

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 12 March 2025.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Sir P Carter, CBE, Mr P Cole, Cllr K Moses, Ms L Parfitt and Mr R G Streatfeild, MBE.

PRESENT VIRTUALLY: Ms K Constantine.

ALSO PRESENT: Dr J Jacobs (Kent Local Medical Committee), Mr G Romagnuolo (Committee Clerk)

UNRESTRICTED ITEMS

214. Apologies and Substitutes

(Item 1)

1. Apologies were received from Mr S Campkin, Mr N Chard, Ms S Hamilton, Cllr S Jeffery, Cllr H Keen and Mr J Meade. Ms K Constantine gave her apologies but joined the meeting virtually.
2. The Chair thanked Ms K Goldsmith for her support of HOSC over the last few years and welcomed Mr G Romagnuolo as the new Clerk of HOSC.

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

(Item 2)

3. The Chair declared that he was a representative of East Kent Councils on the Integrated Care Partnership.
4. Mr Cole declared that he had responsibility for the Housing and Health portfolio at Sevenoaks District Council and sat on numerous Health and Wellbeing Boards in West Kent.

216. Minutes of the meeting held on 28 January 2025

(Item 3)

1. A Member suggested that, particularly with regard to Stroke Services in East Kent, there had been a good debate with constructive comments that should have been captured more comprehensively in the minutes.

RESOLVED that the minutes of the meeting held on 28 January 2025 were a correct record and that they be signed by the Chair.

217. Mental Health Transformation Across Kent and Medway - Update Report

(Item 4)

Dr Adrian Richardson, Director of Transformation and Partnerships, Kent and Medway NHS and Social Care Partnership Trust (KMPT), Dr Rakesh Koria, Ageing and Dying Well Clinical Lead, Mrs Rachel Parris, Deputy Director Out of Hospital Care (Community Services), Ms Louise Clack, Deputy Director, Adult Mental Health and Victoria Stevens, Deputy Chief Operating Officer, NHS Kent and Medway were in attendance for this item.

1. The report provided an update on changes within the mental health landscape. It focused on key programmes which were aimed at improving the provision of responsive and comprehensive mental health services for Kent and Medway residents.
2. In reply to a question, Dr R Koria (Ageing and Dying Well Clinical Lead, NHS Kent and Medway) said that the number of out-of-area beds had increased over the last two to three months. This was due to some significant flow issues across the system. Patient experience was monitored, and patient experience levels and the number of complaints had remained stable throughout the last few months.
3. The Chair asked a question about the level of security in Crisis and Recovery Houses, in particularly the one in Ashford, as there had been an incident of a patient removing themselves from the premises.
 - a. Louise Clack (Deputy Director, Adult Mental Health, NHS Kent and Medway) explained that, while the House was a 24-7 staffed environment, individuals used the Crisis Recovery House voluntarily and were allowed to take their own leave from the premises.
 - b. Anybody who was accepted into Crisis and Recovery houses had to have an assessment by the mental health provider trust, where a clear assessment of risk was made. This included whether the individual required clinical mental health interventions within a clinical inpatient setting which provided an enhanced level of security or non-clinical interventions with a 24-hour accessible support in a Crisis Recovery House.

c. Crisis Recovery Houses had very close links with the mental health provider trust and local crisis resolution home treatment teams. If, in a Crisis Recovery House, an individual's mental state deteriorated to the extent that the provider believed that a clinical assessment was required, then they would contact the local crisis resolution home treatment team who would conduct an assessment.

4. A Member asked whether there was a budget to support local charities that had a good track record of helping and supporting people with mental health issues.

a. Louise Clack said that there was a budget to support third sector organisations. In terms of dementia support in the community, there were 52 Dementia Coordinators. These posts were provided by the voluntary sector and were linked to Primary Care Networks.

b. The majority of urgent and emergency care transformation and community crisis alternatives were provided by the voluntary sector.

c. There were also 10 Safe Havens and a 24-7 mental health helpline which were all delivered by charities.

5. A Member asked a question about how the initiative of GPs with enhanced roles worked in practice.

a. Dr Koria explained that, traditionally, in many different clinical areas there had been a specialism, and one of them was in dementia.

b. One of the aims for the nine GPs with extended roles was to make sure that they were supported by existing wider mental health teams - including psychologists and carers - working together.

c. These GPs were very versatile because they were able, not just to manage dementia, but to provide support with other conditions that co-existed with dementia.

6. In reply to a question about the main reasons for co-locating three Safe Havens within busy acute hospitals, Louise Clack explained that hospital settings were open 24/7 and that individuals could easily walk in to access those services. Also, Liaison Psychiatry staff were always present in emergency departments.

7. In terms of consent to access Safe Haven services, Louise Clack clarified these were only available to those aged 18 and above.

8. The Committee requested an update, at an appropriate time, on Mental Health Services and Dementia Services in particular.

9. The Chair thanked the guests and requested an update, at an appropriate time, on Mental Health Services and Dementia Services in particular.

RESOLVED that the Committee consider and note the report.

218. Adult Autism and ADHD Pathway Development and Procurement
(Item 5)

Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD was in attendance for this item.

1. The Chair welcomed Marie Hackshall, System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD, to the meeting and invited questions from the Committee.
2. Marie Hackshall shared a report on the progress made on the health commissioned care pathway for adult Autism and ADHD services in Kent, the revised commissioning processes that had been 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 followed a previous briefing to the Committee in October 2024.
3. The Chairman commented that he was impressed with the work carried out so far in engaging with the community and that he attended one event in Ashford which was very well run. He asked for feedback from this event.
 - a Marie Hackshall said that, between November 2024 and the end of February 2025, her service ran a number of engagement sessions, as well as an online survey for people who were waiting for an ADHD assessment or who had a diagnosis of ADHD. The online survey received over 1,500 responses. The responses were used to inform the engagement sessions - two were online and two in person - which were attended by 42 people.
 - b The responses highlighted significant challenges in accessing assessments and treatment, as well as support before and after diagnosis. Respondents said that they needed tailored support such as coaching, therapy, crisis services, financial and employment guidance. Other suggestions to help improve services included 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.

4. In reply to a question about the reasons for the increase in demand for autism and ADHD services, Marie Hackshall explained that the reasons were multifaceted and complex. There was a comprehensive workstream at national level aimed at understanding why the demand had risen, and about how best to address it.

5. In Kent that demand had followed the national trend and was strongly influenced by increasing public awareness of ADHD along with social and environmental changes that had impacted on people's lives following the pandemic. Demand for ADHD assessments had risen at such pace that current service models, and the ability to keep pace with demand, had been recognised by NHS England as a significant challenge for all ICBs.

6. The Committee requested a report providing more detail about national-level work aimed at understanding the reasons for the increase in demand for autism and ADHD services, and about the commissioning and contractual arrangements of the ICB for the assessment and treatment of these conditions.

7. In answer to a question about how to improve the provision of medication for ADHD in a timely way, Marie Hackshall said that the main aim was to offer 'hub and spoke models' involving more localised services to improve access to treatment. The plan was, over the course of the next 12 months, to offer those services through more localised infrastructure primary care and community care rather than through more expensive specialist settings.

8. Dr Jack Jacobs (Kent Local Medical Committee) commented that the medications that were used for some patients with ADHD were not part of the normal, core prescribing of GPs. A voluntary 'Shared Care Agreement' was necessary for GPs to do so. The visit involved a comprehensive assessment and not all practices had the resources to do so. This was one of the main reasons why this service was not offered by all GP practises.

RESOLVED that the Committee note the report.

219. Kent and Medway GP Attraction Project

(Item 6)

Dr Mayur Vibhuti, Deputy Dean of the Kent and Medway Primary Care Training Hub was in attendance for this item.

1. The Chairman welcomed Dr Vibhuti and asked him whether there were any plans to replicate this project in other parts of the country.

2. Dr Mayur Vibhuti (Deputy Dean of the Kent and Medway Primary Care Training Hub) replied that there were no current plans to replicate the project because there was not sufficient evidence to demonstrate the full impact of the initiative to encourage the local recruitment of GPs.
3. In reply to a question about how best to promote the recruitment of GPs in Kent, Dr Vibhuti said that the evidence had shown that there was an increasing number of GP trainees who wished to work part-time and that it was important to widen the type of placements on offer because more GPs had an interest in a clinical speciality, such as dermatology or ENT. It was therefore important to develop a recruitment package that moved away from the traditional GP model and instead catered for the changing demands of the workforce.
4. A key lesson learned from the project was that the level of support requested from GPs had increased in the last 15 years. Feedback indicated that additional help through mentoring and peer group assistance would contribute to the retention of GP trainees in Kent.
5. A Member asked whether there were any local GP networks. Dr Vibhuti explained that there were a number of networks, such as the one run by the Kent Local Medical Committee.
6. In reply to a question, Dr Vibhuti said that matching the local population health needs with the workforce was not simply a matter of recruiting an suitable number of professionals but to ensure that the skills they had were appropriate to meet the specific needs of local communities. For example, GPs with expertise in frailty were best placed to meet the needs of ageing coastal communities.
7. Dr Jack Jacobs (Kent Local Medical Committee) indicated that the resources injected in general practices in the last 15 years had relatively declined, and that the national contract was an important element to explain the shortage of GPs. GPs were available but there were insufficient resources to employ them. The planned national contract review might improve this situation.
8. At local level, the implementation of the Safe Working Limit to 25 patients per day, that was recommended by the British Medical Association, would lead to greater GP retention.

RESOLVED that the Committee consider and note the update.

220. Podiatry Services Move

(Item 7)

1. There were no representatives available to present this item. Having considered the information provided, the Committee decided to note the update report.

2. RESOLVED that the Committee note the update.

221. Thanet Integrated Health Hub

(Item 8)

Julia Rogers, Director of Communications and Engagement, Kent Community Health NHS Foundation Trust, Philip Griffiths, Director of Estates Optimisation, Kent Community Health NHS Foundation Trust, and Karen Sharp, Director, East Kent Health and Care Partnership were in attendance for this item.

1. The Chairman reminded Committee members that they had previously resolved that this item was a substantial variation of service; this was therefore an update on the latest developments to establish an integrated health hub at the Carey Building, in Broadstairs, Thanet.
2. A Member asked about the services that the Hub would deliver. Karen Sharp (Director, East Kent Health and Care Partnership) said that the Hub was planned to include the following:
 - 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.
 - The 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.
3. The plans included 10 consultation or examination rooms, 2 counselling rooms, 2 treatment rooms, 8 rooms for community services and 6 for the community diagnostic centres. The second floor would be used for administrative services. There was additional space on the first floor that could potentially be used for clinical services in phase two.

4. In answer to a question about the solutions that had been planned and put in place to deal with the potential additional traffic that the Hub could cause on already busy local roads, Philip Griffiths (Director of Estates Optimisation, Kent Community Health NHS Foundation Trust) said that his service was working intensively with a number of partner organisations, as well as consultants, to ensure a timely and flexible solution that would involve offsite car parking as well as accessible non-emergency patient transport.
5. In reply to a question, Karen Sharp confirmed that the Hub would offer dental service provision as part of phase two of the plan.
6. Making reference to Item 6 (Kent and Medway GP Attraction Project), Dr Jack Jacobs commented that, in his view, the establishment of the Thanet Integrated Health Hub would contribute to the attraction and recruitment of GPs in the area.
7. The Committee requested an update on the latest developments and outcomes with regard to the Hub in 12-18 months' time.

RESOLVED that the Committee consider and note the report.

222. Healthwatch Kent Annual Report 2023-24

(Item 9)

Robbie Goatham, Manager, Healthwatch Kent was in attendance (virtual) for this item.

1. Robbie Goatham (Manager, Healthwatch Kent) introduced the report, provided some background information about the organisation and offered some clarity on the finance section. Finally, he paid tribute to all the volunteers for their invaluable work at Healthwatch.
2. The Committee were satisfied with the information provided in the update and had no further questions.

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

223. Work Programme

(Item 10)

1. Members requested the following:
 - a. An update on local Mental Health Services and Dementia Services in particular.

- b. An update on the Adult Autism and ADHD Pathway Development and Procurement within a year, including information about the national-level work aimed at understanding the reasons for the increase in demand for autism and ADHD services, and about the commissioning and contractual arrangements of the local ICB for the assessment and treatment of these conditions.
- c. That the paper on the Carr-Hill Formula (to be presented at the next meeting on 4 June 2025) includes a discussion of/information on the national context, in addition to the local one.

RESOLVED that the Committee consider and note the work programme.