Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Thursday, 13 March 2025

6.30pm to 10.14pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: McDonald (Chairperson), Campbell (Vice-Chairperson), Anang, Cook, Crozer, Finch, Gilbourne, Hamandishe, Hyne, Jackson, Mandaracas and Mark Prenter

Co-opted members without voting rights

Svajune Ulinskiene (Healthwatch Medway)

Substitutes:
Councillors:
Kemp (Substitute for Barrett)
Perfect (Substitute for Wildey)

In Attendance:
Jayne Black, Chief Executive, Medway NHS Foundation Trust
Jackie Brown, Assistant Director Adult Social Care
Daryl Devlia, Strategic Partnerships Manager (Kent & Medway), SECAmb
Lee-Anne Farach, Director of People and Deputy Chief Executive
Councillor David Field (in attendance for iterm 760)
Mike Gilbert, Executive Director of Corporate Governance, NHS Kent and Medway
Marie Hackshall, System Programme Lead – Learning Disability and Autism Kent and Medway
David Reynolds, Head of Revenue Accounts
Teri Reynolds, Principal Democratic Services Officer
Teresa Salamioru, Interim Deputy Director Public Health
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway
Laurence Sopp, Operating Unit Manager (Dartford & Medway), SECAmb
Councillor Zoë Van Dyke (in attendance for iterm 760)
Sarah Vaux, Chief Nursing Officer, East Kent CCGs
Matthew Webb, Deputy Director Strategy & Transformation / Deputy Chief Strategy Officer, SECAmb

752 Apologies for absence

Apologies for absence were received from Councillors Barrett and Wildey.

753 Record of meeting

The record of the meeting held on 16 January 2025 was agreed by the Committee and signed by the Chairperson as correct.

754 Urgent matters by reason of special circumstances

There were none.

755 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

With the agreement of the Committee, the Chairperson varied the order of the agenda and the order was taken as minuted.

756 Update on Adult Autism and ADHD Pathway Development and Procurement

Discussion:

The System Programme Lead Kent and Medway – Learning Disability, Autism and ADHD presented the report which provided an update on the progress made on the health commissioned care pathway for adult Autism and ADHD services in Medway.

Members raised a number of questions and comments, which included:

- **Foetal Alcohol Syndrome Disorder (FASD)** – reference was made to FASD and the common link to ADHD and Autism, suggesting it should be considered as part of neurodiversity assessments. In response it was explained that this was being factored into the children's services pathway but due to the high demand and backlog in adult's services, this was not something that could be built into the pathway at this time.

- **Quality of providers** – concern was raised about what safeguards were in place to ensure providers offering assessments met the expect quality, especially as many were turning to the private sector due to the waiting lists. It was explained that long waits were an issue and therefore patients were prioritised based on clinical need. In terms of providers on the 'right to choose' pathway, all would undertake an accreditation process by the Integrated Care Board (ICB) and many of those also provided private services.

- **Touch points** – in response to a question about how the system could maximise opportunities for people to raise awareness, signpost and access support, it was explained that the survey had been instrumental in understanding what different support worked for different people. The procurement was now being built in response to that to maximise a diverse offer across Kent and Medway.

- **600% increase in deman**d – in response to a question about why there had been such an increase in demand, it was explained that there were a number of factors. There had been an increase since Covid as people became able to reflect on behaviours and symptoms that they may have previously masked. There was also greater public awareness, particularly due to social media.

- **Funding** – in response to a question about how NHS England and the Department of Health and Social Care supported the ICBs with the increased demand, it was explained that a task force had been set up nationally to look at ADHD in particular and explore reasons why the increase in demand had occurred and how best to address it. However, funding had not been increased and remained a challenge which was why there were gaps in provision.

- **Employment support** – reference was made that 41% of people that had cited accessing and remaining in employment as a key area for support that they needed. Assurance was given that one of the key areas of focus was supporting people with ADHD, Autism and learning difficulties to access and maintain employment opportunities.

- **Support for Medway's staff** – assurance was provided that as a local authority employer, Medway Council continued to prioritise support for neurodiverse staff by raising awareness and providing management training.

Decision:

The Committee noted the report.

757 Update from South East Coast Ambulance Service NHS Foundation Trust

Discussion:

The Strategic Partnerships Manager (Kent & Medway), the Deputy Director Strategy and Transformation / Deputy Chief Strategy Officer and the Operating Unit Manager (Dartford & Medway) from the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) introduced the report which provided an update on the Trust's performance. It was also explained that the Trust had been removed from the Recovery Support Programme, formerly known as special measures and that its staff survey which had been published that day, was the best results ever recorded and continued an improving trend over the previous three years. In addition, Medway was the best performing unit within the SECAmb footprint.

Members then asked a number of questions and comments, which included:

- **Interface with Medway Maritime Hospital** – in response to a question about the Trust's experience of dropping patients at Medway's hospital, it was explained that collaborative work had seen this transform over the previous two years, and it was now one of the best performing areas for ambulance hand-over in the country.

- **Multidisciplinary Integrated Urgent Care Hubs pilot** – in response to a question regarding progress of the pilot, it was confirmed that full evaluation of the pilot had not yet been carried out and therefore data had not yet been validated but would be made available once validation was completed. It was added that in order to meet the needs of the growing and aging population the system needed to be more creative with its approaches on how to best meet demand, particularly for those with complex needs, in order to create a sustainable NHS.

- **Delivering services to meet changing needs** – it was explained that the Trust had physically responded to 88% of calls and 13.5% of those had a true life threatening or emergency health need so the Trust needed to change how it responded to patients to be able to better respond to need and treat patients where it was safest. The Trust was therefore looking at adapting to virtual responses where safe and best to do so. Utilising multi-disciplinary hubs and Integrated Neighbourhood Teams would help ensure patients were signposted to the right place and treated more effectively whilst being kept out of Emergency Departments unless necessary.

- **Staff culture** – in response to a question about how positive morale amongst staff would be maintained, it was explained that the speak up and positive staff culture was a significant focus of the improvement journey and the latest workforce survey figures demonstrated the improvements already made. They were also beginning to explore rotation models with other NHS organisations to provide staff with opportunities for wider skill development and experience. In terms of bullying, which had been a particular area of concern, there had been a

great deal of investment in the speak up culture and supporting staff to be able to do so, as well as training opportunities to shift the culture in relation to this aspect.

- **Response times** – it was confirmed that Medway was consistently a top performer in relation to responding to calls and was consistently meeting targets.

- **Mental Health** – reference was made to the collaborative work between SECAmb and the mental health trust and it was confirmed this was ongoing to develop alternative pathways, as often taking a patient in mental health crisis to A&E was not the best place for them. Greater use was being made of the safe havens in Kent and crews were now able to access the 836 clinical advice line service, which historically had been just for the police, to access specialist advice.

Decision:

The Committee noted the report.

758 Medway NHS Foundation Trust - Care Quality Commission Emergency Department Inspection

Discussion:

The Chief Executive Officer (CEO) and the Chief Nursing Officer of Medway NHS Foundation Trust (MFT) introduced the report which provided the outcome of an unannounced inspection by the Care Quality Commission (CQC) on the Emergency Department (ED) of the hospital. The inspection had taken place in February 2024, at a time when the hospital had been under great pressure and had been in communication with CQC about actions to address the challenges. The CEO confirmed she had not been notified of any issues until late April 2024. The hospital remained under great pressure, in ED in particular, but many actions had been made to avoid corridor care. She referred to the strong partnership working with SECAmb to ensure efficient hand over from ambulances and with other partners to help address difficulties with delayed discharges, which continued to be a challenge. Since February 2024, waiting times in ED had reduced and patient feedback as well as staff survey results had both been more positive. There had been additional matron posts put in place to provide stronger operational leadership and there was a whole hospital response to support ED.

Members then raised a number of questions and comments, which included:

- **Leadership changes** – reference was made to the CEO's forthcoming departure. Members were reassured that the Executive Team at MFT was strong, stable and provided consistency in driving forward and embedding improvements throughout the organisation. She also emphasised that there was an effective and strong Chair of the Trust's Board.

- **System wide working** – reference was made to the importance of working collaboratively with partners to deliver care in different ways and avoid pushing demand through ED. For example, a number of frailty patients being brought into ED could have been cared for in a different way, and also patients at end of life care should be cared for appropriately in their place of choosing. The hospital also ran a Virtual Ward which had approximately 80-100 patients being monitored remotely and cared for at home.

- **Life support standards** – reference was made to the percentages of compliances for life support standards, set out at section 5.4 of the appendix, and reassurance was given that improved monitoring of patients had made a huge difference in reducing resuscitation support calls as patients were identified early as at risk of deteriorating, and patient's observations were taken as they checked in to ED.

- **Staff morale and support** – reference was made to how staff were being supported, including in relation to some racists comments that had been made in social media in response to articles about the inspection. It was explained that staff were being supported and there were various listening activities underway to hear from staff on how they were feeling. The pressure staff were working under was recognised and it was confirmed that there was zero tolerance in relation to racial abuse against staff.

- **Readmittance** – in response to a question about whether the hospital monitored incidents of readmittance to ED to highlight any patterns of early discharge, it was confirmed it did and levels were within the normal range and not a concern.

- **Workforce levels** – it was confirmed that levels of staff were correct but that there were gaps within rotas and there had been an over-reliance on bank staff. Work had been undertaken to recruit to permanent positions, as well as creating two additional matron positions within ED. A collaboration with the mental health trust had also been underway to recruit substantive mental health nurses to work within ED. The vacancy rate at the hospital had significantly dropped and where appropriate, staff were being supported with flexible working options to encourage them to move from bank staff to permanent positions.

- **Delays by CQC** – reference was made to the delay by CQC in informing the Trust about its findings and in publishing its report which took over a year from the unannounced inspection. The Committee considered this to be unacceptable due to the negative impact it had on staff and equally, was difficult for patients to understand that the findings related to an unannounced inspection a year ago, rather than more recently. It was suggested that the Committee should write to the CQC to convey its disappointment in this delay.

- **Hospital capacity** – reference was made that the hospital was no longer sufficient to manage the demands and meet the needs of the population of Medway and its surrounding areas, particularly in light of forthcoming growth.

Decision:

The Committee noted the report and requested that the Chairperson, in consultation with the opposition spokespersons, write to the Care Quality Commission in relation to the unacceptable delay in its reporting of the unannounced inspection.

759 Med-Eze Medicine Distribution

This item was deferred to the next meeting where it would be combined with a wider presentation on assistive technology.

760 Member's Item: Strood Healthy Living Centre and Primary Care Provision

Discussion:

Councillor Van Dyke (supported by Councillor Field) introduced the Member's item which raised concerns and questions about primary care provision in Strood and the lack of a Healthy Living Centre (HLC) in the area. She highlighted a range of health needs particular to the population of the area and emphasised the importance of early intervention, services for which could be delivered from a HLC. Reference was made to £6m funding previously identified for a HLC in Strood by the then Clinical Commissioning Group (CCG) and it was asked what had happened to this funding.

In response the Executive Director of Corporate Governance, NHS Kent and Medway confirmed that £6m had been allocated to Strood in 2017 but as this predated him and his colleagues and the Integrated Care Board (ICB), which had replaced the CCG, he could not explain why this had not been used at the time. There had been a time pressure to use the funding allocated or it would have had to be returned to NHS England. Equally as significant time had passed, the costs in developing a HLC had greatly increased and the decision was therefore made to combine the £6m funding with £8m of funding that had been allocated for a HLC in Chatham to move forward the HLC project currently underway in the Pentagon Centre, Chatham. He added that the next iteration of the Local Plan would help to identify future health needs across Medway including Strood.

Members then raised a number of questions and comments, which included:

- **Transparency of the decision** – in response to a question about whether the decision to pool the two funding allocations together was made public at the time, unfortunately as this had been during the lifetime of the CCG this was not clear. However, the Executive Director of Corporate Governance noted that when the ICB progressed the plans

from 2002, this had been openly discussed as part of the solution for Chatham.

- **Length of time to develop** – in response to a question about how long it would normally take from receiving funding to establishment of a provision such as a HLC, it was explained that on average this would be around two years.

- **Decision maker** – it was reiterated that the decision to pool the funding had been an NHS decision, with Medway Council involvement in relation to the Chatham HLC project as the Council had contributed approximately £1.2m to the project.

- **Further discussion** – Members remained frustrated about the lack of provision at Strood and the decision making around the funding being redirected to Chatham HLC, therefore it was suggested that the Committee's Chairperson, Opposition Spokespersons and Ward Councillors meet with the ICB to discuss the issue further.

Decision:

The Committee noted the report and requested that a meeting to discuss the issues further around the lack of a HLC in Strood and primary care provision generally, be held with the Chairperson, Opposition Spokespersons, Ward Councillors and the ICB.

761 Healthy Living Centres

Discussion:

The Executive Director of Corporate Governance, NHS Kent and Medway introduced the report which provided an update on Healthy Living Centres (HLCs) in Medway and in particular actions to improve their utilisation. He explained that service charge costs were the main barrier to other agencies using the space which the ICB were working on to renegotiate terms where possible and open opportunities for the Council and other organisations, including those form the community and voluntary sector, to make use of the HLCs.

Members then raised a number of questions and comments, which included:

- **Service charges in Chatham** – reassurance was given that the James Williams HLC in Chatham would not be subject to the same service charge arrangements as the other HLCs.

- **Contracts** – it was explained that the contracts for the existing HLCs had seven years remaining which made negotiating on the current terms and conditions difficult whilst the contract was running. However, discussions had recently commenced regarding the arrangements for when the existing leases expired and whether there would be an option

to include the arrangements for the remaining seven years as part of the negotiations.

- **Void costs** – it was explained that the ICB had to pay void costs for underutilisation so welcomed discussions regarding opportunities for the community and voluntary sector (CVS) to use the space, costs of which could be offset. He welcomed suggestions from Councillors on organisations that could use the space for health and social care purposes.

- **Design of space** – reference was made to some of the designs of the HLC, particularly Rainham which due to the way it was configured, did not allow the opportunity to maximise space. It was explained that lessons had been learned from this and the James Williams HLC had been designed to maximise the space with flexibility to adapt it as needed in the future.

- **Expanding opportunities** – it was confirmed that more opportunities to use HLC space were being explored, such as for diagnostic and outpatient services by Medway NHS Foundation Trust. It was also being explored, through the Health and Care Partnership, how the community could be more involved in collaborative design of space going forward.

Decision:

The Committee noted the update and current progress.

762 Member's Item: Pharmacy Provision in Rainham

Discussion:

Councillor Anang (supported by Councillors Perfect and Spring) introduced the Member's Item which raised concerns and questions about pharmacy provision in Rainham, which had reduced in the area. He considered that the reduction in access to pharmacy provision was disadvantaging the residents of Rainham and would only increase the burden on other primary health care services, which were already under pressure.

In response the Director of Primary Care, NHS Kent and Medway reiterated the importance of community pharmacy and its role in supporting the wider healthcare system. He explained that the Health and Wellbeing Board held responsibility for carrying out a Pharmaceutical Needs Assessment (PNA), which identified unmet needs. An updated PNA was underway and would conclude later in the year which would then determine the needs for pharmacy services, as well as other clinical services, across Medway including Rainham.

Members then raised a number of comments and questions, which included:

- **Public engagement** – in response to a question about how the public could engage in the development of the PNA it was explained by the Deputy Director of Public Health that there was a great deal of

community engagement throughout the PNA development and once the final draft was ready there would be a 60 day public consultation exercise. The Committee would also have an opportunity to scrutinise the draft PNA at its meeting in August.

- **Role of the Health and Wellbeing Board** – it was explained that in addition to its role in carrying out and publishing a PNA, the Board could also issue supplementary statements where there were needs identified within an area, such as when a pharmacy closed. This had not occurred in relation to Rainham and therefore the Integrated Care Board had not commissioned additional pharmacy provision for the area. It was made clear that determining whether there is adequate community pharmacy service provision within an area was a function of each Health and Wellbeing Board. It was therefore recommended that the Chairperson organise a round table discussion with the Chairperson of the Health and Wellbeing Board, along with representatives from Public Health and the Integrated Care Board, to discuss the matter further.

Decision:

The Committee noted the report and recommended that the Chairperson of the Committee organise a meeting with the Chairperson of the Health and Wellbeing Board, along with representatives from Public Health and the Integrated Care Board, to discuss the matter further.

763 Capital Budget Monitoring - Round 3 2024/25

Discussion:

The Committee considered a report on the third round monitoring position of the Capital Budget for 2024/25.

Decision:

The Committee noted the third round of the capital budget monitoring for 2024/25

764 Revenue Budget Monitoring - Round 3 2024/25

Discussion:

The Committee considered a report on the third round monitoring position of the Revenue Budget for 2024/25.

Decision:

The Committee noted:

a) the results of the third round of revenue budget monitoring for 2024/25.

b) that Cabinet had instructed the Corporate Management Team to implement urgent actions to bring expenditure back within the budget agreed by the Full Council.

765 Council Plan Performance Monitoring Report and Strategic Risk Summary – Quarter 3 2024/25

Discussion:

The Committee considered the report which sets out performance in Quarter 3 (Q3) 2024/25 on the delivery of the priorities within the One Medway Council Plan (OMCP) 2024/28 and the Q3 2024/25 review of strategic risks which fall under the remit of this Committee.

Decision:

The Committee noted the report.

766 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report which set out the Committee's work programme and explained that the draft Pharmaceutical Needs Assessment (PNA) needed to be added to the work programme for the August meeting of the Committee. She also reminded Members that the first development session between the Committee and the ICB was taking place on 20 March 2025 and that the second visit to the Lordswood Healthy Living Centre had been cancelled and would be rearranged due to low take up.

Decision:

The Committee noted the report and agreed the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes, outlined in italic text on Appendix 1 and adding the draft PNA to the August meeting.

Chairperson

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