier in the year, the Chair of HOSC met officers from KCHFT to discuss the proposed move of Learning Disability services from 2 sites (in Dover and Folkestone) to the Dover Health Centre.

1.2. The Chair invited the Trust to provide an update to the Committee once more information was available.

2. Potential Substantial variation of service

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

2.2. Where the Committee decides a proposal is substantial, the NHS is required to consult with it prior to a final decision being made. The NHS always remains the decision-maker though must take the comments of the Committee into account.

2.3. In considering substantial variations of service, the Committee will take into account the resource envelope within which the relevant NHS organisations operate and will therefore take into account the effect of the proposals on the sustainability of services, as well as on their quality and safety.

3. Recommendation

3.1. If the proposals relating to the Learning Disability services site are deemed substantial:

RECOMMENDED that:

a) the Committee deems that proposals relating to the Learning Disability services site are a substantial variation of service.

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

3.2. If the proposals relating to the Learning Disability services site are not deemed substantial:

RECOMMENDED that:

a) the Committee deems that proposals relating to the Learning Disability services site are not a substantial variation of service.

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

Background Documents

None

Contact Details

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Learning Disabilities Service, South Kent Coast Team

Eversley House and Cairn Ryan site move to Dover Health Centre

2 October 2024

The aim of this paper is to provide HOSC members with an update about plans to move Kent Community Health NHS Foundation Trust's (KCHFT) Learning Disabilities Services for south Kent coast clients to a more accessible venue.

The reason for the move from Eversley House, Seabrook, in Folkestone and Cairn Ryan, in Dover into Dover Health Centre is to provide a more suitable, accessibility-compliant location for the care of people with learning disabilities and to improve the working environment for staff. An alternative option was explored to use Dover District council offices but the space needed refurbishment and being an administrative central function for the Council, was potentially not appropriate for seeing LD clients with complex and challenging behaviours.

Following engagement with people with learning disabilities, carers, staff and partners, the move is planned to take place on 14 October 2024.

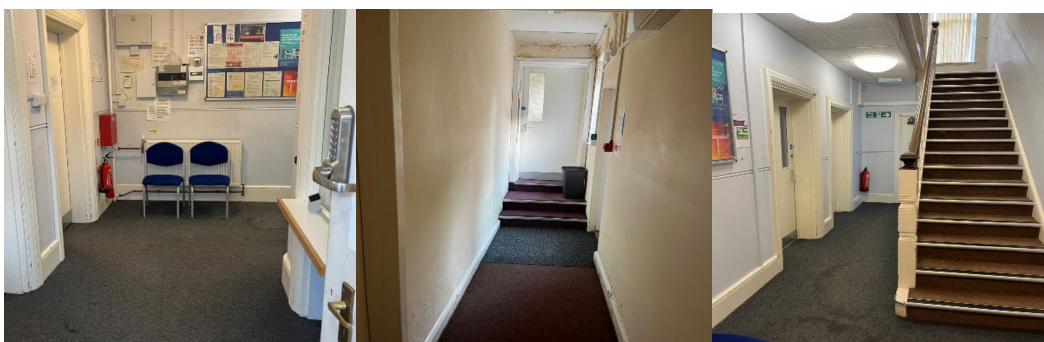
Background

Kent Community Health NHS Foundation Trust's Learning Disabilities Service delivers the majority of its care from people's homes and community settings, with only approximately 20 per cent delivered at bases, including Eversley House and Cairn Ryan.

Eversley House

The Eversley House site, in Seabrook, Folkestone, is owned by NHS Property Services and rented by KCHFT.

The Learning Disabilities Service has delivered patient assessments at this site for many years. The site does not comply with the minimal accessibility requirements of the Equality Act 2010. For example, the front steps to the site are very steep and wheelchair access is from the side of the building, which still has raised edges to the entrance.



There is only on-road parking and poor public transport access. To get to bus stops people have to walk up and down a hill, which may not be suitable for all clients using the site. At present, 16 KCHFT staff work at this site. Staff from Kent and Medway Social Care Partnership Trust (KMPT) and Kent County Council (KCC) social workers also use the site for their main purpose of an office base.

Cairn Ryan

Cairn Ryan, on the outskirts of Dover, is owned by NHS property services and rented by KCHFT.

The Learning Disabilities Service has delivered patient assessments at this site for many years.

There is off-road parking at the site and fair public transport access. At present, 23 KCHFT staff work at this site.

This site has a sensory room, which approximately 17 people have continued to use for respite provision although not actively supported or treated by the learning disabilities service and therefore not on the service current clinical caseload. These 17 people with learning disabilities and their carers have been informed of the move and have explored and identified local alternatives for them in the community such as Greenbanks in Thanet and Ashford gateway.

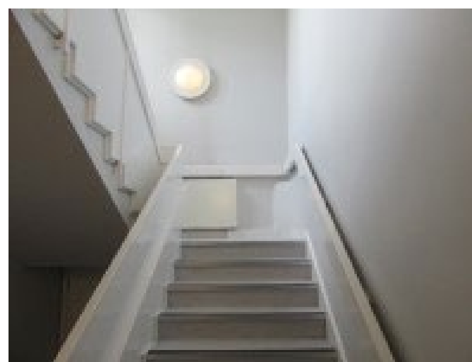
The site also has an assessment kitchen. However, the clinical preference and good practice is to conduct home visits for kitchen assessments as these are more clinically appropriate for the majority of people with learning disabilities.

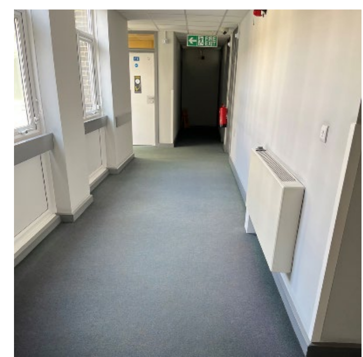
The sensory room and assessment kitchen are used for approximately 11 appointments each month. Staff from other KCHFT services used the building as office space, including Adults Speech and Language Therapy and Adult Health Improvement Central Referral Team. However, due to changes in working practice, these teams are using other venues and have already vacated the site.

The whole building will be closing. KMPT and KCC staff who have remained using the site as an office base are also moving to other office sites within their organisations.

Dover Health centre

Dover Health Centre is owned by KCHFT having recently transferred from NHS Property Services. The site houses a number of clinical teams and a range of services including district nursing, adult speech and language therapy, physiotherapy, podiatry, continence service, dental and GP. There are a number of bookable clinic rooms that are used to support a number of local clinics, including a range of health and wellbeing services.
The moves from both sites impacts 39 staff, who have been consulted with in relation to the proposed move to Dover Health Centre.



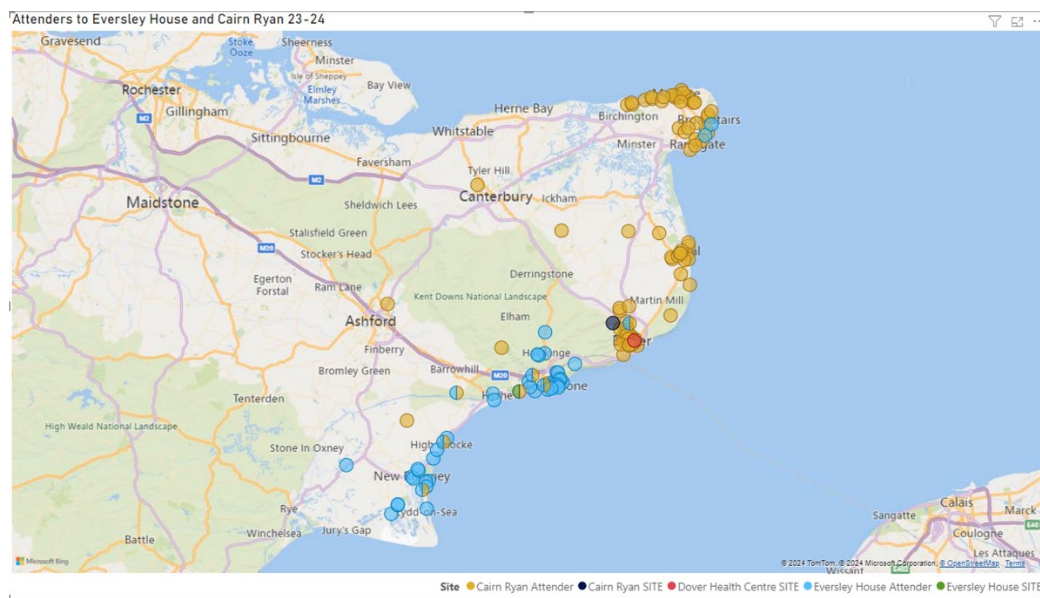


Access demographics to sites

Demographics of those accessing services during 2023/24 was reviewed in comparison to proposed travel to Dover Health Centre. This showed:

	Cain Ryan	Eversley
Total **contacts** last year (10/05/2023 - 08/05/2024) – not people as multiple contacts	315	103
Average appointments per month	24	9
Total people using building	101	60
Current greatest travel distance	18.4 miles	23.8 miles
Future greatest travel distance when Dover Health Centre is the base	18.8 miles	22.8 miles
Number people travelling less/same after proposed move to Dover Health Centre	34	3
Number travelling further	67	57
Max additional travel to Dover Health Centre	1 - 2 miles	5 – 10 miles

The map below shows current caseload by geographical area in relation to the current Eversley House, Cairn Ryan and new Dover Health Centre.



Advantages of Dover Health Centre

- Better accessibility than both Eversley House and Cairn Ryan.
- The building is newer and the site is Equality Act 2010 compliant, see accessable.
- Public transport is very good with more bus routes and within walking distance of both the bus and national rail stations.
- Both the front and back door are accessible to patients using wheelchairs.
- A pay and display car park (via Ringo) is available. People with learning disabilities and their carers have easy access to the back door so can use separate entrance.
- There is gated parking available for staff.

- There is a well-lit, wide stairwell and relatively large lift available that is suitable for wheelchair use. Feedback identified there is space for a wheelchair in the lift but the space is narrow. Access would need to be approached in reverse and a carer/ supporter would need to stand in front of the wheelchair.
- Reception cover provides a welcoming approach and supports the security arrangements of the building.
- Other clinical teams are based at Dover Health Centre (podiatry, dental, community nursing, and CYP mental health services), which will support integrated working and provision of holistic care around the individual with learning disabilities.
- Significant financial savings of more than £250,000 per annum with some being reinvested into the health economy by enhancing the Dover Health Centre environment for all users (e.g. renewing disabled toilets on both floors).

Disadvantages of Dover Health Centre

- Dedicated assessment rooms for the Learning Disabilities Service are on the first floor, accessible by stairs or lift. For those who cannot use these, alternative clinic rooms downstairs can be booked.
- There is no assessment kitchen, however home visits are preferable and clinically more effective for people. Home visits are being conducted for kitchen assessments will be available for everyone on caseload.
- While there is no sensory room local alternatives within the community have been identified and information shared with people with learning disabilities and their carers. (The sensory room has been used for respite, which can be achieved through alternative community infrastructure).
- Accessibility of patients presenting with complex behaviours who were seen at Cairn Ryan may not be able to be seen Dover Health Centre due to potential risk towards others. However, the team has scoped alternative safe provisions, which would use sites that are more familiar to the individual.

Proposal of site move

- The team providing patient care clinically and administratively will not change.
- The Learning Disability Services will move to Dover Health Centre. Adults Speech and Language Therapy and Adult Health Improvement Central Referral Team admin bases will also be moved and are not patient facing teams.
- Cairn Ryan and Eversley House will no longer be occupied by KCHFT.
- People will need to use alternative sensory rooms that are available within the community.
- We are finalising use of bookable rooms in New Romney Clinic for people in that area who will be most affected by the move (three people attending Cairn Ryan already from the Marsh).
- Storage of equipment has been incorporated into a number of other KCHFT sites reducing the need for staff to travel as much freeing clinical time.

Engagement with people with learning disabilities, carers and families

We have engaged people with learning disabilities, their carers, and their families via a letter and follow-up informal conversations about how the move might affect their accessibility to our service

Some of the feedback is outlined below:

- Good clear access with a ramp. Plenty of space for wheelchair in the reception area
- Due to complex needs, some services users will need to enter the building from the rear.
- The upstairs disabled toilet was not clearly indicated. The reviewer observed a lack of adaptations such as a hoist to support access. No other LD service sites offer this level of facility. Wheelchair users would use the larger disabled toilet on the ground floor.
- Travelling to the new site is easier by bus than getting to Eversley House

We have also worked closely with a member of our KCHFT's People's Network, who is a wheelchair user and has supported an assessment of access at Dover Health Centre and provided feedback on the accessibility of the site for someone using a large wheelchair.

His feedback stated "the building had overall good access'. He gave us advice on improving signs for the disabled toilets, the use of hoists and the size of clinic rooms.

Staff feedback

A formal consultation process has been completed with staff. Individual and group feedback has been collated with the main theme being concerns around parking. There were a number of estate issues raised, including signage and maintenance.

The formal consultation process has concluded with staff provided with the mitigations or changes being shared that address all the points raised.

Changes following client and staff feedback

Changes we have made following both the client and staff feedback include:

- Work had already been completed on adapting the disabled toilets so they are more appropriate for individuals using large wheelchairs.
- The Estates and Facilities Team has reviewed the signage and adaptations and will be making the improvements suggested
- We have issued more fobs for the gated staff car park and repaired the barrier.
- Hoist equipment is being transferred from Cain Ryan site.
- Looking at the feasibility to merge two rooms dedicated for Learning Disabilities service to provide a larger clinical assessment space, although larger bookable space is available on the ground floor.
- Maintenance issues all addressed once raised by site users.

- Gap analysis on clinical provision completed by the Quality Lead for the service and all actions on target for completion before move including use of larger community spaces for group activity, finalising access to other sites such as New Romney clinic for people living in the Marsh area, Deal hospital, GP surgeries as more appropriate and being neutral space for clients to be seen
- Budget uplifted to allow for service booking larger community space for group activity and service meetings
- West Kent clinical team taking forward a Quality Improvement project with the aim to increase use of sensory room in their locality. The learning to be shared and other local community sites identified.

Recommendation

Following engagement with service users, carers, staff and stakeholder and the changes being made as a result, HOSC is asked to support the transfer of services to Dover Health Centre to provide people with learning disabilities and their carers a more accessible and appropriate venue for their care and support.

Clive Tracey, Director of Specialist Service,
Kent Community Health NHS Foundation Trust

Item: Temporary changes at Sevenoaks Hospital

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 October 2024

Subject: Temporary changes at Sevenoaks Hospital

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent Community Health NHS Foundation Trust (KCHFT).

---

1) Introduction

a) Kent Community Health NHS Foundation Trust (KCHFT) provides rehabilitation and intermediate care services from Sevenoaks Hospital. On 19 June 2024, the Trust announced that following a planned evacuation exercise, they were making urgent temporary changes to move their 19 inpatient rehabilitation beds from Sevenoaks Hospital to alternative sites.

b) The NHS is not required to consult the Committee when it has acted because of a risk to patient safety or to ensure the welfare of patients or staff. Where this has been the case, the Committee is to be informed as soon as possible. The Trust provided an update for the Committee at its meeting on 27 July 2024. 15 replacement beds had been established in West View Integrated Care Centre – at the time of the meeting only 12 were open for use.

c) The Trust explained that Kent Fire and Rescue Service (KFRS) were due to inspect the building again in October, by which time remedial work could have started. Major structural work was required, and that would come with a cost. It was confirmed that all options were being considered with no decision yet made.

d) Following the discussion, it was "RESOLVED that the Committee consider and note the report".

e) The Trust has requested to return to the Committee with an update on the future of Sevenoaks Hospital.

2) Recommendation

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

Background Documents

Kent County Council (2024) *'Health Overview and Scrutiny Committee (27/07/24)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9584&Ver=4

Item: Temporary changes at Sevenoaks Hospital

Contact Details

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24 September 2024

Temporary changes at Sevenoaks Hospital

The purpose of this paper is to provide HOSC members with an update on the decision to temporarily move inpatient beds from Sevenoaks Hospital in June, due to a fire safety risk.

Background

Following a planned fire evacuation exercise at Sevenoaks Hospital, KCHFT's Executive Team took the decision on Friday, 14 June to make urgent temporary changes to move our inpatient rehabilitation ward to other local hospitals. The exercise followed a survey by KCHFT and a fire safety audit by Kent Fire and Rescue Service (KFRS), which highlighted issues with fire compartmentation.

The temporary move was not a decision KCHFT took lightly, however the safety of patients, staff and volunteers will always be the trust's first priority.

Sevenoaks Hospital is made up of two buildings: a main building which previously was home to the 19-bedded inpatient ward and an outpatient building. A 15 bed-ward was opened at West View Integrated Care Centre, in Tenterden to support the system providing frailty care and general rehabilitation, while Tonbridge Hospital is specialising in stroke and fractured neck of femur (broken hip) care.

What has happened since the temporary move

Since the trust took the decision, it has carried out a thorough assessment of the work that needs to be completed to make the inpatient building at Sevenoaks safe to return to for both patients, staff and volunteers.

This full-scale review has now been completed and the estimated cost is in the region of £6million for both the fire safety work and the backlog maintenance. This exceeds the capital available to us and comes at a time when the Kent and Medway system as a whole, faces an unprecedented financial challenge.

While the fire-related works will improve the safety of the Sevenoaks building, it will not change the evacuation plans and the requirement for the evacuation of frail elderly patients from the first floor, remains a significant risk.

In addition to this, KCHFT's ambition is to develop our rehabilitation model for community hospitals for the future and we have put forward a draft case for change to NHS Kent and Medway Integrated Care Board (ICB). One of the key drivers for a review is the quality of our estate, which is impacting on our ability to deliver effective rehabilitation for our populations.

This wider review is due to be led by the ICB across the whole of Kent and Medway and will need the involvement of patients and carers, public, staff and wider stakeholders. We don't yet have a timescale for this review.

Until the system can work with patients and carers, public and wider partners to develop what the new model of rehabilitation looks like, KCHFT believes it is the wrong time to invest millions of pounds of public

money – millions that is not at its disposal – in a building that may not give the option to deliver a future model of rehabilitation our communities need.

Therefore, on Friday (23 August), KCHFT's Board reluctantly took the decision to pause any work on the inpatient building until the wider review of community hospitals across Kent and Medway has taken place.

Once the review is completed, the system will be able to decide what the model of care looks like, where and how many beds our population needs, what is affordable and what facility is needed to deliver effective rehabilitation and the best outcomes for people in the future.

It is impossible to say yet, whether or not this will mean beds on the current Sevenoaks site, which is why the pause is needed until the review is completed.

Moving remaining services on the Sevenoaks site

As the trust has made the decision not to complete the fire safety works, the remaining services in the inpatient building will be moved into the main outpatient building across the road and other buildings on the Sevenoaks site.

This will mean the Urgent Treatment Centre, community nursing service, audiology and some other outpatient clinics will move into vacant space during the coming weeks and months.

Patients will be kept informed if they need to attend a different building for their appointment.

Some remedial work is being completed first to enable the change to happen. There is enough space to move these services in to Darent House and the outpatient building and the trust is working with services to make sure the move happens smoothly and services can continue to provide everything they need to.

We have completed a review of the space requirements needed for the move, including engagement with service leads and a detailed plan for accommodation has been established. The trust expects to be able to accommodate all of the existing second floor services of the main hospital building into the outpatient building in a first phase. The trust hopes to achieve this by December 2024.

A second phase of relocating services on the ground floor is due to take place between January and March 2025.

Supporting staff and patients

Patients and carers, public, staff and stakeholders are being kept informed through messages on KCHFT's website and bulletins, regular briefings and one-to-one conversations.

As we do not yet have a timescale for the Kent and Medway community hospital review, in the interim, we will retain the additional 15 bed unit at West View Integrated Care Centre to provide care for west Kent patients. We are therefore consulting with all staff who previously worked in the Sevenoaks inpatient service. Alongside the consultation we are holding meetings with all affected colleagues to ensure that we can offer suitable alternative employment and maintain safe inpatient facilities.

Next steps – developing what is right for the people of Sevenoaks

KCHFT is committed to delivering the very best care for the people of Sevenoaks and west Kent.

Therefore, during this pause, the trust will continue to work with system partners to develop what inpatient rehabilitation will look like in the future and focus on improving out-of-hospital services to reduce the reliance upon bed-based care, which is often detrimental for many frail and elderly patients.

This aligns with the national direction of travel to develop thriving integrated neighbourhood teams that support seamless coordinated care, provides care close to home and intervenes early to prevent people's health and wellbeing declining. This work will be led by West Kent Health and Care Partnership.

The trust knows is cannot do any of this without the involvement of our patients, public and wider stakeholders and is committed to keeping everyone up-to-date as we progress.

By improving in and out of hospital care, we can make sure people in Sevenoaks and across west Kent, have high quality services that deliver the best outcomes for our communities and are sustainable for the long-term future.

Pauline Butterworth
Deputy Chief Executive and Chief Operating Officer
Kent Community Health NHS Foundation Trust

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Item: Kent and Medway Provider Collaborative

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 October 2024

Subject: Kent and Medway Provider Collaborative

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

It is a written briefing only and no guests will be present to speak on this item.

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1. Introduction

1.1. In July 2024, the Chair of Kent's HOSC met officers from the Kent and Medway Provider Collaborative – a collaboration between four local NHS Trusts. KMPT is the host, whilst Jayne Black (Chief Executive Officer for Medway Foundation Trust) is the Senior Responsible Officer.

1.2. The Chair was keen to understand what support the Committee could provide, and requested a briefing to be presented to the Committee.

1.3. The attached briefing provides Members with an overview of the provider collaborative including its work and its governance.

2. Recommendation

2.1. RECOMMENDED that the Committee consider and note the briefing.

Background Documents

None

Contact Details

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To: Kent Health Overview and Scrutiny Committee

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

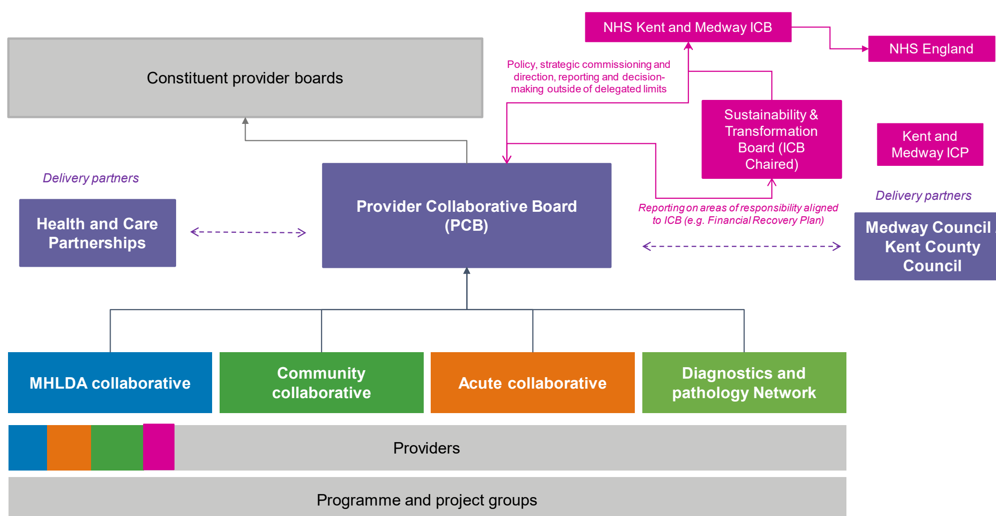
Date: 2 October 2024

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

Introduction

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

Governance Structure



The Collaborative includes three collaboratives and three further workstreams

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

Overall Collaborative Portfolio

01 Provider Collaborative Board	02 Community Collaborative	03 MHLDA Collaborative	04 Acute Collaborative	05 Pathology Network	06 Diagnostics Network
Collaborative support services	Community transformation	MHLDA transformation	Acute transformation	Pathology transformation	Diagnostics transformation
• Procurement • Information Governance • Academy	• Better Use of Beds • Integrated Neighbourhood Teams • EPR convergence	• CMHF • UEC • Dementia • Out of area LDA	Variation ENT Endoscopy	• Transformation of pathology / new model	• Transformation of diagnostic provision/ CDC rollout

The Acute Service Review Overview

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

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

Ear Nose and Throat (ENT)

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

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

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

Endoscopy

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

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

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

Variation

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

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Item: Work Programme 2024

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 2 October 2024

Subject: Work Programme 2024

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

---

1. Introduction

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

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

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

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

2. Recommendation

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

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

17 December 2024		
Item	**Item background**	**Substantial Variation?**
Edenbridge Memorial Health Centre	The committee has requested an update once the centre has been open for one year.	-
Kent and Medway Joint NHS Overview and Scrutiny Committee terms of reference	To review the Terms of Reference in light of the Health and Social Care Act 2022 changes (made in January 2024)	-

28 January 2025		
Item	**Item background**	**Substantial Variation?**
East Kent Hospitals – financial performance update	To receive an update on performance.	-
Phlebotomy services in Deal	To receive an update on the item at HOSC in January 2022	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Maidstone and Tunbridge Wells NHS Trust – outcome of review into serious incident	The Committee would like to understand what lessons have been learnt following the review into a child death at Tunbridge Wells Hospital.	-
Maidstone and Tunbridge Wells NHS Trust – clinical strategy	To receive updates about the strategy and its workstreams when appropriate.	TBC
Maidstone and Tunbridge Wells NHS Trust – Fordcombe Hospital	Members requested to receive an update on the success of the purchase of the private hospital one year after opening.	-

Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
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
Mental Health Transformation - Places of Safety	The committee has requested an update once the unit has been operational for a meaningful period of time.	-
Hyper Acute Stroke Service (HASU) implementation update	To receive an update on the implementation, particularly a timetable for the William Harvey Hospital HASU.	-
Community Services re-procurement	To receive an update on the procurement.	No
Kent and Medway Prosthetics Service	To receive information about the future provider and location of the service.	TBC
Urgent Treatment Centre (UTC) Strategy	To review the Strategy once ready.	-
SECAmb volunteer strategy	Members requested to see the Strategy once ready.	-

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.