

# KENT COUNTY COUNCIL

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 4th December 2025 at 10:00am.

PRESENT: Mr R Mayall (Vice-Chair), Mr J Baker, Mr A Kibble, Mt T Mallon, Mr T Mole, Mrs B Porter, Mr A Ricketts, Mrs S Roots, Mrs C Russell, Mr T Shonk and Dr G Sturley.

IN ATTENDANCE: Mr A Doyle (Chief Executive, NHS Kent and Medway), Mr M Atkinson (Director of Strategic Commissioning and Operational Planning, NHS Kent and Medway Integrated Care Board), Dr A Richardson (Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust), Dr A Qazi (Chief Medical Officer, Kent and Medway Mental Health NHS Trust), Mr R Goatham (Healthwatch Manager), Dr C Rickard (Medical Director, Kent Local Medical Committee) and Mr G Romagnuolo (Research Officer, Overview and Scrutiny, KCC).

### UNRESTRICTED ITEMS

#### 1. Election of Chair and Vice-Chair

*(Item 1)*

1. Mr Mole proposed, and Mr Kibble seconded, that Mr Robert Mayall be elected Chair of the Health Overview and Scrutiny Committee.
2. As Mr Mayall was the Committee's Vice-Chair, the election of HOSC Vice-Chair had also to be carried out.
3. Mr Shonk proposed, and Mr Kibble seconded, that Mr Terry Mole be elected Vice-Chair of the Health Overview and Scrutiny Committee.

RESOLVED that Mr Robert Mayall be elected Chair of the Health Overview and Scrutiny Committee, and Mr Terry Mole be elected Vice-Chair of the Health Overview and Scrutiny Committee.

#### 3. Apologies and Substitutes

*(Item 2)*

4. Apologies were received from Mr M Brice, Mr S Jeffery, Cllr H Keen and Cllr K Tanner. There were no substitutions.
5. Cllr Keji Moses joined the meeting virtually.

**4. Declarations of Interests by Members in items on the Agenda for this meeting.**

*(Item 3)*

1. Mr A Ricketts declared that he was a Public Governor of the East Kent Hospitals University NHS Foundation Trust.

**5. Minutes of the meeting held on 9 October 2025**

*(Item 4)*

RESOLVED that the minutes of the meeting held on 9 October 2025 were a correct record and that they be signed by the Chair.

**6. NHS Kent and Medway Chief Executive Update**

*(Item 5)*

1. Mr Doyle (Chief Executive, NHS Kent and Medway) introduced himself as the newly appointed Chief Executive of NHS Kent and Medway. He said that the report provided an outline of the current challenges and opportunities facing the local health and care system.
2. Kent and Medway faced significant operational and financial pressures, including a large system deficit, long waiting lists and marked health inequalities. In response, the ICB had launched a comprehensive Reset, Recovery and Transformation Programme which was underpinned by a System Improvement Plan focused on neighbourhood transformation, acute service reconfiguration, strategic commissioning, leadership and culture, digital innovation, and financial recovery.
3. The NHS 10-Year Plan was a national document which set out the government's vision for the future of health and care in England. Its aim was to respond to rising demand, widening health inequalities and financial pressures by committing to a fundamental transformation of how services were delivered. The Plan also set the context in which all ICBs and other health bodies had to operate.
4. The Plan included three main shifts.
  - a) Care would move out of hospitals and into communities. Instead of relying on large acute centres for most services, the future model provided for neighbourhood health hubs to become the focal point for care.

- b) A greater use of digital technology by the NHS as a core part of everyday care. NHS App would become the main gateway for patients, offering everything from appointment booking to prescription management.
- c) A shift in focus from treating sickness to prevention.

5. The NHS 10-Year Plan and other national reforms also prescribed that Integrated Care Boards (ICBs) developed into strategic commissioners, with a focus on improving population health, reducing inequalities and ensuring high-quality, sustainable services. The new commissioning framework embodied a model that was more outcome-focused and embedded in partnership working across health, social care and the wider public sector.

6. The Kent and Medway ICB would undergo a substantial transformation. It was required to halve its operating budget—from £73.5 million to £38.3 million—to meet national targets. This would be achieved through the Reset, Recovery and Transformation programme and would result in significant reductions in its workforce.

7. In terms of community services procurement, Mr Doyle said that, over the past two years, the ICB briefed the Committee on the rationale and ambitions for the re-procurement of these services. The new procurement followed the Provider Selection Regime Regulations (2023), with contracts awarded for five years, plus up to three years of extensions. This arrangement allowed alignment to national priorities, such as the Darzi Report’s call to move care closer to home, and the NHS 10-Year Plan.

8. In reply to a question about the role of pharmacies in this new model, Mr Doyle explained that in primary care there were four main professional groups: GP services, pharmacy, dentistry and optometry. One of the key challenges for public health teams in the future was to better analyse and understand population growth and demographic patterns in order to allocate the right pharmacies in the right places to best respond to local need.

9. In reply to a question about preventative measures to reduce the consumption of processed foods which led to increased obesity, anxiety and diabetes Type 2 in the population, Mr Doyle said that the current number of children who were obese (in Year 6) in Kent and Medway was above the national average. In order to respond to this issue, it was important to develop a robust local strategy. Also, given that very little could be done at a local level to change the regulation of food industry, the ICB lobbied the relevant parliamentary groups.

10. A Member asked whether Mr Doyle could expand on the neighbourhood care model.

- d) Mr Doyle explained that it was important to develop a standardised model for Kent and Medway in terms of opening times. The model also advocated that general practices be well resourced and well-funded.

- e) A key aim was to move a proportion of diagnostic tests and first appointments away from hospital and into the community. When appropriate, a number of visits would be provided virtually.

RESOLVED that the Committee note the report.

## **7. Prosthetic Limb Service relocation**

*(Item 6)*

1. The Chair welcomed Mr Atkinson (Director of Strategic Commissioning and Operational Planning, NHS Kent and Medway Integrated Care Board) to the meeting. Mr Atkinson explained that the Prosthetic Limb Service for Medway, Kent and Southeast London was currently provided by the Kent and Medway Mental Health NHS Trust (KMMH) at Medway Maritime Hospital. The service supported about 1,100 people of all ages with limb loss and congenital limb deficiencies. Approximately 70% of people supported by the service lived in Kent, 20% in Medway and the remainder in southeast London.
2. In 2023, KMMH served notice on their contract. A procurement process was carried out which included extensive engagement with patients, carers and staff and involved national charities.
3. The company Hugh Steeper Limited was awarded the contract with plans to commence delivery by the end of 2025. The service would be relocated from Medway Maritime Hospital to Maidstone town centre. The provision of the service would therefore remain within Kent.
4. Patient, carer, and staff engagement would continue as part of the mobilisation plan. All partner organisations had committed to minimising disruption and maintaining high-quality care during the transition.

RESOLVED:

- a. that the Committee deems that the proposal relating to the relocation of the Prosthetic Limb Service is not a substantial variation of service.
- b. that NHS representatives be invited to attend this Committee and present an update at an appropriate time.

## **8. Kent and Medway Mental Health NHS Trust CQC Response Update**

*(Item 7)*

1. Dr Richardson (Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust) explained that, following an inspection in March 2025, the CQC published two reports into services delivered by Kent and Medway Mental Health NHS Trust. These included:

- a. Community mental health services for all age adults and working people, and;
  - b. Crisis mental health care and Place Based Places of Safety (HBPOS).
2. The report provided an overall re-rating as 'Requires Improvement' for both services.
3. He said that Kent and Medway Mental Health NHS Trust fully accepted the findings of the CQC in both of those reports and was already working to address some of the concerns that were raised, particularly on safety.
4. The organisation was confident that progress was made in this area and that there were now mechanisms in place that regularly reviewed it.
5. In reply to a question asking to expand on the safety concerns, Dr Qazi (Chief Medical Officer, Kent and Medway Mental Health NHS Trust) said that these were around the risk assessment framework that the organisation was using at the time. The national risk assessment around mental health changed and a new more robust framework for mental health was implemented. This was a dynamic document where risks could be updated as patients' needs changed.
6. Dr Qazi explained that, when the CQC visited the Trust, the organisation was in the very initial stages of rolling this new model out. In the several months that had elapsed since the visit, the rolling out of the new risk assessment had progressed and was monitored by several audits.
7. In reply to a question, Dr Qazi said that there was a point of contact for people who experienced a mental health crisis and needed an immediate emergency response. In addition to rapid response teams, there was a dedicated telephone line. Also, members of the public could receive mental health treatment through emergency departments in acute care sites.
8. In response to a question, Dr Richardson said that there had been a number of recent changes in the organisation's leadership, including a new chief executive who took up her post around two years ago. He added that the Trust aimed at strengthening its collaboration with scrutiny committees and service users, and at bringing about a cultural change that entailed more engagement with stakeholders when designing services that best met their needs.

RESOLVED: that the Committee note the update from the Kent and Medway Mental Health NHS Trust.

## **9. Healthwatch Kent Annual Report 2024-25 and Update (Item 8)**

1. Mr Goatham (Healthwatch Manager) explained that Healthwatch was a national organisation which included Healthwatch England and over 150

local Healthwatch services. The key, statutory role of Healthwatch was to gather the views and experiences of the public on health and social care service provision, and to produce reports with recommendations based on the public's feedback.

2. Healthwatch was funded by the Department of Health and Social Care (DHSC). KCC was allocated a portion of this funding which then assigned to the local Healthwatch Kent. Mr Goatham expressed his gratitude to all the volunteers for their invaluable support, including school and university students who had student placements.
3. Some of the key issues identified by the Healthwatch Kent Annual Report included:
  - a. Addressing any inequalities in mental health service provision, which impacted on people of Black or Asian ethnicities in particular.
  - b. Making sure that people who were affected by both mental health and substance misuse issues would not get 'stuck' between services.
  - c. Offering support to those less proficient in IT, for example when using digital appointment systems.
4. The paper also reported that Healthwatch Kent hosted the annual Healthwatch Recognition Awards. This celebrated the work of organisations and individuals contributing to positive change in Health and Care. There were over 100 nominations from professionals and residents.
5. Mr Goatham then discussed the future of Healthwatch. He said that the Dash Review, which was commissioned by the DHSC, recommended the disbanding of Healthwatch in its current form and the creation of a stronger National Quality Board to lead a strategic, evidence-based approach.
6. The Government had accepted the recommendations of the Dash Review and, as a result, planned to legislate to end the statutory provision of local Healthwatch and Healthwatch England and transfer the functions of the former to local authorities and ICBs and the latter to a new Directorate of Patient Experience in the Department of Health and Social Care. This process was expected to commence in 2026/27.

RESOLVED: that the Committee note the Healthwatch Kent Annual Report 24/25 and the update on the future of Healthwatch.

## **10. Work Programme**

*(Item 9)*

7. A Member suggested that the Committee further engaged with Healthwatch Kent in order identify and scrutinise local health and care services that, according to the views and experiences of the public, required particular attention.

RESOLVED that the Committee note the Work Programme.

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