

Medway Council
**Meeting of Health and Adult Social Care Overview and
Scrutiny Committee**

Thursday, 14 March 2024

6.32pm to 9.50pm

Record of the meeting

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

Present: Councillors: McDonald (Chairperson), Anang, Brake, Campbell, Clarke, Cook, Crozer, Gilbourne, Hamandishe, Jackson, Louwella Prenter and Mark Prenter

Substitutes: Councillors:
Joy (Substitute for Wildey)
Hamilton (Substitute for Myton)

In Attendance: Mark Anyaegbuna, Chief Executive Officer, Kent Local Pharmaceutical Committee
Caroline Batistoni, Secretary, Kent Local Dental Committee
Daryl Devlia, Strategic Partnerships Manager (Kent & Medway), SECamb
Scott Elliott, Head of Health and Wellbeing Services
Lee-Anne Farach, Director of People and Deputy Chief Executive
Dr Peter Maskell, Stroke Network Clinical Lead
Louise Matthews, Deputy Director Primary Care Pharmacy Optometry and Dental Delegated Services, NHS Kent and Medway
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
David Reynolds, Head of Revenue Accounts
Donna Rowell, Director of Transformation, Medway Community Healthcare
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway
Laurence Sopp, Operating Unit Manager – Medway, SECamb
Michael Turner, Principal Democratic Services Officer
Matthew Webb, Associate Director of Strategic Partnerships and System Engagement, SECamb
James Williams, Director of Public Health

682 Apologies for absence

Apologies for absence were received from Councillors Myton and Wildey.

683 Election of Vice-Chairperson

Councillor Louwella Prenter was elected as Vice-Chairperson for the remainder of the municipal year.

684 Record of meeting

The record of the meeting held on 18 January 2024 was agreed and signed by the Chairperson as correct.

685 Chairperson's Announcement

The Chairperson announced that Michael Turner, Principal Democratic Services Officer, would be retiring soon. Along with other Members, he thanked him for his service and support to the Committee.

686 Urgent matters by reason of special circumstances

There were none.

687 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Councillor Joy declared an interest in agenda item number 9 (Southeast Coast Ambulance Service: Update).

Other interests

There were none.

688 Primary Care Pharmacy, Optometry and Dental Services

Discussion:

Members considered a report from the Integrated Care Board (ICB) on the primary care pharmacy, optometry and dental services delegated to the ICB from July 2022.

The following issues were discussed:

- **Dentist waiting lists** – some surprise was expressed by Members that there were no figures available for people waiting for an NHS dentist. The point was made that the lack of transparency around waiting lists was unacceptable. Members were advised there was no requirement to

register with a dentist and there were no catchment areas or boundaries. The ICB could though look at how to better understand need and how that demand was being met.

ICB representatives advised that they were able to confirm how many practices in Medway were accepting NHS patients, although they could not give figures on waiting lists.

- **New Patient Premium** – in response to queries about how this worked, Members were advised that this was a national initiative which offered a premium for patients who had not seen an NHS dentist over the last two years. The system had not gone live in all areas of the country yet. Members queried whether the aim of this was to proactively seek patients and were advised this was not the case. The premium was paid to a practice so if a patient had been seen by another dentist (NHS or private), then the premium would still apply. It was suggested that a way should be found to track whether a patient had accessed a dentist elsewhere.

Comments were made from Members that this national initiative seemed a very inefficient approach and concern was expressed this would not improve access to dentistry services.

Once the benefits of this initiative had been assessed, a briefing note on this for Members would be provided. In response to how accurate data could be gathered, the ICB advised that information about private patients was not collected by the NHS but NHS dental activity could be tracked.

- **Pharmacy First** – a request was made for details to be provided to the Committee of the time spent by pharmacists in Medway on community pharmacy clinical services and also the costs involved. This would then show the contributions made by local pharmacists and the time savings for GPs. Members were informed these services had been commissioned nationally and the Government had provided additional funding. However, pharmacists were often dispensing items at a loss and funds had been reallocated by the Government into service provision.

A Member asked if all registered pharmacies were offering all of the services detailed in the report and also whether the infrastructure was in place so they could communicate with GPs. Members were informed that by 1 April all pharmacies should all be providing a full service.

- **Pharmacy contraceptive service** - reference was made to the fact that only half of the 52 community pharmacies in Medway had opted in to provide this service. The geographical gaps in service provision and what was being done to improve matters were queried and an undertaking was given to detail the geographical gaps.

Members were advised that this service had been launched in two tiers. There was an online map so the public could locate the nearest pharmacy providing contraceptive services. The ICB was also working with local sexual health services to make sure the pathway was clear.

The Director of Public Health added that the Council also commissioned sexual health and contraceptive services.

- **Mobile Dental Vans** – disappointment was expressed that Medway was not eligible for this service due to nationally set criteria.
- **NHS Dental Contract reform** – reference was made to a national £200 million investment fund to support the dental recovery plan and the extent to which this would benefit Medway was queried. Members were advised this would help but would not fully address the issues Medway faced regarding access to dentistry. The ICB intended to focus on areas of health inequalities to drive activity there. There was a need to understand why dentists handed back their contracts and what could be done locally on recruitment and making dentists feel valued. If efforts were targeted this could lead to a significant increase in dentistry activity in Medway.
- **'Golden Hello' for Dentists** – in terms of whether Medway had benefited yet, the ICB was waiting for more details. There had been a soft launch in January, which would be followed by a bigger national promotion. The ICB was still hopeful some of the Golden Hellos would come to Medway
- **Children** – noting that some children were not able to access an NHS dentist, the point was made that this would have an adverse impact as they transitioned to adulthood.
- **Recruitment and retention** – in terms of what could be done to help with recruitment and make dentists feel more valued, Members were advised there were plans to offer more support from primary care. Reference was made to long delays in newly qualified dentists being registered to practice, which was leading to some deciding to work in other countries. Further information on this would be provided to Members.

In terms of what was being done to grow dentists in Medway, the Director of Public Health advised there was a lot of work with the Medway School of Pharmacy.

Reference was made to low morale levels amongst dentists, which was causing some to terminate their contracts, Members were informed that morale was very low and making progress was slow and difficult.

- **Rapid Commissioning of Permanent Units of Dental Activity (UDAS) in areas of highest need** – what lessons had been learned

from the pilot in Canterbury was queried. Also, whether Medway was missing out on funding due to its regional rating was questioned. Members were advised there had been very positive feedback on the pilot. Due to the claw back process, any money received would appear in the next year's budget. Medway was one of the areas with the highest needs. The ICB was looking at its own approach to dental investment and whether more clinical dentistry leadership could be brought in, so there was a stronger voice nationally.

- **Oral health strategy** – in response to how this was assessed, Members were informed that public health provided training for parents and adults and further information on this could be provided.
- **Sourcing drugs** – a Member referred to pharmacies often being unable to source drugs and also not being able to purchase them at cost. This led to cases of GPs prescribing drugs which the pharmacies did not have. Members were advised this was a widespread problem. The ICB would look to improve communications between GPs and pharmacies regarding shortage of drugs and what alternatives were available.

Decision:

The Committee agreed to note the report and receive an update in August 2024 on the areas highlighted above where Members had requested further information.

689 Medway Community Health Care

Discussion:

Members considered a report which provided an overview of Medway Community Healthcare's (MCH) current position of community health services provision.

The following issues were discussed:

- **Cardiology** – in response to whether there was the capacity to cope with the increase in referrals, Members were advised this would be one of the first areas to be focused on in the transformation programme. If there were any issues about capacity, MCH would discuss extra support with primary care colleagues.
- **Pay awards** – MCH were congratulated on funding the 2022/23 pay award, at a cost of £2.5m. Disappointment was expressed that this had not been funded centrally and that MCH had needed to take out a loan to cover this cost. The Managing Director of MCH advised that the judicial review to pursue equitable treatment had been paused as the Treasury would fund this pressure if MCH met certain criteria. MCH were optimistic the pay award would be funded by the Government.

- **Type 3 performance** – regarding the causes of the breaches of this target which related to the time it took patients to get from the Emergency Department to MedOCC, the Managing Director advised that MCH was working closely with the hospital and was looking to change the urgent care pathway.
- **Discharge** – in response to how MCH would ensure patients were discharged on time, Members were advised MCH was working with partners to introduce a new discharge model. Lessons were being learned from failed discharges.
- **Continuing Health Care End of Life carers** – what percentage of hours had been reduced to remain within funding was questioned and a written response was promised.
- **Doctors' pay award** – in terms of the reasons for the delay in funding being received, Members were advised that MCH's status as a community interest company affected access to funding routes. A Member noted this would impact on recruitment and retention.
- **eConsult** – Members were advised this had been very successful and was popular with patients.
- **Integrated Care Board** – a Member asked what key issues MCH would like to see resolved in relation to the Integrated Care Board and the Managing Director advised this would be clarity about future plans and services.
- **Continence service** – it was clarified that the self-referral process also involved structured telephone calls to patients.
- **Medway and Swale Health Hub** – in response to a query about the proportion of GPs involved in this scheme and how easily it could be scaled up, the Head of Transformation advised seven practices were involved and while it was a scalable service this would require sustainable funding.
- **Community Services procurement process** – MCH were asked if they had concerns about the future of the organisation given this procurement process. The Managing Director responded this was a concern and clarity about impacts and timescales was important. The uncertainty involved had the potential to impact on staff morale and retention. Funding for all service providers was a challenge and there was a need to find efficiencies and streamline processes across the system.
- **Urgent Treatment Centre Provision** – a Member commented that this procurement had only been notified to the Committee the day before by the ICB but had been considered at Kent's Health Scrutiny Committee.

- **Transient Ischaemic Attack (TIA) service** – the MCH Managing Director clarified that once the MCH staff who provided this service became aware of the decision that the specialist service would no longer be at the hospital, they had decided to leave.

Decision:

The Committee agreed to:

- a) note the report.
- b) request a briefing note regarding Continuing Health Care End of Life carers, specifically what percentage of hours had been reduced to remain within funding.

690 Update on the future of the Medway (and Swale) Transient Ischaemic Attack (TIA) Service

Discussion:

Members considered a report which updated the Committee on the future of the Medway (and Swale) Transient Ischaemic Attack (TIA) service, as requested at the October 2023 meeting. Specifically, the Integrated Care Board had been requested to advise the Committee on when the TIA service would be provided locally again and, if this was not possible, why not.

The point was made that the Committee had previously been told the service had had to be moved out of the hospital because the specialist staff employed by MCH had left. However, the Committee had just heard (minute no 689) from the MCH Managing Director that this was not the case.

The Stroke Network Clinical Lead commented that he suspected that the MCH staff providing the TIA service had become aware of possible changes to the service and had decided to leave. This could explain any confusion on this issue.

Members were advised that recommended option from the ICB was to transfer the service back into Medway in August 2024 in a hybrid form. Consultants and specialist nurses would not come back to Medway but would hold virtual initial consultations, which could also be done by telephone, and see patients if necessary.

There were services where patients would need to attend in person, i.e. CT scans, cariological tests and prescriptions. This would all take place at MFT. MFT were confident this could happen by August or before. Members were given an assurance that the recommended option would provide patients in Medway with a good service which was comparable to that at Maidstone Hospital. The performance of diagnostics at MFT would be an important factor in this, but this was not seen as an obstacle.

Decision:

The Committee agreed to:

- a) note the report
- b) support the ICB's recommended option regarding the future of the TIA service, as set out in paragraph 4.1 of the report.

691 South East Coast Ambulance Service: Update

Councillor Joy, having earlier disclosed an interest, left the meeting for this item and took no part in the discussion.

Discussion:

Members considered a report which provided an update on Trust performance across its 999 and 111 service, a further update on the Trust's continuing improvement journey as the trust made progression to exit NHS England's recovery support programme following the published Care Quality Commission reports in July and October 2022. The report also included an outline of the recent Trust strategy development programme which, following a wide range of engagement from the Trust's people, partners, and patients, now described the strategic direction and operating model for the trust over the next 5 years and beyond.

The following issues were discussed:

- **Staff welfare** – a Member noted that staff welfare had been poor in the past and queried whether new initiatives such as body worn cameras had helped and whether they had led to a decrease in complaints. SECAMB advised that they had seen year on year improvements in staff welfare, with the highest results in Medway. The new site in Gillingham had been transformational in terms of welfare and training facilities. Body worn cameras were voluntary. There were high levels of violence and aggression against ambulance crews in Medway. In Medway there was also a joint response unit with the police which provided support to crews. An offer was made for Members to visit the new Gillingham Make Ready Centre.

Whether staff morale had been affected by the changes in the Executive team was queried. SECAMB advised that staff were now more engaged about the future of the organisation. The improvements in the staff survey were seen as significant as morale would usually deteriorate after a negative Care Quality Commission report. In addition, applications to work at the Trust had started to increase.

- **Safeguarding** – the Director of People congratulated SECAMB on improvements made on safeguarding.

- **Hospital transfer rate** – a Member congratulated SECAMB on the speed at which patients were transferred into the hospital and queried whether this was a cause in more patients having to be treated in corridors. SECAMB responded that improvements made by MFT had been an important factor in this improved conveyance time. After patients were assessed, they were moved to a different part of the hospital, which could lead to patients being treated in unsuitable areas, especially in the winter, and this had had a significant impact on response times. The issue around corridor waiting was around patient flow and the improvement in conveyance times had been due to good working with the Integrated Care Hubs where multi-disciplinary teams worked to make ED conveyance the last resort.
- **New Strategy** – noting there had been significant changes recently in the Executive team, how confident SECAMB were in the delivery of the new strategy and how long the strategy would be in place for were queried. SECAMB responded that they had been on a significant improvement journey and four warning notices in place had been removed in 9 months and the Trust had moved from inadequate to required improvement in six months.

There was a need to match capabilities, skill sets and competencies across the organisation. In terms of confidence in the Strategy, the latter had been very much a co-designed process involving patients, staff and partners about what they wished to see from the service.

- **Performance** – Members congratulated SECAMB on improvements in performance and culture following the CQC inspections.

Decision:

The Committee agreed to note the report and request an update in March 2025.

692 Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 3 2023/24

Discussion:

Members considered a report on performance in Quarter 3 2023/24 and also a review of strategic risks within the Committee's remit.

Decision:

The Committee agreed to note the Quarter 3 2023/24 performance against the measures used to monitor progress against the Council's priorities and to also note the Quarter 3 2023/24 Strategic Risk Summary.

693 Capital Budget Monitoring - Round 3 2023/24

Discussion:

Members considered a report which presented the results of the third round of the Council's capital budget monitoring process for 2023/24.

Decision:

The Committee agreed to note the results of the third round of capital budget monitoring for 2023/24.

694 Revenue Budget Monitoring 2023/24 Round 3

Discussion:

Members considered his report which presented the results of the third round of the Council's revenue budget monitoring process for 2023/24.

Decision:

The committee agreed to:

- a) note the results of the third round of revenue budget monitoring for 2023/24
- b) note that Cabinet instructed the Corporate Management Team to implement further urgent actions to bring expenditure back within the budget agreed by Full Council.
- c) note that Council agreed to declassify the following amounts currently held in earmarked reserves and transfer them to general reserves;
 - £4.00million held in the South Medway Development Reserve,
 - £1.00million held in the Transformation Reserve, and
 - £727,000 held in the Mosaic Forms Reserve.

695 Work programme

Discussion:

Members considered a report on the Committee's work programme.

Decision:

The Committee approved the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes, outlined in italic text.

Chairperson

Date:

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