



Monthly Update on our work from Healthwatch Kent

This report gives examples of some of the things we have achieved in **September 2016**

Section 1: How we made a difference

Activity	Action
<p>As part of our work on Winter Pressures Feb 2016 Enter & View visit to Darent Valley A&E. Following recommendations made:</p> <ul style="list-style-type: none"> • All staff are reminded about the need to introduce yourself, explain clearly what is happening and be aware of respecting people’s privacy. Although the majority of patients we spoke to had positive experiences some felt their privacy hadn’t been respected at all. • Patients who need to provide urine samples should be offered something to conceal the same when they are walking through the waiting area. • A large banner/display board should be placed in the waiting area with information about 111, local minor injury clinics and other places for treatment. This could also show the waiting times at the minor injury clinics. • Patients need to be better informed about waiting times. There needs to be an easy to understand system to display information. 	<ul style="list-style-type: none"> • Communication deficits: Darent Valley Hospital are investing in clinical leadership at band 6 level by July 4th. This will ensure staff are supported through periods of peak pressure when basic communication can be a casualty. Emergency Department Matron attends departmental quality rounds with Lead Nurse about once a week and from this we monitor staff in a variety of ways; the presence of a Matron level nurse has a very significant and positive effect on all team members. <p>Tissues are offered with all urine pots to cover with when they are returned</p> <p>Banner and posters are present in WR and Main entrance re: redirection to other services</p> <p>Screen in WR displaying waiting times - further work ongoing to make a small film about other services and patient journey Regular announcements made and more frequently when busy Staff encouraged to speak to individuals where able.</p>

We heard from a Kent Community Health Foundation Trust Health Trainer covering Folkestone who raised concerns regarding Dover Counselling Service:

- Long waiting times for appointments after referral
- Report of being under staffed

- Long wait after initial assessment
- Counselling sessions being cut short
- Teething problems with newly commissioned provider (University Medical Centre)

We spoke to the provider, University Medical Centre (UMC) who responded:
 “It is fair to say we have been absolutely inundated with referrals and there was a delay in UMC commencing in Folkestone as it took longer to secure the building than first thought. However, UMC are up and running now and it has taken some of the pressure off.

Throughout this time, we have continuously taken on more counsellors and more venues to try and meet demand.

It is difficult to comment on the client who was transferred to UMC then back to us without knowing the situation but they certainly would not have to go through another assessment, instead they would be allocated to their counsellor who would have details of their assessment with UMC.

Counselling sessions are 50 minutes always, unless the client feels they want a shorter session. Counsellors allow an hour between appointments. Assessment appointments are between 30 and 40 minutes.

We did have a lengthy waiting list but have now reduced this significantly and I can advise we are now aiming to offer therapy within 6 weeks of referral. However, there are a number of clients whose availability for counselling is quite restricted or they want to see a specific named therapist or want a specific venue. In these cases, it may take a little longer but we do make them aware of this.

We are working hard to keep within the timeframes laid down and I am always happy for clients to phone me direct if they have any issues.”
 We fed this response back to the Health Trainer and we will continue to monitor the situation.

In West Kent, pharmacy contracts have been extended after the raised concerns with HW Kent

Section 2: How we influenced and worked with others

How we influenced the key strategies across Kent:

Strategy	Update
Kent & Medway Sustainability & Transformation Plan (STP)	Influence: At the Kent Health Overview & Scrutiny Committee, we commented that there needs to be more done re communication of the proposals to the public and offered assistance with this.
STP East Kent	Canterbury and Coastal Patient Reference Group meeting was taken up with the case for change document. Groups answered the questionnaire and pooled responses for forwarding to the official focus group prior to the public consultation in Nov 2016. We attended the East Kent Strategy Board Patient and Public Engagement Group where we were updated on a number of areas: Clinical workshops held with around 200 Drs and nurses that broadly agreed with proposals

	<p>Clear model for mental health, producing summary Developing an animation to explain the next steps Have scenarios that would speak to the public e.g. what would I do with a child with a temperature? Clinical Senate have agreed set of services that can safely be delivered in the community. Changes to acute and community hospitals and mental health inpatient beds will require formal consultation Looking at setting evaluation criteria for narrowing potential options for deeper research We attended the South Kent Coast Integrated Executive Programme Board where a new Integrated Accountable Care Organisation is being developed. Discussed that model would look to separate scheduled care and unscheduled care so GPs could deliver more holistic appointments Care navigators more integral to surgeries and role needs to be better defined Discussed whether practice and district nurses could combine Discussed social care, risk summit happening this week re domiciliary provision, as some areas have no providers at the moment.</p>
STP North Kent	No updates
STP West Kent	<p>We met with the Accountable Officer & GP Chair of West Kent CCG and discussed Sustainability & Transformation Plan in West Kent. Aiming to develop implementation plan over Autumn, no programme board in place. Influence: Agreed when structure in place HWK should be involved. GPs are naturally grouping within West Kent so encouraging this rather than grouping around specific geographical areas. No GPs acting as leaders at the moment. West Kent CCG are running a survey around new Primary Care models which has not been sent to us - only PPG Chairs so far A West Kent Comms & Engagement group has been established. Healthwatch declined a seat so far</p>
Kent County Council (KCC) Transformation Plan	No updates
Urgent Care Review	<p>We attended the Kent & Medway Urgent & Emergency Care Network where we were updated on how the network will link in to the STP process by becoming a work stream. The delivery plan was tabled. Change to Section 136 detentions in April 2017 which means police won't be able to place people in a cell and must send them all to A&E there were discussions re this additional pressure and how it will be managed.</p>

	Ambulance service: new process when dealing with a 999 call, already piloted in other ambulance services goes live on 18 October in Kent & Medway. Move towards Hear & Treat, then See & Treat.
Clinical Commissioning Group Co-commissioning of GPs	<p>We attended Dartford, Gravesham & Swanley CCG Primary Care Commissioning Committee Feedback on CQC Inspections shows that 21/23 practices inspected were rated as good.</p> <p>Influence: A framework for monitoring performance and quality of GP practices is in development. It includes patient engagement only via Friends and Family Test. We pointed out the inadequacy of this measure and urged a better indicator be used (maybe the NHS England Patient Survey), the response was that FFT is statutory.</p> <p>Influence: A Primary Care Strategy is being formed that will tie in with the STP and Urgent Care Reviews. The focus will be on moving care out of hospitals to community care provision, including GP practices. We urged that the public/patient body needs to be involved in this process and pointed out that inviting public attendance at these meetings did not constitute engagement and that maybe HW could assist. This was accepted and it was agreed that separate discussions would be held to take this forward.</p> <p>We attended the Swale Primary Care Commissioning Committee where we heard Swale has been allocated £23,000 for improvement to GP premises.</p> <p>The CCG are currently undertaking Primary Care Contracting and the dashboard is being further developed to ensure quality improvements in Primary Care.</p> <p>Influence: We reminded them that Healthwatch would want to be involved in any consultation and would expect to see evidence of pre-consultation activity and engagement. This was accepted.</p>
Kent Health & Wellbeing Board Workplan	To look at how we can contribute to November meeting session on dementia.

How we worked with and influenced providers and commissioners (stakeholders):

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	<p>We attended the Patient Experience Committee: Emergency Department- Plan in place now for when patients have to be treated in the "middle" of the department. Curtain tracking and wireless call bell to improve dignity and safety.</p> <p>Complaints- poor complaints performance in August. Trust have now re-structured how they record complaints to give realistic timescales.</p> <p>Influence -Robbie made the point that in most of the cases communication is vital to keep the person</p>

	<p>who made the complaint informed, especially if a resolution is going to take longer than first thought.</p> <p>Food and nutrition: During CQC inspection noticed that patients on one ward were left to eat their meals - meals were getting cold because patients couldn't manage it on their own. Doctor was doing examinations during protected meal time.</p> <p>PLACE Assessments: Trust in the top 50% for first time in 3 years</p> <p>Influence- trust talked about how they had invested time into the assessors- Robbie encouraged this and suggested they look at adopting this model more widely to create a pool of lay "experts" that they could draw upon with lots of different issues.</p>
Maidstone & Tunbridge Wells NHS Trust (MTW)	<p>We attended the patient experience committee and heard the translation Service went live on the 1st June.</p> <p>Concerns were raised re the patient Transport Service run by G4S</p>
Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)	<p>We attended the Patient Experience Committee where we shared our reports on A&E during winter. The group felt ambulance conveyancing rate/delays should be followed up. Also a noticeboard and leaflets re Minor Injuries units & other local support should be provided. Also Calling out of names - how well does this work particularly for those with hearing issues? HWK will include these issues in discharge project and regular meetings with the Trust.</p> <p>Also concerns raised re assisted mealtimes, low performance, to be investigated.</p>
Kent Community Health Foundation Trust (KCHFT)	<p>Presented to Governors of Kent Community Health Trust this month to raise understanding of the importance of engaging successfully with patients</p>
Kent & Medway Partnership Trust (KMPT)	<p>We met with the Trust to get an update on the number of out of Kent placements. Our project report will be produced shortly.</p> <p>We also attended the monthly monitoring meeting of the CQC Improvement Plan, where the management of serious incidents was discussed.</p>
South East Coast Ambulance Trust (SECAmb)	<p>This month the CQC announced that our ambulance Trust is in Special Measures which means it has serious issues to address. We have been working behind the scenes in readiness of this announcement and we attended the Quality Summit where all organisations come together to agree how they are going to support the Trust. We asked the Trust to urgently reassure the public about the safety of 999 and 111 services.</p>

NRS	Met with new provider, NRS Healthcare to discuss how we will work together and our future project on community equipment
Clinical Commissioning Groups (CCG)	<p>Met with West Kent CCG to discuss in detail their upcoming announcement about potential changes to some services. We made detailed recommendations and suggestions to support them.</p> <p>Presented to Governing Bodies of Canterbury CCG and Kent Community Health Trust this month to raise understanding of the importance of engaging successfully with patients</p> <p>We have been working with the North Kent CCGs on how to encourage their providers to engage better with their patients. This work will now be part of the organisations contractual obligations. We are now looking to expand that work across other CCGs</p> <p>We attended the West Kent Quality Group, the CCG are looking to replicate Medway's discharge pathway called Home First. Will be single phone no for staff to call to arrange discharge planning. The discharge team will organise everything.</p> <p>We raised concerns about a Kent wide CAMHS survey being undertaken despite telling them we had already done it.</p> <p>Influence : We raised concerns about duplication of activities. CCG have repeated activities that HWK have already done despite being informed and kept up-to-date</p> <p>Outcome : Pharmacy contracts have been extended after the raised concerns with HWK</p> <p>We attended the Sandgate Road Over 75 service meeting. Influence: We couldn't attend but sent through some ideas for consideration:</p> <p>Asked how would patient feedback be collected once the research team stepped away and the project is rolled out to other surgeries. Suggested it might be something that PPGs could do?</p> <p>We attended the Caring About Carers Workshop in Swale to evaluate the accessibility of carers services.</p>
NHS England (NHSE)	<p>Discussed Primary Care concerns in Thanet</p> <p>NHSE feel they cannot contact patients on our behalf - breaches their data agreement</p> <p>Other ideas discussed</p> <p>NHSE could send posters to display</p> <p>Do they have a PPG group to contact?</p> <p>Escalate lack of response to the CCG</p> <p>Share actions from SE meeting with Linda/Tasha</p> <p>Influence: agreed to work on a new template letter together</p> <p>Action: Push for strategic meeting with David Selling & Thanet CCG to discuss.</p> <p>NHSE to keep us better informed and updated</p> <p>Arrange regular meetings with NHSE quarterly</p>

GPs	We had a meeting to gather Practice Manager feedback about hospital discharge from Darent Valley Hospital. 9 PMs from DGS CCG area gave feedback.
Public Health (PH)	<p>We attended the Kent, Surrey, Sussex Special Care/Paediatric Dentistry Managed Clinical Network and the Oral Health Promotion Network Kent and Medway to hear progress on improving prevention and shared our leaflets from our dentists project. We met with Karen Sharp - Public Health Commissioner and discussed some of the challenges with getting the STP working</p> <p>Health visiting service changes have been delayed due to poor feedback from service users</p> <p>Influence - Discussed how we could help engage with public on pathways and have conversation about how much investment should be at prevention end of pathway.</p> <p>Karen agreed to send Steve dates for team meetings for adult and childrens teams to discuss further.</p>
Kent County Council Social Care (KCC)	<p>We attended the Adult Social Care and Health Cabinet Meeting where we picked up on the upcoming changes to pharmacy funding, this will be fed into our project on pharmacies</p> <p>We will also monitor impact of smoking cessation services.</p> <p>We met with KCC County Placement Team, who asked if we could support a system of gathering public views on care homes via a website. It was suggested Enter and Views to Care Homes look at dignity and respect as key thing to look at as well as quality of food, activities and sensory needs- have people got their glasses if they need them? Are they clean? Are they their glasses? Hearing aids working? Dentures?</p>
Health & Wellbeing Boards (HWBB)	<p>We attended the Thanet HWBB, a development day in May and agreed to progress develop integrated commissioning Board in shadow form from January. Discussed membership.</p> <p>Public Health presented report of areas of deprivation that will be a focus for engagement and developing services in those communities</p> <p>We asked if commissioned health improvement services would ensure focussed work on these communities, public health confirmed this would be the case</p> <p>Swale Health and Well Being Board</p> <p>STP: Much discussion ensued around the frail elderly who present with co-morbidities which by 2020 will have been exacerbated by the current gaps in the workforce.</p> <p>Swale HWB have a problem in how it moves forward. The members want to be their own entity</p>

	<p>not subsumed in the Kent HWB. This is currently causing a stumbling block in their progress. We attended the Kent Health & Wellbeing Board Presentation on out of hospital services for older people with long term conditions - presentation set out how many community hubs planned in each CCG area.</p> <p>New frailty service working from Acute Medical Unit at QEOM shortly</p> <p>Canterbury have a website for patients to self navigate social prescribing options provided by Red Zebra</p>
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Section 3: How we reach out to the public, listen to them and work with volunteers

We continue to increase our contacts with the public in a number of ways:

Twitter 1,144 followers

Facebook 986 likes

Consumer newsletter 864

Mailing each month to 509 District Councillors and 29% of them read it

We work with lots of voluntary organisations and groups who are our ‘Community Champions’ that let us know about concerns in health and social care. You can see some examples of what they raise and how we respond in the next section. We currently have 296 Community Champions across Kent.

Our September Showcase was a great success with participants having the opportunity to learn more about our work and discuss the detail of our progress

Engagement healthchecks have been launched to organisations. Already West Kent CCG, Canterbury CCG and Maidstone & Tunbridge Wells NHS Trust have taken up the offer with checks booked to take place in October

This month the CQC announced that our ambulance Trust is in Special Measures which means it has serious issues to address. We prepared the media statements on behalf of 6 Healthwatches across the South East

Our Strategic Priorities document has been published for everyone to read.

We also have a programme of ‘Public Voice’ visits which ensure we engage with people face to face. We focus visits in a different district every month as well as events elsewhere in the county.

HWK Showcase Event	Maidstone	20/09/2016
Cranbrook Library	Cranbrook	21/09/2016 (All Day)
Darent Valley Hospital - Information Stand	Dartford	28/09/2016

We have had contact with 356 people this month via telephone, email and face to face Public Voice visits.

Volunteers:

We currently have 76 volunteers, 19 of these represented Healthwatch Kent at external meetings and events. These included Patient experience groups with various hospital and

community trusts, Health and Wellbeing Boards, CCG meetings, talks to support or specialised groups as well as manning information stands at Queen Elizabeth the Queen Mother Hospital in Margate and Darent Valley Hospital in Dartford.

We carried out 3 Enter and View visits, one to Darent Valley hospital asking patients about their discharge experiences and two at Maidstone and Tunbridge Wells Hospitals Outpatients departments to find out about their experience of the clinics.

We held 3 volunteer training sessions, one for our Authorised Visitors which was attended by 7 volunteers and a member of staff, one on presentation of evidence and a Volunteer Induction for 4 new volunteers.

13 Volunteers took part in their area meetings looking at how they could influence local improvement initiatives.

3 of our volunteers were involved in doing background reading and research covering topics ranging from The Better Care Fund, Domestic Violence and Dementia.

We interviewed one new volunteer and as part of our ongoing commitment to the development of volunteers we carried out one annual review.

Section 4: How we use public and stakeholder views

Previous feedback we have acted on:

We attended the Kent Domestic Violence Forum and heard that 95% of women wish that their GP has asked about their domestic situation to help them talk about it. We were asked: what is GP policy regarding asking about DV? A Volunteer Reader has researched best practice/ guidance for GPs- we are feeding this back and will be raising with all Clinical Commissioning Groups

We visited a Nepalese Women's Group in Tonbridge and heard concerns about translation services in emergency hospital admittance and ambulance services, not being able to explain what is wrong, or not understanding what actions need to be taken. They were also having to take children out of school to assist translation during planned appointments. We have raised this with Maidstone & Tunbridge Wells Hospital Trust and are awaiting a response.

We met with the Find a Voice Group for people with learning difficulties. Everyone praised their Kent County Council Case Managers, 3 people had the same one and thought she was wonderful, all enjoyed regular care meetings with everyone involved in their care. Catering and training activities hosted at Ashford Gateway were enjoyed and staff were highly praised. Attendees mentioned the residential care provider had recently changed and things were much better now. We fed this back to KCC in our regular quarterly catch ups.

When we visited the Rethink Asian Mental Health project we heard about problems re hospital transport, being left without food or water, sometimes the waiting for hours. Also, no one checked if anyone will be at home after a discharge. We have fed these comments into our project on discharge from Darent Valley Hospital.

The Special Needs Advisory & Activities Project (SNAAP) raised concerns focused on the Autistic Spectrum Disorder pathway concerns which were fed into the Children & Adolescent Mental Health Service report. Because of the number of concerns raised about this pathway, we are undertaking a separate project to explore the issues.

Update on our projects:

As requested by Darent Valley Hospital a second phase of the discharge project is currently underway, to increase the number of patient experiences gathered when using the discharge process. These visits will be completed by the end of October and a draft report of the findings will be compiled and published at the end of November.

The General Practitioner (GP) project visits have now been completed. Our volunteers visited 3 surgeries on the South Kent Coast and spoke to a number of staff and patients to find out how easy it was to make an appointment, how the triage of appointments works and how complaints are handled. Our findings are currently being drafted with a report due to be published by the end of October.

Healthwatch Kent carried out an initial End of Life Care project earlier in the year. The findings of this project mainly focused on data and interviews with providers and organisations providing the care. One of the recommendations from this initial work was to carry out a second phase of the project to gather public views about the end of life care process. We had a project planning meeting on 12th September with the volunteer sponsors of the project. At this meeting it was agreed that we would use the National questionnaire recently completed by the NHS Trusts as a basis for our questionnaire for the public. We are currently identifying community groups to visit to ask the public for their experience of end of life care and what they would wish for, when facing the end of their life.

The Mental Health out of County Bed project has now been completed and the report is awaiting publication. An action plan has been drafted to take forward the recommendations which will be shared with the provider of the service, Kent and Medway Partnership Trust. Healthwatch Kent will discuss the recommendations with the Trust and keep carers groups and other organisations up to date with the outcomes.

On the 5th October 2016 the first county wide Physical Disabilities forum will take place at the John Gallagher Football Stadium in Maidstone from 11.00 to 15.00. We are actively promoting this event via our website and by contacting all the identified disability organisations. Attendees will have the opportunity to have their say about the services that are provided to them and plan next steps for a continuation of the forum.

Healthwatch Kent are looking at how volunteers could assist some Patient Participation Groups (PPGs) who are struggling to achieve their aims. We have produced a draft framework for our volunteers to use to assess how PPGs are progressing.

Healthwatch Kent asked the five health trusts and Kent County Council (KCC) to fill in a table showing how they are progressing against the Public Ombudsman for Health and Social Care 'Five step Plan to Complaints' which all organisations have signed up to. We will incorporate the findings of this work into the first report that was commissioned earlier this year, for publishing at the end of October.

The Care Act 2014 came into effect on 1st April 2015 which entitles all main carers who have caring responsibilities to request a Carers Assessment. This assessment is a key gateway for accessing help and support services to assist carers with their caring duties. We are currently in contact with the carers organisations to identify how many Care Assessments have been completed, what the wait is for an assessment and the wait for a support plan. Following on from this initial research, Healthwatch Kent will be talking to a variety of carers group to see if people know about this entitlement, if they have been offered a Carers Assessment and if so how useful has it been for them.

Following a meeting with Kent County Council (KCC) to discuss the integration of health and social care, Healthwatch Kent have agreed to carry out some work to find out if members of the public who are in receipt of health and social care services have seen an improvement in their services. The project plan has been drafted and identified four schemes in the county to investigate. This draft will be sent to KCC shortly, so that they can agree the planned activity and the schemes identified as part of the project.

Section 5: Providing Information & Signposting

<p>Number of Contacts This month: 356</p> <p>Accumulative Year 4 To month end: 1819</p> <p>Total accumulative: 5826</p>	<p>Public Enquiries: Telephone: 22 E-Mail: 18 (1 text)</p> <p>Public Voice contacts: Telephone: 39 Email: 11 Forms: 38 (5 letters)</p> <p>HWK General Contacts: 151</p>
<p>Public enquiries response rates:</p>	<p>Telephone: Same Day: 61 1 day: 0 2 days: 0 3 days+:0</p> <p>Email: Same Day: 25 1 day: 29 2 days: 8 3 days+: 0</p>
<p>Signpost and advise the public to assist navigate the health & social care services in Kent.</p>	<p>Enquiry Themes (Multiple topics can arise per contact) A: Local Health/Social Care Services: 13 B: Rights/responsibilities: 4 C: Complaints: 14 D: Complaints Advocacy: 11</p>
<p>Provide a quality service that meets range of needs using a variety of formats.</p>	<p>1: Provision of contact info: 14 2: Research information: 20 3: Referral: 14</p> <p>Case Study: Availability of Medication</p> <p>Client feedback: Out of 70 clients who were invited to comment 54 responded and were very satisfied with the service they received.</p>
<p>Provide A Quality Service Accessible to All:</p>	<p>Route to the Helpline Year (Chart attached)</p>

Public Voice:	Your Comment Counts Forms: 38 Events Attended: 4 Total number of individual feedback contacts collated: 90 (Incl. Letters/Tel/Email/Feedback from External visits and Forms)
First point of contact service activity:	HWK General (volunteers/engagement/invitations/info-sharing by external organisations): Tel & Email: 151 Admin (internal signposting/info sharing) Tel & Email: 48

Case Study - Availability of Medication:

Enquiry

Client contacted Healthwatch Kent by telephone in July 2016 regarding an ongoing issue with medication. Client has Thyroid problems (unspecified) and HIV and has been taking medication 'Thyroid Hormone T3' for the past 5 years for the Thyroid condition and states this medication works well. Client has resorted to purchasing T3 from America via the Internet as the GP will not prescribe it.

Client states T3 has now become unavailable through the usual source in America so client has spoken to the GP who can only prescribe Paroxyn which client states makes them extremely ill to the point of being bed-ridden.

Client also attends the Chelsea and Westminster Hospital, London, for regular checks and adrenal gland tests. The Consultant and Nursing Team there have said T3 can sometimes be prescribed by the Hospital, depending on circumstances and there are alternatives to Paroxyn available.

Client asked Healthwatch Kent - 'Where can I go from here?'

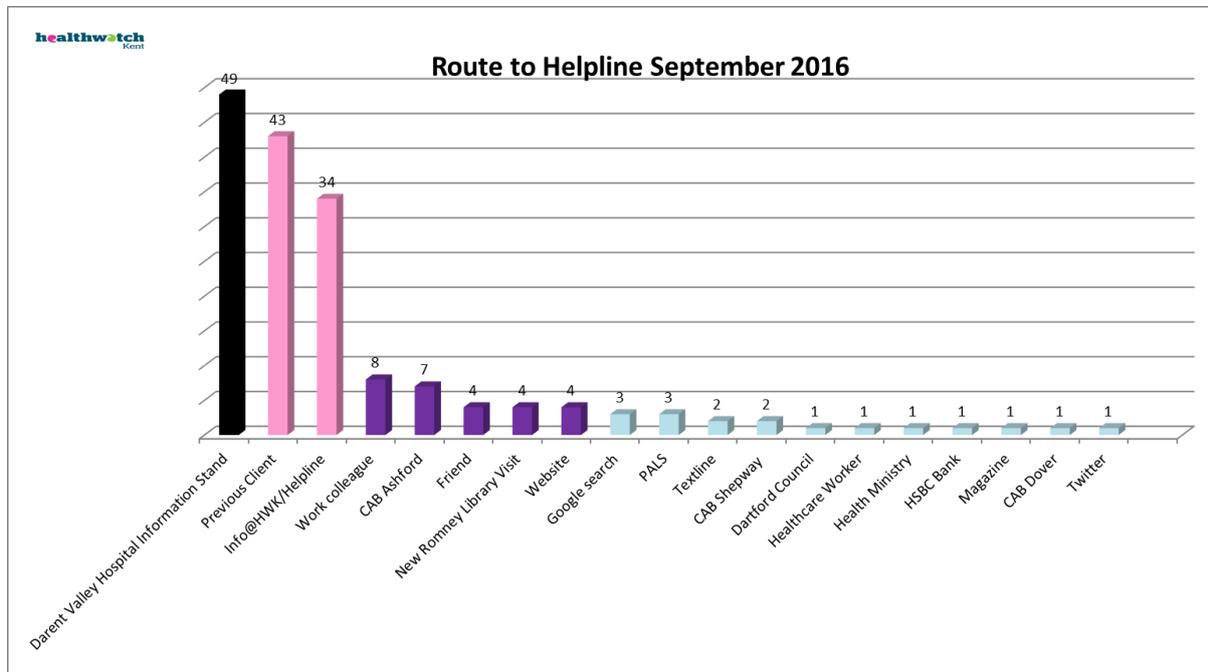
Our response;

We researched the availability of T3 and other alternative medication through NHS Choices, NICE and NHS England websites and checked NHS Individual Funding Request criteria through the Canterbury and Coastal Clinical Commissioning Group (CCG) this being the relevant Group.

We informed the client that they could enquire further regarding obtaining alternative medication from the hospital with the Consultant at Chelsea and Westminster Hospital and if there were still further problems, could speak to the GP about applying to the CCG for alternative medication through an Individual Funding Request. We informed client that the GP would need to apply on client's behalf and that this would need to be discussed with the GP.

We gave client verbal information (as per information from the CCG website) about Individual Funding Requests and posted a copy of the CCG Individual Funding Request Factsheet, as client requested.

Client confirmed ‘the information was very helpful, thank you’.



Section 6: Working with Healthwatch England and other local Healthwatch

We attended the HWE Advisory group and interviewed the Acting National Director for our new podcast.

We are working with our national organisation Healthwatch England on a national awareness raising day for 2017

We attended the HW England Information and Informatics Group to assist with developing intelligence management and research best practice in local healthwatch.

We assisted developing the Peer review approach with HW England & Local Government Association.

We shared our Consultation Best Practice with:

- Wiltshire
- Harrow
- Birmingham
- Derbyshire
- Devon

HW Staffordshire have gained agreement from their Sustainability & Transformation Plan (STP) Steering Group to use the Kent best practice as policy for the STP process.