

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

Thursday, 5 December 2024

6.30pm to 8.30pm

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, Barrett, Cook, Crozer, Hamandishe, Hyne, Mandaracas, Mark Prenter and Wildey

Co-opted members without voting rights

Svajune Ulinskiene (Healthwatch Medway)

Substitutes: Councillors:
Browne (Substitute for Jackson)

In Attendance: Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway
Jackie Brown, Assistant Director Adult Social Care
Katey Durkin, Chief Finance Officer
Scott Elliott, Head of Health and Wellbeing Services
Lee-Anne Farach, Director of People and Deputy Chief Executive
David Reynolds, Head of Revenue Accounts
Teri Reynolds, Principal Democratic Services Officer
Teresa Salamioru, Interim Deputy Director Public Health
Nikki Teesdale, Director of Delivery, Medway & Swale Health and Care Partnership, Medway & Swale Health and Care Partnership
Councillor Habib Tejan (in attendance for minute number 490/2024)

486 Apologies for absence

An apology for absence was received from Councillor Jackson.

487 Record of meeting

The record of the meeting held on 15 October 2024 was agreed by the Committee and signed by the Chairperson as correct.

488 Urgent matters by reason of special circumstances

There were none.

489 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Agenda item 5 related to the changes to the winter fuel allowance. Given some Members might have been directly affected by the changes and others may have had family members, friends or others with whom they had a close personal relationship, whose entitlement to the benefit may have been affected, the Monitoring Officer had advised that in those circumstances, Members should declare an OSI. However, due to the number of Members affected, the Monitoring Officer had exercised a delegation to grant a dispensation to all Members for a period of six months, enabling Members who had an OSI to remain in meetings during discussion of the matter and to take part in the discussion and vote.

The following Members declared an OSI in relation to themselves: Councillors Anang and Browne.

The following Members declared an OSI in relation to a close friend or relative: Councillors Cook and Wildey.

The following Members declared an OSI in relation to themselves **and** a close friend or relative: Councillor Crozer.

All relied on the dispensation to remain in the meeting and take part in the discussion and vote on the item.

Councillor Mandaracas declared an OSI in relation to item 6 (Medway Food Strategy) as she was a Trustee for the Sunlight Centre which very briefly came up during the discussion on that item. Apart from the brief reference it was not part of the discussion or the decision and therefore she was able to remain in the meeting during the discussion and debate on the item.

Other interests

There were none.

490 Member's Item: Winter Fuel Payment and its impact on health and adult social care

Discussion:

Councillor Tejan introduced his Members' item which related to the impact the changes on the winter fuel allowance for pensioners would have on their health and wellbeing. He shared his concerns that the withdrawal of the allowance on a universal basis posed a significant risk to the elderly population and would add further pressure to the health and social care system.

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

- **Evidence** – comment was made that the concerns raised in the Member's Item were not evidenced and that no alternative solution was provided in how the national budget gap would be addressed.
- **Impact on health** – reference was made to the pensioners that would be impacted by the changes and the impact that would have on their health, with particular reference to those with medical conditions such as arthritis, cardio-vascular diseases and respiratory conditions.
- **Benefits structure** – reference was made to the very poorest who would not be impacted and would still receive the payment. Equally those that may not qualify but found themselves in financial hardship may be able to access support through other means such as the Household Support Fund.
- **Adult Social Care** – confirmation was given that if a client experienced difficulties in paying for care, the service would support them (on a case by case basis) and would signpost to the financial welfare team for assessment of further support options. Welfare checks were also included as part of care assessments to ensure people were accessing any benefits they were entitled to.
- **Raising awareness** – the committee was informed that every pensioner in Medway were written to, to raise awareness about Pension Credit and were invited to an event in the Pentagon Centre to find out more. The event had been well attended and was part of a series of events to raise awareness.

A proposal was made and seconded, as follows, "The Cabinet be recommended to look to provide proactively cold weather payments and warm home discounts. If this means setting aside normal practice so be it. Medway residents that previously would have had and should received winter fuel allowance should not be left in the position of choosing between heating and eating". On being put to the vote the proposal was lost.

Decision:

The Committee noted the report.

491 Medway Food Strategy

Discussion:

The Public Health Consultant and Strategic Head of Service introduced the report which presented the draft Medway Food Strategy. The strategy's purpose was to support the Medway Food Partnership (MFP) by providing a structured framework that aligned with the MFP's goals and objectives to create an environment that supported sustainable access to affordable healthy food by improving knowledge about nutrition, along with cooking and growing skills for all, building healthier communities and better futures for everyone in Medway.

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

- **Engagement** – in response to a question about consultation, officers explained that a great deal of purposeful engagement had taken place including targeted surveys and focus groups undertaken with the support of the University of Greenwich.
- **Fast food outlets near schools** – reference was made to the Council's Supplementary Planning Guidance (SPG) which restricted the hours of operation of hot food outlets within 400m from schools. It was asked whether this was something that could be explored in relation to applying the same restrictions to street trading within the Council's Licensing Policy (any changes made to Licensing Policy would be a matter for Cabinet). This suggestion was welcomed and officers undertook to explore the possibility with colleagues in Licensing, adding that the SPG was being reviewed in the context of the emerging Local Plan to explore if there were opportunities to strengthen this further.
- **Cookery courses** – in response to a question about take up and feedback of the cookery courses, officers explained there was a whole suite of activity around cooking that happened in addition to those run by Public Health, particularly in schools but take up of the Public Health Team's cookery sessions had included involvement of 405 families within the last year.
- **Community Garden Projects** – in response to a question about how organisations could become involved in the project, officers explained that they welcomed participation from many organisations and Ward Councillor intel was a great resource in making those connections. More information would be provided to the Member on how to get involved.
- **Ethnic minority groups** – in response to a question as to why non-white British groups were at a higher risk of food insecurity than other white ethnic groups and what mitigations were being put in place, officers explained that there were a number of health inequalities that were linked with those with a protected characteristic and ethnicity was a key determinant. Equally there was an overlap as those from ethnic minority groups were more likely to be within a lower income bracket and therefore food poverty was more likely. The MFP was therefore heavily engaged with a number of community groups to combat the unfair health

outcomes for such demographics. Reference was also made to a recent Jollof Rice competition event, hosted by the Mayor, which had been an opportunity for community engagement and collaboration, in sharing cuisine to support health outcomes and community cohesion.

- **Locally grown food** – concern was raised about possible loss of farm land due to the impact of housing targets and other factors affecting the farming community. In response officers reported that a similar discussion had recently taken place at the Medway Health and Wellbeing Board, with planning colleagues present therefore discussion had been within the context of the emerging Local Plan. There was enthusiasm to continue to grow food locally for food production sustainability and the Local Plan was a key asset in how Medway used its space in smart, sustainable ways.
- **Involvement of food businesses** – it was confirmed that growing the participation from food businesses was a priority for the MFP as it was believed that health and wealth could co-exist for such companies and small changes to menus could make big changes for the community's health outcomes.
- **Work with the universities** – providing additional information in relation to the work undertaken by the universities in relation to the MFP, officers referred to the nearby Pilkington Building within the local university campus, which was managing to provide healthy food, using locally sourced produce and was achieving almost zero food waste. The universities were actively supporting the partnership and it was hoped more schools would engage too.
- **Food banks** – in response to a question about what was being done to tackle dependency on food banks, officers explained there were good learning examples in other areas where they were creating a shift from dependency to alternative models with better choice for people and opportunities for people to access other support while accessing food banks, and this was a focus for Medway.

Decision:

The Committee recommended the strategy to Cabinet for approval.

492 Medway and Swale Health and Care Partnership Delivery Plan Update with an Overview of Development of Integrated Neighbourhood Teams

Discussion:

The Director of Health and Care Integration and Improvement from Medway and Swale Health and Care Partnership (HaCP) introduced the report which provided an overview of the HaCP's Delivery Plan including the development and operation of Integrated Neighbourhood Teams (INTs). She explained that HaCPs worked across all statutory organisations including local authority, health partners, health watch and the community and voluntary sector and INTs

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were the end result of cohesive working across the system to build community resilience across health and social care.

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

- **Workforce** – concern was raised about workforce shortages, such as GPs, pharmacists and other key healthcare roles. In response it was confirmed that there was a comprehensive workforce strategy which moved away from silo working and provided a different offer for the workforce. The HaCP recognised there were gaps but focus was on skill set and there was work underway with universities and at a lower level of education to provide entry level opportunities to build a workforce for the future. It was confirmed that new roles were not being created, instead workforce was being realigned, with opportunities being explored to fill vacancies.
- **Access to INTs** – it was explained that the development of INTs was in the early stages and they were not yet fully formed or embedded. In addition, it was a way of working rather than a physical service. They based on primary care networks and realigned workforce to reduce duplication and better meet the needs of the population within the community it serves.
- **Partnership working** – the Assistant Director, Adult Social Care provided assurance around the strong partnership working across the HaCP across the organisations involved.
- **Building capacity** – in response to a question about how the INT model might build capacity in the system, it was explained that bringing together the services in an INT would help reduce duplication of certain activities such as repeat testing, making the system more efficient which would benefit the workforce and the patients in terms of widening its capacity through improved efficiencies of working.
- **Involvement of the community and voluntary sector (CVS)** – it was confirmed that this was vital in delivering the model and that through the HaCP almost £1m had been brought in to support small organisations to support community cohesion.
- **Funding** – In response to a question about whether funding would continue for this work, it was explained that the HaCP were committed to transforming services and worked tirelessly to access external funding such as through business grants and lottery funding. To ensure stability, at least three years of funding was needed.

Decision:

The Committee noted the report.

**493 Kent and Medway Integrated Care Board Community Services
Transformation Update**

Discussion:

The Director of System Commissioning & Operational Planning from NHS Kent and Medway Integrated Care Board (ICB) introduced the report which provided an update on the ICB's procurement of Community Services. He referred to the meeting that took place on 30 October 2024 with the Chairperson, Vice-Chairperson and Opposition Spokespersons in attendance, along with Senior Council staff and Senior ICB representatives explaining that it had been a positive step forward in how the organisations could work together. The Invitation to Tender (ITT) had gone live earlier that day and potential providers had 12 weeks to submit their tender bids. The award of contracts was anticipated to take place in April/May 2025 and then a 12 week mobilisation period would take place with go live anticipated around the end of September 2025.

The Director of People and Deputy Chief Executive also referred to the meeting on 30 October 2024 which had been positive and allowed alignment between the ICB and local authority with a commitment to move forward together.

Reference was made to the informal development sessions that the Committee would hold with the ICB in 2025 which was welcomed and a request for transparency throughout the transformation was made.

Decision:

The Committee noted the report.

**494 Council Plan Performance Monitoring Report and Strategic Risk Summary
- Quarters 1 and 2 2024/25**

Discussion:

Members considered the report which set out the performance in quarters one and two against the performance indicators used to monitor performance of the One Medway Council Plan. They raised the following questions and comments:

- **Make Every Contact Count (MECC)** – A query was raised around the uptake of MECC training which appeared to be low as detailed in the report. Officers undertook to look into the figures and provide the information outside of the meeting.
- **Unvalidated data** – in relation to the commentary under the measure “by 2027/28, the proportion of people who use long term adult social care services who report that they feel safe is similar to, or higher than, our statistical neighbours” it was explained that the survey was sent to a proportion of people and therefore the data was unvalidated because it was proportionate and hadn't been properly compared to the previous year's data.

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- **Direct payments** – reference was made to direct payments and it was explained that this would be part of the adult social care theme that would be covered at the next meeting of the Committee. The benefits of direct payments included people having choice about their care but no one was ever forced to use the direct payment option.

Decision:

The Committee noted the report.

495 Capital Budget Monitoring - Round 2 2024/25

Discussion:

This item was taken along with the items at minute numbers 496 and 497 and the discussion can be found under minute number 497.

Decision:

The Committee noted the report.

496 Revenue Budget Monitoring - Round 2 2024/25

Discussion:

This item was taken along with the items at minute numbers 495 and 497 and the discussion can be found under minute number 497.

Decision:

The Committee noted the report.

497 Draft Capital and Revenue Budget 2025/26

Discussion:

This item was taken along with the items at minute numbers 495 and 496.

The Chief Finance Officer introduced the three budget related items, explaining that all three had been presented to Cabinet in November. She highlighted that in relation to the second round of revenue budget monitoring, this has seen an improvement of approximately £5m. In relation to the draft budget proposals for 2025/26 it was explained that the Government had published a local authority funding policy statement which it was believed would be positive for the Council but the provisional settlement was not expected until week commencing 16 December 2024.

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Reference was made to the briefing that had been held for the Committee Members which provided them with some background into how the budget setting process worked, which Members had found incredibly valuable.

A query was raised about the risk categorisation around budget overspends within the capital budget monitoring – round 2 2024/25 report (at minute number 495). In response, the Chief Finance Officer explained that the risks within capital schemes were lower as it was much easier to adapt plans to match budget availability. However, the revenue budget overspends were much more attributable to demands in the Council's statutory duties and was therefore much more difficult to control and so the risk categorisation in both the revenue budget monitoring – round 2 2024/25 report and the report relating to the draft budgets for 2025/26 was higher to reflect that.

Decision:

- a) The Committee noted the report and noted that Cabinet had instructed officers to continue to work with Portfolio Holders in formulating robust proposals to reduce the budget deficit for 2025/26 and to continue to liaise with the Ministry of Housing, Communities and Local Government to secure support through the Exceptional Financial Support scheme.
- b) The Committee also agreed that its comments were fed back to the Business Support and Digital Overview and Scrutiny Committee in January.

498 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report which updated the Committee on its work programme. She drew Members attention to the information on the Integrated Care Board's Winter Plan, which had since been circulated to the Committee for information and that information would also be circulated in relation to the Adult ADHD and Autism pathway development. She added that the hospital was still awaiting publication of the CQC inspection outcome letter and this was therefore scheduled for January.

Reference was made to the informal development sessions that would continue to run in 2025 and Committee Members were encouraged to attend as much as possible.

It was also explained that the hospital had agreed to Committee Members visiting the hospital in small groups next year, which would be arranged and it was suggested that Committee Members may want to attend the hospital's public meetings which could provide helpful background.

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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.

Chairperson

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