HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 12th March, 2025

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 12th March, 2025, at 10.00 am Ask for: **Gaetano Romagnuolo**

Council Chamber, Sessions House, County Hall, Maidstone Telephone: **03000 416624**

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.	Apologies and Substitutes	10.00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes of the Meeting held on 28 January 2025 (Pages 1 - 10)	
4.	Mental Health Transformation Across Kent and Medway - Update Report (Pages 11 - 42)	10.05
5.	Adult Autism and ADHD Pathway Development and Re-procurement (Pages 43 - 90)	10.30
6.	Kent and Medway GP Attraction Project (Pages 91 - 98)	10.50

7.	Podiatry Services Move (Pages 99 - 102)	11.10
8.	Thanet Integrated Health Hub (Pages 103 - 112)	11.30
9.	Healthwatch Kent Annual Report 2023-24 (Pages 113 - 138)	11.50
10.	Work Programme (Pages 139 - 142)	12.00

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

4 March 2025

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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 Tuesday, 28 January 2025.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Ms L Wright, Mr S R Campkin, Ms K Constantine, Cllr H Keen, Cllr S Jeffery, Cllr J Kite, MBE, Mr T Bond (Substitute for Ms L Parfitt) and Mrs P T Cole (Substitute for Mr P Cole)

ALSO PRESENT: Mr R Goatham (Healthwatch Kent) and Dr C Rickard (Local Medical Committee)

PRESENT VIRTUALLY: Mr R Streatfield MBE, Mr N Chard and Cllr K Moses

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny), Tracey Fletcher (Chief Executive, EKHUFT), Angela van der Lem (Chief Finance Officer, EKHUFT), Sarah Hayes (Chief Nursing and Midwifery Officer, EKHUFT), Dr Peter Maskell (Stroke Network Clinical Lead), Rachel Hewett (Acting Chief Strategy and Partnerships Officers, NHS Kent and Medway), Sukh Singh (Director of Primary and Community (Out of Hospital) Care, NHS Kent and Medway), Natalie Davies (Chief of Staff, NHS Kent and Medway), and Dr Ash Peshen (Deputy Chief Medical Officer, NHS Kent and Medway)

UNRESTRICTED ITEMS

205. Apologies and Substitutes
(Item 1)

Apologies were received from Ms Parfitt and Mr Cole with Mr Bond and Mrs Cole substituting respectively. Mr Streatfeild, Mr Chard and Cllr Moses sent their apologies but were in attendance virtually.

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

1. The Chair declared he was a representative of East Kent councils on the Integrated Care Partnership.
2. Cllr Keen declared that she was the Cabinet Member for Neighbourhoods at Thanet District Council.

3. Mr Bond declared he had been working with the Deal Blood Action Group [item 7] and would speak as the Local Member on that item.

207. Minutes of the meeting held on 17 December 2024
(Item 3)

RESOLVED that the minutes of the meeting held on 17 December 2024 were a correct record and that they be signed by the Chair.

208. East Kent Hospitals financial performance
(Item 4)

Tracey Fletcher, Chief Executive, Angela van der Lem, Chief Finance Officer, and Sarah Hayes, Chief Nursing and Midwifery Officer, from EKHUFT were in attendance for this item.

1. Ms van der Lem introduced the report and provided a brief overview, including:
    a. At the end of 2023-24, the Trust had a deficit of £117,4m. For 2024-25, the Trust were working towards a deficit of £85,8m which it was expecting to meet.
    b. The Chief Nurse had conducted a review of safer staffing during 2024. The review led to the recruitment of permanent staff thus reducing reliance on temporary workers which was expensive.
    c. The Trust's improvement plans for 2025/26 focussed on medical agency spending and length of stay in hospitals.
2. In response to comments and questions it was said:
    a. The Trust were reliant on a number of temporary medical staff due to challenges in recruiting to some specific specialties. Ms van der Lem explained improvements would not come from just recruiting permanent staff to those posts, but understanding how to deliver services in the most productive way possible. Positive steps had been made, such as the increase from 3 to 10 substantive Emergency Department consultants since the start of the year.
    b. The Trust tended to use bank staff as opposed to agency staff. Reasons cited for working for an agency instead of being directly employed included pay and flexibility. Quality of service could be impacted as agency staff only carried out a few shifts but needed to be trained in Trust specific practice.
    c. With recruiting nurses to substantive posts, the largest proportion of vacancies were held in the Emergency Department and Acute Admissions. 80% of positions recruited to over winter had been filled. In addition, 90% of student nurses had chosen East Kent as their new employer. The overall turnover and vacancy rate at the Trust was low.

d. Retention was important, and this was aided by the support package on offer.

e. Length of stay for patients was prolonged by the shortage of social care support. Whilst the Trust played a role in reducing this, collaborative work across partners was required (and already happening). The readmittance rate was tracked by the Trust and it was relatively low. Cases were looked at to consider if lessons could be learnt.

f. To assist in reducing length of stay, the Trust wanted to build a virtual hospital model, expanding from the current virtual wards in specific departments which had been successful. A Hospital at Home service was also in use.

g. The Chair requested statistics on the number of hate crimes committed against hospital staff and narrative on whether this was having impact on retention. Ms Hayes said work was underway in this area, though incidence were low. They offered to bring this information back.

h. The percentage of the Trust's deficit in relation to the total budget was around 9%. Acknowledging she was new in post, Ms van der Lem agreed she would be looking at comparative data as well as relevant research on coastal areas.

i. It was important to utilise more effectively Urgent Treatment Centres to reduce the demand in Emergency Departments. The Trust were looking at best practice models to inform improvements.

j. Any overspend in acute trusts would impact the Kent and Medway Integrated Care System though not directly the primary care budget.

k. The Trust had reduced their waiting lists, particularly for endoscopy. The national target was for patients to wait less than 6 weeks for a diagnostic test, but urgent referrals were targeted at 28 days.

l. The report noted 2,300 patients were waiting 65 weeks or over for their treatment (including operations) to be completed. Ms Fletcher update the Committee that the figure had reduced to around 160. Dr Rickard from the Local Medical Committee commented that this had an impact on primary care as patients often contacted their GP for an update. Ms Fletcher recognised the reliance of primary and secondary care on each other.

m. The constraints of the capital budget, reflected in the ageing estate and ongoing high maintenance costs, was discussed.

RESOLVED that the Committee considered and noted the report.

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

Tracey Fletcher, Chief Executive, EKHUFT and Sarah Hayes, Chief Nursing and Midwifery Officer, EKHUFT were in attendance for this item.

1. The Committee moved straight to questions as there were no updates in relation to the report.
2. A Member commented that leadership and culture improvements seemed to focus on midwives, with little mention of Consultants and Obstetricians. The quad programme referred to in 8.4 of the report was a multi-disciplinary approach. Ms Hayes commented that midwives were more likely to be in full time leadership roles than obstetricians. Work was proactively being undertaken but there was more to be done.
3. Post natal care performance was similar across the country, and the Trust were focussed on delivering continuity of care. Work had been carried out on the estate and leaders were ensuring staff had enough time to provide support and advice to patients.
4. The Trust's Facebook page had been hugely popular, with 300-400 people attending the online events held about different topics.
5. The Trust had seen a decline in stillbirth rates but they recognised that each one was a tremendous loss.
6. In terms of reducing inequalities and working with deprived or ethnic communities, the Trust had named a consultant midwife as the lead on working with communities. This was monitored at Board level.
7. The Trust had an ageing cohort of midwives, but were working hard to attract newly qualified staff. Student midwives were back on site, though not from Canterbury Christ Church University but this was in the pipeline. Nursing apprenticeships were also available across the Trust.
8. Mr Goatham (Healthwatch) welcomed the positive engagement and listening events undertaken by the Trust, but questioned the apparent increase in neonatal deaths. Ms Hayes reflected that the Board had been looking at such cases in a detailed way, working with regional colleagues and the wider maternity system. There was a national trend of babies being born earlier and then passing away whilst in neonatal units. The Trust believed this to be the case but had commissioned a separate review and reassured the Committee they worked with each affected family.
9. A funding bid had been submitted to NHS England for a second obstetric unit at QEQM. Funding had been granted for producing a business case but further funding was not yet confirmed.

RESOLVED that the Committee considered and noted the report.

210. Implementation of Hyper Acute Stroke Services in East Kent *(Item 6)*

Dr Peter Maskell, Stroke Network Clinical Lead, Rachel Hewett, Acting Chief Strategy and Partnerships Officers, NHS Kent and Medway and Tracey Fletcher, Chief Executive, EKHUFT were in attendance for this item.

1. The Chair welcomed the guests and explained to the Committee that several questions had been submitted in advance for response. Ms Hewett confirmed a written response would be provided after the meeting but a verbal response was also provided at the meeting. This included:
    a. The clinical pathway for a suspected stroke patient would start with a video triage call with telemedicine colleagues to assess whether the patient needed conveyance to a HASU or Emergency Department (ED). The patient will be taken to the nearest site that can meet their needs.
    b. Dr Maskell was aware of other Trusts where Mechanical Thrombectomy (MT) and Thrombolysis were not co-located and the separation was not unique to East Kent. MT was commissioned by NHS England Specialised Commissioning and not something the officers could talk about at the meeting.
    c. Call to Needle statistics were not included in SSNAP audits. Dr Maskell explained that across Kent and Medway the “door to needle” and “door to scan” times were excellent. SECAmb held data about “call to hospital” times.
    d. Acknowledging the figures used when commissioning the HASU were 10 years old, Dr Maskell explained they were still the figures being used and were not expected to have significantly changed.
    e. Assistance with travel costs was available to patients with low incomes, but not their relatives and carers. Further information would be set out in the written response.
2. The Chair welcomed further questions from the Committee. Discussion included the following:
    a. The benefits of MT were evident, and eligible patients were currently being transferred to London. A nearer service had been championed by the Stroke Network and the service at Kent and Canterbury Hospital was expected to open at the end of April 2025.
    b. A Member noted that a recent update from SECAmb had shown an increase in ambulance category 2 response times, and they wondered what impact this would have on stroke patients. Dr Maskell explained that the SSNAP audit collected many process measures and when best practice was met patients had less long term disability. He noted that East Kent were high performers in many of the measures. Outcome mortality figures were reviewed by the East Kent “mortality surveillance group” and not monitored by the Stroke Network.

c. Until the HASU opened at William Harvey Hospital (WHH), nearby stroke patients were taken to the stroke unit at the Kent and Canterbury Hospital (K&CH). This unit was performing well. The WHH HASU was expected to open in April 2027. Ms Fletcher explained the national recommendation remained for HASUs to be co-located alongside an Emergency Department (ED) (which K&CH did not have).

d. The location of the HASU at WHH had changed from under the Critical Care Unit to a two storey modular new build located in front of the ED.

   Planning permission had been requested but not yet granted. It had not been confirmed what the original space would be used for.

RESOLVED that the Committee:

i) noted the report but had the following concerns:

   a. further delays to getting the HASU built in Ashford;

   b. the Mechanical Thrombectomy unit not being delivered alongside the HASU at William Harvey Hospital;

ii) invited an update at the appropriate time. If the full business case for the HASU at the William Harvey Hospital was not approved in May 2025 and the construction timeline to complete by April 2027 slipped, the Committee must receive an update as soon as possible**.** The update should include mortality and long term disability statistics for sufferers of stroke in East Kent

211. Phlebotomy services in Deal
(Item 7)

Sukh Singh, Director of Primary and Community (Out of Hospital) Care, NHS Kent and Medway and Natalie Davies, Chief of Staff, NHS Kent and Medway were in attendance for this meeting

1. Mr Trevor Bond (Local Member for Deal and Walmer), raised his concerns that three years had passed since the service withdrawal and no solution had been identified. He noted that no equality impact study had been carried out before the change, and he considered there had been a service reduction because GPs had also been providing blood tests previously. Patients needing to use public transport to access phlebotomy services at Buckland Hospital or QEQM often had to use three buses which was not practical. Also, booking through GP surgeries was difficult because of getting through on the phone and some had 4 week waits. He noted some surgeries had closed since the service withdrawal. For those requiring frequent blood tests, this was ineffective. He was concerned that despite going to tender twice, the ICB had failed to procure a replacement service.
2. Ms Davies responded that the decision to withdraw the service was not a commissioning decision, but because the provider handed back the contract as they were no longer in a position to provide the service. One of the reasons cited by KCHFT was that the service was needed for inpatient individuals, and staff were being pulled away for walk ins. The (then) CCG considered options and

decided to expand the provision from GP surgeries, meaning patients could access services from the 4 GP sites. This was intended to be more convenient for residents and saw an extra 400 blood tests carried out a month. The ICB recognised the service withdrawal was at pace and communication with the local population could have been better. Provision was equal to the best in Kent, but they accepted it was not perfect. However, they needed to balance the needs of the population across Kent and Medway and worked to ensure people received the service they *need*. The decision to bring back a service in Deal was not made on the basis of clinical need or addressing inequalities, but on the advocacy of residents. Two procurements had been carried out and no provider had yet been identified. An option was to reduce the GP service to make the market more attractive, but that could lead to the destabilisation of GP service provision. The ICB were now looking at a direct award. Mr Singh added that work had been carried out with Deal GP practices to make getting through on the phone easier for patients.

3. Members of the Committee had received an email from a resident containing several questions. The Chair requested that answers to the questions be provided when the ICB return with an update.
4. Members had a discussion which included:
    a. There was concern that some residents were relying on public transport which could be costly. The ICB agreed no one should have to access multiple public transport routes to access services.
    b. There was a lack of consistency across Kent as GPs in West Kent did not provide phlebotomy services.
5. The Chair wanted the ICB to return once a new provider had been identified. He also wanted to understand the phlebotomy offer across the county.

RESOLVED that the Committee considered and noted the report and invite the NHS back at the appropriate time.

212. Provision of GP services
(Item 8)

Sukh Singh, Director of Primary and Community (Out of Hospital) Care, NHS Kent and Medway and Dr Ash Peshen, Deputy Chief Medical Officer, NHS Kent and Medway were in attendance for this item.

Mr Meade declared that he would be asking a question in his capacity as a Borough councillor.

1. Following an introduction by Mr Singh, Dr Peshan gave a presentation about how the Modern General Practice Model enabled his practices (Northdown and Dashwood in Thanet) to develop, measure and accelerate the delivery of improvements. Measures included a digital hub/ front door and a dedicated GP service for local care home residents.

2. Mr Meade (Local Member for Gravesend East) asked about the application by the Highparks Medical Practice to close their surgery in Hermitage Road, Higham in order to save running costs. The rural population of around 4,000 would be significantly affected by their GP practice and he condemned the application. He asked who carried out the independent assessments cited in their decision to close, and how planning applications were taken into account (such as the proposal to build 800 new homes in Wainscott). In light of the reason to close the site, and the risk of more practices following suit, he felt the Committee needed to be better informed about the financial challenges GP practices were facing, such as a register of surgeries at risk of closure.
3. Mr Sukh responded that Highparks were running public engagement and no application to the ICB had yet been submitted. The ICB would make a decision based on the needs of the population, what mitigations were in place to respond to resident feedback, what provision was available locally as well as what growth was expected. Financial challenges were a national issue, with national discussion about the GMS contract that funds practices, and more locally the enhanced services contracts in place. The ICB's role was to mitigate against risk of any GP closures. Peer ambassadors were employed to share best practice between surgeries, as well as resilience offers for practices requiring additional support.
4. The Committee made comments and asked questions around rolling out the work Dr Peshan presented on; Local Plans and housing; the use of AI and the digital front door. Dr Peshan and Mr Singh responded:
    a. The digital hub (Anima) was an enhancement, not a solution. AI presented opportunities to create capacity in the system but the correct governance had to be in place.
    b. The Modern General Practice Model was a national model that had been adopted, but it had to be tailored to the local population. Thanet had many care homes and that is why they introduced the dedicated care home GPs. A single model would not suit all localities.
    c. To attract GPs to Thanet, Dr Peshan offered enhanced personal development such as visiting care homes and attending out of hospital visits.
    d. Practices needed the capacity and resource to consider and implement change – this is where the ICB could help. The ICB also had a role in improving recruitment, for example through the GP attraction package).
    e. Demand for services had increased over time but the GP workforce had stayed fairly static.
    f. A diversified workforce allowed patients to see the most appropriate clinician which was not always a GP.
5. The Committee asked what was being done to close the gap in the provision of Mental Health Practitioners (MHPs) from practices. Dr Peshan noted in Margate the MHPs worked for the Primary Care Network and covered all local practices.

They also wanted to understand more about the variation in GP access across Kent and Medway.

RESOLVED that the Committee considered and noted the report.

213. Work Programme
(Item 9)

RESOLVED that the Committee considered and agreed the work programme.

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Item 4: Mental Health Transformation Across Kent and Medway – Update Report

By: Gaetano Romagnuolo, Research Officer – Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Mental Health Transformation Across Kent and Medway – Update Report

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided jointly by the NHS Kent and Medway (the Integrated Care Board (ICB)), Kent & Medway Mental Health, Learning Disability and Autism Provider Collaborative and the Kent and Medway NHS and Social Care Partnership Trust (KMPT).

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1) Background

a) The NHS Kent and Medway (the Integrated Care Board (ICB)), Kent & Medway Mental Health, Learning Disability and Autism Provider Collaborative together with Kent and Medway NHS and Social Care Partnership Trust (KMPT) have established a unified approach to addressing the mental health needs of the Kent and Medway population. This has been strengthened by a desire to reduce health inequalities, variation in access of services and improve patient experience and outcomes.

b) This report provides an update on changes within the mental health landscape. It focuses on key programmes which are aimed at improving the provision of responsive and comprehensive mental health services for Kent and Medway residents.

2) Previous monitoring by HOSC

a) The Committee received an overview of the transformation proposals at their meeting on 10 June 2021, with a general update received on 2 March 2022. It has received papers in relation to the following workstreams:

i. 4 March 2021 – Improving care for people living with dementia and complex needs

ii. 10 June 2021 and 16 September 2021 – Eradicating Dormitory Wards – the Committee decided the proposal was not a substantial variation of service.

iii. Various dates throughout 2023 - Places of Safety – the committee decided the changes were a substantial variation of service.

2) Substantial variation of service

a) HOSC agreed at its meeting on 10 June 2021 to receive updates on the progress of the overall transformation, as well as accepting individual reports

on each of the workstreams at the appropriate time. This allows the Committee to determine if each item is a substantial variation of service and proceed accordingly.

3) Recommendation

The Committee are invited to consider and note the report.

Background Documents

Kent County Council (2021) 'Health Overview and Scrutiny Committee (04/03/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8500&Ver=4

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

Kent County Council (2021) 'Health Overview and Scrutiny Committee (16/09/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8759&Ver=4

Kent County Council (2022)) 'Health Overview and Scrutiny Committee (02/03/22)' https://democracy.kent.gov.uk:9071/ieListDocuments.aspx?CId=112&MId=8762

Contact Details

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To: Kent Health Overview and Scrutiny Committee

From: Dr Adrian Richardson, Director of Transformation and Partnerships, KMPT

Dr Rakesh Koria, Ageing and Dying Well Clinical Lead, NHS Kent and Medway

Mrs Rachel Parris, Deputy Director Out of Hospital Care (Community Services), NHS Kent and Medway

Ms Louise Clack, Deputy Director, Adult Mental Health, NHS Kent and Medway

Date: 03 March 2025

Subject: Mental Health Transformation Across Kent and Medway – Update Report

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1. Introduction

1.1. The Kent and Medway Integrated Care Board (ICB), Kent & Medway Mental Health, Learning Disability and Autism Provider Collaborative together with Kent and Medway NHS and Social Care Partnership Trust (KMPT) are pleased to present this update on programme progress and our shared commitment to collaborate together to improve mental health services and experience for our citizens across Kent.

1.2. Together we have established a unified approach to addressing the mental health needs of our population by leveraging agreed reporting mechanisms and governance processes to support whole-system collaboration. This has further been strengthened by a desire to reduce health inequalities, variation in access of services and improve patient experience and outcomes. Through regular alignment of these priorities we have strengthened decision-making processes, streamlined care pathways, introduced and co-produced innovative solutions.

1.3. Although the landscape and future for mental health services continues to be challenging, collectively across partners, there is a desire to succeed by collaboration. With all partners dedicated to delivering integrated and accessible services which support the mental health needs of the community across Kent.

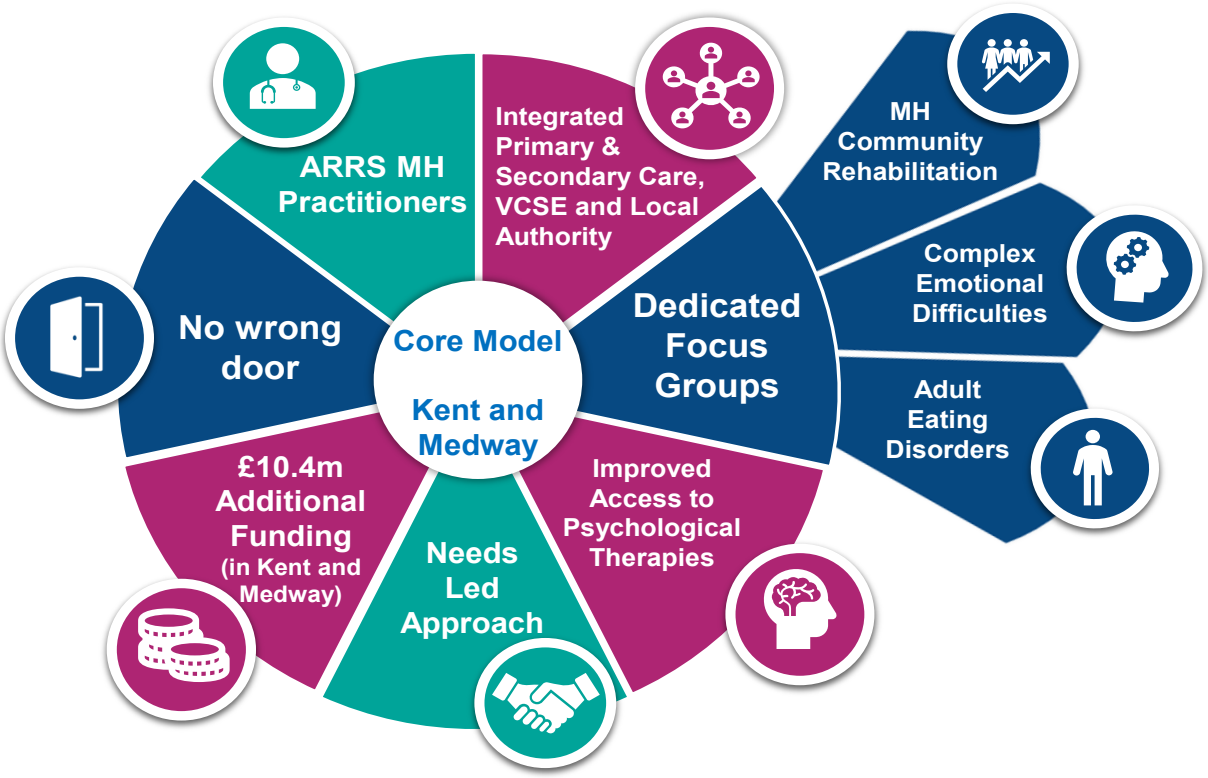
1.4. This paper would like to highlight the development and successes evidenced so far in our journey to provide a responsive and comprehensive service for all in Kent and Medway.

2. Community Mental Health Framework (CMHF)

2.1. Community mental health services have long played a crucial, yet under-recognised role, in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities. However, the model of care required fundamental transformation and modernisation.

2.2. The Framework provides an historic opportunity to address gaps and achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.

Co-produced Model of Care for Kent and Medway



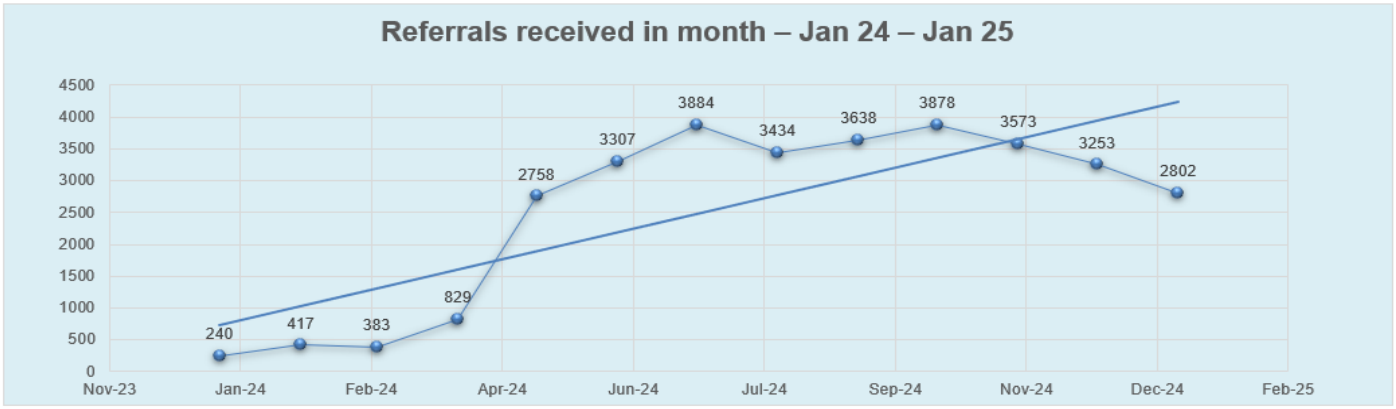
Mental Health Community Services

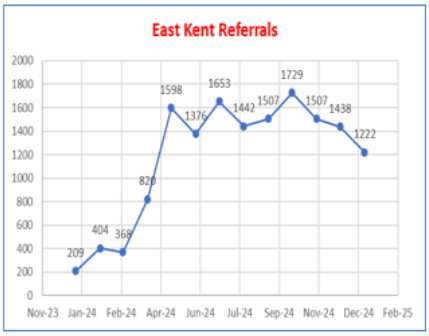
2.3. Two areas have been subject to transformation:

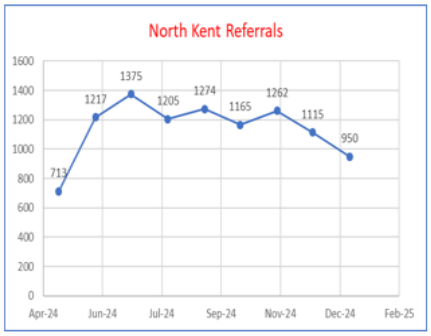
- Primary Care Mental Health now known as Mental Health Together
  - Transformed from single provider to multi agency provision.
- Community Mental Health Teams now known as Mental Health Together +
  - Transforming from older / younger adult provision to all age.
  - Dedicated memory service

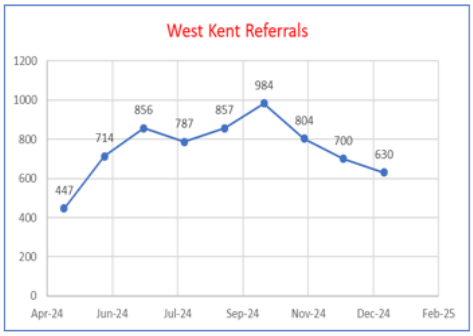
2.4. Mental Health together - interventions offered via a stepped care approach. Patients move through the pathways based on needs – stepping up from MHT into MHT+ for more complex needs. Please see appendix one for further information.

Number of referrals received by month – Trust-wide and by directorate:









Community Mental Health Framework – wait list as at 22 January 2025

2.5. The table below details waiting list data by locality for:

- Numbers waiting for first appointment.
- Number of people who have had a first contact and are waiting for treatment.

	Awaiting 1st Contact	Received 1st Contact, awaiting treatment	Total
MHT - Ashford & Canterbury	650	579	1229
MHT - DGS	242	294	536
MHT - Maidstone	365	508	873
MHT - Medway & Swale	458	553	1011
MHT - South Kent Coast	338	502	840
MHT - South West Kent	231	599	830
MHT - Thanet	518	437	955
Grand Total	**2802**	**3472**	**6274**

2.6. The table below shows the breakdown of people waiting and the length of time they have waited:

	Awaiting 1st Contact	Received 1st Contact	Total
Within 4 Weeks	57.07%	7.40%	29.58%
4 to 12 Weeks	34.23%	39.72%	37.26%
12 to 18 Weeks	6.85%	23.21%	15.91%
18 to 24 Weeks	1.43%	14.78%	8.81%
24 to 52 Weeks	0.43%	14.89%	8.43%
Over 52 Weeks	0.00%	0.00%	0.00%

2.7. To support the management of waits, a trajectory has been developed and is monitored weekly to measure impact, as well as:

- Short term Assistant Psychology staff are in post to support a reduction in people waiting.
- Medway & Swale test of change for holistic triage at the front door.
- Review of original demand and capacity modelling to ensure the correct workforce and skill mix is in place.
- ICB led Action Plan to support the system to reduce demand for secondary care services.

Children and Young People transitions to adult pathways

2.8. New Transition Pathway currently being rolled out in all localities in Kent & Medway within KMPT and North East London NHS Foundation Trust (NELFT). Work is underway to include children's social services in the transition pathway.

2.9. Intention to train and embed Dialog + as part of the transition planning.

Service User Network (SUN)

2.10. SUN is a community-based network of peer support groups designed for individuals who are navigating complex emotions often linked to Personality Disorders, although a formal diagnosis is not required to participate.

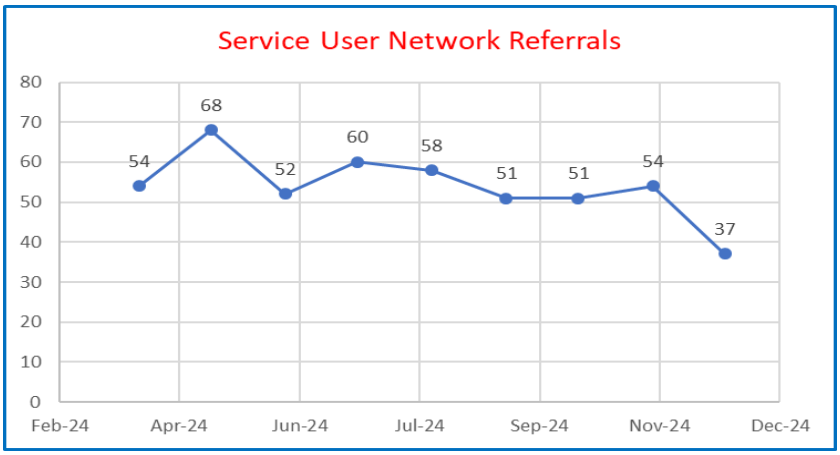
2.11. SUN groups provide a supportive environment where members can share their experiences with others facing similar challenges. These groups are particularly beneficial

for those who find that their emotions impact their relationships or struggle to manage their feelings.

2.12. The model moves away from a diagnosable illness criterion and towards a broader more inclusive understanding of emotional difficulties, managing distress, and how this can affect people's lives at different times.

2.13. The groups are supported by a Clinical Facilitator and Lived Experience Facilitator with equal standing at each group. Group clinical supervision is provided by an experienced Psychological Practitioner. The SUN provides a clear clinical model of peer support.

No. of Clinics sessions per month - 2024	
May	15
June	16
July	17
August	17
September	16
October	18
November	16
December	15



Community Rehabilitation

2.14. The community rehabilitation model moves away from inpatient rehabilitation only services and out-of-area (OOA) provision to deliver a comprehensive mental health rehabilitation pathway. This includes local care in local communities to best support the needs of people using these specialist services. It draws on the national best practice guidance provided by the National Institute for Health and Care Excellence (NICE) and adheres to the five principles for people with complex psychosis:

- Be embedded in a local comprehensive mental health care service; Provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of hope and optimism, and aims to reduce stigma;
- Deliver individualised, person-centred care through collaboration and shared decision making with service users and their carers involved;
- Be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway;
- Recognise that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing or floating outreach) in the long term.

Community Rehabilitation Roll out:

West Kent	•Go Live complete – rehab service launched November 2024 •Recruitment – 48% of posts within service are vacant. Psychology posts are currently being recruited. Advert for Social worker is now out. •Caseload - 18
North Kent	• Go Live - soft launch by the end of February 2025 • Recruitment – 70% of posts within the service are vacant. 2 Psychology posts are currently being recruited. Social Worker post is waiting approval • Caseload - 15
East Kent	•East Kent is now live •Recruitment – 17% of posts have been recruited. Psychologist recruitment out to advert, some posts held pending redeployment options

Community Mental Health Framework – next steps

Mental Health Together & Mental Health Together+

2.15. Full implementation of the front door model – multi agency approach in the management of referrals offering both social and clinical outcomes. Pilot January to February 2025. Anticipated full roll out March to April 2025.

2.16. Full implementation of the clinical model - interventions being fully available. This will include Drug and Alcohol interventions in partnership with Change, Grow, Live (CGL) and Forward Trust. Pilot in Maidstone and Medway/ Swale February 2025. Anticipated full roll out June 2025

2.17. Demand & Capacity review – March 2025.

2.18. Model adjustments as required following the March review.

Service User Network (SUN)

2.19. Recruitment and 'onboarding', reviewing and updating local systems e.g. booking.

2.20. Expanding the Face 2 Face and online group offer.

2.21. Developing a Young Persons SUN.

Children and Young People transitions

2.22. Dedicated Transition Link Worker role for each locality finalised. Localities to identify dedicated link workers to attend locality team meetings for joint working with system partners.

2.23. New CMHF transition Referral form to be digitalised on NELFT electronic systems – work in progress. Dialog+ pilot in progress with 3 localities, to be evaluated and signed off.

2.24. Next step transition New Ways of Working protocol currently being written and EIP management meeting taking place.

Broader Developments for CMHF

2.25. Further development of the ARRS workforce is planned. Demand & Capacity review – March 2025.

2.26. Attention is being applied to the development of Integrated Neighbourhood Teams across county

3. Dementia

Background

3.1. Kent and Medway's population is 1.8 million, of which 18% are aged over 65 and the dementia prevalence is estimated at c25k people as of July 2023. With an ageing population, improved awareness of dementia and the arrival of new medication to slow cognitive decline, this is forecasted to grow:

	2019	2020	2025	2030	% growth
Medway	3170	3270	3910	4640	46.2%
Kent	23,250	23,940	28,320	33.400	43.7%

3.2. People are living longer in Kent and Medway. In future we will have an older age profile of people with dementia (move from 80s to 90s)

Diagnosis rates

3.3. The national ambition is to achieve two thirds diagnosis of our predicted prevalence. In agreement with NHSE our ambition is to achieve 63% by March 2025 with continued increase to achieve 66.7% over time.

3.4. As a result of the static situation with the dementia diagnosis rates, work on a transformation programme for the interrogation of the diagnostic pathway commenced. Findings identified demand for the KMPT Memory Assessment Service outweighed capacity with referrals increasing by 30% in 2022/23 compared to the previous year.

3.5. In 2023, to increase diagnostic capacity, nine GPs with enhanced roles (GPwERs) in dementia were accredited and work within KMPT to support diagnosis. Three of the GPwERs are based in Medway and six in Kent.

Post diagnostic support

3.6. The Joint declaration on post diagnostic dementia care and support signed by Department of Health, NHS England, Adult Social Services and Royal College of General Practitioners aims to ensure:

- The views of people living with the effects of dementia and their families and carers are taken fully into account when determining the nature of post-diagnostic services offered, with high quality personalised care provided in line with individual needs and preferences.
- Access to holistic, integrated and effective post-diagnostic support is available for all, which considers age, ethnicity, diagnosis and co-morbidities.
- Partners across government, health, social care, the third sector and all other relevant agencies cooperate and collaborate to improve outcomes for people with dementia.

3.7. Post diagnostic support is an essential component of a dementia pathway. Being diagnosed with dementia is the start of a life changing journey and that's why it's important we reach our ambition of increasing the diagnosis of dementia and put in place the support they need.

3.8. Post diagnostic support builds on the resilience of people with dementia and their carers to enable them to live well and independently in the community for as long as possible.

3.9. Significant engagement with communities and providers has been undertaken to shape the future of services for people with dementia and carers. Workshops have been held across the county to ensure people with lived experience and the market were involved have influence over the development of the service specifications.

3.10. Throughout the consultation phase, people with dementia told us that loneliness and isolation are big issues and that they would like to be able participate in a wider range of social activities such as sports, learning new skills, companionship, friendships and other forms of social interaction. Lunch clubs, coffee mornings and short excursions were frequently mentioned as being important and the need for a range of different activities to support people with dementia at a younger age.

3.11. Analysis of other engagement events identified the following issues:

- Lack of service consistency and the existence of gaps between services.
- Current services disjointed and fragmented and people do not know who to contact when things change.
- Poor communication between services.
- After diagnosis there is no support and eventually a crisis occurs.
- They need consistent support throughout their journey with dementia.
- Service not equally distributed across the county.
- There needs to be better support in GP practices for people with dementia.
- Dementia Champions should be introduced in all GP practices who can advise staff on how to meet the different needs of people with dementia and their carers.
- Lack of adequate support and information to help carers.
- People do not know what is available to help them.
- Carers feel isolated and unsupported.

3.12. Whilst there are a range of community groups, memory cafes and day centres across Kent and Medway ongoing support and joined up services for people living with dementia and their carers was limited.

3.13. Subsequently, through a joint procurement process with KCC and Medway Local Authority, 42 Dementia Coordinators were introduced, funded by health, and aligned to all primary care networks. Dementia Coordinators take on the role of primary contact and coordinate wrap around services to support the person with dementia and their carer.

3.14. The dementia diagnosis rate remains a priority for the ICB and during the ICB restructure the portfolio for dementia was transferred to the Ageing and Dying Well programme. This provided a renewed emphasis on managing dementia holistically in frailty pathways and scrutiny of the assessment and diagnostic pathway to identify opportunities to improve the diagnostic rate to meet the needs of our increasing population.

3.15. As a system we are seeking to drive through changes across the entire dementia pathway not only to address the inequities in service provision and low dementia diagnosis

rate across Kent and Medway but also to establish a revised, robust co-produced pathway of care that will deliver a sustainable solution to our rising population needs.

3.16. We are working across the health and care system and people with lived experience on four major programme areas covering:

- Prevention ageing and dying is not just a medical but a societal matter.
- Assessment and diagnosis to increase diagnostic capacity
- Reactive care - crisis in the community, and support for Care Homes
- Proactive care - Post diagnostic support and end of life

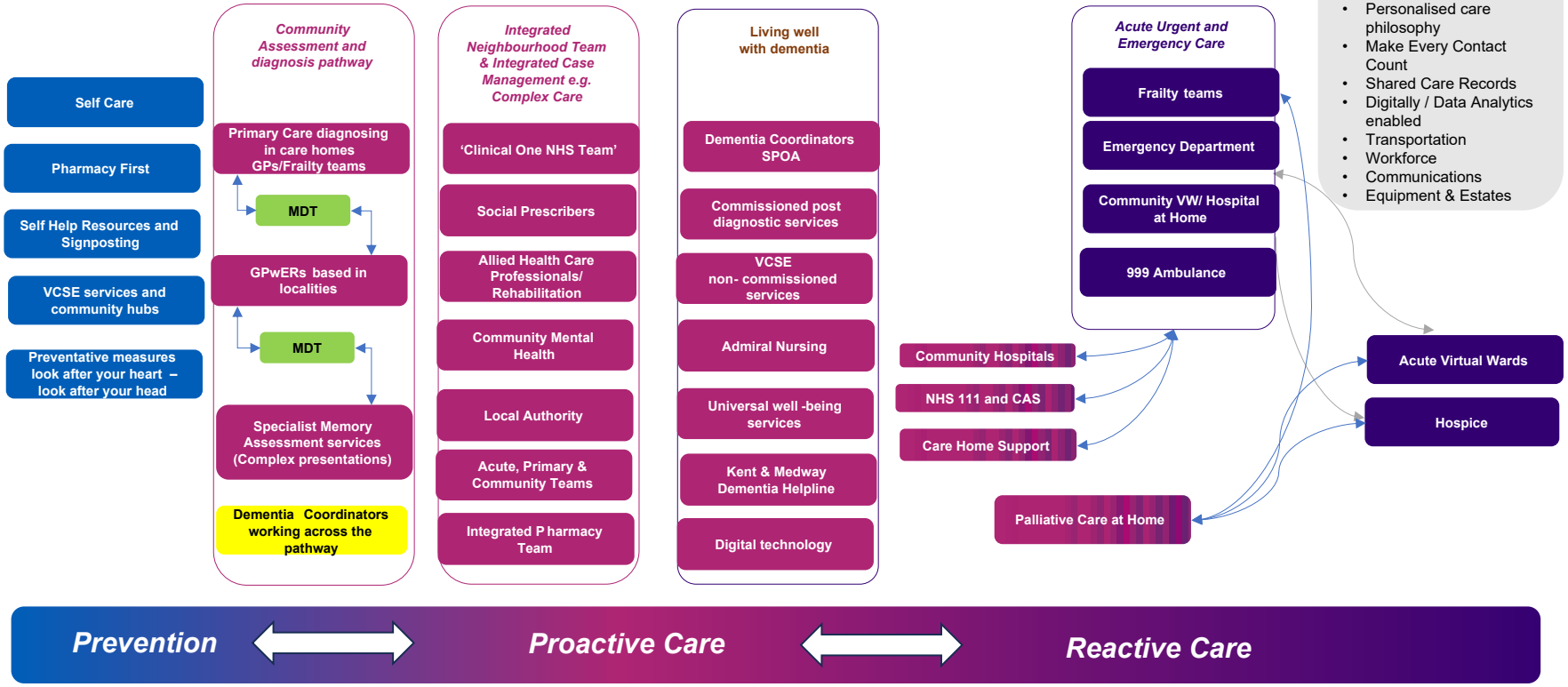
3.17. To inform transformation within the four programme areas a system wide workshop was held in July 2024. The outputs from the workshop have been collated and task groups established to cover the four programmes and expedite the transformation work. People with lived experience participate in all workstreams. The workshop findings will be shared at the next Dementia Strategic Oversight Group to which Medway participates.

3.18. A workshop was held in July 2024 to inform transformation across the four areas. Outcomes from the workshop have enabled us to develop a draft model of care. Engagement exercises involving key stakeholders and people with lived experience of dementia will be carried out over the coming weeks.

NHS Kent and Medway

Dementia Model of Care

Our ambition is to enable those who are affected by dementia and living in our communities to achieve a timely diagnosis and receive the best support and care they need, to enable them to live independently.



Memory Assessment Improvements

3.19. Memory assessment and improvement to waiting times features as a key objective within KMPT 2023-26 strategy with a commitment to reduce the amount of time it takes for a patient to receive a diagnosis.

3.20. In June 2024 six stand-alone memory assessment services were created across Kent and Medway. Wait times for diagnosis (where this was recorded) was on average 17.8 weeks in December 2024, below the year to date average of 22.0 weeks. As a comparator, the most recent National Audit of Dementia from the Royal College of Psychiatrists (2023) shows that nationally waits were 151 days, 21.6 weeks.

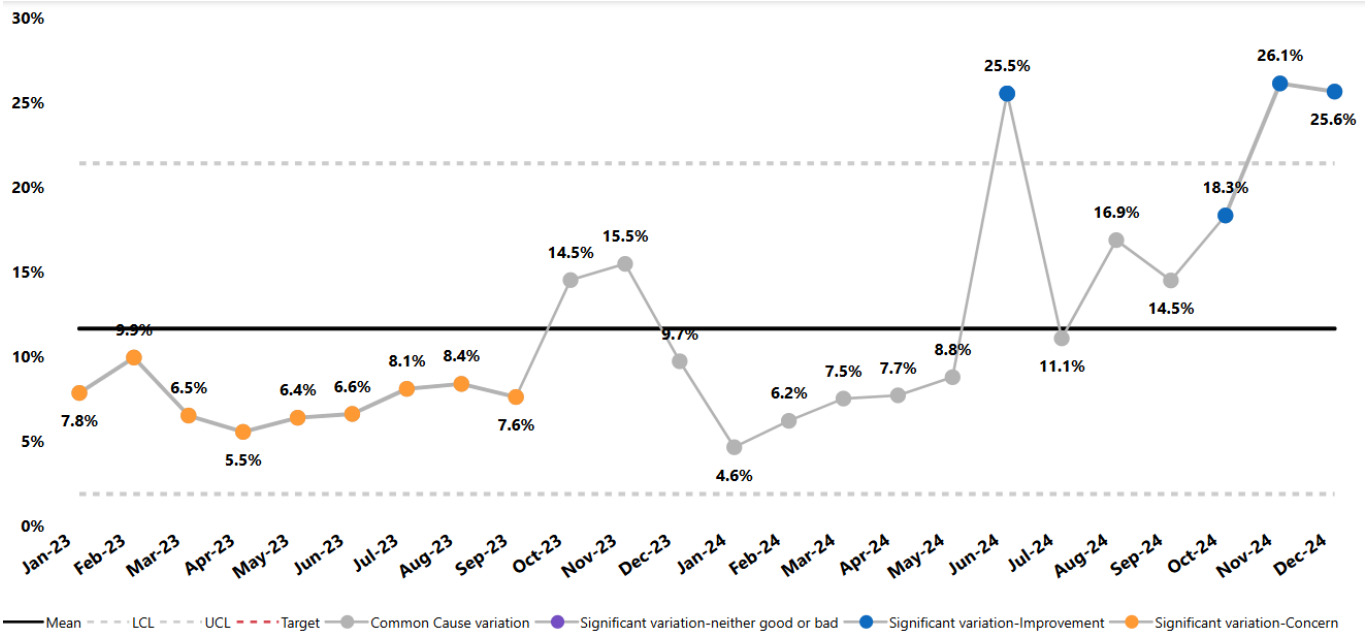


Diagram above - percentage of Patients Diagnosed within 6 weeks

3.21. The internal transformation of KMPT memory assessment services is being conducted in two phases. The first has been fully implemented with six standalone assessment centres for patients across Kent and Medway. KMPT is now embarking on stage two which is the utilisation of a multi-disciplinary workforce to diagnose patients.

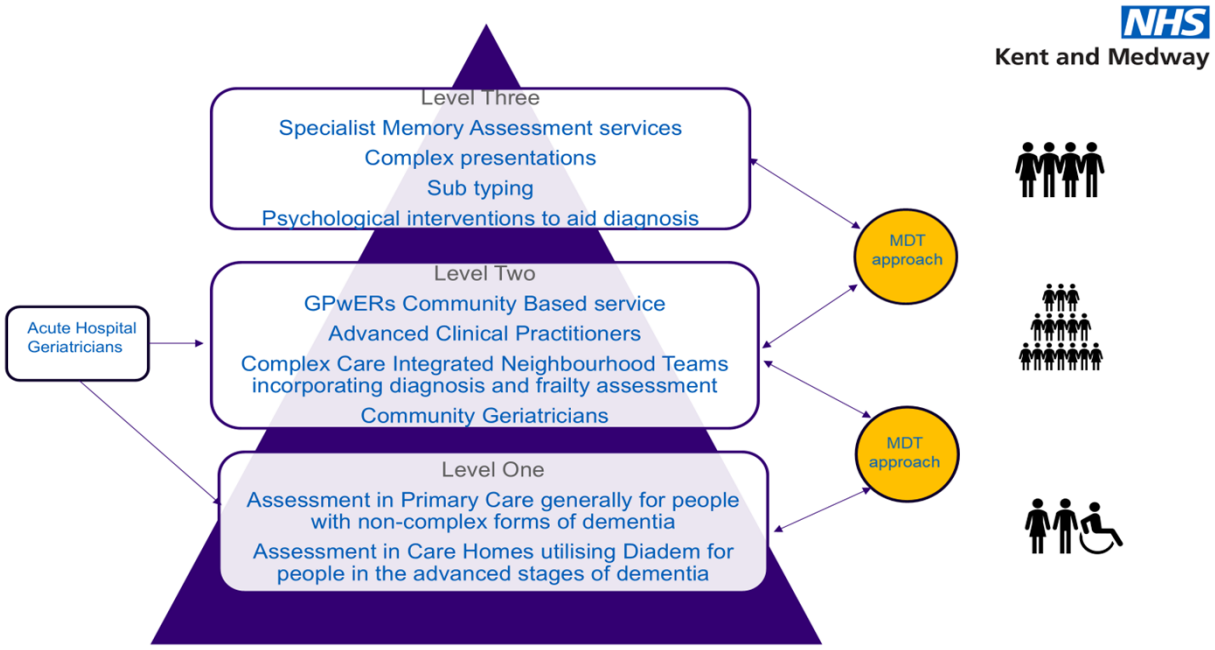
3.22. While the internal KMPT improvement will address some of the need it is recognised that a wider community model will benefit the citizens of Kent and Medway.

3.23. Throughout Spring 2025 work is underway to refine a community model and roll this out through 2025/26. It is based on three levels of assessment:

- **Level One** - For those severely frail and in the advanced stages of dementia where assessment can be undertaken within their care home and for those patients with non-complex forms of dementia.

- **Level Two** – Utilising GPs with Enhanced Roles and Advanced Clinical Practitioners alongside Community Geriatricians to assess those with more complex presentations and incorporating diagnosis within frailty assessments.
- **Level Three** – Specialised Memory Assessment Services for complex presentations, those that require sub-typing and further psychological interventions to aid diagnosis.

3.24. The model has been created alongside all stakeholders including those with lived experience and work is now underway to plan the implementation across 2025-26.



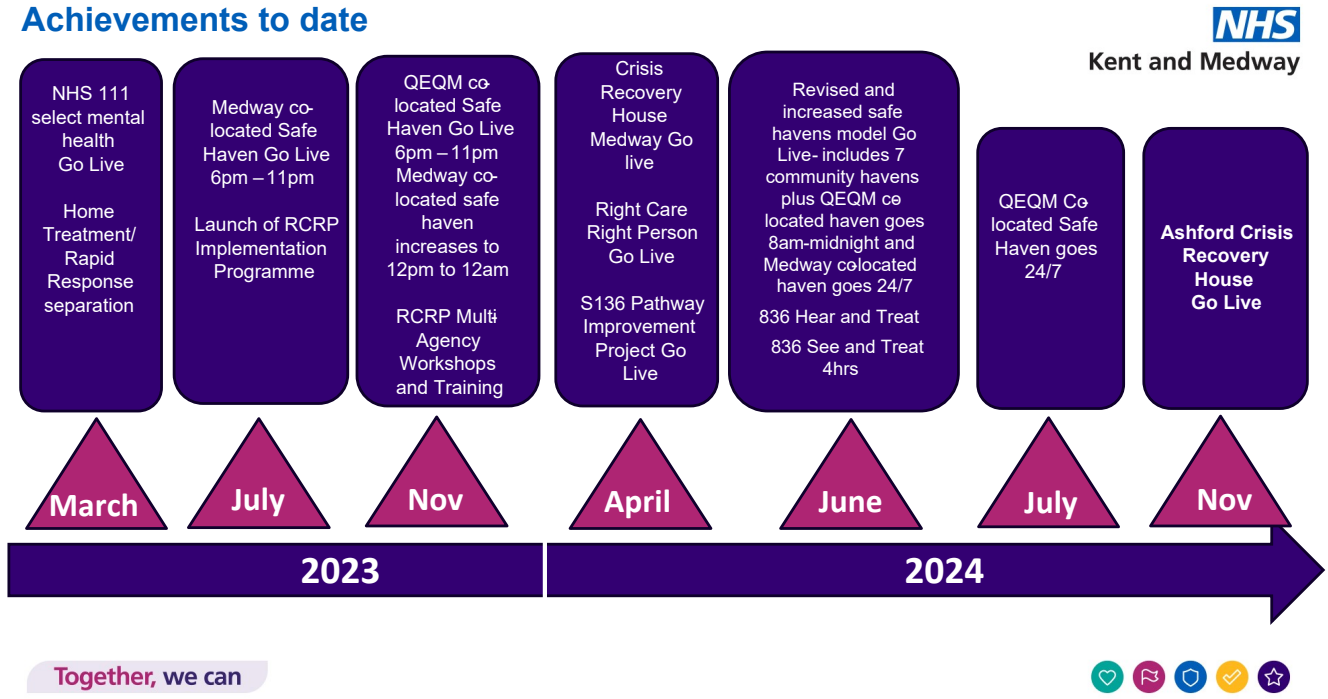
4. Urgent and Emergency Care Transformation

4.1. The Urgent and Emergency Care Transformation Programme encompasses a range of interdependent services that have been evolving over the past 18 months. Led by the ICB Adult Mental Health Commissioning Team and guided by the NHSE Long Term Plan (2019), this programme aims to enhance urgent mental health care provision across Kent and Medway.

4.2. Key outcomes of the transformation include:

- A reduction in primary mental health presentations to statutory emergency services
- Decreased emergency department (ED) attendances
- A decline in Section 136 detentions

- Provision of Right Care by the Right Person, in line with the Home Office, Department of Health and Social Care (DHSC), and National Police Chiefs' Council (NPCC).
- Most importantly, improved patient experience and empowerment through person-centred community crisis alternatives that promote social inclusion and a strengths-based approach.



Safe Havens

4.3. There are currently nine Safe Havens (soon to be ten) across Kent and Medway, delivered by the Mental Health Matters Charity. Safe Havens provide a community-based, non-clinical crisis service, offering individuals experiencing mental health or psychological distress a safe physical space staffed by mental health workers. These professionals provide psychological support, de-escalation interventions, and peer support from other attendees, with stays of up to 24 hours.

- Seven Safe Havens are community-based, operating 7 days a week from 18:00-23:00.
- Two are co-located within Acute Trust hospital sites, offering 24/7 access.
- Safe Havens provide a viable alternative to statutory emergency services, preventing unnecessary escalation to secondary mental health care.
- Each Safe Haven has direct access to KMPT's Rapid Response Team, ensuring that if a person requires clinical intervention, this can be delivered promptly within the Safe Haven environment.

- All Safe Havens are interoperable. If an individual requires longer support, they can be transferred via the newly commissioned mental health conveyance service to a 24/7 Safe Haven.

Key Strengths

4.4. A defining feature of the Safe Havens is their strong integration with voluntary, community, and social enterprise (VCSE) organisations. Staff have extensive knowledge of local services, including housing support, debt advice, and employment resources, allowing them to offer holistic support beyond the immediate crisis.

Crisis Recovery Houses

4.5. Kent and Medway now have two Crisis Recovery Houses, each with five beds, located in Ashford and Medway. These facilities are accessible to any adult resident of Kent and Medway who is experiencing a mental health crisis that does not require inpatient admission but makes it unsafe to remain at home.

- Individuals can stay for up to seven days.
- Without this alternative, many would face unnecessary inpatient admission, which can be stigmatising, disempowering, and disproportionate to need.
- Given finite NHS inpatient capacity, it is crucial that beds are reserved for those whose needs can only be met in a hospital setting.
- Staffed 24/7 by experienced, non-clinical mental health support workers, Crisis Recovery Houses provide psychological and peer support to help individuals de-escalate their crisis.
- Access is via KMPT assessment, with direct links ensuring rapid escalation to clinical care if needed.

Key Strengths

4.6. Like Safe Havens, Crisis Recovery Houses are deeply integrated within VCSE networks, offering strong connections to housing support, financial assistance, and community-based mental health services. This strengths-based approach not only provides immediate crisis intervention but also fosters long-term resilience and recovery.

4.7. Kent and Medway Integrated Care Service have been incredibly fortunate to receive a generous donation from the Pears Foundation, which, impressed by the region's collaborative approach to mental health crisis care, has purchased a property in Medway for use as a Crisis Recovery House. This new facility, leased on a peppercorn rent basis, offers a significantly improved environment compared to the current Medway Crisis

House. Furthermore, the Pears Foundation has committed to purchasing additional properties to support the continued expansion of the Crisis Recovery House provision.

Mental Health Bespoke Conveyance and Sit-and-Care Service

4.8. The ICB has recently commissioned a dedicated mental health conveyance service to transport individuals in mental health crisis between home, KMPT hospital beds, and acute hospitals.

4.9. Previously, SECAMB (South East Coast Ambulance Service) was responsible for primary mental health conveyance (community to hospital) and G4S for secondary conveyance (between hospitals). However, long waits, patient complexity and an inability to pre-book SECAMB transport created significant challenges, particularly for complex community Mental Health Act assessments requiring hospital admission.

4.10. This led to widespread use of private providers, often lacking appropriate governance and, at times, transporting individuals in highly restrictive conditions disproportionate to their needs.

4.11. Newly commissioner services (via Secure Care) provides 24/7 availability of specialist vehicles operated by mental health support workers trained in de-escalation techniques.

4.12. Includes a 'Sit-and-Wait' component, where Secure Care staff take over from the police in Emergency Departments (via delegated police powers) to support individuals detained under Section 136, until their Mental Health Act Assessment is complete.

4.13. Improves patient dignity and experience, while reducing demand on SECAMB and Kent Police.

4.14. Supports NHSE Five-Year Plan objective of shifting Section 136 conveyance away from police custody toward health-based transport. An increasing proportion of Section 136 conveyances are now managed by paramedic units (instead of Police), ensuring that individuals receive the appropriate medical assessment to rule out any underlying organic causes of their presentation.

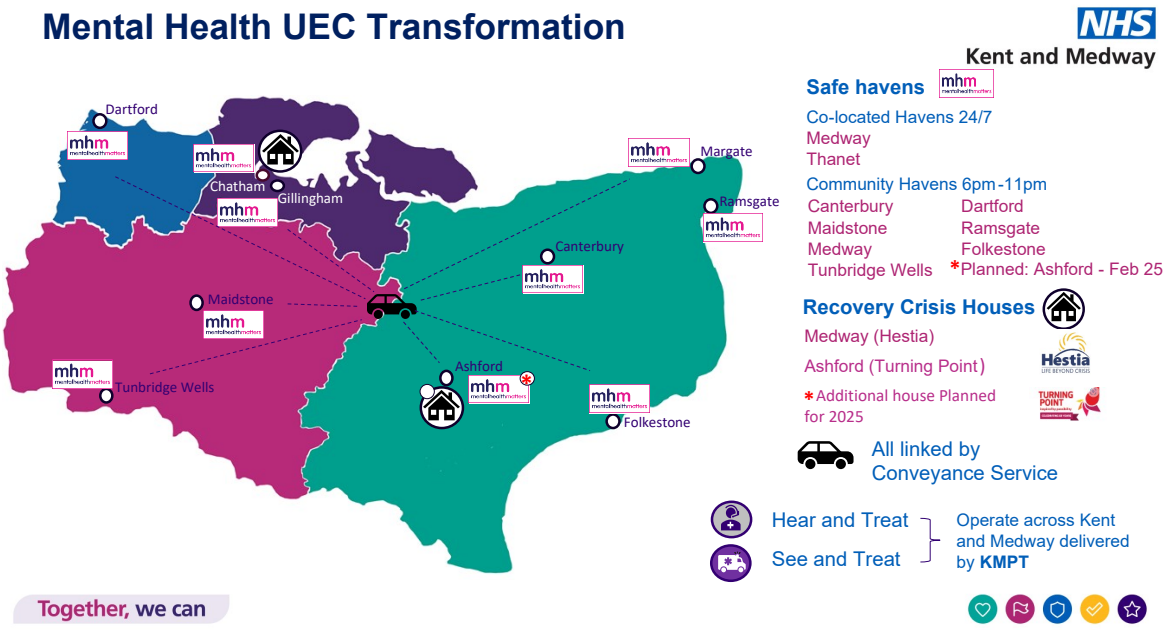
Hear and Treat / See and Treat – 836 Service (Urgent Police & Ambulance Response)

4.15. KMPT now provides a 24/7 'Hear and Treat/See and Treat' mental health professional tele-line for Kent Police and SECAMB.

4.16. Police officers and paramedics can call a mental health professional for advice and support when attending individuals in mental health crisis.

4.17. This service provides immediate access to clinical information, ensuring appropriate care pathways such as Safe Havens or direct referral to KMPT's Rapid Response Service for 'see and treat'.

4.18. Since launching in August 2024, this initiative has contributed to a significant reduction in Section 136 detentions and a decrease in ambulance conveyance of primary mental health cases to Emergency Departments, attracting national recognition.



Expansion of Liaison Psychiatry & Introduction of Front-Door Triage

4.19. KMPT are now funded to deliver CORE 24 across the four Acute Trusts (covering six Emergency Departments) ensuring on-site, multi-disciplinary mental health teams are available 24/7 to:

- Assess and support individuals presenting with co-occurring physical and mental health conditions in ED.
- Provide expert mental health assessment and intervention for Acute Hospital inpatients at the request of Acute Trust physicians.
- Deliver mental health training to Acute Hospital staff.

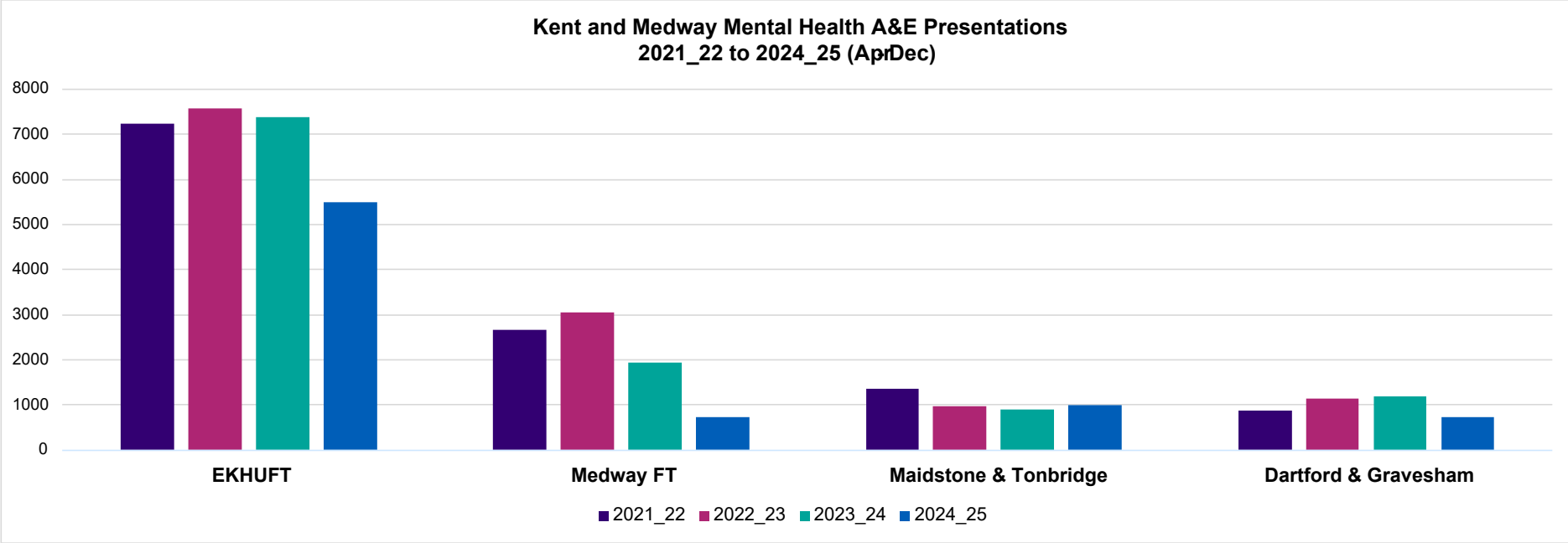
New Front-Door Triage Initiative

4.20. Liaison Psychiatry clinicians are now stationed at Emergency Department entry points at key points of the day allowing early intervention for individuals with primary mental health needs.

4.21. Patients can be redirected to more appropriate support, such as Safe Havens and other Community Mental Health provision where appropriate and safe to do so, avoiding unnecessary ED wait times and poor patient experience.

Mental Health UEC Transformation – Impact upon Primary Mental Health footfall to Emergency Departments

Kent and Medway



All A&E Presentations	2021_22	2022_23	2023_24	2024_25
EKHUFT	206758	210185	232230	208753
Medway FT	101825	103714	106801	101000
Maidstone & Tonbridge	162852	172624	183583	140820
Dartford & Gravesham	112709	122946	125641	95696

All MH Presentations	2021_22	2022_23	2023_24	2024_25
EKHUFT	7233	7578	7378	5485
Medway FT	2677	3053	1947	739
Maidstone & Tonbridge	1359	966	896	988
Dartford & Gravesham	869	1148	1204	746

Data source:
Lightfoot

Together, we can

4.22. The increased demand in East Kent is driven by local demographics, a higher prevalence of individuals with dementia, convenient geographical access to QEQM Hospital, the impact of coastal areas on poverty, and proximity to major transport links.

Reducing Out-of-Area Placements

4.23. Reducing out-of-area mental health admissions is a national NHSE priority.

Key Challenges & Actions

4.24. 30% of KMPT acute beds are occupied by patients clinically fit for discharge but awaiting social care or housing support.

4.25. Winter pressures have led to increased out-of-area placements, against NHSE planning guidance.

4.26. KMPT with support from the ICB are implementing mitigations, including:

- Closer collaboration with Adult Social Care
- A Transfer of Care Hub pilot
- Process improvements for early discharge
- Greater use of Home Treatment Teams & Crisis Recovery Beds
- Commissioned HACT (a housing charity) to develop a Kent and Medway Mental Health and Housing Strategy, aligning: District Housing Departments; KMPT and Adult Social Care.

4.27. The HACT review is nearing publication, with a Mental Health & Housing Symposium planned to drive strategy implementation.

Centralised Health Based Place of Safety

4.28. As previously mentioned, there has been a sustained reduction in the incidence of Section 136 see table below for Kent Police supplied data:

	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Apr	93	96	87	73	80	96	117	146	161	113	99	87	57	54
May	117	105	103	102	84	138	144	143	205	160	125	108	52	55
Jun	111	100	132	91	94	107	129	144	149	150	129	69	71	63
Jul	104	78	134	107	94	120	147	158	200	189	117	80	60	56
Aug	122	90	113	103	99	116	151	166	194	201	112	77	83	53
Sep	97	98	117	91	84	120	146	146	196	157	96	64	62	54
Oct	91	94	102	94	66	100	125	152	200	150	89	64	69	62
Nov	104	72	89	76	110	88	109	137	170	125	84	65	58	54
Dec	92	93	65	66	116	97	97	128	136	114	74	55	59	43
Jan	100	75	79	67	84	114	118	155	146	110	76	46	75	
Feb	94	88	74	58	85	117	101	147	155	144	67	52	55	
Mar	97	112	91	73	93	117	148	152	138	132	69	69	76	
Total	1,222	1,101	1,186	1,001	1,089	1,330	1,532	1,774	2,050	1,745	1,137	836	777	494

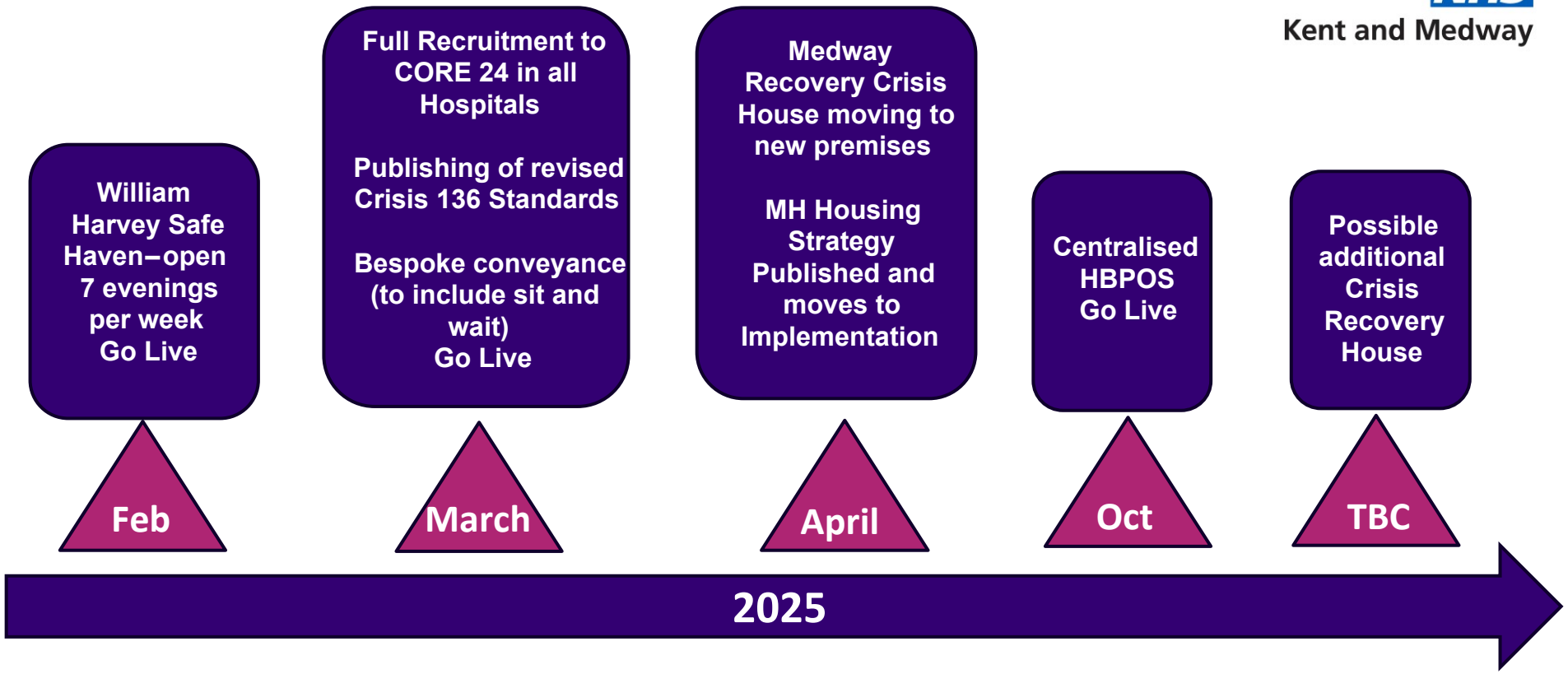
4.29. To further enhance the Section 136 care pathway, KMPT planned to open a centralised Health-Based Place of Safety in Spring 2025. However, due to unavoidable delays, the opening is now expected towards the end of 2025.

4.30. These delays were primarily caused by a longer-than-anticipated public consultation process, coupled with changes to the NHS-approved supplier and procurement framework, which delayed the appointment of the design team and subsequently disrupted the project timeline.

Next Steps

Looking forward

NHS
Kent and Medway



Together, we can

5. KMPT Internal Transformation Update

Violence and Aggression Reduction Programme

5.1. There is a National trend for health and social staff to report having experienced violence at work, with mental health settings experiencing a higher proportion of incidents and this is not unique to KMPT. Therefore, both National and KMPT priorities have led to a focus on the reduction of violence and aggression through the following areas:

- Trust Strategy to reduce the frequency of incidents relating to violence and aggression experienced by patients and staff on all inpatient wards within KMPT by 15% with a specific workstream to reduce racist violence and aggression incidents to 15%, in line with the national average
- Quality Account Priority to reduce violence and aggression related incidents
- CEO priority of Reducing violence and aggression against staff
- NHS England CQUIN 17: Reducing the need for the use of restrictive practices in adult and older adult inpatient settings
- Right Care Right Person police strategy
- Promoting Safe Service Plan
- Security Plan

Safety Culture Bundle Workstream (SCB):

5.2. Throughout 2024 the Acute directorate have implemented Safety Culture Bundles and we have seen a significant impact across the wards. As expected there was an initial increase due to increased reporting followed by some wards experiencing up to 75% reduction at one point in 2024 (Upnor Ward).

5.3. All Acute Wards are now live and successes being evidenced. They are now progressing into tiered accountability and moving towards the work becoming ‘business as usual’.

5.4. Forensic & Specialist Directorate started the roll out of SCB in October 2024.

Engagement Sessions

5.5. Several V&A Engagement sessions have been held since the launch of this workstream, led by the Chief Nurse. Initially these were well attended, with positive feedback. As the work has progressed attendance has decreased as the safety work becomes ‘business as usual’.

Reduce Racist Violence and Aggression Workstream

5.6. Staff are encouraged to report racist abuse and we are starting to see an increase in reporting, however we continue to know this is significantly under reported.

5.7. A number of different initiatives have been developed, tested and are now in the process of being rolled out:

- Allyship Training;
- End to End Equality, Diversity & Inclusion (EDI) Experience (for patients);
- Trauma Informed Care (for staff);
- Hate Crime Workshops (in collaboration with Kent Police);
- Kent Police Surgeries (in collaboration with Kent Police).

Culture of Care Programme

5.8. NHSE collaborative 2-year programme underway in KMPT. Aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for.

5.9. Bluebell Ward and Fern Ward identified and staff training and coaching sessions were led by experts from Royal College Psychiatry (RCS). Wards have now completed 7 modules in the programme

5.10. Co-produced initiatives being rolled out and the initiative has been welcomed by patients and carers.

5.11. Consideration for how £54,000 NHSE funds will be used to promote inclusion on the wards

Increasing Productivity and Sustainability

5.12. As part of KMPT's drive to improve productivity and ensure services are sustainable, efficient use of our estate forms part of our 2023-26 strategy. Over the past year the Trust Estates & Facilities Team have led a detailed activity-based review of KMPT's property portfolio in the Canterbury locality.

5.13. KMPT Canterbury property portfolio consist of 3 sites:

- St Martins
- Laurel House
- Ethelbert Road

5.14. The accommodation review is predominantly informed by clinical activity but also support services activity in the locality. The review has identified some under-utilisation of accommodation and confirmed opportunities to improve efficiency though better use and utilisation of the estate.

5.15. Supported by the Trust Leadership Team the reconfiguration of accommodation was welcomed as it will improve the quality of clinical and office environments as they are updated and refreshed through the reconfiguration programme.

6. Conclusion

6.1. This paper provides members with a comprehensive update on changes within the mental health landscape and focuses on key programmes which are and will continue to make improvements for patients within Kent. Many of the programmes are already exhibiting positive outcomes, illustrating how coming together over a shared purpose has benefited both patients and the organisations represented.

6.2. Although the landscape is continually changing, we will continue to respond quickly and effectively to these changes to protect the most vulnerable in our society.

7. Appendices

7.1. Appendix One – Findings from KMPT Violence and Aggression programme workshop:

Inpatient Services

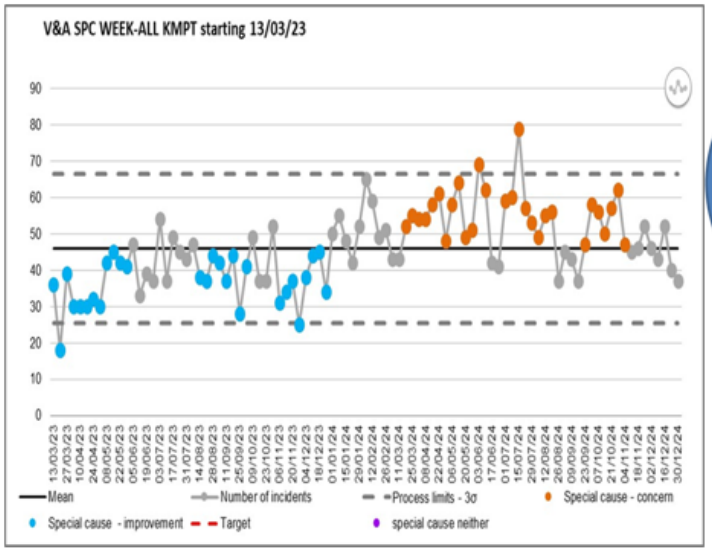
NHS
Kent and Medway
NHS and Social Care Partnership Trust

- Reducing Restrictive Practices:

Safety Culture Bundles(SCB):

•Acute–now transitioned to business as usual following the introduction of 'tiered accountability' across all Acute wards.The V&A Steering Group will continue to monitor performance until the new model is fully embedded & sustained –expected to complete within three months.

•Forensic–continuing to implement



"We used to wait for an incident to happen but now we plan how to prevent them.."

"We come up with a plan that is clear and agreed with staff, everyone knows what to do now."

"Although I am not sure the SCB prevents incidents, especially when we have a mixture of patients, but it does help staff come up with a proactive action plan, staff notice the triggers and signs much earlier.."

I do a daily activity planner with patients and we all enjoy it, we do yoga together now! The teamwork is brilliant now"

Brilliant care through brilliant people

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

- Culture of Care:
- We have two wards participating in this national project supported by the Royal College where key changes to hospital environments are addressed.
- Wards have completed 7 modules in the programme
- Co-produced initiatives being rolled out and the initiative has been welcomed by patients and carers.
- Consideration for how £54,000 NHSE funds will be used to promote inclusion on the wards

- EssenCES:
- This is a project being undertaken on Orchards Ward looking at the culture on the ward from both the staff and patients perspectives, being led by OT and psychology teams

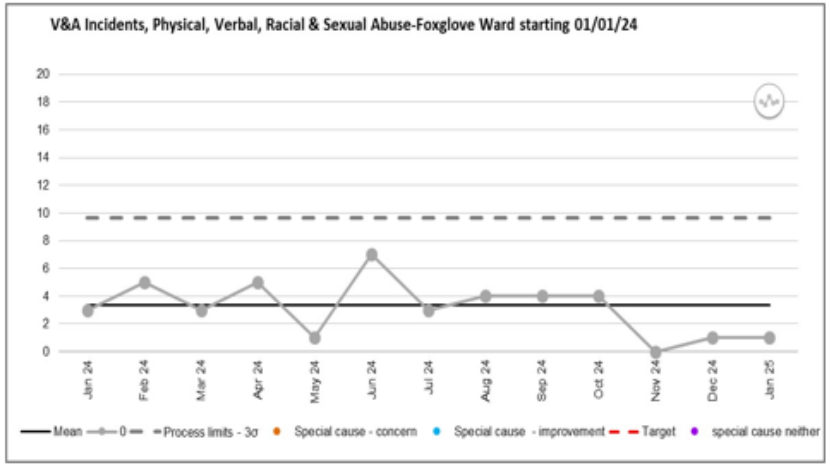
- Patient & family/ Carer Experience:
- We continue to strive to provide outstanding care and experiences for our patients and their families/ carers. We aim to increase our patient involvement in quality work, such reducing restrictive observations by developing the membership of working groups etc.

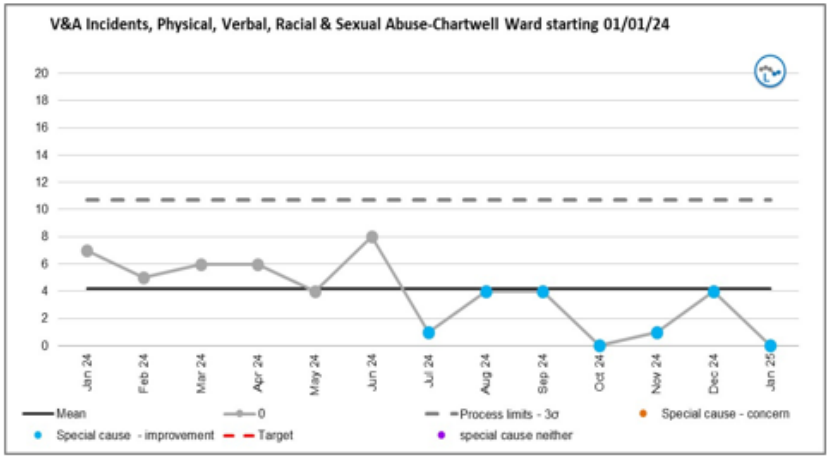
- Workforce:
- We currently have a low number of Band 5 vacancies across our inpatient services, which is a significant achievement. The focus now is on retention and development of our workforce in addition to ensuring a secure pipeline to our organisation from universities.

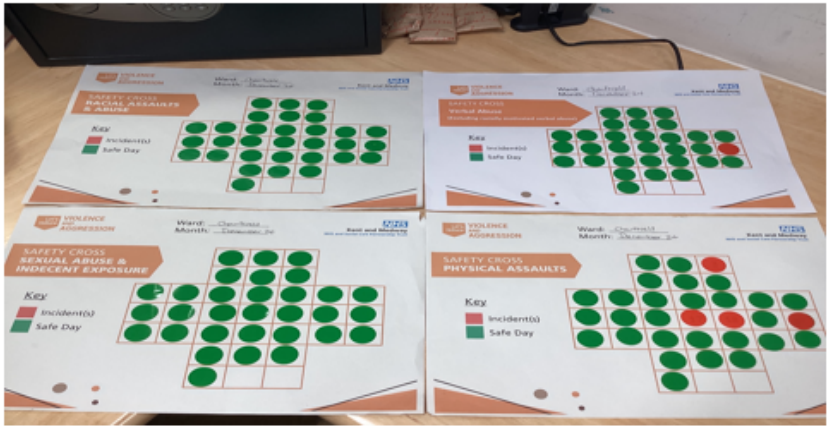
Celebrations:

- QI search work – forensic directorate
- HSJ Finalist – Tarentfort Centre with their work on Sexual Safety

Violence & Aggression Acute Inpatient – Notable Area







Both wards are 18-bedded female wards that often care for patients with complex trauma histories, autism and behaviours that challenges services.

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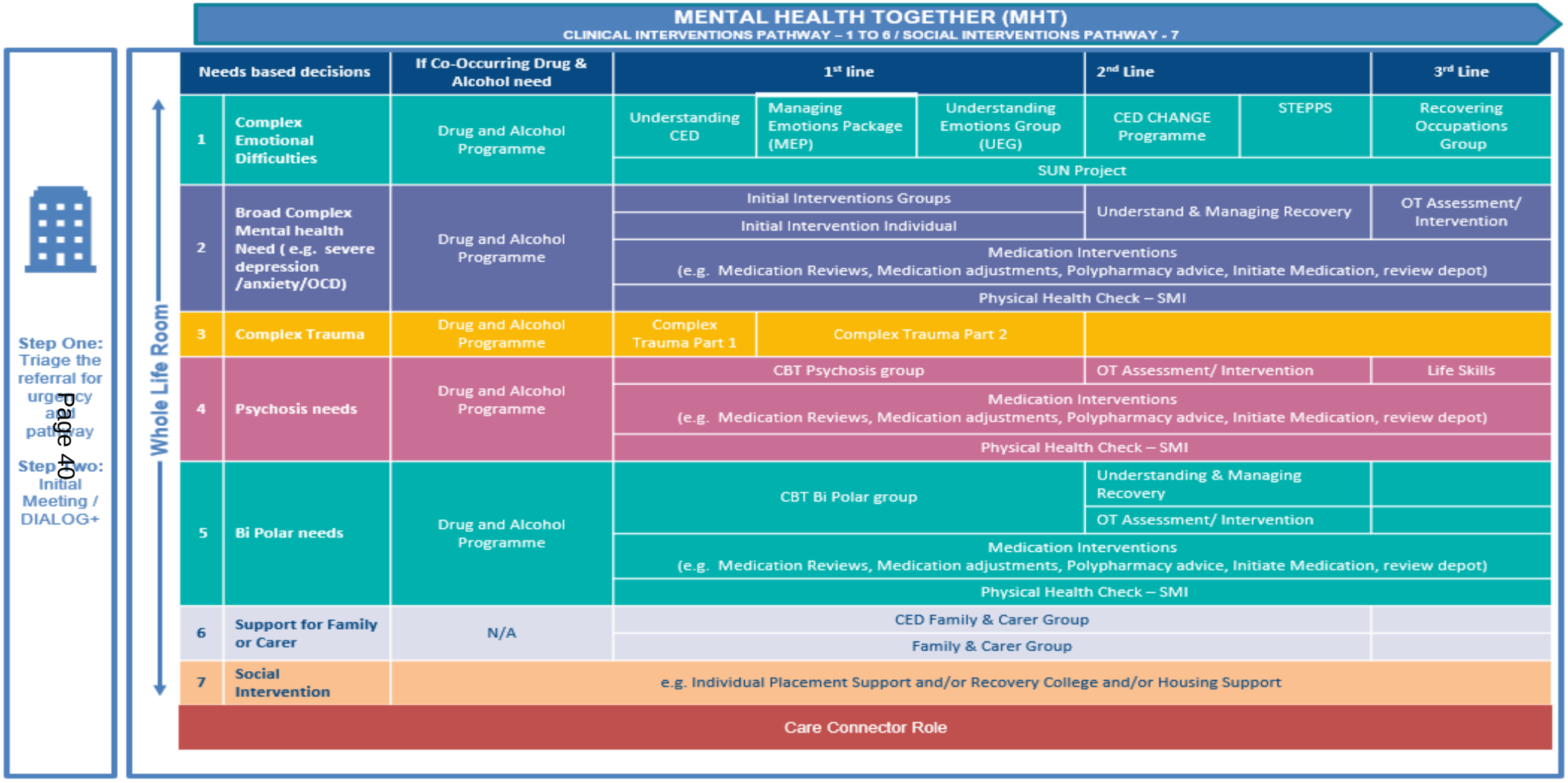
Brilliant care through brilliant people

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

7.2. Appendix Two – Mental Health Together



MENTAL HEALTH TOGETHER+

CLINICAL INTERVENTION PATHWAY 1 TO 7

Flow Meeting

	Needs based	Specialist Assessment, as required	Treatment model: Peer Supported Open Dialogue (a new way of delivering services & a distinct form of therapeutic conversation called 'Dialogic Practice')		
1	Complex Emotional Difficulties Pathway	Service users will most likely have a Complex Emotional Difficulties including concerns in relation to high risk to self or others. Their ability to manage patterns of attachment mean that a structured multi-professional approach is required.			Therapeutic Community
		Specialist Assessment (Psychiatric/ Psychological/OT)	• Mentalisation Based Therapy • CBT-PD/CAT/Psychodynamic Psychotherapy	• Dissociative Identity Disorder • Antisocial –CED • OT Interventions	
			SUN Project		
2	Complex Case Management Pathway	Service users will most likely have multiple complex characteristics and risks, whose needs are met from a number of services and need a higher level of engagement, co-ordination and support (including statutory needs/requirements).			Complex Psychosis Rough Sleeper Service WK/Medway
		Specialist Assessment (Psychiatric/ Psychological/ OT)	• Frequent detailed Contact • Multi- Agency working • Complex Risk Management • Out Patient Appointment (OPA) • Physical Health Checks for SMI	• Intensive Support Time Recover worker support on an individual basis • Individual/ Family Psychological Therapy (TF-CBT; EMDR; CBTp and CBTb) • OT Intervention	
3	Recovery Pathway	Service user will be presenting with long term Psychosis and Bipolar who are likely to receive Occupational Therapy (OT) intervention and/or Individual/Family Psychology. This may also include those being reviewed by the Psychiatrist due to the level of complexity with their medication regime.			
		Specialist Assessment (Psychiatric/ Psychological/ OT)	• Individual/ Family Psychological Therapy (TF-CBT; EMDR; CBTp and CBTb) • OT/ STROT/ Understanding & Managing Recovery/ Life Skills	Physical Health Check SMI	
4	Clinic Pathway	Service Users will be presenting with longer term Psychosis and Bipolar and who are receiving Depot, Clozapine, and Lithium.			
		Specialist Assessment (Psychiatric/ Psychological/ OT)	• Depot, Clozapine and Lithium clinics • Physical Health Checks SMI	This does not exclude them from receiving other social, psychological or occupational therapy treatment.	
5	Later Life Pathway	Service users with severe mental health difficulties interacting with later life issues (65 and over), such as functional cognitive impairment, higher-level sensory issues, adaptations to loss etc..			
		Specialist Assessment (Psychiatric/ Psychological/ OT)	• Frequent detailed Contact • Multi- Agency working • Complex Risk Management • Psychiatric Review (MDT) • Physical Health Checks for SMI • Depot, Clozapine and Lithium clinics	• Transitions group • Individual/ Family Psychological Therapy • OT Intervention • Intensive Support Time Recover worker support on an individual basis	
6	Dementia Post Diagnostic Pathway	People recently diagnosed with a dementia in the MAS pathway for post diagnostic support, and people with dementia and in crisis			
		• As required - Specialist Assessment (Psychiatric/Psychological/ OT)	• Post Diagnostic Support (one-to-one) • Living Well with Dementia group • Cognitive Stimulation Group • Dementia engagement groups	• Psychological Behavioural Support • Dementia Crisis Support • Dementia Medication Review • Psychiatric Review (MDT) • Individual/ Family Psychological Therapy • OT Intervention	
7	Urgent Duty Function	This is for service users within the MHT+ shared caseloads who require an immediate duty response, and support for family and carers.			

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Item 5: Adult Autism and ADHD Pathway Development and Re-procurement 2025/26

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Adult Autism and ADHD Pathway Development and Procurement - Update

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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 offers background information which may prove useful to Members.

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1) Introduction

a) The NHS Kent and Medway (the Integrated Care Board (ICB)) outlined their proposed model for adult Autism and ADHD services in Kent at HOSC on 2 October 2024. They set out the context of a significant increase in demand for services (600% across the county since 2022), and summarised their plans for procuring a new combined pathway from April 2025.

b) Members decided the proposals were not a substantial variation of service - in part because current pathways were being amalgamated as opposed to changed - but were concerned about the rising demand and limited funds. Members invited the guests back to present an update at the appropriate time.

c) The ICB have been invited to attend today's meeting with an update and feedback received from public engagement events.

2) Recommendation

a) RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2024) 'Health Overview and Scrutiny Committee (2/10/2024)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9543&Ver=4

Contact Details

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Kent County Council
Health Overview and Scrutiny Committee

12 March 2025

Update on Adult Autism and ADHD Pathway Development and Procurement

Report from: Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD

1. Summary

1.1. This report seeks to provide an update to Members on the progress made on the health commissioned care pathway for adult Autism and ADHD services in Kent, the revised commissioning processes that have being undertaken, the governance arrangements for this, engagement with people with lived experience and future actions planned to address challenges within this clinical area. This report follows a previous briefing to Members in October 2024.

2. Recommendations

2.1. Members are asked to note the report.

3. Budget and policy framework

3.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Kent. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

4. Update on Adult Autism and ADHD Pathway - Development and Procurement

Introduction and Background

4.1. The committee requested a report from the Kent and Medway Learning Disability and Autism Delivery Partnership to provide an update on its programme of work being undertaken on the adult autism and ADHD pathway development and procurement.

4.2. This paper provides Members with information on the work progressed following an initial paper presented in October 2024 outlining the proposals and reason for change.

Outline of proposal with reasons

4.3. In summary, 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. 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. The most significant increase in 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). This demand coupled with workforce pressures and NHS financial constraints has placed significant demand on the service.

4.4. 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.

4.5. 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

4.6. 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.

4.7. 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 pathways that address the needs of this population at several levels.

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

Update on the redevelopment of adult Autism and ADHD pathways

a. Procurement process and timelines

4.9. Under the current procurement legislation 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. This applied to the diagnostic assessment and follow up treatment for autism and ADHD and means these parts of the clinical pathway are now commissioned under right to choose (RTC).

4.10. A contract accreditation process for NHS Kent & Medway is in place and the service specification, standardised tariffs and accreditation process for autism assessment diagnosis and ADHD assessment diagnosis, prescribing and titration went live in February 2025. This will be the process through which diagnostic and post diagnostic pharmaceutical (ADHD prescribing) will be undertaken for new patients referred from 1 April 2025 onwards and should enable patients to access assessment in a timelier manner, although as demand continues to be very high for these services, waiting times are expected to be long via right to choose. A clear process for referral management and clinical triage through primary care is in place locally to ensure referrals under RTC are appropriate and meet agreed clinical thresholds.

4.11. Providers can apply for accreditation at any time, so regular communication will be maintained with GPs to ensure they have an update list of accredited providers to choose from.

4.12. Patients currently on the NHS commissioned service waiting list for assessment will be held by Kent Community Health NHS Foundation Trust (KCHFT) and then transferred to accredited providers over the course of the next 12 months. Patients will be transferred based on clinical need, with those identified as priority being transferred first, e.g. patients waiting for medication reviews. Patients transferring from a children's ADHD service will be prioritised and should be seen by the accredited provider for a medication review within 12 weeks of their 18th birthday.

4.13. Provision has also been made for people with a complex mental health comorbidity and/or learning (intellectual) disability, alongside ADHD, where the needs of the individual might be better supported by specialist NHS services commissioned locally. These services will be in place from April 2025 onwards.

4.14. Procurement of the other parts of the autism pathway (the community support and intensive support offer) has been progressed through direct award with existing providers as per the current procurement regulations. KCHFT will expand the current post diagnostic support offer for autistic adults to include additional keyworker capacity which will provide support to more people and Sinclair Strong will continue to deliver intensive support to autistic adults via Kent and Medway Complex Autism Service.

4.15. The requirement to procure the different elements of the autism pathway under different procurement arrangements has meant that the desired outcome to have a more streamlined service provision for neurodivergent people has not been realised. However, there is commitment from all parties to work together, in partnership with people with lived experience, alongside their families to work in new and different ways to build sustainable

models of delivery which enables different levels of support to be available, including self-management approaches, peer networks, community support and specialist services.

4.16. The need to procure under right to choose legislation will create a significant financial pressure for the ICB as the demand for ADHD assessments and medication remains high. To mitigate this risk, we

i. are continuing to work with KCHFT to cleanse the current waiting list and ensure only referrals who meet the clinical triage criteria are progressed for assessment
ii. Are ensuring there are locally clinical triage processes in place prior to referrals being made through RTC to ensure only appropriate referrals are made
iii. have agreed local tariffs for RTC activity in place
iv. are continuing work 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

b. <u>Engagement with people with lived experience of ADHD</u>

4.17. Between November 2024 and February 2025, 1,157 people took part in a survey carried out online to gather people's views on the existing adult ADHD pathway. We also held events, two in-person and two online discussions which 42 people attended.

4.18. Prior to starting this engagement, NHS Kent and Medway commissioners and the Communications and Engagement Team worked with the Adult ADHD Patient Reference Group (PRG) to develop a proposed model with the view to inform a procurement for ADHD assessment and support. While going through this engagement process, updated legislation meant that ADHD assessments and follow up would become a right to choose service and no procurement was needed for that aspect. Therefore, although we began by looking at a model it became apparent that the model wouldn't change significantly and that the impact patient experience could have, was around the commissioning of support.

4.19. What we have heard highlights significant challenges in accessing assessments and treatment as well as support pre and post diagnosis. People said that they would like tailored support such as coaching, therapy, crisis services, financial and employment guidance. Other suggestions to help improve services include awareness and training for healthcare staff and GPs, better communication during the process, self-referral options, crisis escalation pathways, and a central directory for ADHD-friendly services. We also heard practical solutions such as introducing a post-diagnosis welcome pack, text or WhatsApp reminders, and a visible NHS waiting list system.

4.20. We are using this feedback to inform our plans as we look to commission extended support for people with ADHD aligned to the areas people have identified as having the greatest impact. These services will start to come online from April 2025 onwards.

4.21. We are also working with colleagues in primary care and the specialist ADHD services to try address some of the immediate concerns raised, in particular around shared care arrangements for ADHD prescribing.

4.22. The full report from these engagement events can be found in **Appendix 1**

Next Steps and Improvements

4.23. Accredited list of providers for people to access right to choose pathways via GP referral goes live from 1 April (currently GP referral only goes to KCHFT unless the patient requests right to choose)

4.24. Webpages pulling together local and national support offers for people with ADHD and autism are currently in development and will launch from 1 April. They will be reviewed and updated regularly, with the support of people with lived experience

4.25. Working with partners to address issues and provided contingencies around shared care where GPs have opted out of shared care or choose not to offer it as an enhanced service

4.26. Working with primary care to progress development of community ADHD hubs with skilled staff in each locality in Kent and Medway thus reducing demand for RTC and improving patent experience

5. Risk management

5.1. There are no significant risks to the Council arising from this report

6. Financial implications

6.1. There are no financial implications for the Council arising from this report.

7. Legal implications

7.1. There are no legal implications arising from this report.

8. Lead officer contact

Marie Hackshall
System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD
Learning Disability and Autism Programme Delivery Unit
Kent and Medway Partnership for Neurodiversity
(on behalf of NHS Kent & Medway ICB, Kent and Medway Councils)

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Appendix 1

NHS
Kent and Medway

Adult Attention Deficit Hyperactivity Disorder (ADHD) Review

November 2024 – February 2025

Summary

This winter, NHS Kent and Medway asked people for their views on how they think adult ADHD services might be improved.

Over the past few years, demand for ADHD assessments in England has risen at such speed that services are unable to keep up.

In the past two years, Kent and Medway has seen a rapid 600 per cent increase in demand for adult ADHD services. This is a national issue and waiting lists for a specialist assessment with the adult ADHD service can take several years.

We recognise that change is needed.

So, we have worked in partnership with providers and people with lived experience to understand the sort of support most effective for people living with diagnosed, undiagnosed or suspected ADHD, including family, friends or carers of someone living with diagnosed or suspected ADHD. We also welcomed feedback from representatives supporting Voluntary, Community and Social Enterprise (VCSE) sector or other organisations.

1,157 people took part in the survey and we also held events, two in-person and two online discussions, which 42 people attended.

What we have heard highlights significant challenges in accessing assessments and treatment, as well as support pre and post diagnosis. People said they would like tailored support, such as coaching, therapy, crisis services, financial and employment guidance. Other suggestions to help improve services include awareness and training for healthcare staff and GPs, better communication during the process, self-referral options, crisis escalation pathways, and a central directory for ADHD-friendly services. We also heard practical solutions, such as introducing a post-diagnosis welcome pack, text or WhatsApp reminders, and a visible NHS waiting list system.

We will now use this feedback to inform our plans as we look to commission extended support for people with ADHD.

Contents

What we heard

There is a high demand and long waiting times with many respondents waiting several years for an assessment. This has led to additional impacts for some, who have then experienced issues with their mental health or had to rely on private diagnosis due to NHS delays.

More than half of the participants across both the survey and events are on a waiting list and not accessing support. Those who have accessed support have used a variety of tools, including an app (COGS AI) which was reported by many to be difficult to use, or online coaching which is said to be helpful but can be difficult to access due to timescales.

Further experiences include fearing judgment and feeling shame due to significant challenges around systemic barriers and a lack of centralised support for managing daily tasks, such as cleaning, paperwork, meal preparation, and the need for hands-on support. There were also many reports of finding it difficult to navigate services. People also shared ADHD-related struggles in accessing systems and facing penalties, increased risk of self-harm, and feeling a burden to carers or family.

We heard there are challenges with many health professionals lacking training, confusion around shared care for ADHD medication or referring patients for assessments. People also reported poor communication with the referral system with many feeling they were ‘forgotten’, ‘lost’ or ‘abandoned’ in the process. Some struggled with transition from child to adult services, requiring reassessments that create unnecessary delays. Many participants said that there is a need for pre and post diagnosis support, including more in-person support for ADHD, help with completing forms, follow-up care, medication management, parenting, peer groups, employment and financial guidance, therapy and coaching.

It was also suggested that communication is improved and that people on the waiting list are provided regular updates on their estimated waiting times. People would like better communication to patients around medication shortages. There were also calls for services to be more accessible, with self-referral options and in-person neurodivergent support and crisis support. This includes having accessible formats in ADHD friendly information e.g. short videos and written bullet points instead of wordy booklets.

People shared possible solutions. These included

- having a central place and directory for ADHD-friendly services
- care navigators
- dedicated crisis support
- therapy
- tailored mental health help
- support for carers and families
- a buddy system to provide emotional and practical support
- employment and workplace support.

Other suggestions include having a visible NHS waiting list system, multi-format communication methods (written, video, social media), a crisis escalation pathway and consideration of a partially funded diagnostic route to reduce wait times. One suggestion included introducing a welcome pack post-diagnosis with practical tips, local groups, tracking tools and self-care guidance. Many people said that their preferred method of contact was via text or WhatsApp and that they would like reminders via this route.

Some suggested that improvements could be around clearer triaging criteria and prioritising urgent cases.

Overall, most participants still seek a formal diagnosis due to its impact on treatment access, employment, and personal validation. There is also a clear demand for including increased resources, GP training, dedicated crisis and tailored support, and better awareness of and communication in ADHD services.

What happens next

We would like to thank each person who got involved and shared their views, experiences and ideas.

These findings will be presented to the Learning Disability and Autism Delivery Partnership Board, as well as being shared with Medway Council and Kent County Council's Health and social care scrutiny committees.

We will then consider all feedback from this engagement, advice from subject matter experts and those with lived experience, as well as relevant national policy, to help inform decisions on how we can improve adult ADHD services. The results of which, will be shared in due course.

Background

Prior to starting this engagement, NHS Kent and Medway commissioners and the Communications and Engagement Team worked with the Adult ADHD Patient Reference Group (PRG) to develop a proposed model with the view to inform a procurement for ADHD assessment and support. While going through this engagement process, updated legislation meant that ADHD assessments would become a right to choose service and no procurement was needed for that aspect. Therefore, although we began by looking at a model it became apparent that the model wouldn't change significantly. We therefore focused our engagement on where patient experience would have the most impact, around the commissioning of support.

Methodology

Our approach to engagement was to gather insight into people's views, firstly through an online survey (Appendix A) that was shared widely across Kent and Medway.

We asked people about:

- What experience they have for an assessment, medication review or support
- What type of support they have accessed
- Whether the person is waiting for a dual diagnosis for autism and ADHD
- How could we make the experience of using adult ADHD services better
- What kind of support matters most for a person with ADHD/undiagnosed ADHD
- For those that do not have a diagnosis – what their preferences would be to access support
- If the person had support needed to live well, would they still want to seek/receive a diagnosis
- Whether they are seeking specific mental health support as well as an ADHD diagnosis
- Their thoughts about the proposed pathway and if there is any specific support to consider.

  Read the full survey in appendix one.

The survey was shared widely with the following community organisations who had experience of working directly with adults with ADHD who we wanted to hear from.

ADHD Aware
ADHD Sheppey
ADHD Sheppey Parent, Carer, adult Support Group
ADHD support for women and girls
Advocacy for All
AG Counselling
Ambitious about Autism
Arts without Boundaries
ASD Ashford
Bemix
Carers First Medway
Downs Syndrome Association
East Kent Autism & ADHD social
East Kent SNAAP (children SEN)
For Us Too
Imago
Insighful minds
Kent Autistic Trust
Kent PACT (although SEN 0 - 25)
Kent Parents and Carers Together
Medway MAGIC
Medway PACT
Medway Puzzles (adults with autism or LD)
Medway SEND Information, Advice, Support
Megan CIC
Mixmatched
Neurodivergent Friends in Thanet
neurodiversity social group
PCAS
Practical Wisdom
Shepway Autism Support Group

Shepway Spectrum Arts
The Education People
The ND Harbour Kent
The Omnibus Project
Together 21
We Got You
You Me and ADHD

Text messages were also shared with 4,000 people who had been waiting the longest for an ADHD assessment.

We also ran a social media campaign across Facebook, Nextdoor and Instagram to encourage people to complete the survey. Graphics for the social media campaigns are included in Appendix C.

A news story was published on NHS Kent and Medway's website with people directed to the Have Your Say website to complete the survey. The news story was also highlighted in our publications including:

- News for you (a community bulletin to 8000 people across Kent and Medway)
- GP bulletin (shared with 2000 people who work in GP practices)
- Stakeholder bulletin – 800 people who work in health and care partner organisations across Kent and medway

The survey was open 9 October 2024 and closed on 4 December, 1,157 people took part.

The second approach was to hold discussion events. A news story was published on NHS Kent and Medway's website which directed people to an Eventbrite page to book a free place. The events were promoted via Facebook, LinkedIn, Instagram and TikTok.

Medway Council, Ashford Borough Council and Kent Community Health NHS Foundation Trust shared the posts on their own Facebook pages.

A poster (Appendix D) was also displayed at:

- Chatham Waterfront Bus Station as well as The White House
- The Pentagon Shopping Centre (Bus info display)
- Medway Maritime Hospital Bus Stop
- Chatham Library & Community Hub

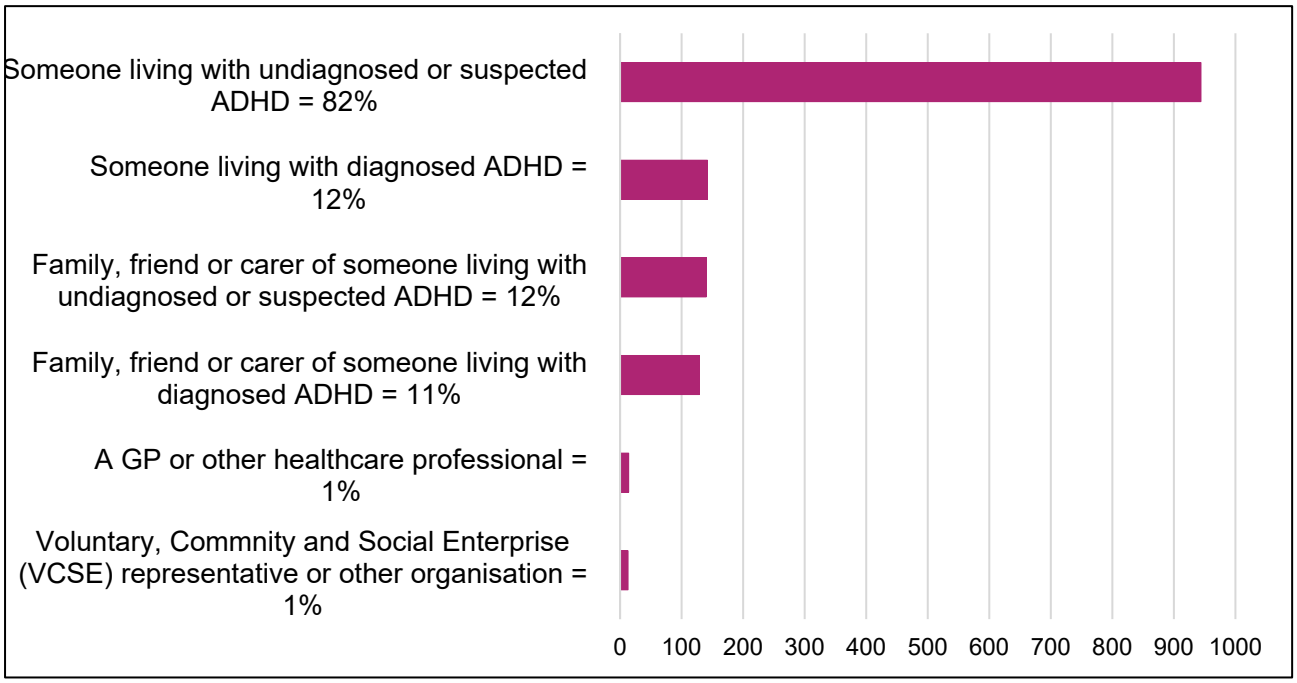
Two events were held in-person and two were held online. A presentation (Appendix B) was shared, followed by a question-and-answer session and then a detailed discussion where we asked:

- What type of support do you need?
- How do you want to access support?
- How can we provide the greatest amount of support to the greatest number of people?

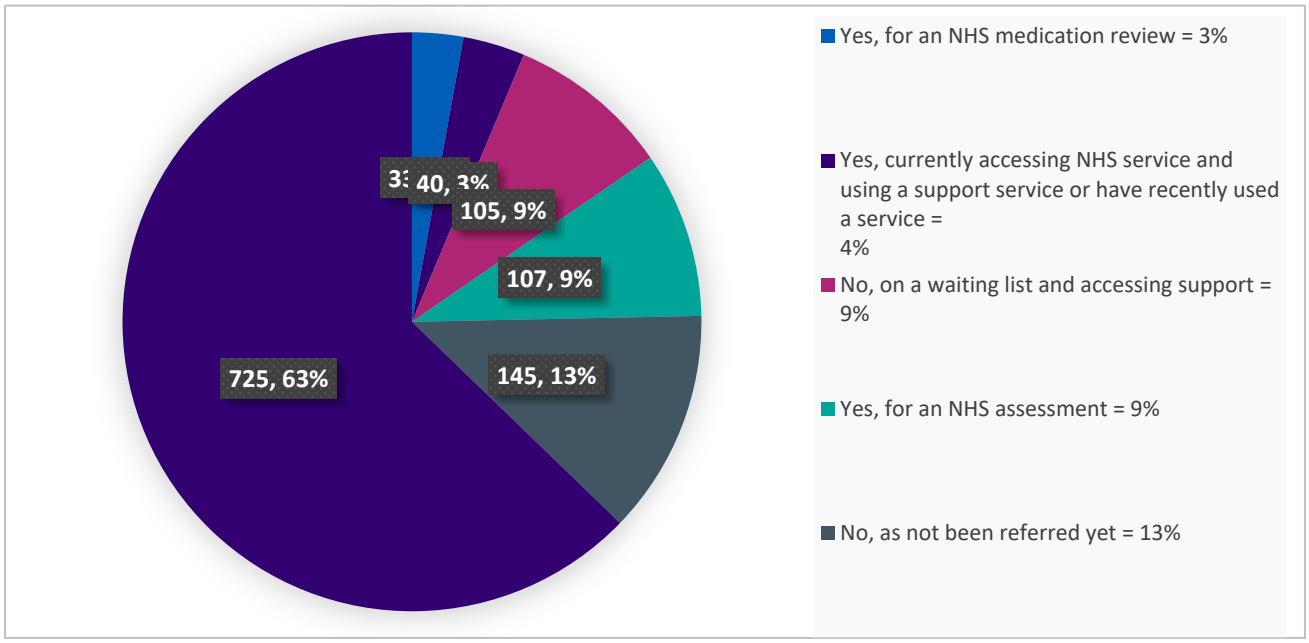
Both the survey and events were co-created with a patient reference group of people with lived experience and we thank them for their time, thoughtfulness and insights which improved both methods.

People's experience with ADHD - survey responses

Question one: How would you describe yourself? Multiple options were allowed.



Question two: Do you (or the person that you know with ADHD/undiagnosed ADHD) have experience of using the adult ADHD service either for an assessment, medication review or to access support, e.g. app-based support or online workshops or group coaching?



Question three: Please tell us what type of support you are accessing e.g. app-based support, online workshop, group coaching etc.

This was a free text answer. 145 participants responded, the key themes are:

App support - COGS AI

The highest response was from 64 participants who said they use the COGs AI app. Some found the app challenging and difficult to use or not helpful. It was suggested that app-based services need to be more tailored and that support requires active engagement, which can be challenging for those with ADHD symptoms.

"An app called COGs which I personally find is more directed towards children with Autism. I haven't found it useful at all."

"I got sent a link to get the Cogs App. But for me it's not great as I have to actively remember to use it which never happens. And it was only free for 6months so not the best when I could be on a waiting list for years."

Coaching or online workshops - Practical Wisdom support

13 people said they access online workshops or coaching, however the name of the organisation providing the workshops or coaching was not provided.

16 participants said they access Practical Wisdom coaching or workshops which had some positive feedback about being supportive and helpful, but issues were raised with accessibility and being flexible with timing.

"I have had online coaching with Practical Wisdom which has been illuminating and really helpful."

"I have joined the practical wisdom coaching sessions; however, they are difficult to access live as they are during work hours. I do have the replay links but it's remembering to watch them! Saying that, they are useful."

Therapy and counselling - Many said they have accessed private tailored support (that includes assessment), medication and therapy. Feedback confirmed that counselling sessions, CBT and coaching are beneficial but difficult to access.

Not accessing support - Several said they were not accessing any support at all. Challenges include lack of understanding and accessing tailored support. One extreme example was a person who said they were: "Using alcohol, sometimes crack."

Paying for private support - Several participants said they relied on private diagnosis and medication due to NHS delays, incurring significant costs. Some want easier transition from private to NHS for medication purposes.

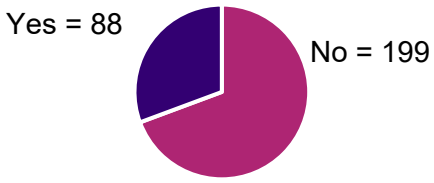
Respondents mentioned numerous types of support or services they use including:

- Access to Work
- Advocacy for All
- CBT
- COGs AI
- Counselling

- CPN
- Family and friends
- Finch AP
- Forward Trust (supporting people affected by drug or alcohol issues)
- Fraught to Focus
- GP
- Managing Emotions course
- Mindfulness
- Mum group
- Music
- Neurodiversity at work
- Peer support at school
- Research
- SEAS social activities
- Shared care with 360

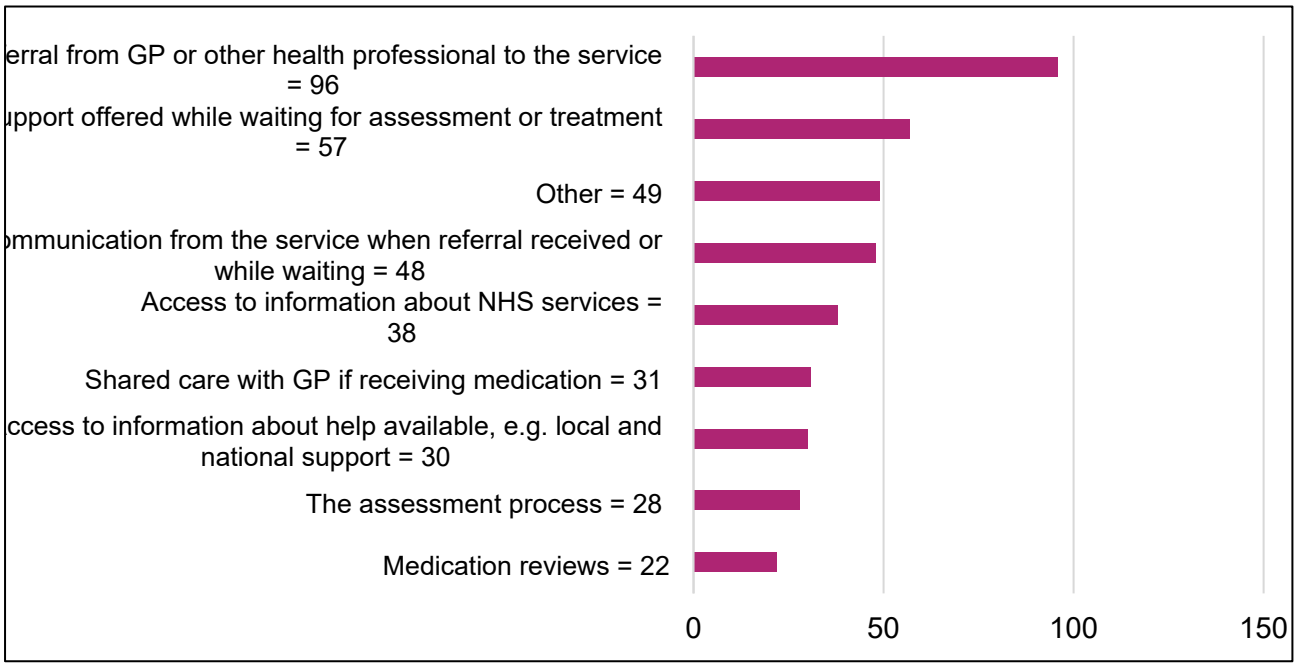
Question four: Are you waiting for a dual diagnosis for autism and ADHD?

287 people responded



Question five: What worked well in your (or the person that you know with ADHD/undiagnosed ADHD) experience of using the adult ADHD service (please tick all that apply)?

242 people responded.



The options less chosen, in order with least chosen at the bottom were:

- communication from the service when referral received or while waiting
- access to information about NHS services
- shared care with GP if receiving medication
- accessing information about help available
- the assessment process
- medication reviews.

Responses under 'other' (21 responses):

Right to Choose -Two participants mentioned the Right to Choose initiative, with one accessing private therapy.

> *"The right to choose initiative that meant I could get my diagnosis so much quicker.*
> *"Right to choose - if it wasn't for the right to choose and paying for private therapy I would be struggling."*

> *"The only thing that worked well for me was the part of the process that the NHS commissioned to a private provider. The rest of it has been poorly run, without information, and the waiting lists....."*

Non-medication support - A participant mentioned the only thing that sounded positive is opting for non-medication support.

Specific concerns raised include:

- Being misdiagnosed with depression
- Dependence on private providers and issues with Psychiatry UK
- Existing services being inaccessible including moving from private to NHS
- Feeling unsupported
- Issues with GPs
- Waiting for two years and in the meantime buys street drugs
- Prolonged waiting times for diagnosis, titration and medication
- Receiving conflicting information and communication.

"It was all an uphill struggle. Diagnosis was a spectacular and unacceptable wait and was required for RA at an education setting. As such we were left with no option other than seeking a private diagnosis. The transfer to NHS for titration and medication was a further unacceptable wait. When eventually this was achieved after some issues, the method with Psychiatry UK was obscenely inaccessible for someone with ADHD. Having been discharged due to classic ADHD characteristics around exec functioning and forgetting passwords. It was a battle to get back on titration and then there was a shortage of drugs just when exams were being sat. You couldn't come up with a more ADHD unfriendly system if you tried."

Question six: *How we could make the experience of using adult ADHD services better?*

This was a free text answer.

981 people suggested improvements with the key themes being:

- Waiting times and diagnosis
- Communication
- Support pre and post diagnosis
- Information and awareness
- GP training and resource

Waiting times and diagnosis

More than a third (325) of respondents reported that services would be better if waiting times are improved. Many said they have been waiting several years for an assessment. The delays were said to impact existing conditions and mental health, work and relationships.

"Make appointments available. I still have not seen a hospital assessment face to face aside from filling in a questionnaire. I have cancer and should be prioritised for this clinical assessment now."

"7 year wait too long. I have given up. The same goes for Autism assessment where I had to pay for my own costing £2500, which then confirmed the diagnosis. I think I also have ADHD, but I can't face another assessment in 7 years, if it happens at all. You commission from a provider that outsources assessments to private companies, this disadvantages people who mask when assessments are online only (e.g. Psychiatry UK). The mental health trust (KMPT) doesn't have expertise in neurodiversity, so aren't neuro-affirming."

“Shorten the waiting list! Educate GPs more. There is still such a stigma to ADHD, especially adult ADHD. When I asked for my referral, the GP said, ' it can just be anxiety you know, it doesn't have to be ADHD.”

“I think by saying 'not everyone will need a diagnosis' in the narrative for this survey is not a fair assumption. If you had a suspected broken leg but the dr said 'it's ok, you don't need a diagnosis we're just going to try a few things before we bother with an xray as there's a long wait for one of those', that wouldn't be acceptable, would it? Without a diagnosis people cannot make an informed choice about the path they then take. Medication may be the thing they need to improve their quality of life and sense of purpose and achievement. I assume you need a diagnosis to be prescribed medication. Denying anyone this, or any other potential care and treatment pathway is inhumane.”

“Quicker diagnosis. I am in my 60’s and ADHD is worst it’s ever been. Feeling suicidal a lot these days.”

Communication from and between services

126 people said they want improved communication overall with regular updates on referral status, estimated wait times and available support options. Some concerns were raised about having no communication at all since being referred and the impact this can make. With little or no communication, many people saying they felt “lost”, “abandoned” and “forgotten”. It was further suggested that position on the waiting list is trackable.

There were also suggestions that less paperwork would be helpful as it can be overwhelming. Feedback included that the process could be simplified with easier to understand communication, more local services and support, help with forms and the consideration of a helpline

“I’ve been on the waitlist for months with no communication. I understand that services are overstretched, but having regular communication about anticipated timelines and next steps would make it easier. At present, I’ve heard nothing and am concerned I’ve been forgotten.”

“It would be nice to get acknowledgment of receipt of the referral and every six months, perhaps, a letter or text saying he's still on the list. He was referred by the GP several years ago, but I have no idea if the referral means he's on the list or dropped off it. But as he has other disabilities, this would be helpful, because it might mitigate his other problems.”

“There is a total lack of communication, you go from one place to another, getting in touch in one place would be ideal not “go to the doctors, for this medical review elsewhere, checkups somewhere else, access to services all online’ its completely draining and puts you off, then you miss one appointment due to all the constant mix ups and you have to restart - a one place for all this would be ideal.”

“Give some indication of your position on the waiting list and dynamic updates of current wait time. It's so frustrating to be left on a waiting list that is currently measured in years with no updates. I feel abandoned and that my mental health doesn't matter.”

“Help with forms, easier to understand. A couple of suggestions included having a helpline
Easy to access. Many older people with undiagnosed ADHD treat it as a stigma, something that they just have to get on with and will often not really accept it which makes it really hard for those of us who are married to them. Too many obstacles to overcome to access help (once they admit that they need it) will just put them off.”

“Less and more simple writing. There is an information overload all in written form. I can't process words that I read, so I have to read it over and over again before any of the information sticks in my mind. This means I avoid reading majorly. It causes me stress (because I might be judged as being lazy for struggling to read as people might think I don't want support) and frustration with myself for not being able to do it.”

Support pre and post diagnosis

69 people said they had little support and that the digital app was unhelpful or patronising. It was suggested that more accessible support is provided pre and post diagnosis in the form of peer support groups, coaching, therapy, help with mental health and coping strategies. There were also a couple of suggestions on having a service that checks in with people waiting.

“Providing supportive services over the course of the waiting period as opposed to a 6-month trial of an app when the wait time is 7 years. Some form of counselling/mentoring/therapy would be useful and more signposts to support groups.”

“Support after diagnosis, particularly for those who do not wish to take medication. There was confusion about my referral to the provider’s own counselling service, after which GP could only offer me a generic counselling service renewal. Not sure what aftercare for ADHD looks like but doesn’t appear to be much in place.”

“I got offered the use of COGs and Practical Wisdom which has been life changing for me. It would of been helpful to have links or signposting to decent ADHD support on social media or where to find out more, I've done it on my own and have found some good groups after trial and error and am in a good place now.”

Information and awareness

65 people want to have more information and guidance about getting a diagnosis, or a dual diagnosis and what support is available. One person said they wanted information about why they have been refused an assessment.

People would like more awareness of what support is available, symptoms of ADHD including symptoms with co-existing conditions and information to break the stigma.

“Create an awareness of what support could be available. Following my diagnosis which was done on the NHS I was told if I didn’t accept stimulant medication I would just be discharged because there was no other support available. For personal and health reasons I did not want to take this medication and felt very let down that other options and interventions were not made available to me. I have spent many years coping alone with no support and been told there is no support just medication if I am referred back in. This is really challenging.”

“More awareness for symptoms of ADHD to appear postpartum.”

“Better information given at first point of contact, better explanation of different avenues for getting a diagnosis (right to choose, etc.), in general GPs should be better informed on how to progress an ADHD referral.”

“More information on both ADHD and autism. Having bring diagnosed with both within the same year I haven’t had any support or guidance. All I know about either is from Google or TikTok.”

Healthcare professional training and workforce resource

75 comments were made about skilling the workforce and improving resource across the system. There were many comments suggesting additional training for general practice staff about ADHD, so patients feel ADHD is taken seriously, and general practice can offer support in signposting and referring. There was also a suggestion to give more authority for general practice to diagnose, prescribe and to make changes to medication. Some people were dropped from services without available support options, some had to travel or pay for private prescriptions, and it was suggested that patients should be able to self-refer.

People suggested more funding, more skilled and qualified professionals, allowing more providers to conduct assessments, and to address increase in demand with more resource.

“Better knowledge - I spoke to my GP about my potential ADHD diagnosis and was told "if you had ADHD, you wouldn't be able to have a conversation with me right now, you would be stepping into traffic without looking first as you can’t focus". because of this I had to do NHS right to choose, to choose the only place I found on Google searches for help (private) am on a waiting list and have no idea of NHS services to support me.”

“I have not had any help; I have been on a waiting list for years. I decided to get a private assessment and over 2 years after my diagnosis have changed GP surgery and found a lovely surgery that has accepted Shared Care. So, after more than a year of paying for private prescriptions, I have just had my 1st NHS prescription. Being on ADHD medication has changed my life for the better. So, I would say just about everything needs to change, especially the attitude towards ADHD from a lot of GPs. I think some up-to-date training on ADHD would be a good idea.”

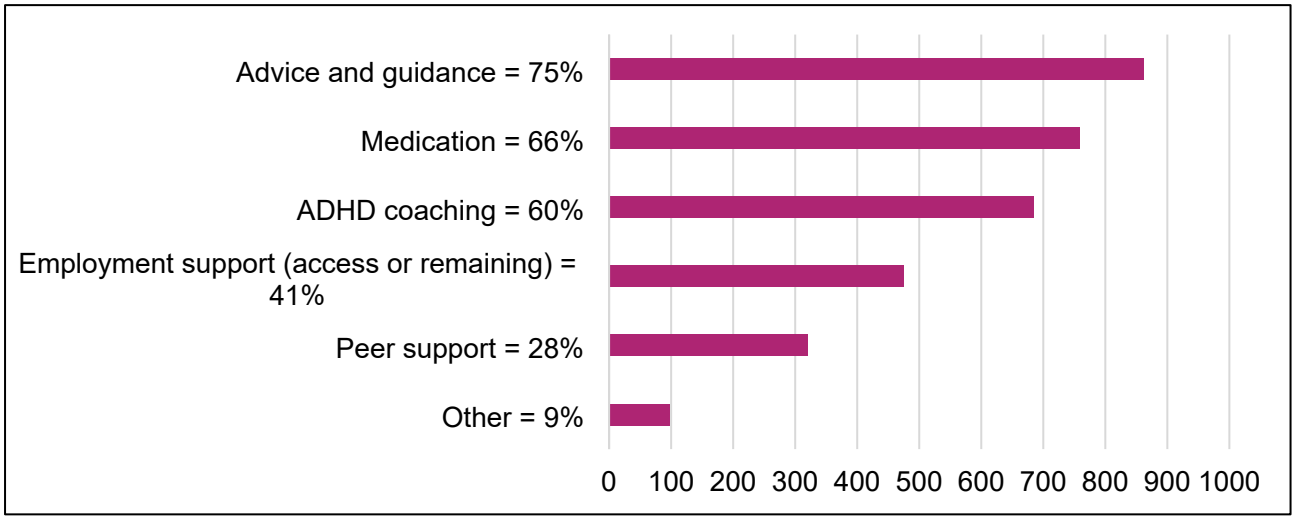
“I mean easier said than done but bring the waiting list down as soon as possible. And GPs need to be less resistant to shared care agreements. I’m worried about going down the private diagnosis route and then being stuck paying for the medication because of the many stories I’ve heard of GPs refusing to accept shared care agreement. I can save up for the private assessment and titration possibly, but ongoing medication is unaffordable to stay private. Going years without a diagnosis feels like I’m getting even more behind all my peers, and I can’t catch up - it affects my ability to work and focus. And I can’t even access disability support without a formal diagnosis.”

“To address the increase in demand, you should hire more staff to effectively manage the situation and reduce waiting lists. Additionally, you could consider involving community mental health teams in the diagnosis and prescription of ADHD medication, which will further help decrease waiting times. It’s also important to provide better support for KMPT colleagues who are currently on the waiting list for assessments.”

“More funding into the service to lower wait time and GP taking all requests seriously and not playing them down or disregarding our concerns from a simple look.”

Question seven: ***What kind of support matters most***? Six options were provided.

1,149 people took part and were able to choose multiple options.



The least chosen option was for 'other' information and there were 53 open responses themed around:

Getting a diagnosis - most responses were around the importance of getting a diagnosis (so people can understand themselves better, access accommodation and also get support at work).

Support pre and post diagnosis -
Participants also shared a need for support pre and post diagnosis, including support for:

- 1:1 unlimited coaching session rather than a group
- awareness
- CBT with medication (currently not offered)
- coaching from a lived experience coach
- completing forms
- complex needs
- day to day life and coping strategies
- training education, work and health care professionals including acceptance
- financial and housing support
- medication
- mindfulness and managing symptoms
- parents, families and carers – managing relationships
- understanding both autism and ADHD
- waiting times

A sample of quotes include:

"Access to groups and classes which could be beneficial in managing symptoms such as yoga, mindfulness, psych ed classes."

"CBT is recommended alongside medication for the best possible outcomes but isn't offered for children or adults."

"People giving coaching or training must be people who are themselves autistic or with ADHD and never a person who is neuro typical. You need to have a foundation based on reality not false pretence which a neuro typical person will never understand the world we live in and never will so

this is critically important as it takes time building a relationship with people and the approach must always be focused by being person centred as we are all different."

"Coping strategies."

"Educational support and being able to make adjustments for university."

"Training for employers to allow them to better support staff with ADHD."

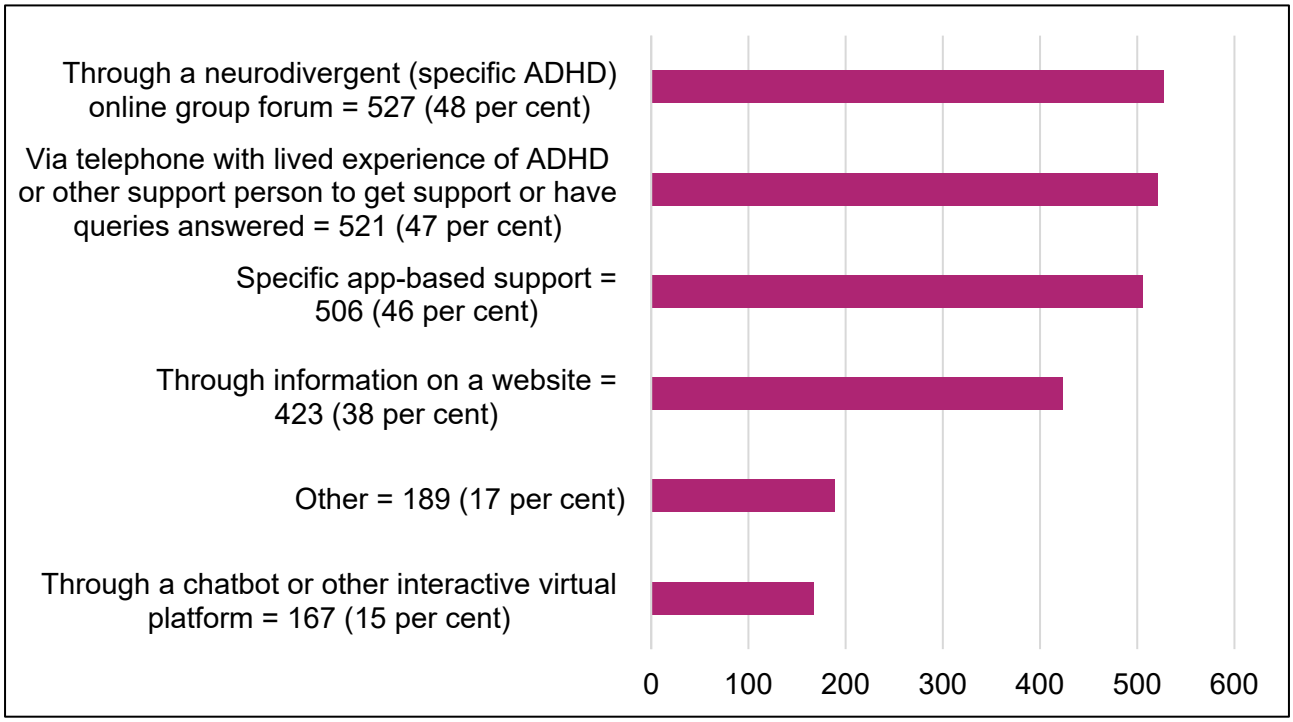
"Support/ helpline for carers/parents."

"Relationships - how to maintain relationships with partners, children and friends."

"Just help with our day-to-day life."

Question eight: How could we support people better who do not have a diagnosis and if they were able to access support without a diagnosis, how would they prefer to do this.

1,102 people responded and chose multiple answers from six preference options.



106 included open responses that have been placed into themes below:

Face-to-face, in-person and coaching support
28 people said they would prefer face to face, in-person support (e.g. therapy, CBT) and coaching support. A couple said they would prefer this with a specialist. This is important for people who find online resources frustrating. Some said they want tailored support with trained professionals.

"Coffee mornings, support groups face to face as I hate using tech and get frustrated easily."

"There needs to in-person support and not just all available online. ADHD can be really lonely and it's only when you meet others with ADHD do you feel less alone."

"I would still wish and like to be seen by a professional that understands ADHD, I feel hiding behind technology you don't and won't get the full extent to how my undiagnosed ADHD has affected my life in every aspect. More face-to-face support groups are needed."

Diagnosis delays
Nine (eight per cent) others said they need a diagnosis which have long waiting times and hinders access to support, with one in particular who wanted a diagnosis to share with their work and another who said they cannot get help without a diagnosis. One person said they were misdiagnosed.

"The whole point of me seeking a diagnosis is for documentation to present to my work."

"There is no help without a diagnosis."

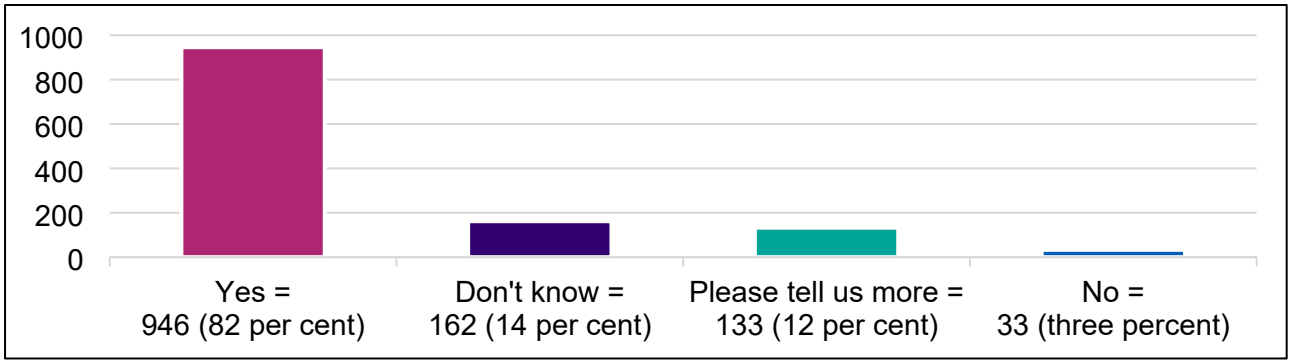
"By making waiting list status more accessible - updates on how long to wait by having been on the waiting list more recognised within workplaces and uni, otherwise adjustments are not made in adequate time - perhaps having coordinator to facilitate these discussion Mental health support from suitably trained and experienced mental health professionals. Employment and education support."

Lack of validation and respect
Participants shared experiences of feeling dismissed with lack of compassion from healthcare staff, who would benefit from training.

"Initially, it would be important for professionals to show respect towards what you are going through, to not feel like a number and to actually feel like you're being heard. Validating experiences is really important. It is hard to say what would help after as, in my experience, I struggle to keep up with certain things, keep track and up-to-date information, I also struggle to recollect my day. This being said, it would be useful to have a forum of like-minded people as currently I'm just finding things on social media which can be great, but it can also be destructive."

Question nine: *If you had support you needed to live well, would you still want to seek/receive a diagnosis?*

1,151 people responded



69 people provided open responses themed as follows:

Importance of diagnosis
Most comments (29) were about needing a diagnosis for own validation and in order to access treatment and get support around struggles with day-to-day life and feeling misunderstood.

Misconceptions around neurodivergence can make an impact so access to support and treatment is paramount for undiagnosed individuals, especially for families and in work and education settings.

“The difference a diagnosis makes to the person is immense. It proves to us - especially us older people - that we were never mad or bad - just different - and our ADHD was NEVER our fault.”

“I would NEVER have got a diagnosis if it wasn't necessary I hate having to label myself just to get the support I need to live normally, diagnosis are becoming more prevalent because this support isn't being provide elsewhere in society such as in universities and the work place, people need to be educated and put in place systems that support neurodivergence because living in society has become simply incompatible with it.”

“Yes, probably because professional services do not accept that you may have an issue without GP evidence. Everyone is affected differently and has different support needs but without a diagnosis your needs from other organisations are dismissed and your sometimes penalised.”

“I need a diagnosis to get help in the workplace and through the rest of my life. Services change from place to place, but a diagnosis will carry through to all areas of my life. It is evidence of disability and protects me from discrimination. It will help me access support and treatment options in all areas and stages of life.”

“I think without a diagnosis, you are only treating the symptoms (like applying a band aid but never treating the underlying cause). A diagnosis could help you understand where the symptoms are coming from, help you put in place measures to better cope with this and have medication or treatment specifically for that. It’s like you saying your leg hurts and the doctor saying well as it hurts just ice it and take painkillers as that will treat the symptom of pain, but without an x-ray to diagnose it how do you know if it might be broken or need surgery. Treating only the symptom doesn’t resolve the issue and why should mental disorders be treated differently to physical?”

“Yes, because it's as much about the support as it is about the validation of the diagnosis. When you've gone your whole life feeling/being treated differently and struggling but not knowing why or not being believed we need that diagnosis for our own mental health but also to protect us in regard to discrimination in education or employment etc.”

“I have lived 27 years not diagnosed and handling it myself and it has been tough, but it gets to a point where you need the help, especially when thinking of having kids. They'll need me so I need to have ADHD under control for them.”

“Yes, because it helps understand why I’m the way I am and hopefully get better support and more specialist support happens with diagnosis (hopefully).”

“I would like to understand the way I am thinking and feeling about certain things, I have been informed that many of my symptoms may be Neurodiverse rather than anxiety and depression which it has been diagnosed as.”

Medication
Nine people commented about medication, including needing it to get by and being reliant on a diagnosis to access medication.

“Unlike autism, there is medication that can help with ADHD - and this is inaccessible without a diagnosis.”

Question 10: *Are you seeking specific mental health support as well as an ADHD diagnosis?*

426 were already accessing mental health support
459 were not seeking mental health support
267 people were seeking support and were asked to clarify what they were seeking.

143 participants added comments around the primary themes of:

- anxiety and depression
- therapies and counselling
- challenges around sleep
- access and waiting times for services and lack of awareness or barriers and impact on day-to-day life and support needs.

Anxiety and/or depression

39 people said they are seeking anxiety and depression support. Many have been prescribed antidepressants or anti-anxiety medication, but it is not tailored to ADHD needs. Impact on daily life and wellbeing are mentioned e.g. sleep (insomnia) and difficulties accessing better ADHD specific mental health support add to anxiety and depression.

"I'm hoping that if I can treat my ADHD symptoms, I will no longer need repeated (and not always successful) treatment for anxiety and depression. I think there is a chance that my mental health will improve with the correct medication or access to strategies."

Therapy and counselling
23 people said they are accessing a type of therapy including talking therapy, CBT, private therapy, one mention of private psychotherapy and three mentioning seeing a psychiatrist. Whereas 11 people said they were accessing counselling, with one person requesting help or suggestions around 'EDMR'. Five other people said they are seeking mental health support.

"I've done CBT and a lot of counselling. All of it says my ADHD makes it worse. But because I can't get any diagnosis or treatment, I'm stuck in this loop of life being miserable."
"I've had CBT, DBT, and counselling, and still qualify for further counselling; the problem is getting hold of GPs and mental health services for help."

Sleep
13 people mentioned seeking support for trouble sleeping.

"Everything listed above I find it hard to sleep I feel like I can't shut off I'm always worried about what people think of me because I tell people how it is."

Autism
11 people are seeking support for autism.

"I have autism, and depression and anxiety associated with that and the suspected ADHD. I've tried to seek support from MH services via my GP, and through other charities and services. I've been basically told by the different places that either I'm not in a bad enough state for them to help because I'm just about coping and can work etc (mostly by MH teams), or told that I'm too bad for them to really deal with (mostly by GPs and MH nurses), that because I have autism I need to go to an autism support charity (by MH teams), but I should go to a MH health team because charities can't deal with associated MH conditions. So basically, I end up getting passed from pillar to post."

Question 11 asked participants for their views on a proposed pathway and if there was any specific support to consider.

This was a free text question. 835 people provided open responses themed as follows:

Challenges with healthcare professionals' knowledge and understanding
Many respondents feel that GPs lack sufficient training and information to recognise ADHD and will be a barrier, potentially leading to misdiagnoses or refusals to refer patients, making it harder for individuals to access specialist assessments. One person asked how someone could appeal. People also mentioned that they needed support pre and post diagnosis.

"GPs don't have the knowledge or training to recognise someone with ADHD even mental health psychiatrists don't have the training to recognise it instead branding many adults with common mental health conditions when they don't have the condition."

"I do not think that most GPs have the expertise or understanding to judge whether a person needs a diagnosis or not. This pathway puts all the onus on the individual to convince the GP that they are worthy of a specialist assessment. It is a way of rationing diagnoses which could be transformative for people living with undiagnosed/untreated ADHD. Many employers will not put reasonable adjustments in place without an official diagnosis and people with ADHD cannot know the difference that medication could make to their lives without having the opportunity to try it."

"The process looks ok, but is there an opportunity to appeal the outcome if denied an assessment or you disagree with the diagnosis?"

The proposed pathway does not seem different
There were many comments around the proposed pathway not seeming significantly different from the current system, leading to scepticism about its effectiveness to reduce waiting lists.
Some respondents feel it creates additional bureaucratic hurdles rather than simplifying access to diagnosis and treatment. Many feel that clearer triaging criteria should be introduced to prioritise urgent cases.

This pathway seems no different to what currently happens. I went to the GP and was referred on, that does not make the waiting time for a full assessment any quicker. There needs to be a triage with specialist who can prioritise assessments for those who are in more immediate need (in crisis, cannot access work or unable to manage day to day life due to the overwhelm of their symptoms) to be seen sooner. Some people's traits are more apparent than others so should be able to be diagnosed quicker than those who maybe need more evidence.

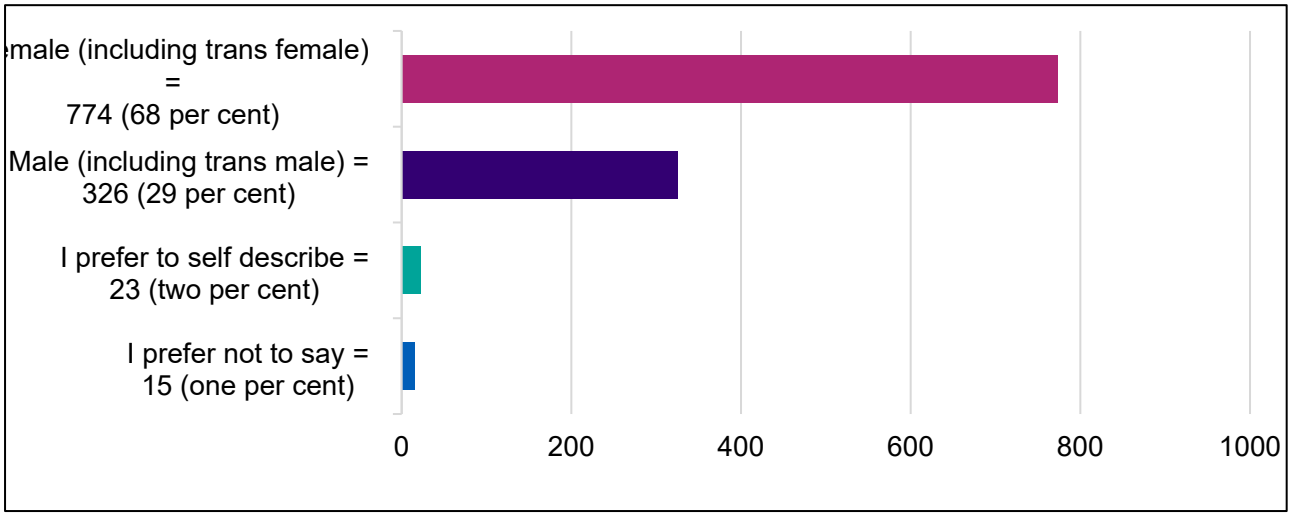
Suggestions for improvement

"This is helpful. However, it does not include information about the Right to Choose pathway. This should be included. There are very limited free or low-cost ADHD services for adults. There is no free coaching. Will it be signposting to all private support? You should include the fact that the person is likely to end up on a waiting list for years, rather than being "offered an appt"."

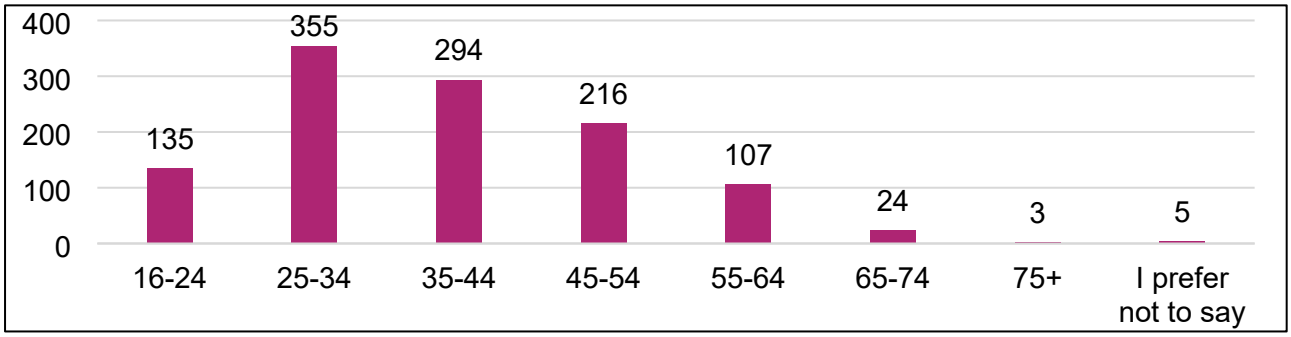
"The pathway seems fine, however the times between the pathway outcome and assessment is hard."

Survey demographic breakdown

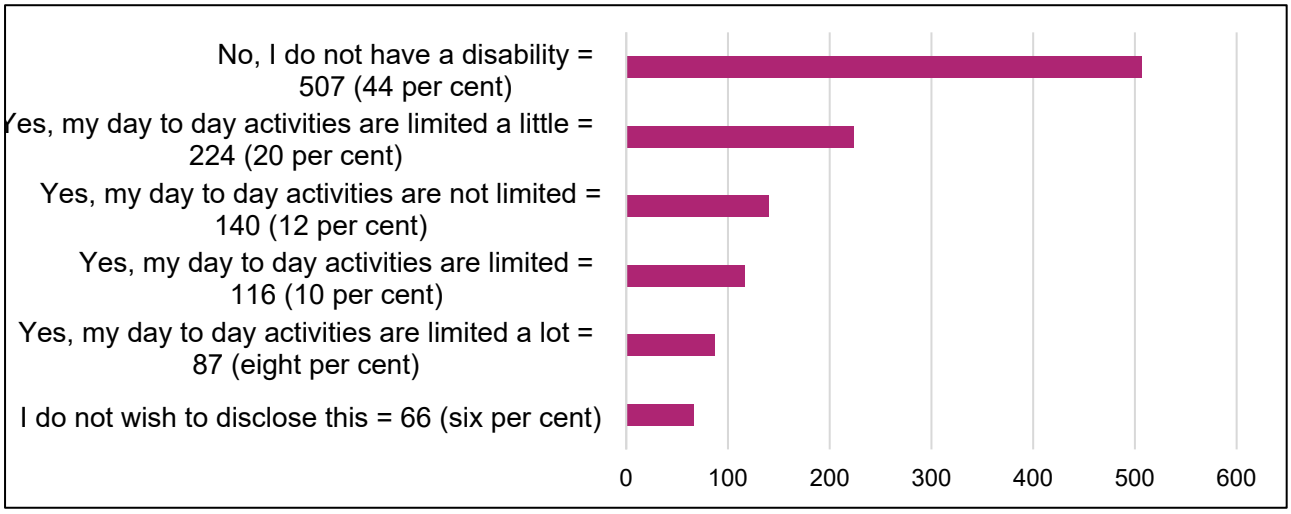
Gender: 1,138 people provided a response



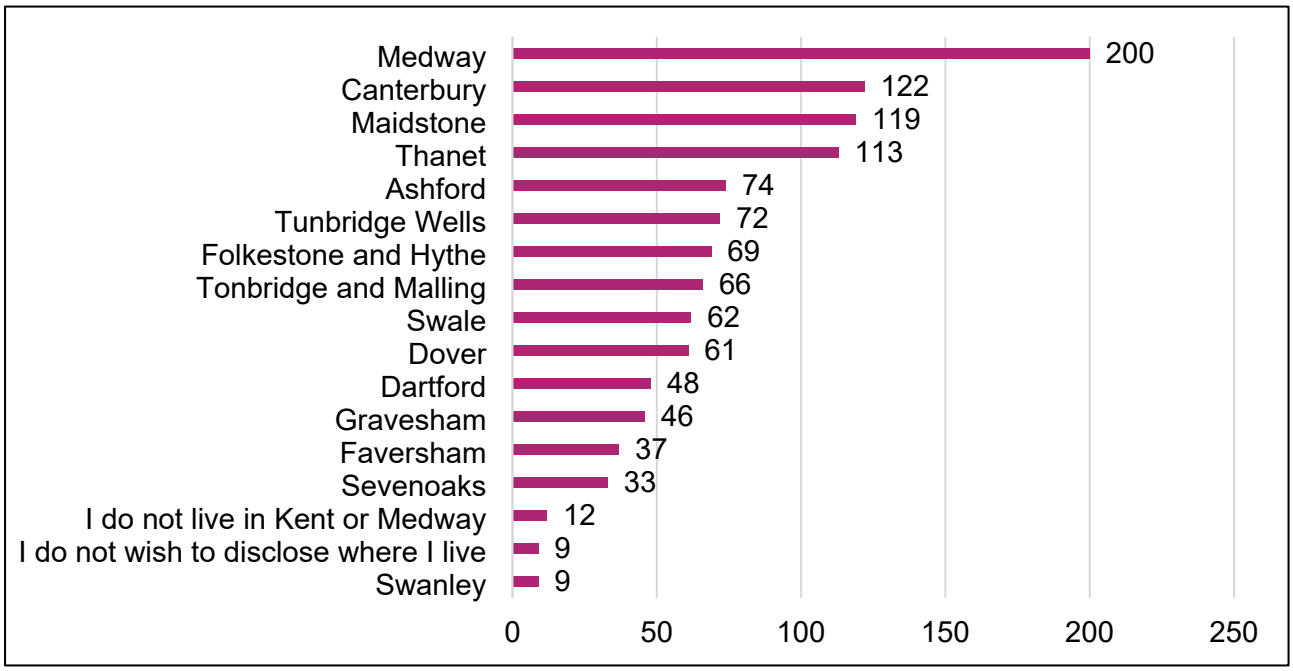
Age: 1,139 people told us their age



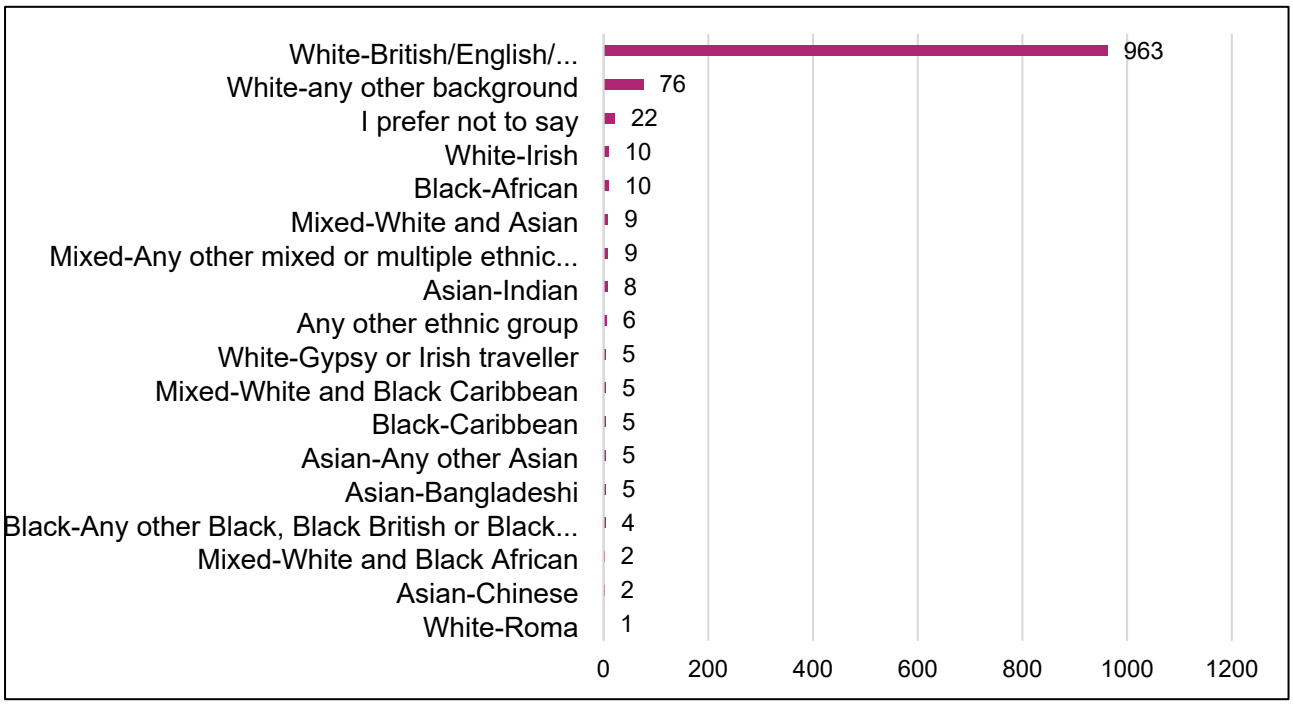
Disability: 1,140 people answered this question



Resident areas: 1,152 people told us the town or area they live



Ethnicity: 1,147 people provided a response to describe their ethnicity.



Events

Four events consisting of in-person discussions in Medway and Ashford and two online discussions, open to any participants across Kent and Medway were held in February 2025. We planned the events to be as ADHD-friendly as possible, thanks to helpful advice and guidance from the patient reference group. We ensured these were offered at different times of the day and that the in-person discussions were held in a safe space, with consideration of accessibility, natural light, the environment and having a separate quiet room. We also shared public transport and driving details with photos of the building, car park and provided a What3Words address, to participants.

In total, 42 people took part, with many sharing common experiences:

Access to support
We heard how many experiencing long waiting lists, and how transition gaps from child to adult services make it difficult for individuals to receive care. Struggles with navigating systems, often missing deadlines and facing penalties, were also raised.

GP shared care and prescribing
Several participants said GPs are opting out of shared care, and it was felt they lack expertise in ADHD, medication reviews and treatment. Further concerns were around transitioning from private assessments to NHS and feeling abandoned after diagnosis with a lack to meaningful support.

Treatment
In some cases, there are barriers around medication shortages, and confusion over shared care agreements. This includes limited options for ADHD-specific therapy or ineffective treatments such as CBT instead of DBT in some cases.

Impact on ADHD patients
Participants shared their experiences about the impact ADHD has had on them, including increased risk of self-harm, struggles with daily tasks and finances, and lack of structured support after diagnosis. Shame, frustration and forgetfulness cause difficulties in organisation, paperwork, and basic tasks. There is also a fear of judgment or feeling a burden to families or carers that prevents many from seeking help. Some raised the importance of ADHD symptoms often being misinterpreted, especially if masking many factors, leading to misdiagnosis and inappropriate support. Other challenges include securing and maintaining employment with difficulties navigating and adapting to reasonable adjustments.

Ideas for solutions

Participants shared their ideas about possible solutions to help improve services as follows:

- **Support systems**: A centralised directory for ADHD-friendly services, alternative prescribing hubs, stimming aids and practical tools, structured aftercare and peer mentoring programs. Introduce a welcome pack with practical tips, local groups, tools and self-care guidance.
- **Employment and workplace support:** Job coaching, ADHD peer supporters in workplaces, and clearer guidance on reasonable adjustments.
- **Communication improvements**: More transparent waiting list systems, proactive outreach and follow-up, better GP awareness and neurodivergence-friendly communications and services. Keep people up to date about medication shortage.
- **Accessibility**: Send SMS/WhatsApp reminders for appointments, ADHD-friendly online resources, and AI-driven support tools.

- **Community support**: Face-to-face meetups, parenting support, online coaching, wellbeing checks, and ADHD-friendly home assistance (cleaning, organisation help).

- **Neurodivergence-aware crisis and therapy**: Dedicated crisis support tailored and compassionate to ADHD needs including mental health services, CBT/DBT access, and care navigators to assist individuals in finding help. Provide training and awareness to all healthcare staff including GPs.

Some participants shared their thoughts about what they found most useful about taking part in the discussion:

“Meeting peers.”
“How people genuinely listened and wanted to help.”
“Seeing there’s listings and possible actions to be taken.”
“The staff and organisers were welcoming and warm. It was good to engage with fellow ADHDers and not feel so alone.”
“Hopefully helping shape support in Kent and Medway. Personally great to meet other ADHD people and hear experiences. Instructions EXCELLENT (although I almost missed email) I’m not sure what more could have been done, a reminder call/text?”

This includes what they found was *not* so useful:

“Struggling with having faith that things will improve.”
“Sometimes the layout of info made me lose focus. I found the interactive activities (discussions) most engaging.”

Conclusion

We would like to thank each person who shared their views and experience.

What we have heard highlights significant challenges in accessing ADHD assessments and support services, with long waiting times. Participants raised the importance of support pre and post diagnosis that is tailored to the person's needs such as therapy, crisis services, financial and employment support. Current resources, such as the COGs app has been reported as difficult to use or unsuitable, and the online coaching, though beneficial, can be improved.

Participants reported systemic barriers, including judgment, shame, and difficulty managing daily tasks without hands-on support. Responses to the proposed pathway included concerns around ADHD-related struggles navigating services and facing penalties and getting access to medication. A lack of training for health professionals, triage criteria, and poor communication within the referral process further exacerbate these issues, which currently leave many feeling "forgotten" in the process.

Suggestions to help improve services include offering more tailored and accessible support, training for health professionals, and better communication overall including multi-format ADHD information). This includes offering self-referral options, crisis escalation pathways, and a central directory for ADHD-friendly services. We also heard practical solutions such as introducing a post-diagnosis welcome pack, text/WhatsApp reminders, and a visible NHS waiting list system.

Overall, we heard the need for better communication, awareness, training, and getting the right support pre and post diagnosis. And for many, we heard that they feel a formal diagnosis is still necessary to be able to access support as well as treatment.

"Thank you for organising this and making me feel like something might actually happen to help this group of vulnerable people."

Appendix A – full survey

NHS Kent and Medway is reviewing the adult ADHD (attention deficit hyperactivity disorder) service, and we want people's views on how they think the service might be improved.

Over the last few years, demand for ADHD assessments in England has risen at such speed that services are unable to keep up.

In the past two years, the Kent and Medway area has seen a rapid 600 per cent increase in demand for adult ADHD services. This is a national issue and waiting lists for a specialist assessment with the adult ADHD service can take several years.

We recognise that change is needed. Getting a diagnosis is not the only route to support and many people will not need an assessment if they can access appropriate support at the right time for example: app-based support from COGS-AI, web-based support, national websites, and online group coaching via Practical Wisdom. So, we have worked in partnership with providers and people with lived experience to develop a proposed model and new pathway (detailed in this survey) that we would also like your views on.

This survey is for people living with diagnosed, undiagnosed or suspected ADHD, including family, friends or carers of someone living with diagnosed or suspected ADHD. We also welcome feedback from representatives in supporting Voluntary, Community and Social Enterprise (VCSE) sector or other organisations.

There is also a demographic section (to capture age, gender, disability etc.) that will help us measure fairness and bias around the system. The information you supply will not be used for any other purpose. Your data will not be shared with any third party. Details of how we handle your data can be found on our website.

All feedback will be analysed, and we will publish a report about your views and how we will be improving services as a result of the information you've shared.

Please note that this survey will take 10 minutes to complete and is open from 9 October 2024 and will close on 4 December 2024.

1. How would you describe yourself?

   - Someone living with **diagnosed** ADHD
   - Someone living with **undiagnosed or suspected** ADHD
   - Family, friend or carer of someone living with **diagnosed** ADHD
   - Family, friend or carer of someone living with **undiagnosed or suspected** ADHD
   - Voluntary, Community and Social Enterprise (VCSE) representative or other organisation (please specify below)

2. Do you (or the person that you know with ADHD/undiagnosed ADHD) have experience of using the **NHS** adult ADHD service (please tick all that apply)?

    - Yes, for an NHS assessment
    - Yes, for an NHS medication review
    - Yes, currently accessing NHS service and using a support service or have recently used service
    - No, as not been referred yet
    - No, on a waiting list and not accessing support
    - No, on a waiting list and accessing support

3. Please tell us what type of support you are accessing e.g. app-based support, online workshop or group coaching etc.

4. Are you waiting for a dual diagnosis for autism and ADHD?

    - Yes
    - No

5. What has worked well in your (or the person that you know with ADHD/undiagnosed ADHD) experience of using the adult ADHD service (please tick all that apply)?

    - Access to information about NHS service
    - Access to information about help available, e.g. local and national support
    - Referral from GP or other health professional to the service
    - Communication from the service when referral received or while waiting
    - Support offered while waiting for assessment or treatment
    - The assessment process
    - Medication reviews
    - Shared care with GP if receiving medication
    - Other (please specify below)

6. How could we make the experience of using adult ADHD services better?

7. Please tell us what kind of support matters most for a person with ADHD/undiagnosed ADHD?

    - ADHD coaching
    - Peer support
    - Employment support (access or remaining)
    - Medication
    - Advice and guidance
    - Other (please specify below)

8. We would like to support people better who do not have a diagnosis. If you were able to access support without a diagnosis, how would you prefer to do this? Please select all of your preferences below.

    - Through information on a website
    - Specific app-based support
    - Via telephone with a person with lived experience of ADHD or other support person to get support or have queries answered

- Through a neurodivergent (specific ADHD) online group forum
- Through a chatbot or other interactive virtual platform
- Other (please specify below)

9. If you had the support you needed to live well, would you still want to seek/receive a diagnosis?

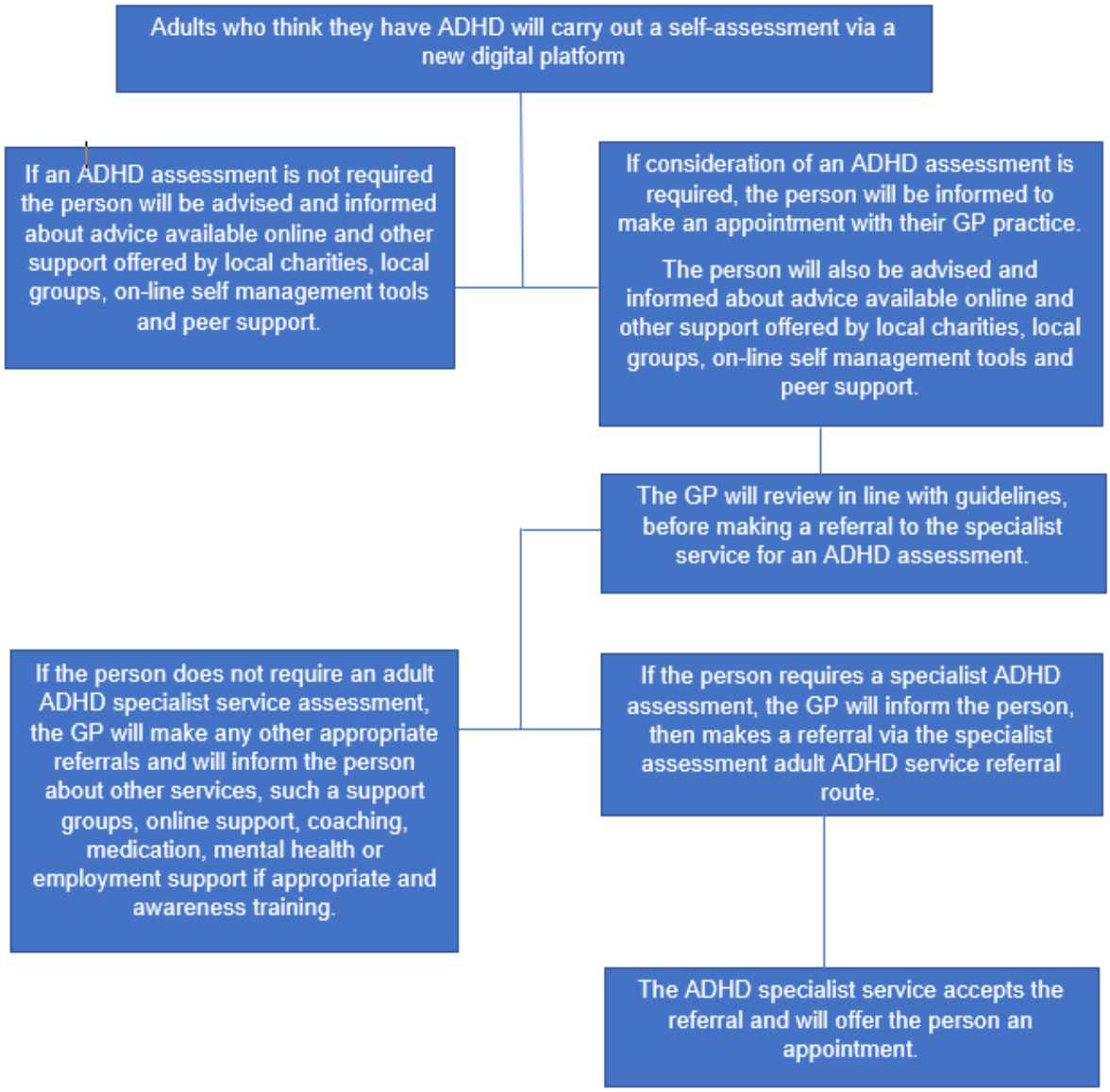
   - Yes
   - No
   - Don’t know

   Please tell us more:

10. ADHD can occur alongside other conditions e.g. anxiety, depression, sleep issues etc. Are you seeking specific mental health support as well as an ADHD diagnosis?

    - Already receiving mental health support
    - No
    - Yes (please tell us what specific support you are seeking)

This table shows a proposed pathway for adult ADHD services. It is aimed at improving access to support people without a diagnosis:



11. We are aware of the current issues and are trying to address these, which will take time. Please share your (or the person that you know with ADHD/undiagnosed ADHD) thoughts about this proposed pathway and if there is any specific support to consider:

About you

Thanks for your responses. So that we can be sure that we are reaching a range of people, can we please ask for some details about you?

The information you supply is purely to help improve services and will not be used for any other purpose. Your data will not be stored with any third party. Details of how we handle your data can be found on the NHS Kent and Medway site.

Please tell us what age you are:

- 16-24 years
- 25-34 years

- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75+ years
- I prefer not to say

What is your gender?

- Female (including trans-female)
- Male (including trans-male)
- I prefer not to say
- I prefer to self-describe (please comment below)

Please tell us the town or area you live in:

- Ashford
- Canterbury
- Dartford
- Dover
- Faversham
- Folkestone and Hythe
- Gravesham
- Maidstone
- Medway
- Sevenoaks
- Swale
- Swanley
- Thanet
- Tonbridge and Malling
- Tunbridge Wells
- I do not live in Kent or Medway
- I do not wish to disclose where I live

Do you consider yourself to have a disability?

- No, I do not have a disability
- Yes, however my day-to-day activities are not limited
- Yes, my day-to-day activities are limited a little
- Yes, my day-to-day activities are limited
- Yes, my day-to-day activities are limited a lot
- I do not wish to disclose this

How would you describe your ethnicity?

- Arab
- Asian-Indian
- Asian-Bangladeshi
- Asian-Chinese
- Asian-Any other Asian
- Black-Caribbean
- Black-African
- Black-Any other Black, Black British or Black Caribbean
- Mixed-White and Black Caribbean
- Mixed-White and Black African
- Mixed-Any other mixed or multiple ethnic background Mixed-White and Asian
- White-British/English/Welsh/Scottish/ Northern Irish
- White-Irish
- White Gypsy or Irish traveller
- White Roma
- White-any other background
- I prefer not to say
- Any other ethnic group (please specify):

Thank you for taking the time to complete this survey!

Appendix B – Presentation given at events

NHS
Kent and Medway

Review of Adult ADHD Services Discussion event

Together, we can

NHS
Kent and Medway

How to join in

Use the **raise hand** function by clicking the **react button** when you would like to speak or ask a question.

Listen to what people are saying.

Mute yourself when you are not talking.

Use the **chat function** if you want to.

We are **recording** the main session to make it easier to collect feedback, but it will be deleted afterwards.

Together, we can

Event agenda

NHS Kent and Medway

Introduction – the current situation
What have we heard so far?
Questions and answers
BREAK
Discussion groups – what type of support do you need and how do you want to access that support?
Feedback and next steps
Close

Together, we can

Current situation

NHS Kent and Medway

- In the past two years, the Kent and Medway area has seen a rapid 600 per cent increase in demand for adult ADHD services.
- This is partly due to to more widespread awareness of ADHD, as well as the impact of Covid-19 on people's mental health and wellbeing.

Together, we can

NHS
Kent and Medway

Current situation

- There are more than 13,000 adults waiting for an ADHD assessment. Waits for medication reviews are up to two years.
- As with all services, the NHS has a finite amount of money to support neurodivergent people. There are not enough providers of assessments to carry out the number that is now needed.
- As a health service, we must prioritise those people with the greatest clinical need for assessments.

Together, we can

NHS
Kent and Medway

Current situation

- We recognise that change is needed.
- Getting a diagnosis is not the only route to support and some people will not need an assessment if they can access appropriate support at the right time.
- We have worked in partnership with providers and people with lived experience to make changes to the way we support people.

Together, we can

NHS
Kent and Medway

What have we heard so far?

- We conducted an online survey aimed at people living with diagnosed, undiagnosed or suspected ADHD, including family, friends or carers of someone living with diagnosed or suspected ADHD.
- We heard from 1,157 people.
- We also welcomed feedback from representatives in supporting Voluntary, Community and Social Enterprise (VCSE) sector or other organisations.

Together, we can

NHS
Kent and Medway

What have we heard so far?

We asked **what kind of support matters most** for a person with ADHD/undiagnosed ADHD? They were given six options and could select more than one.

- 75% said **advice and guidance**
- 66% said **medication**
- 60% said **ADHD coaching**
- 41% said **employment support**
- 28% said **peer support**
- 9% said **other**

Together, we can

NHS
Kent and Medway

What have we heard so far?

We asked **how we could better support people who do not have an ADHD diagnosis and how would they like to receive that support**?

People were given six options and could select more than one.

- 48% said **through a neurodivergent (specific ADHD) online group forum**
- 47% said **via phone with lived experience of ADHD or other support person**
- 46% said **specific app-based support**
- 38% said **through information on a website**
- 17% said **other**
- 15% said **through a chatbot or other interactive virtual platform**

Together, we can

NHS
Kent and Medway

What have we heard so far?

Face-to-face, in-person and coaching were the most frequently named support in open -ended responses. Examples included:

There needs to in-person support and not just all available online. ADHD can be really lonely and it's only when you meet others with ADHD do you feel less alone.

I would still wish and like to be seen by a professional that understands ADHD, I feel hiding behind technology you don't and won't get the full extent to how my undiagnosed ADHD has affected my life in every aspect. More face-to-face support groups are needed.

Access to coaching, medication etc. There is enough advice around already. I'm seeking to be referred because self-management isn't working.

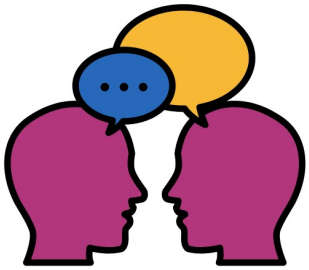
Coffee mornings, support groups face-to-face as I hate using tech and get frustrated easily.

Together, we can

NHS
Kent and Medway

Your voice matters

- We know some offers of support aren't working as well as they should.
- Following the results of the survey, we have already made changes to the support we are commissioning.



Together, we can

NHS
Kent and Medway

Any questions?

- Before we take a short break, please take this opportunity to ask any questions you have about current ADHD services.
- When we return, we will be having discussions in smaller groups about what we can do to improve the support provided for people with ADHD.

Together, we can

NHS
Kent and Medway

BREAK

The session will resume in 10 minutes

Together, we can

NHS
Kent and Medway

Discussion groups

- What type of support do you need?
- How do you want to access support?
- How can we provide the greatest amount of support to the greatest number of people?

Together, we can

NHS
Kent and Medway

Feedback and next steps

- Thank you for your time today and the experiences and ideas you have shared with us.
- This is one of four events so we will be collating the feedback and including it in a report on the review of ADHD services. This will be published on the Have Your Say website at www.haveyoursayinkentandmedway.co.uk/adult-adhd/
- Following the publication of the report, we will consider how we can improve the support provided in Kent and Medway for adults with ADHD.
- If you have any further thoughts following this event, please email kmicb.engagecomms@nhs.net

Together, we can

Appendix C – Examples of social media graphics

Appendix D – Poster to advertise Medway event

Item 6: Kent and Medway GP Attraction Project

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Kent and Medway GP Attraction Project

Summary: This report invites the Health Overview and Scrutiny Committee to consider an update on the GP Attraction Project provided by NHS Kent and Medway.

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1) Introduction

a) In March 2022, the Chair of HOSC met with representatives from the then Kent and Medway Clinical Commissioning Group Workforce team, Medway Council and the Local Medical Committee (LMC) to discuss the development of a pilot project to improve GP recruitment in three local areas (Medway, Swale and Thanet). These areas had a low GP:patient ratio and the pilot aimed to promote recruitment and relieve pressures on the local health system. If the pilot proved to be successful, the intention was to roll it out across other areas in Kent.

b) In May 2022 the Committee considered the proposed package aimed at promoting the recruitment of GPs in Medway, Swale and Thanet, and resolved that it supported the scheme.

2) The pilot

a) The “attraction package” pilot focused on recruiting GPs in Medway, Swale and Thanet. The package was to include:

- Financial support for the GP and practice funded by the CCG.
- Support from local councils with matters such as school places, childcare, housing and similar.
- An educational package from the Kent and Medway Primary Care Training Hub.
  Flexible and supportive job plans with mentoring from the practices/Primary Care Network.

b) In March 2022, the Primary Care Commissioning Committee agreed a £500k package over a two-year period, to fund 5 coastal fellowships and 5 GPs in each of the three localities.

3) Barriers and challenges to GP recruitment

a) The Workforce team at the time described several barriers and challenges to recruiting and retaining GPs. These included:

- Limited resource: a general shortage of trained GPs, with it taking many years to produce qualified individuals.

- Locally trained GPs tended to leave Kent to work in London or abroad.
- Overseas trainees – there could be a lack of support in place and limited knowledge about the visa process. Individuals from ethnic minority backgrounds wanted assurance that they would be welcomed.
- Myths and perceptions about living in a so-called 'deprived' place.

b) The team considered best practice and lessons learnt in other areas with similar challenges.

4) Feedback provision

a) The CCG collaborated with several partners, including KCC, and were set to advertise the positions in June 2022.

b) NHS Kent and Medway have been invited to provide feedback from the project, setting out whether the original intentions were achieved and whether it will be rolled out to other local areas.

5) Recommendation

RECOMMENDED that the Committee consider and note the update.

Background Documents

Kent County Council (2022) 'Health Overview and Scrutiny Committee (02/03/22) Agenda for Health Overview and Scrutiny Committee on Wednesday, 2nd March, 2022, 10.00 am

Kent County Council (2022) 'Health Overview and Scrutiny Committee (11/05/22) Agenda for Health Overview and Scrutiny Committee on Wednesday, 11th May, 2022, 10.00 am

Contact Details

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Kent and Medway GP Attraction Project

1.0 Introduction

This paper provides an update on the GP Attraction Project that aimed to increase the number of GPs working within Kent and Medway through a comprehensive recruitment campaign and support package.

At the time of commissioning the project, Kent and Medway had 4.6 FTE GPs per 10,000 weighted population compared to a national average of 5.64 and a SE Regional average of 5.42. This placed Kent and Medway 42/42 nationally across ICBs for the number of GPs per 10,000 weighted population, with 52 FTE more GPs needed to move up to 41/42.

The GP Attraction Project was commissioned to explore and evaluate methods of attracting a larger number of GPs to Kent and Medway recognising that the existing workforce pipeline would not address the gap.

2.0 Project Summary

2.1 The Attraction Offer

- The GP Attraction offer was developed in collaboration with the Kent and Medway (KAM) CCG (now KAM ICB), local authorities, the Primary Care Training Hub, and the Local Medical Council (LMC) to support recruitment of GPs to areas most in need across the County.
- The offer included a financial, housing, and developmental support package for 15 practices that qualified for inclusion in areas of high social and economic deprivation (5 in Medway, 5 in Swale, and 5 in Thanet).
- An additional 5 practices qualified for the Coastal Fellowship offer which enabled them to offer GPs access to a fully funded academic fellowship in coastal medicine aligned to the Coastal Faculty at Kent and Medway Medical School (KMMS).
- All recruited GPs were also to take a lead role in a Quality Improvement initiative within their practice. They also received funded time and support to become an educator to increase our educator capacity.

2.2 The Attraction Approach

- A budget was allocated for both welcome payments for the GP (£15k) and recruiting practice (£10k), alongside a budget for HR support and a dedicated recruitment campaign.
- The recruitment campaign, ‘Be Here’, was designed using insight from local GPs to understand what attracted them to KAM, and why they have stayed.
- The website was launched in Dec 2022 alongside several extensive social media campaigns that included paid for adverts within the BMJ, pulse, google and wider social media platforms. Links were also shared directly with practices, the GP Deanery and NHS England, and coverage was also achieved with Radio Four.

2.3 Results

- The project launched in December 2022 and, following an extension, ran until Mar 2024.
- The campaign generated 24k clicks to the website.
- Over the course of the programme, 9 GPs, and 1 Coastal Fellows were recruited.
- It cost more than £350k to run the project including £250k for welcome payments (to the GP and their practice), £17.5k for HR support, and £81k in media campaign costs. This

does not include the cost of support provided by the Primary Care Training Hub team during the project.

3.0 Evaluation Results

The University of Kent were commissioned to undertake an evaluation of the project to determine which aspects of the package led to successful recruitment, and to draw out lessons learned to take forwards into future initiatives.

Of the 10 GPs recruited as part of the project, 5 GPs completed the online questionnaire as part of the evaluation approach, and 6 were interviewed. The evaluation was limited as it was planned to gather feedback at two points in time, however due to maternity leave, withdrawals, and some GPs joining later than others this was not possible.

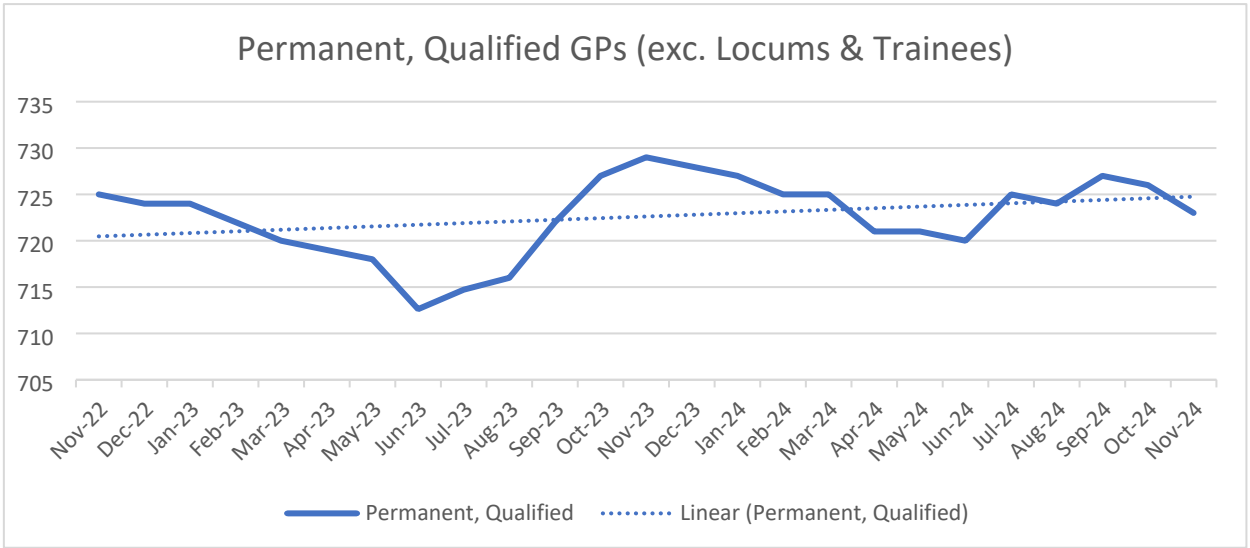
Key outcomes from those who took part in the evaluation include:

- The largest motivator for joining the scheme was the financial incentive (n=3), followed by the opportunity to work within a deprived area (n=2). However, it was not clear from the evaluation whether the GPs would have taken up roles within KAM if the financial incentive had not been made available.
- It is promising that some GPs were motivated by the opportunity to work within a deprived area, as this is a motivator that we can continue to tap into.
- From the point of view of the wider aspects of the scheme, the New to Practice Programme, GP Mentoring, and access to CPD were rated as highly useful.
- None of the GPs who took part in the evaluation felt that they needed the support of the welcome navigator, and at the time of being interviewed, none had enrolled on the Academic Fellowship programme to become future educators.
- Overall, there were mixed feelings about the Attraction Offer, mainly due to a lack of understanding of what it entailed and how and where it differed from the usual expectations of a salaried GP.

4.0 Next Steps

Whilst aspects of the scheme were highly related, overall, the GP Attraction package has not proved to be a cost-effective means of growing the number of GPs working within Kent and Medway.

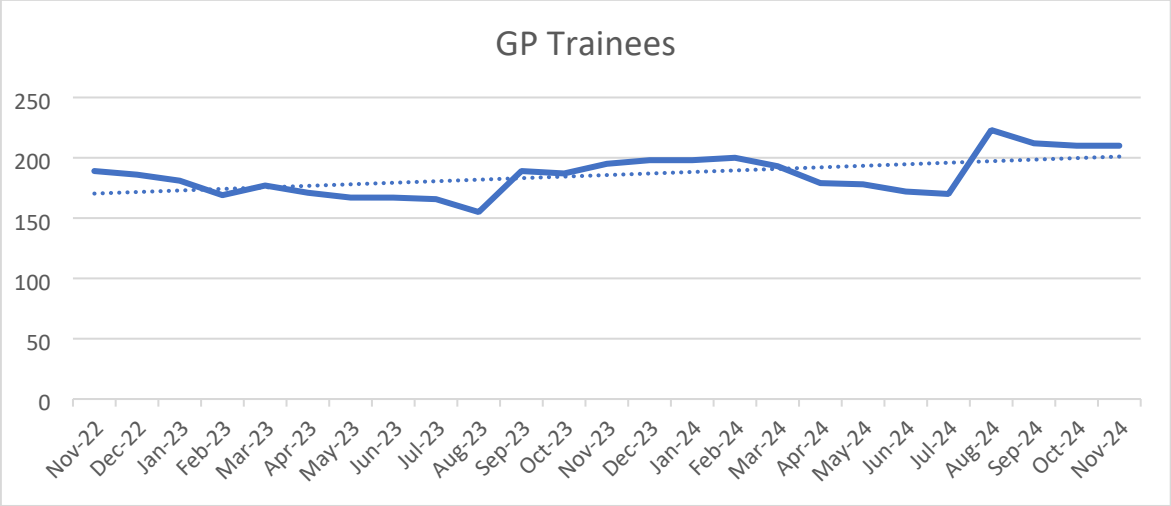
Despite a high volume of traffic in response to the recruitment campaign, this did not result in a high number of new GP starters within Kent and Medway. In fact, the number of permanent, qualified, FTE GPs working within Kent and Medway has remained relatively static over time with 725 FTE in Nov 22 and 723 FTE in Nov 24.



Moving forwards our approach to growing the workforce is focussed on understanding the right size and skilled workforce required to meet the needs of the local population, and where there are shortfalls in number or skill growing the workforce by increasing the number and retention of GP Trainees, addressing the cultural and improvement barriers to attracting and retaining the primary care workforce, and developing the multi-disciplinary workforce model.

4.1 Retaining GP Trainees

Increasing both the learning capacity within Kent and Medway and the retention rates of GP trainees is a key area of focus for growing the GP workforce. Supported by several initiatives, the number of GP Trainees working within Kent and Medway is growing over time (with a 44% increase in the number of trainees in the 2024 intake compared to the 2023 intake).



4.1.1. Expanding the Educational Infrastructure

As part of the work to expand the learning capacity, the Primary Care Training Hub is leading primary care transformation in collaboration with our system workforce colleagues, through the development of education and training governance and infrastructure at all levels. This includes the successful development of Primary Care Education Teams who are now embedded as a network of community education facilitators (CEF) across 100% of our PCNs (a model that is has recently been showcased nationally). They have successfully supported the increase in learning capacity through quality assured PCN Level Clinical Learning Environments (CLE), with 100% of our PCNs now approved as CLEs.

These PCN based multiprofessional education leadership teams will continue to proactively support the development of safe learning cultures, and inter-disciplinary education and placement opportunities to meet the needs of the future population. This includes primary care leading the way with developing innovative placement models including the successful trial of live streaming from a GP practice of suitable GP interventions meaning a much higher number of students can participate in the learning whilst also overcoming placement capacity constraints such as estate.

4.1.2 Kent and Medway Medical School

The work to expand the Clinical Learning Environment capacity is being undertaken working closely with the Kent and Medway Medical School (KMMS) to ensure a pipeline of local trainees. With the first cohort of trainees coming to the end of their training and securing roles, the KMMS is a key element of the infrastructure to expand GPs within Kent and Medway.

4.1.3. Supporting Tier 2 Sponsored Practices

Kent and Medway have a higher proportion of international students (60%) than both the Southeast region, and the national average of 40%. Therefore, Kent and Medway have a higher dependence on practices holding a Tier 2 licence to retain GP trainees once qualified.

As such, the team have been working with practices to support them through the process to obtain a license with the Home Office. 61 practices (35% of total practices), and 3 GP Federations now hold the license, and a further 14 are going through the process. Though full recruitment data is not available, the team are aware of practices recruiting 20 international GPs in the past 18 months along with several other professionals. At a cost of £536 per practice, this has proven a much more cost-effective way of enabling the growth of the GP workforce.

4.1.4. Growing the New to Practice Programme
Key to retaining GP trainees is also the New to Practice Programme which aims to give newly qualified GPs a sense of belonging and ownership of the system in which they work and complements the local practices' induction by providing a comprehensive introduction to Primary Care and peer support.

The programme has successfully grown from 18 delegates in cohort 1 to 69 GPs in cohort 4 and is rated highly from those who attend. Work is underway to follow the journeys of the alumni, including their retention and their engagement in areas such as becoming future educators.

4.2 A New Joint Approach to Attraction
Whilst the desired level of recruitment was not achieved, the learning from the GP Attraction Project is positive in that it has helped to demonstrate the key motivators to consider within our future attraction efforts. As such, moving forwards, alongside our work to expand and retain our learners, our resourcing approach has been re-focussed on working to tackle the cultural and improvement barriers many practices face in attracting and retaining the required workforce.

There is evidence that there are similar groupings of practices with greater health inequalities and learner inequalities, and it is also these practices that struggle to attract and retain the workforce they need to meet the needs of the local population. A joined-up approach across our teams focussed on identifying and addressing local barriers will therefore provide a greater opportunity to improve outcomes across a range of domains to help recruit and retain the GP and wider workforce.

4.3 A New Workforce Model
The workforce model for primary care is also changing. The number of GPs per 10,000 weighted population is no longer being a priority metric within the national NHS Strategic Oversight Framework which has provided an opportunity to incorporate a wider view of the clinical workforce within general practice to include GPs, practice nurses and direct patient care staff.

This also reflects feedback from practices received as part of the development of the 2024 KAM Primary Care Strategy where practices indicated their recruitment priority being the expansion and development of a broader multi-disciplinary primary care team. With financial and estates constraints, many practices are also choosing to utilise their resources on recruiting roles covered within the Additional Roles Reimbursement Scheme (ARRS) rather than GPs.

Since March 2021, we have seen an increase of 31% in the number of Direct Patient Contact (DPC) Practitioners employed within practices (486 FTE to 1,546 FTE).

4.4 Workforce Planning
Work has been commissioned to assess whether we have the right sized and right skilled workforce within primary care to meet the needs of our local population.

Available primary care workforce data is limited in its breadth (e.g. it mainly captures numbers of FTE and is missing key data such as vacancy data), and reliability, which makes workforce planning at system level on an ongoing basis difficult. However, work is underway to complete an initial baseline of the workforce across practices and primary care networks (PCNs), and to compare this to local needs using population health data. This review will also consider the new roles recruited under the Additional Roles Reimbursement Scheme (ARRS) and whether the right

roles and skills have been embedded. Whilst no one size fits all workforce model exists for primary care, suggested workforce models for coastal, urban and rural settings will be proposed, with recommendations made to address gaps in key areas.

The outcomes of this work will also provide a clearer picture of the GP workforce, whether a shortfall remains (when considering the wider multi-disciplinary model), the size of the shortfall, and support the development of further work to address it.

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Item 7: Podiatry Services Move - Update

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Podiatry Services Move - Update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the update provided by Kent Community Health NHS Foundation Trust (KCHFT) on the Podiatry Services' relocation.

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

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1) Introduction

a) Podiatry is the study, diagnosis and treatment of disorders of the feet and ankles. In Kent, the service is provided by Kent Community Health NHS Foundation Trust (KCHFT).

b) In July 2022, the KCHFT reported to the Committee its proposal to relocate the Podiatry Service from Foster Street, Maidstone, to two new sites: the Churchill Centre at the Royal British Legion Village, Preston Hall, Barming, and the Coxheath clinic, near Maidstone. The main reason for the relocation was that the premises at Foster Street no longer met the accessibility requirements needed to make it easy for everyone to access the service.

c) The Committee decided that the relocation of the Podiatry Services did not constitute a substantial variation of service. The Committee invited KCHFT to present an update once the new premises had been open for an appropriate period of time.

2) Recommendation

The Committee is asked to note the update.

Background Documents

Kent County Council (2022) 'Health Overview and Scrutiny Committee (07/07/22) Agenda for Health Overview and Scrutiny Committee on Thursday, 7th July, 2022, 10.00 am

Contact Details

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Update on Podiatry Services move from Foster Street clinic

Background to the move

Kent Community Health NHS Foundation Trust has been providing podiatry services at premises in Foster Street, Maidstone, for in excess of 20 years. However, our patients and colleagues recognised the building was showing its age and no longer met the accessibility requirements needed to make it easy for everyone to access our services.

The entrance to the building was via a steep slope, with the nearest parking limited to 30 minutes and only one disabled parking space / patient parking on site. The clinic is near a bus route but the stops are not near the building, meaning patients need to walk up or down hill on a busy road.

We therefore started to explore more suitable premises for our Maidstone patients in May 2022.

Alternative sites

We identified two alternative sites from which we could run our podiatry services: Coxheath clinic and the Churchill Centre at the Royal British Legion Village, Preston Hall in Barming.

There is parking available at the Coxheath clinic. If using public transport, the site can be reached by a direct bus from Maidstone, which runs every 30 minutes and the bus stop is approximately five minutes' walk from the clinic.

The Churchill Centre can be reached via bus from Snodland to Maidstone, running every 15 minutes. The bus stops at Preston Hall and the bus stop is approximately 10 minutes' walk to the clinic. There is parking available at the Churchill Centre. Podiatric surgery is only available at the Churchill Centre, as it is more convenient for accessing x-ray facilities at Maidstone hospital.

We invited patients to choose the site which was most convenient for them for their ongoing care.

Engagement with patients

We wrote to all podiatry patients identified as registered with a West Kent GP or having attended Foster Street. The letter explained why we were moving sites, along with local transport information and an invitation to choose which site would be most convenient to them. Contact details were also provided in case of any queries.

We also published a news article on our website and sent communications via the ICB stakeholder bulletin.

Several thousand letters were sent and we received three queries. Two of these were easily resolved following a discussion about transport. One patient who lived almost adjacent to Foster Street and only wanted to use his mobility scooter to come to clinic was unhappy with the move to the two alternative sites and despite contacting him personally and discussing transport options they decided that they would find an alternative solution to managing their footcare.

The move

We moved our services in September 2022. The treatment rooms at both sites were refurbished to provide a comfortable, fully equipped environment. The move was uneventful and service delivery has successfully continued at Coxheath and the Churchill Centre, with minor disruption at the time of moving. No subsequent complaints about clinic locations have been received and we have continued to be able to provide our patients in west Kent with excellent podiatric care.

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Item 8: Thanet Integrated Health Hub

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Thanet Integrated Health Hub

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

The Committee has determined that the changes represent a substantial variation of service.

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1) Introduction

a) A paper was presented to HOSC on 17 December 2024 to inform Members about the East Kent Health and Care Partnership's proposal to establish an Integrated Health Hub and community diagnostics centre in Thanet.

b) In November 2024, a briefing note that set out the proposal was circulated to the Committee. An informal briefing was also held for Members a week later.

c) At the HOSC meeting in December 2024, Members enquired about the accessibility of the chosen location, staff recruitment, the catchment area and the timescales.

d) The Committee concluded that the proposal relating to the Thanet Integrated Health Hub was a substantial variation for the following reasons:

i. The Hub represented an important new way of working.
ii. It was hoped the Hub would be an exemplar piece of learning.
iii. Important issues relating to workforce had been discussed.

e) Concerns were raised about the impact of the resolution on the implementation of the Hub. The Chair confirmed there would be no impact on delivery.

f) The Committee RESOLVED that:

i. The Committee deemed that the Thanet Integrated Health Hub was a substantial variation of service.

ii. NHS representatives be invited to attend the Committee's 12 March 2025 meeting with an update ahead of the Hub opening.

g) NHS representatives have been invited to attend today's meeting in line with the above resolution.

2) Recommendation

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

Background Documents

Kent County Council (2024) 'Health Overview and Scrutiny Committee (17/12/24) Agenda for Health Overview and Scrutiny Committee on Tuesday, 17th December, 2024, 10.00 am

Contact Details

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Better Lives Together
East Kent
Health and Care Partnership

A new health hub for Thanet

Thanet integrated health hub

Purpose

This paper provides an update on the latest developments to establish an integrated health hub at the Carey Building, in Northwood Road, Broadstairs, Thanet.

This update follows a presentation to Kent Health and Overview Scrutiny Committee members in December 2024, which concluded the hub was a substantial variation to services. It details the decision on the change of use application presented to Thanet District Council Planning Committee on 15 January 2025 and an overview of the ongoing public and staff communication and engagement programme, which is helping to influence how the hub is developed for the residents of Thanet.

Background

The project is being led by the East Kent Health and Care Partnership (EK HCP) and it is hoped the £10million hub will open in the summer of 2025, with services moving in gradually. Contractors have been appointed and have started work on the site.

Plans for the hub include:

- an NHS community diagnostic centre (CDC), to include an MRI in phase one, expanding to respiratory, cardiology and phlebotomy services in phase two
- a range of community NHS services, including community nursing, podiatry, cardiac and respiratory services
- relocation of St Peter's GP surgery to support growth in the patient list, of up to 7,000 people
- capacity to support development of a new model of care, including same day access to a GP when appropriate
- signposting and support to access health and care services provided by voluntary sector organisations, such as Age UK.

The plans are for 10 consultation or examination rooms, two counselling rooms, two treatment rooms, plus eight rooms for community services and six rooms for the community diagnostic centres on the ground floor as part of phase one. The second floor will be for administrative services. There will be additional clinical space on the first floor that is being explored for phase two.

Change of use for Carey Building

The Carey Building was previously used by Canterbury Christ Church University. A change of use application from education to health was presented to Thanet District Council (TDC) Planning Committee on 15 January. Mitigation for changing the employment class of the

building is robust; the site has been vacant since 2018, marketing has proven that reuse of the building is unachievable and the hub would bring 129 FTE jobs.

TDC Planning Committee members agreed the proposed integrated health hub at the Carey Building was needed by Thanet residents. Members acknowledged the travel network and parking around the Carey Building is challenging and that a travel plan is required to mitigate Kent County Council Highways' objection due to transport, traffic and the number of parking spaces. TDC Planning Committee agreed to defer and delegate for approval on the condition that a signed legal agreement to secure transport plans and monitoring.

Legal agreement and transport plan

Kent Community Health NHS Foundation Trust (KCHFT), as head tenant for the hub, is leading on the legal agreement and transport plans. It is working closely with Thanet District Council (TDC), the landlord and KCC to satisfy the planning permission conditions related to traffic management, car parking provisions and sustainable travel initiatives. The legal agreement is due to be completed by the end of March and will set out our commitments to comprehensive travel plan.

A transport planning consultant has been appointed to support the development of the plan. A transport sub-group meeting including TDC Planning, KCC Highways team, KCHFT and other East Kent Health and Care Partnership partners, has been working through a plan to mitigate concerns regarding the traffic around the Carey Building site and the number of hub parking spaces.

A first draft of the transport plan is due to be completed by the end of March 2025. It will promote sustainable transport options, such as public transport, cycling and walking. Electric vehicle (EV) charging infrastructure will support the transition to greener transport solutions. The next phase will be to develop a working group including representatives from the providers expected to occupy the building, voluntary community and social enterprise sector organisations and TDC councillors. TDC and KCC will monitor the travel plan for up to five years.

The public, patient and staff engagement programme, detailed below, is also helping to influence the transport plan.

Engaging patients, public, local communities, staff and stakeholders

Phase one of a comprehensive communication and engagement programme is in progress to raise awareness of the plans and to make sure people's views help to shape the development of the hub.

This has included:

- Using the full range of existing communication and engagement mechanisms across the range of partners, such as KCHFT, EKHUFT and Kent and Medway ICB's patient, public, member and stakeholder **newsletters, alongside press releases and social media promotion** to publicise the project and how people can get involved.

- A dedicated **web portal for the project,** with supporting pages, has been developed at www.kentcht.nhs.uk/thanethealthhub with more than 500 views.

- The website is being regularly updated with **frequently asked questions,** which include details of opening times, number of parking spaces and how we will make the building fully accessible for people with disabilities.

- A printed **booklet** about the plan, available at key venues across Thanet including St Peter's surgery.

- We have published an **online survey f**or people to give their views. More than **630 people have completed the survey**. We have also printed and distributed paper versions of the survey, including an Easyread version for people with learning disabilities or cognitive issues.

- An **in-person engagement event** on Saturday, 15 February at the Allen building, which is opposite the proposed new health hub building, in Broadstairs. We publicised the event on social media and via outlets such as Isle of Thanet News, changing the venue to increase capacity on demand and **more than 70 people attended**. The two-hour event, chaired by East Thanet MP Polly Billington, included presentations from all the partners, followed by a table-top exercise where people could ask questions and check and challenge some of the ideas that had been presented. BSL interpreters were available at the session.

- We held two **online public engagement events.** One at 10am on Thursday, 20 February. There were 34 people registered for the event and 31 people attended, including colleagues from EKHUFT and KCHFT, plus members of the public and local stakeholders. The second at 6pm on Wednesday, 26 February, with 36 registered and 19 attending, including many community and voluntary sector organisations.

- Dedicated focus groups with key groups, including **Thanet Stroke Association** event and year 13 forums from **local schools.** We will be working with Healthwatch, Social Enterprise Kent and a range of voluntary sector organisations to further engage underserved communities and people with protected characteristics to make sure a range of voices help to develop the hub.

- Discussing and sharing the plans with **St Peter's Surgery patient participation group** at their local meetings, sharing booklets and the survey with its patients.

- We have engaged with staff, many of whom are also local residents, through an **initial joint-internal webinar across the partners** held on Thursday, 30 January 2025, attended by 79 people and facilitated by Julia Rogers, KCHFT Director of Communications and Engagement and KCHFT Chief Executive Mairead McCormick. There is a further webinar scheduled for 5 March. We also have a mechanism for staff to ask anonymous questions via menti.com. We have written and published a live and ongoing internal page on intranets dedicated to delivering transparent information and updates to colleagues about the hub.

What people, public and staff have told us so far

We are still analysing the results of the first phase of the engagement and a full report will be published; however, some headline themes are included below.

Headline survey results show:

So far, we've had more than 630 responses to our online survey of these 83.7 per cent were from a patient or a member of the public, 12 per cent were health or care colleagues.

- **95 per cent of people** said having same-day access appointments to **GP services** would be useful and 46 per cent said it would improve GP access, 38 per cent didn't know
- **83 per cent** said they agreed or strongly agreed the **clinical diagnostic hub would improve access to diagnostic services**
- **80 per cent agreed** that including **community services** from other locations would be useful
- **78 per cent agree or strongly agreed** that the centre would help to **improve partnership** working with community and voluntary sector organisations.
- **57 per cent said** they didn't see any problems or challenges with including these services.

People were positive about:

- **Improved access to services**: Many respondents believe the new health hub will enhance access to diagnostic services like MRI and echocardiograms. The hub is expected to reduce waiting times for diagnostics and hospital appointments, easing pressure on existing hospitals.

'To speed up the time waited for diagnostics and also saving having to go to Dover can only be a good thing.'

- **Convenience and centralisation**: The centralisation of services in one hub is seen as beneficial, making it easier for patients to access multiple services in one location. People appreciate the idea of having a range of community services, such as podiatry, cardiac, and respiratory services, in one place.

'Having everything we need in one place is great.'

- **Reduction in travel time**: The hub will save patients from traveling to Dover hospitals for diagnostic services, which is particularly beneficial for those with mobility issues or without personal transport.

"Be better you don't have to go far. Dover is too far away without a car park nearer to the building."

- **Potential for additional services**: People have welcomed the potential for the hub to offer additional services. People have suggested a need for services such as x-rays and radiology, minor surgery, such as cataract surgery, expanded physiotherapy and occupational therapy, mental health services especially for young people, point of care testing and dental services, to further reduce the burden on existing facilities. Other suggestions include integrated health improvement service, such as those by One You and regular adult social care clinics and services to provide information, advice and

guidance. Cllr Paul Bartlett shared an example of a successful walk-in GP service for over 75s and suggested considering a similar model for the Thanet hub.

‘It would be good if the hub could have x-ray as well
like Estuary View will take the pressure off QEQM.’

- **Wide support for community and voluntary sector services**: People gave strong support for voluntary sector and ongoing community engagement to make this a hub that is fit for the future and meets the diverse needs of the population. There was support for the voluntary sector to help create a welcoming, community-focused environment was suggested.

‘Kent Coast Volunteering has a community transport and befriending services that help to tackle loneliness and isolation’.

- **Support for meeting increasing demand on local healthcare**: The hub is seen as a much-needed addition to the local healthcare infrastructure, especially with the growing population in Thanet due to new housing developments.

‘Thanet suffers from a shortage of GP services and our A&E is on its knees. Access to diagnostic tools so close to Thanet residents will be invaluable for prompt treatment.’

People had questions, concerns or suggestions about ...

Transport and accessibility: One concern is the location for patients travelling by bus, with one bus route serving the area. People suggested improving public transport by introducing additional frequent and reliable bus routes that stop directly at the hub. Implementing shuttle bus services from key locations, such as QEQM and Westwood Cross.

‘Work with Stagecoach to provide accessible public transport for staff without vehicles and patients to attend the hub.’

‘Buses must stop outside, and be accessible from St Peters, Broadstairs, and Ramsgate, even a shuttle bus to QEQM.’

In response: We will be working with all partners to look at what is possible as part of the travel plan.

Traffic congestion: Scheduling appointments to avoid peak traffic times, such as school arrival and leaving times, can also help mitigate congestion.

"The appointment times could maybe be helped by avoiding peak traffic times, especially school arrival/leaving times."

In response: NHS providers are reviewing their appointment system so reduced appointments are offered at peak times such as school drop off and pick up times.

Parking: There are concerns 59 parking spaces for both patients and staff is not adequate. Respondents suggested using nearby land for extra parking to help ease congestion on surrounding roads. People want appropriate allocation for disabled drivers and specific parking spaces for staff, considering they often carry heavy equipment.

"The land in Millennium Way could be used for extra parking to ease congestion on Northwood Road and surrounding roads."

"Allocated car parking spaces for staff at the location. More buses to the location."

In response: We are reviewing options for a staff offsite parking solution to ensure the 59 parking spaces available at the Carey site are prioritised for the public, including allocation appropriate for disabled drivers. As part of the design of the building there are plans to include a 'set down' area so transport vehicles or ambulances can use this to help with congestion in the car park. The team are also keen to engage with the local schools to discuss the parking in the local area.

Additional or moving services: People wanted to know if these were additional services or services simply centralising. The Community Diagnostic Hub will provide additional services and the hub will also allow St Peter's practice to expand its range of services.

People raised if there would be enough experts and consultants to properly interpret the results of the increased diagnostics and ensure patients received the necessary treatment they need.

In response: A key part of this programme is modelling the impact, with data and learning from the Dover Community Diagnostics Hub helping to adequately predict the level of need.

Recruitment: Across the engagement, people wanted assurance there would be the workforce to deliver the hub. People recognised that being near schools, the hub could serve as an educational environment to entice more young people into health and social care professions.

In response: St Peter's surgery is actively recruiting additional GP and a range of clinical staff in preparation, recognising the need to have a stable, consistent clinical team. The hub's modern facilities and new ways of working make an attractive option for healthcare professionals and offer the opportunity to embrace a wider range of health professionals beyond just GPs. A business case for The Community Diagnostic Centre supports a 'grow your own' internal staffing model from some services while supporting recruitment for others. All EKHUFT staff will rotate through all trust sites to support clinical skill sets and competencies.

Next steps

East Kent Heath and Care Partnership is deeply grateful to the local community, including individuals, local councillors and voluntary sector organisations, for their invaluable contributions and suggestions in developing the hub. For example, wheelchair users have offered essential input to ensure the highest standards of accessibility.

Local councillors have offered support in the development of the transport plan, including the opportunity to think about green transport options and the public health and prevention agenda and engaging local schools in reviewing their drop off and pick up points.

We are conducting a thorough analysis of all the comments received and continuing our engagement with seldom heard groups and people with protected characteristics. A full engagement report will be published, which, along with insights from a community citizens panel, will guide the second stage of the engagement and the project's design and development.

Contractors have started work on the building. While much of the space on the ground and second floors has been allocated, with services moving in gradually, we plan to expand the offer in subsequent phases based on population need, subject to available space and funding. The timeframe for completion of the initial construction work will be August 2025 with a phased move in of community services, St Peter's GP Surgery and the CDC programme during a 12-month period. Phase two planning will start for the first floor in the summer and is subject to successfully securing more capital funding.

Overall, the engagement so far indicates strong support for the Thanet health hub. Many view it as a positive development that will enhance access to healthcare services and help us to tackle health inequalities. By working with patients, public, staff, stakeholders and our partners, we are confident we can mitigate concerns about transport, parking and traffic congestion to ensure the hub's success.

Recommendation

The East Kent Health and Care Partnership is happy to provide regular updates to the committee as the project progresses.

The committee is asked to consider the report.

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Item 9: Healthwatch Kent: Annual Report 2023-24

By: Gaetano Romagnuolo, Research Officer – Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Healthwatch Kent: Annual Report 2023-24

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

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1) Introduction

Healthwatch Kent has provided their 2023-24 annual report for the Committee's consideration.

2) Recommendation

RECOMMENDED that the Committee note the report and invite Healthwatch Kent to present their 2024-25 report in due course.

Background Documents

None

Contact Details

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The value of listening

Healthwatch Kent

Annual Report 2023-2024

healthwatch Kent

Contents

"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England

Message from our Chair

In a year which has seen continued pressures on the NHS and Social Care our focus has been:

- Achieving outcomes and change driven to bring best value to our partners, stakeholders and community.
- Continuing to recruit volunteers from across the community and this year have welcomed them into new office-based roles to support and enrich the work of our staff.
- Recognising how partners across Kent have overcome challenge and delivered positive change to the community through our annual impact awards. This year we also celebrated individuals who had made noteworthy contributions to Health and Social Care in Kent.
- Improving the way we understand and evidence health inequalities to drive project work within the community and with our stakeholders.
- Maintaining relationships with the ICB and ICP working in partnership with them to enhance health and care outcomes of the people of Kent.
- Developing how we work with Public Health to help ensure the voice of Kent residents compliments the data they hold.
- Reaching into communities which this year has included Nepalese, LGBTQ+ young people, care homes, university students, Asian women, people with mental health experiences and parents with SEND children.

This report gives insight to some of our achievements over the past twelve months. I trust you find this interesting and please get in touch if you would like to join us on our journey.

I would also like to take this opportunity to thank the volunteers and staff who support us in our mission and wish those who have left good luck in their new positions and to extend a welcome to those who have joined us.

Libby Lines, Kent Steering Group Chair

About us

Healthwatch Kent is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out:

2,370 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

7,010 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.

Making a difference to care:

We published

9 reports

about the improvements people would like to see in health and social care services.

Our most popular report was

Enhanced Health in Care Homes

which highlighted how services are working together.

Health and social care that works for you:

We're lucky to have

23

outstanding volunteers who gave up their time to make care better for our community.

We're funded by our local authority.
In 2023 - 24 we received

£507,131

which is the same as the previous year.

We currently employ

10.8 staff

who help us carry out our work.

How we've made a difference this year

Spring

We published our Enhanced Health in Care Homes report which was included in Winter Planning

We listened to women about their experiences of health and wellbeing

Summer

We visited a Nepalese community group to talk about their equipment needs and the barriers they face to access.

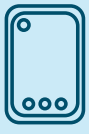
We heard where LGBTQ+ young people felt least and most respected.

Autumn

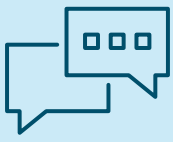
We talked with parents about what they found most helpful in supporting their own wellbeing

We were supported by Mental Health Voice to share the themes of mental health experiences with Public Health and NHS Kent and Medway

Winter



We talked to people about their referral experiences to get a baseline to test a new electronic referral system.



We highlighted the ongoing necessity to ensure people with additional communication needs are supported.

Your voice heard at a wider level

We collaborate with Healthwatch Medway to ensure the experiences of people in Kent influence decisions made about services at Kent and Medway Integrated Care System (ICS) level.

This year, working with Healthwatch Medway, we published a report looking at the effectiveness of our **information and signposting** service. 243 out of the 1167 people who contacted us shared how they had been impacted by the information we had given.

People felt less lonely, less anxious, more independent and better connected to services. We have used WELLBYs, a social value tool, to estimate that these outcomes have generated between £525,000 and £800,000 worth of social value.

We submitted 902 experiences to help inform the draft **Integrated Care Strategy**. These experiences came from a range of engagement and reports which included feedback from fishermen, LGBTQ+ young people, refugees and people with mental health conditions.

These helped influence and shape the priorities included in the strategy. You can read what Kent and Medway partners will be trying to achieve here.

Working with Healthwatch Medway we produced a thematic report on the experiences we heard about **dentistry**. As well as sharing this locally with the Integrated Care Board and feeding into Healthwatch England national findings we also submitted it to the Parliamentary Health and Social Care Select Committee on Dentistry. The evidence we submitted was referenced four times.

Alongside Healthwatch Medway we hosted the annual **Healthwatch Recognition Awards.** This celebrated the work of organisations and individuals contributing to positive change in Health and Care. This year nominations came from colleagues and the people using these services rather than ourselves. We were able to give them the platform to get the recognition they deserved and share best practice across the system.

Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Enhanced Health in Care Homes

In 2023, we published our findings about care and support in care homes after talking to residents, family members, care home managers and primary care professionals across 15 care homes. Thanks to this insight, the NHS, Kent County Council, and local Health and Care Partnerships have made positive changes.

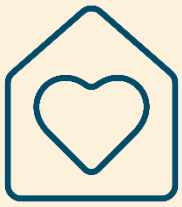
102 people participated

48 people living in care homes
28 relatives of people living in care homes
15 care home managers
11 PCN professionals

What did people tell us about their experiences in care homes?

- People shared their views on care and support provision, personalised care, wellbeing, activity offers, and integrated and joined-up care.
- Half of people's feedback was positive, around a third mixed or neutral, and approximately 14% was negative or suggestions for improvement.
- People also gave insights into the care provided by hospitals and GPs.

What difference did this make?



- East Kent Health and Care Partnership have implemented daily, or twice daily if needed, health professional calls to homes.
- Dartford, Gravesham and Swanley Health and Care Partnership have created a direct liaison between the South East Coast Ambulance Service and Winter Care Homes Support Service team.
- Dartford, Gravesham and Swanley Health and Care Partnership are also rolling out a preventative and reactive falls service. This will include individual fall plans for residents who are assessed as at risk.
- West Kent Health and Care Partnership have reduced calls to the ambulance service by 29% and emergency department attendances by 26%.
- Kent County Council will be increasing opportunities for care home staff to be upskilled, with priority given to training in prevention and health improvements.

East Kent Diabetes

In 2021, as part of a wider stakeholder group we supported East Kent Health and Care Partnership (HaCP) in their efforts to understand what was important for people who needed diabetes care.

Healthwatch Kent were part of a working group, setting the direction of the engagement taking place. In total, 708 survey responses were completed in addition to focus groups which sought to gain deeper insights into the areas people felt needed to be improved. Along with NHS Elect we presented a summary of the findings to the East Kent HaCP board which highlighted that people wanted:

- Better advice and support pre-diagnosis
- More regular GP reviews, face-to-face consultations and check-ups
- Improved experience of hospital care
- Better signposting to support and guidance, particularly from community healthcare staff
- More joined-up working across healthcare staff
- Inclusion of carers and family in discussions about care
- Better access to foot care
- Access to better information about nutrition and diet

What difference did it make? (As of September 2023)

- 100% of the 8 care processes for patients being seen in the clinics are being completed.
- At 3 month follow up 142 out of 171 patients have decreased their Hba1c score.
- There are improvements in all therapy outcome measure scores with particular increase in people reporting their impairment had got better (77.45%).
- Feedback from people about their experience of the service has been positive. People have reported increased confidence in manging their condition and appreciated the ability to discuss the information being provided to them.

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life – Kent Uni

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

At a workshop we facilitated for Kent University students we were able to gather experiences about mental health support. One of the key things they raised was a preference for digital communication from services. We shared this feedback with the adult mental health provider, which added weight to a conversation they were already having about how they were sending out appointment information.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

We've been working with the Kent and Medway Adult Safeguarding Board to help ensure that people's experiences inform their reviews and gives factual context to support the work being done by the board members. We initially shared a report about hospital discharge, details of which were included in their annual report. We meet with the Independent Chair of the Board and the Board manager to provide feedback in relation to emerging issues and specific themes identified in the Safeguarding Adult Reviews.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

Over the last six years we've been testing how the Accessible Information Standard (AIS) is being implemented. Due to our work, the way communication needs are met for people has improved. This has focused on changes made at East Kent and Maidstone and Tunbridge Wells hospitals, including cards to access the video interpreting service and new hearing loops. This work was recognised at the Healthwatch England awards. We'll continue to push for better execution of the Accessible Information Standard across Kent.

There's a summary of other outcomes we've achieved this year in the Statutory Statements section at the end of this report.

Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- **Using translators, working with youth groups and universities and developing partnerships with community organisations.**
- **This has allowed us to hear from a Nepalese cohort, LGBTQ+ young people, university students, the Nigerian community, parents with SEND children and more.**

Getting people the equipment they need

The NHS and Kent County Council were concerned that they weren't hearing diverse views on the current Integrated Community Equipment Service. They had conducted an initial survey but response were from a narrow ethnicity range..

We were able to help support them by accessing 25 people from a Nepalese cohort thanks to a community centre in Folkestone. With aid of a translator we were able to capture their experiences and views on access and their current equipment needs.

As a result of what people shared:

- We were able to facilitate an occupational therapist attending the Nepalese community centre and providing information and assessment to those that previously hadn't been able to access the service..
- The NHS and Kent County Council commissioners shaped the new contract specification to ensure the provider would be responsible for improving outreach and access to the Nepalese and other groups.
- We've continued engagement with the Nigerian community and will be producing a report comparing against a white British cohort to identify potential inequalities.

Influencing the future workforce

We worked with Canterbury Christ Church University to support the revalidation of their allied health professional course. We spoke to 122 people who had used physiotherapists, radiologists, paramedics and speech and language practitioners.

- Physiotherapy discharge leaflets have begun distribution again, having originally been ceased as a Covid-19 response.
- Pre-appointment communications are being reviewed with the intent to provide clearer department directions.
- We heard from people in both physiotherapy and radiology departments at one hospital, who told us that, as they were hard of hearing, they were worried that they would not be able to hear their name being called and would miss their appointment. The hospital advised the increased volume in the area was due to the room doubling as an escalations department and the area was seeing much heavier footfall than usual. Since then, the escalations department has been relocated elsewhere. Plans are being established in case it returns to deal with the raised volumes. This includes a screen displaying appointment announcements and potentially a speaker system.
- Canterbury Christ Church University have been successful in their revalidation of their allied health professionals courses.
- The feedback about allied health professionals has been uploaded to the Futures NHS collaboration platform: NHS England South East professional standards.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost-of-living crisis

Helping the effective management of Long Term Conditions

Thanks to the effort of our Information and Signposting team we were able to help an individual get the medication they needed.

We spoke to a gentleman (90+), they explained about their thyroid condition and how the medication they were taking had been reduced over time, causing their levels to drop and making them ill.

The individual had contacted their surgery and had been referred for tests with the plan to discuss the matter once the results were known, however this did not happen. Following our conversation, it was suggested the individual contact the practice manager which they did. The individual said that the practice manager was very helpful, they organised a meeting with the doctor where the individual was able to discuss the issues they had. The individual reported that the GP apologised and listened to them before agreeing to make changes to their medication and follow up care.

Ensuring people have access to Advocacy support

We had feedback that people couldn't access the advocacy support that they were being signposted to by one of our hospital trusts.

We checked with the trust and found that they had the incorrect details on the information they were providing to people.

We were able to share the correct contact details, which the Trust then changed so that people were then able to access advocacy support if they wanted to .

Helping people get the support they are entitled to

We heard form an individual who, after using patient transport for many years, had been told that they were no longer eligible. This was causing great distress because the individual needed to attend for tests to be able continue their cancer treatment. We spoke to G4S and it was discovered that following a change in criteria by the ICB the call handlers had not been applying the new criteria properly and had been missing some questions. Call handlers were informed and the individual along with many others were then able to access transport going forward and receive the treatment they needed.

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out visits to local services to help them improve

For the first time this year we've worked with the University of Kent to provide a placement opportunity to one of their students which has been a great success.

They were able to put the theoretical skills they were learning into real life application. They helped us understand who we are hearing from and how that compares to the Kent population so we could start targeting our engagement strategy to some of the gaps.

This year we've been proud of how we have given some of our volunteers the skills and a pathway to paid employment with Healthwatch and our host organisation EK360.

"I learnt so much from volunteering with Healthwatch, particularly around data analysis and building my confidence using spreadsheet software like excel. I learnt to be more confident when talking to the public, and gained a deeper insight into how peoples experiences can drive drastic change in their communities**"** **Jade**

"Volunteering with Healthwatch Kent enhanced my communication and engagement skills. It provided me with critical thinking skills which was then useful during my full time role and helped me empathise with people to make them feel safe when we talk to them" **Emmanuel**

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchkent.co.uk/volunteer
0808 801 0102
volunteer@healthwatchkent.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		**Expenditure**	
Annual grant from Government	£507,131	Expenditure on pay	£482,504
Additional income	£46,933	Non-pay expenditure	£14,220.
		Office and management fees	£124,336
Total income	**£554,064**	**Total expenditure**	**£621,060.00**

Additional income is broken down by:

- £20,000 received from Kent and Medway ICB for Care Home Manger interviews
- £26, 933 top up from the wider People's Voice contract

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our priorities for the next year are:

1. Map the journey of people being discharged from hospital
2. Hear from veterans about their barriers to care
3. Help review changes to SEND support information
4. Extend the work on the Integrated Community Equipment Service
5. Better understand how new digital systems impact access to services
6. Explore how we can communicate what people are experiencing in different ways

Statutory statements

Healthwatch Kent, The Old Court House, 8 Tufton Street, Ashford

TN23 1QN

Contract held by EK360 (Engaging Kent), The Stables, Little Coldharbour Farm, Tong Lane, Lamberhurst, Tunbridge Wells, Kent, TN3 8AD

Healthwatch Kent uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Steering Group consists of four members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Steering Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met eight times and made decisions on matters such as approving additional promotional materials and putting projects such as people's experiences of referrals onto the workplan.

We ensure wider public involvement in deciding our work priorities by analysing the themes and trends of what people have told us and where we notice gaps in what we are hearing from the public.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, email and post and provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, attach copies to our newsletter and present it at public meetings which the public can watch. We are happy to provide a paper copy upon request.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to the Kent Health and Wellbeing Board, patient experience committees and The integrated care partnership, The Health Overview and Scrutiny Committee, plus our regular catch ups and meetings with key stakeholders in the system .

We also take insight and experiences to decision-makers in Kent and Medway. For example, we work with Healthwatch Medway to share the experiences we've heard at the Kent and Medway Quality Group as well as the Integrated Care Partnership. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made 0 Enter and View visits.

Healthwatch representatives

Healthwatch Kent is represented on the Kent Health and Wellbeing Board by Robbie Goatham, manager and Libby Lines, Steering Group chair.

Healthwatch Kent is represented on the Kent and Medway Integrated Care Partnership by Bisi Dada and Robbie Goatham. Healthwatch Kent also attends the Primary Care Oversight Group, System Quality Group and Health Inequality Sub Committees

Other 2023 – 2024 Outcomes

Project/activity	Outcomes achieved
Response time by the ICB complaints team.	ICB Quality Team have used feedback to monitor Complaints Contract to ensure that response times are adhered to.
Concerns about disabled toilets being pedal activated so not accessible to all patients	Trust wide initiative to replace disability toilet bins with disability friendly options.
Prescribing Hormone Replacement treatment for transgender patients.	HWK feedback will be used by the ICB to scope what can be put in place to support this cohort of patients better. The example has been shared with our Chief Medical Officer.
Incorrect Covid Vaccine guidelines provided to patients.	ICB Quality Team worked with the Vaccine team to ensure that clear and concise guidelines for qualifying for the Covid Vaccine were produced.
From individuals who we've spoken to	'Difficult to know where to turn for help but reassuring to know Healthwatch is there to help'
	'I am really glad that I have spoken to you, it has given me the confidence to speak to the care home and the GP surgery'
	'Thank you, you've been very kind listening to me and agreeing to call in a couple of days'.

Healthwatch Kent

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Item 10: Work Programme 2025

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 12 March 2025

Subject: Work Programme 2025

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

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1) Introduction

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

b) The Health Overview and Scrutiny Committee (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) 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) 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

Contact Details

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03000 416624

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

4 June 2025		
Item	**Item background**	**Substantial Variation?**
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Review of winter planning 2024/25	To scrutinise the effectiveness of 2024/25 winter pressures planning	-
Carr-Hill funding formula	To receive information about the funding of primary care services	-
Implementation of Hyper Acute Stroke Unit (HASU)	To receive: - an update on the services being provided from Maidstone & Dartford. - an update on the implementation plan at William Harvey. - mechanical thrombectomy suite at Kent and Canterbury Hospital	-
Intensive Care Unit (ICU) workforce mental health following Covid	This was a Committee Member request. To receive information about the mental health of ICU workforce following Covid	-
Urgent Treatment Centre strategy	To receive information about the new Strategy.	TBC
Kent and Medway Prosthetics service	To receive information about the future provider and location of the service.	TBC
Review of Community Bed model	To understand more about the modelling being undertaken by the ICB.	TBC

9 October 2025		
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.	-

2. Items yet to be scheduled

Item	**Item Background**	**Substantial Variation?**
Phlebotomy services in Deal	The Committee has requested an update once a new provider has been identified.	-
Mental Health Transformation - Places of Safety	The Committee has requested an update once the unit has been operational for a meaningful period of time.	-
SECAmb Volunteer strategy	Members has requested to see the Strategy once ready.	-
Edenbridge Medical Centre	The Committee requested an update including metrics, how preventative work reduces instances of acute hospital stays, and how these models of care support GP practices.	-
Community Services review	The Committee has requested an update on the Community Services procurement	No
Healthwatch Annual Report 24-25	The Committee requested an update on the Healthwatch annual report 24-25	-

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.