

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

Tuesday, 20 August 2024

6.35pm to 9.23pm

Record of the meeting

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

Present: Councillors: McDonald (Chairperson), Anang, Cook, Crozer, Hamandishe, Hyne, Jackson, Mandaracas, Mark Prenter and Wildey

Co-opted members without voting rights

Svajune Ulinskiene (Healthwatch Medway)

Substitutes:

Councillors:
Browne (Substitute for Campbell)
Lammas (Substitute for Barrett)
Perfect (Substitute for Gilbourne)

In Attendance:

Kate Bell, Senior Public Health Manager
Mark Breathwick, Assistant Director, Culture and Community
Jackie Brown, Assistant Director Adult Social Care
Scott Elliott, Head of Health and Wellbeing Services
Lee-Anne Farach, Director of People and Deputy Chief Executive
Mike Gilbert, Executive Director of Corporate Governance, NHS Kent and Medway
Dave Harris, Chief Planning Officer
Dr Logan Manikam, Interim Public Health Consultant
Louise Matthews, Deputy Director Primary Care Pharmacy Optometry and Dental Delegated Services, NHS Kent and Medway
Dr Ash Peshen, Deputy Chief Medical Officer, NHS Kent and Medway
Teri Reynolds, Principal Democratic Services Officer
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway
Nikki Teesdale, Director of Delivery, Medway & Swale Health and Care Partnership, Medway & Swale Health and Care Partnership
Dr David Whiting, Acting Director of Public Health

225 Apologies for absence

Apologies for absence were received from Councillors Barrett, Campbell and Gilbourne.

226 Urgent matters by reason of special circumstances

There were none.

227 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.

228 Medway Local Plan Regulation 18 Consultation

Discussion:

The Assistant Director, Community and Culture and the Chief Planning Officer introduced the report which presented a consultation document in the preparation of the new Medway Local Plan and set out proposals for potential growth across Medway and policies to manage development. A short presentation was provided with a focus on how the Local Plan would be developed to support the health and wellbeing of the population of Medway.

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

- **New hospital** – reference was made to Medway’s need for a new hospital and concern that there was little reference to this in the consultation document. It was suggested that Chattenden barracks could be a potential site.
- **Impact on health and wellbeing** – it was recognised that health and wellbeing ran through all aspects of the Local Plan and it was confirmed by officers that air quality would be addressed within the plan.
- **Consultation with young people** – a question was asked about how consultation was being undertaken with young people and whether opportunities were being explored via schools when the children returned from the summer break. In response, officers confirmed that they were working with the Communications Team to ensure young people were

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

targeted via social media and were also targeting harder to reach communities for their views.

- **Community areas** – reference was made to the benefit of community spaces within developments, particularly flats, to support community cohesion and wellbeing but also to provide space for community based interventions such as blood pressure checks. Officers explained that there were some good examples of this already within Medway, such as at Chatham Waterfront and confirmed this would be explored further, along with continued dialogue with health colleagues in mapping health provision for the future.
- **Strategic feedback** – reassurance was given that feedback to the consultation already received, had included comments of a strategic nature and were about Medway's needs as a whole. In addition, dialogue with colleagues was ongoing in relation to specialist provision.
- **Mapping of health service needs** – in response to a question about how development levels equated to health service needs, officers confirmed that they worked closely with health colleagues to map out needs for the growth strategy for Medway.
- **Health Impact Assessments (HIAs)** – in response to a question about HIAs and their use, officers explained that the Town and Country Planning Association were able to assist in helping the Council to look at options for HIAs in order to understand what process and procedures would best fit for Medway, in building a policy in relation to HIAs as part of the Local Plan development.
- **Technology evolution** – reference was made to the importance of considering broadband connectivity and building flexibility to be able to respond to rapid evolution of technology, which officers confirmed would be factored in.
- **Healthwatch** – the representative from Healthwatch Medway explained that each month it produced a report which collated much data from community engagement and demographics which could be useful to tap into in relation to development of the Local Plan.

Decision:

The Committee agreed that the comments above be provided as its feedback on the proposals in the Medway Local Plan consultation in relation to matters regarding health and adult social care.

229 Medway and Swale Interim Estates Strategy and Healthy Living Centres

Discussion:

The Director of Health and Care Integration and Improvement, Medway & Swale Health and Care Partnership and the Director for Corporate Governance (and Strategic Estate), NHS Kent & Medway Integrated Care Board (ICB), introduced the report which set out the Medway and Swale Interim Estates

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

Strategy being developed through the Health and Care Partnership, Healthy Living Centres and Community Diagnostic Centres. It was explained that the document remained interim and would not be finalised until the Medway and Swale Local Plans had been adopted. There was a priority to optimise the One Public Estate programme and work was ongoing in developing a framework in relation to developer contributions to improve this activity and ensure that infrastructure was provided alongside new development. In relation to Healthy Living Centres (HLCs), it was confirmed that void space within HLCs varied from 9-22% and dynamic solutions were being explored to address this and ensure their use was maximised by the NHS and partners, including the community and voluntary sector (CVS).

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

- **Resourcing** – in response to a question about resourcing available, both within the NHS and amongst partners to assist in this work, the ICB representative confirmed they worked closely with Public Health in terms of data collection and were working with the Planning team. A particular issue was that the NHS received revenue funding based on individual GP registrations but when there was inward migration, the funding was delayed on average 2-3 years after individuals moved into area and was not retrospectively applied. As such, large new developments would put additional significant pressure on NHS resources. This was a national issue but exacerbated in Kent and Medway and the South East where large developments and inward migration was high.
- **Use of developer contribution funding (s106)** – in response to how s106 funding was used to provide health services, it was confirmed this was done in a dynamic and strategic way. The NHS had access to planning tools which took into account existing clinical services, deprivation, population health etc when a new development was planned and would map out the level of investment needed and where to direct it. Sometimes, funding from multiple developments was pooled together to optimise the funding to meet need.
- **Community Diagnostic Centre** – reference was made to the helpful visit that took place before the last local election and it was suggested that a visit be reorganised, particularly for the benefit of newer Members of the Committee.
- **Void spaces in HLCs** – reference was made to how these could be used, including by CVS organisations. It was confirmed that the HCP worked closely with CVS in terms of how they used NHS space and vice versa. A survey of almost 2000 people from harder to reach communities had demonstrated that their needs in relation to improving their health and wellbeing were not clinical interventions but instead related to alternative support services, such as cost of living support and services that could provide wrap around support for people. It was added that work was ongoing in making renting of void spaces more affordable and attractive to help improve usage.

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

- **Rationalisation of disused property** – concern was raised that services would be stopped from properties that were not used frequently enough. Reassurance was provided that there would be no closure or relocation of services without full consultation and that this would largely relate to very under used properties or those in bad disrepair. Community provision in Medway was flexible and agile to respond to changes needed.
- **Integrated Neighbourhood Teams (INTs)** – reference was made to INTs and how valuable they were and it was asked what was being done to attract and retain staff to the roles within these services. It was confirmed that close work took place with the local universities and Medway colleges, along with the School of Pharmacy, to encourage individuals to work in Medway. The HCP was also engaged in an apprenticeship programme to assist in recruitment, supporting young people with an alternative route into the profession. It was confirmed that INTs were a key priority and that much of the workforce modelling was to ensure that people had access to the right member of staff to meet their need. It was noted that staff turnover from the current community provider was not significantly high.
- **Green vehicles** – it was commented that clinicians in the community would benefit from having access to green vehicles to be able to access the community easily and in a sustainable way, without relying on clinicians having to use their own vehicles.
- **Children's self harm** – it was asked why this had significantly worsened. It was explained that the reason was not known but that Medway was a national outlier. This could not be contributed to Covid as that had been an issue impacting all areas and the deterioration in this issue was instead Medway specific. It was a key pathway area for development and work was ongoing with partners, such as Healthwatch Medway and others, to help understand the cause for the decline and to identify ways of tackling that.

Decision:

The Committee noted the report and requested the following:

- That a site visit to the Community Diagnostic Centre in Rochester be arranged for Committee members.
- That an update on Healthy Living Centres and their utilisation be provided to the Committee in six months.
- That a report on Integrated Neighbourhood Teams be provided to the Committee at a future meeting.

230 Social Prescribing

Discussion:

The Public Health Consultant and Strategic Head of Service and the Head of Health and Wellbeing introduced the report which provided an update on the progress on the Medway and Swale Social Prescribing Plan 2022-2027. It was explained that good progress was being made with excellent engagement by staff across the system at all levels.

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

- **Inappropriate referrals** – in response to a question about the inappropriate referrals and how much of an issue this was, officers confirmed that this had largely been an issue at the beginning, when social prescribing first started and there was a lack of understanding about what it could do and how it could support people. Training across the system had improved this greatly.
- **Client target** – There was a five year target for 40,000 clients to be seen by social prescribing staff by 2027. The current figure was 16,348 and the service was on track to reach its target.
- **Mental health** – when asked what the most common area of concern for the service was in terms of challenges in supporting people, it was confirmed this related to mental health, which had been exacerbated by Covid and the complexities of patient needs, which had increased. A pathway was being developed to support this area.
- **The Joy app** – reference was made to the app used by link workers to access the directory of services available and keep organisations connected. It had been adopted by Kent as well as Medway and was hosted by Medway Voluntary Action. Payment was provided on prescription as opposed to referral, which was incentivising sign up, and it was therefore hoped this would solidify the sustainability of maintaining the app and build on its use.
- **Risks to funding** – in response to a question about whether there were any risks to funding social prescribing in the medium to long term, it was explained that the services were funded by NHS England, along with some input from Better Care Fund. Officers were unaware of any possibilities of this model changing and given its benefits to the wider health and social care system this was not anticipated.

Decision:

The Committee noted the update report provided.

231 Primary Care Access Task Group

Discussion:

The Public Health Consultant introduced the report which provided an update on the actions taken in implementing the 14 recommendations from the GP Access Task Group report that was approved by the Cabinet in June 2023. He confirmed that the Task Group had not been renamed and that this was an error in the report. The Director of Primary Care and Community (out of hospital) Care also provided an update on the numbers of GPs in Medway, confirming there were 13 more GPs than last year, which equated to 6 full time equivalents (FTE). He added that in terms of the wider primary care workforce, there were an additional 146 FTE staff. NHS Kent and Medway's Deputy Chief Medical Officer was also in attendance.

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

- **Medway specific actions** – whilst recognising this was a national issue, it was asked what was being done to address the specific challenges acute to Medway, such as the impact of its proximity to London. In response, the representatives from NHS Kent and Medway explained that there was a Primary Care Strategy in place which set out the ambitions for primary care as a whole, including general practice. It was critical to fully understand population need and then develop and grow primary care services to meet those needs. In addition, the wider roles in primary care were key. Often patients had a default position to see a GP when in fact, in a number of circumstances, there were often other clinicians within the workforce that was better suited to meet the patient's need and technology and training needed to be developed to support correct and effective signposting. In terms of attracting GPs to work in Medway, the point was made in making Medway an attractive place to work, giving opportunities for career growth and development but also working with the local authority to ensure there is the suitable housing, school places etc to assist in attracting those individuals to settle in Medway. Reference was also made to the GP Attraction Package which had been in place and provided a financial incentive to GPs who stayed working in Medway for a certain length of time.
- **GP numbers** – reference was made to the latest GP figures and that this was still less than the numbers working in Medway in 2017.
- **Impact** – reference was made to the appendix and the benefit of it demonstrating the actions taken from the recommendations made but that there was little data about the impact the actions were having and it was asked if this could be included in future reports.
- **eConsult** – reference was made to eConsult and how expensive it was for GP practices to buy in to. The representatives of NHS Kent and Medway were unable to comment on the cost but explained that, if used effectively, it was a valuable tool for GP practices in supporting the front door and triaging patients.

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

Decision:

The Committee noted the updates and progress achieved in implementing the recommendations set out in the GP Access Task Group June 2023 report and requested that the Committee received future reports with a focus on GP access and how more primary care staff could be attracted to the Medway workforce.

232 Update on Pharmacy and Dentistry Services

Discussion:

The Director of Primary and Community (Out of Hospital) Care, Deputy Chief Medical Officer and Deputy Director for Primary Care Commissioning, all of NHS Kent and Medway, introduced the report which provided an update on the actions requested when the issue was last presented to the Committee on 14 March 2024. An error in the report was highlighted in relation to the patient premium which would run 1 March 2024 to 31 March 2025.

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

- **Data of numbers who have seen dentists** – in response to a question about how many patients had been seen by dental practices, it was explained that following a dip in 2020, there had been a gradual increase with 92% of the population currently accessing dentistry, compared to 82% last year.
- **Data set used** – in response to a question as to why the data related to adult patients who have not received NHS dental care in the previous 24 months and whether this should cover a longer period of time, it was explained that this was currently the only data available to commissioners. There was a drive nationally to get access to more granular data around the new patient scheme but it had not yet been disaggregated down to an Integrated Care Board (ICB) level.
- **Impact of the Patient Premium scheme** - in response to a question about the impact this scheme was having, this was still unknown but a personal perspective was given that some dental practices were picking easier patients to add to the list and using unofficial waiting lists they held.
- **Pharmacy First** – the data in relation to numbers of patients using the service was requested and it was undertaken to provide this to Committee members. It was added that Medway had some of the highest uptake across Kent of patients using the service.
- **Gaps in Pharmacy First provision** – reference was made to some pharmacists not signing up to provide this service and the gaps in provision this caused. In response, it was explained that there needed to be an alignment to the Pharmaceutical Needs Assessment to understand fully where there were gaps in provision and also develop skills to support pharmacists with gaining confidence and capabilities to provide the

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

service. This issue would be considered at the next meeting of the Health and Wellbeing Board.

- **Diversity in pharmaceutical providers** – in response to a question about how equipped pharmaceutical providers were to support patients from ethnic minority groups it was explained that across the system, there needed to be a targeted approach to ensure there was appropriate outreach to different communities embedded.

Decision:

The Committee noted the report and agreed to:

- a) Request a briefing note to update the committee with data around Pharmacy First and its use by patients.
- b) The Chairperson, on behalf of the Committee, write to the Secretary of State and the National Pharmacy, Optometry and Dental Director, to request that more granular data available at a national level in relation to dentistry and new patient data is provided to an ICB level.

233 Capital Budget Monitoring - Round 1 2024/25

Discussion:

This report was taken alongside the next item relating to revenue budget monitoring.

The Assistant Director, Adult Social Care, introduced the reports which provided the outcome of the first quarter of capital and revenue budget monitoring. In relation to revenue, reference was made to the £7.3m forecast overspend, which related to increases in demand and complexity of need which was resulting in higher cost placements.

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

- **Family Hubs/Start for Life** – it was asked what the impact on this would be with capital funding ceasing, particularly in relation to building maintenance. Officers at the meeting were unsure as it did not fall within their remit, so undertook to report the answer back to members.
- **Monitoring via mosaic** – reference was made to the new way of monitoring and the great use of mosaic and what difference this was making. Officers confirmed that now the Council had moved to monthly monitoring, the responsibility of the budget forecasting sat within adult social care, rather than finance and was based on more up to date granular data using Mosaic, which was providing more accurate forecasting.

Health and Adult Social Care Overview and Scrutiny Committee, 20 August 2024

Decision:

The Committee noted the first round of capital and revenue budget monitoring for 2024/25.

234 Revenue Budget Monitoring - Round 1 2024/25

As reported under Capital Budget Monitoring – Round 1 2024/25 above.

235 Work programme

Discussion:

The Chairperson raised the following as activity he wished to come forward:

- Mortality rates at Medway NHS Foundation Trust be added to the agenda for October, when they would also be attending in relation to their CQC inspection.
- Training – he urged Committee members to make themselves available for site visits arranged as it assisted in building the knowledge base of Committee members
- Adult Social Care training – this would be arranged to provide some additional information around understanding the pressures within adult social care
- Finance training – he had asked finance colleagues to provide some training ahead of the Committee considering the draft budget at its December meeting.

The Principal Democratic Services Officer then introduced the report which set out the Committee's work programme. She confirmed she would approach Members for the availability for a rescheduled visit to SECamb, which would be later in September, to allow for the holiday season to come to an end. She also added that the ICB were working with officers on providing responses to the questions relating to the Community Services procurement, which were unanswered at its last meeting on 7 August 2024 and that they were yet to provide timescales as requested by the Committee at that meeting.

Decision:

The Committee agreed the work programme as set out at Appendix 1 to the report, subject to the proposed changes, outlined in italic text being agreed, along with the suggestions made by the Chairperson.

Chairperson

Date:

Telephone: 01634 332072 Email: democratic.services@medway.gov.uk