

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

**Thursday, 16 January 2025**

**6.31pm to 9.31pm**

**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, Gilbourne, Hamandishe, Hyne, Jackson, Mandaracas, Mark Prenter and Wildey

**In Attendance:** Jackie Brown, Assistant Director Adult Social Care  
Rachel Hewett, Acting Chief Strategy and Partnerships Officer, NHS Kent and Medway, NHS Kent and Medway  
Michael Hood, Head of Business Operations and Provider Services  
Michele Pink, Customer Relations Manager  
Karen Pye, Personalisation and Client Finance Lead  
Teri Reynolds, Principal Democratic Services Officer  
Sandy Weaver, Manager for Social Care Complaints  
Dr David Whiting, Director of Public Health

**589 Apologies for absence**

An apology for absence was received from Svajune Ulinskiene (Healthwatch Medway representative).

**590 Record of meeting**

The record of the meeting held on 5 December 2024 was agreed by the Committee and signed by the Chairperson as correct.

**591 Urgent matters by reason of special circumstances**

There were none.

**592 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.

**593 Meeting Theme: Adult Social Care**

The Committee decided to theme this meeting around Adult Social Care and so a number of the reports related to this topic.

**594 Adult Social Care Complaints and Compliments Annual Report 1 April 2023 to 31 March 2024**

**Discussion:**

The Manager for Social Care Complaints introduced the report which provided information on complaints and compliments received between April 2023 and March 2024 in relation to adult social care.

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

- **Withdrawn complaints** – in response to a question about whether withdrawn complaints were followed up on, it was explained that if there was any potential risk of a complainant being coerced into withdrawal then they would be contacted to check and support as necessary but most withdrawn complaints were due to prompt resolution.
- **Communication** – communication was identified as an area that required improvement by the service. The Assistant Director, Adult Social Care, explained that this was partly due to the volume of emails received by frontline staff and therefore work was underway to explore alternative ways of working smarter by using technology such as chat bots alongside staff to assist in reach to clients. It was added that the service already used WhatsApp but work was needed to improve its integration with case recording programmes.
- **Financial Assessments** – communications around financial assessments was a particular issue, largely due to confusion that reablement care was only free for up to six weeks and also because some health sector colleagues were giving the wrong advice about the cost of care. Work was ongoing in both areas to ensure clear information was provided to patients.
- **Right-sizing** – it was explained that the additional investment into adult social care to right size the work force was instrumental in building capacity to improve communication and capacity in the team.

## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

- **Timing of complaints** – comment was made that the number of complaints received was higher in summer months and seemed to reduce in February to April. Officers had noticed the pattern which was a consistent observation but were not sure of the reasons. They undertook to explore the categories of complaints to see if there was any correlation to help explain the trend.

### Decision:

The Committee noted the report.

## 595 Attendance of the Deputy Leader of the Council

### Discussion:

The Deputy Leader of the Council introduced her report which provided an account of her role in relation to being the Portfolio Holder for Adult Social Care and Public Health services. She drew particular attention to the investment in adult social care which had enabled great improvements in the service and to the prevention work within public health.

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

- **Positivity** – when asked if it was appropriate for the report to be so positive, given the recent judgement of 'requires improvement' for Medway's adult social care service, the Deputy Leader explained that the service would have been likely to be graded 'inadequate' had it been inspected when she came into post but with the determination of the Assistant Director, Adult Social Care and the team, along with the investment to right-size the service, huge effort had been made to make improvements to the service, which was 4 percentage points away from 'Good'. The restructure of Adult Social Care was due to go live on 1 March 2025 and focus on improvements would continue.
- **Social Worker recruitment** – reference was made to social worker recruitment, which had been challenging. Vacancy rate was still high at 38%, which was currently filled by locums, but recruitment had shown some signs of improvement.
- **Working with the hospital** – reference was made to the increased pressure the hospital was currently under due to winter pressures and high rates of flu. The Deputy Leader explained that the situation was untenable and was a result of austerity measures that had previously been made. She explained that the Council worked hard to support the hospital in any way it could. The Council was part of the multi-disciplinary team at the hospital, along with Kyndi who had input in terms of assisted technology to support independence at home. In addition, Adult Social Care were part of a daily call with the hospital to discuss discharges from hospital (which was normally around 20-25 people per day that needed support from Adult Social Care) so the Council was

## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

doing all it could to support the hospital. Prioritisation of vaccinations would also be a key focus from a preventative perspective.

- **Increase in safeguarding concerns** – in response to a question about why there had been a rise in safeguarding concerns reported, the Deputy Leader explained that the profile of safeguarding had been raised considerably and she also explained that there had been a rise in different types of abuse with far more financial abuse concerns being reported than had been previously.
- **Research capacity** – in response to a question about how the service balanced responding to demand and investing in research projects, the Deputy Leader explained that when the new restructure was in place and embedded, it was hoped that it would build space for staff to be involved in new developments and projects and to enrich their learning, development and practice.
- **Winter fuel allowance** – reference was made to the Government's decision to remove the universal winter fuel allowance for pensioners. In response, the Deputy Leader explained that she had understood why the Government had made the difficult decision and that since the announcement was made the Council's Financial Welfare Team had made huge efforts to raise awareness of Pension Credit and many had since come forward to apply for the benefit which had been a welcomed unintended consequence.
- **Artificial Intelligence (AI)** – in response to a question about her vision for AI in Medway, the Deputy Leader explained that the service was already looking at programmes and technology available to improve efficiencies and maximise capacity and provide an improved experience for clients. She also referred to the virtual training room being built at Mid Kent College which would enable social workers and occupational therapists to practice using independence aids so they could recommend appropriate equipment with confidence.
- **Raising the profile of Adult Social Care** – in response to a question about how the profile could be raised, the Deputy Leader explained this was an area where more needed to be done to find different ways of raising the profile of adult social care so people were more aware about it before they might need it. The CQC assessment had assisted in putting a spotlight on the service, but a variety of methods would need to be used. There was also a role for Ward Councillors to be ambassadors for the service.
- **Short breaks waiting list** – it was asked if there was a waiting list for short breaks support in adult social care. In response, the Assistant Director, Adult Social Care explained that there was no waiting list for the respite service at Birling Avenue (for adults with learning difficulties) but in addition to that there were approximately 13 people waiting for a respite break placement.

## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

- **Women's health** – the Deputy Leader explained this had been a focus of the Health and Wellbeing Board as it was an area that was under-represented and not taken seriously enough with particular issues in long term contraceptive access and menopause services. There was more to do to improve services but locally the system had made a start in improving access to such services.
- **Volunteer recruitment** – in response to a question about whether a difficulty in recruiting volunteers was replicated in the community and voluntary sector organisations that the Deputy Leader engaged with, she confirmed it was. Work was ongoing with the college and universities to highlight the benefits of volunteering but since covid, recruiting volunteers had become more difficult.
- **GP Access Task Group** – reference was made to the GP Access Task group and the lack of GPs in Medway. In response the Deputy Leader explained that 14 recommendations of the task group were still live and she worked closely with the Director of Primary and Community (out of hospital) Care. Much was being done but it was a challenge. She also referred to the change in demand with there being an increase in the number of mental health consultations for 20-45 year olds. She also referred to the GPs supported by Medway through the bursary programme. The first three doctors had now graduated from Kent Medical School.
- **Inadequate care home** – reference was made to a care home in Medway that had recently been rated as inadequate by the CQC and it was asked what action the Council would take in response. The Assistant Director, Adult Social Care explained that the quality assurance team worked closely with providers to support them in addressing any areas of concern. The Council was made aware of such judgements well in advance and so work with providers and appropriate action was taken well in advance of the publication of assessments. Depending on the challenges identified, the local authority would make a decision on whether residents should be moved, but decisions also needed to take account of clients, their needs and wishes, as sometimes moving them could be more traumatic than working with the provider to provide wrap around support.
- **Health and Wellbeing Board** – the Deputy Leader welcomed the suggestion to be more joined up between the Board and this Committee and undertook to meet with the Chairperson and Democratic Services to consider how best the two could work together without duplicating work.

### Decision:

The Committee noted the report and thanked the Deputy Leader for her attendance.

## 596 Adult Social Care Direct Payments

### Discussion:

The Head of Business Operations and Provider Services and the Personalisation and Client Finance Lead introduced the report which provided information about direct payments in adult social care. They explained that there were currently 487 service users and 368 carers receiving direct payments and that the service was well established, commended by the Care Quality Commission (CQC) and recognised as best practice.

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

- **Carers support** – it was confirmed this was not means tested.
- **Accountability of direct payments** – in response to questions about debt within direct payments and assurance that moneys are spent appropriately, officers explained that in terms of debt, the volume from traditional care packages would far outweigh that of the debt from direct payments. In terms of safeguards in how money is spent, it was explained that the service used pre-loaded cards which the Council uploaded funds to but could also apply restrictions to where the card could be spent, for example, not on online gambling or not for ATM withdrawals where necessary.
- **Digitalisation** – reference was made to the back log which had been reduced with a waiting list now reduced to 30 days and how digitalisation may be able to assist. In response, officers explained that they were in the early stages of exploring opportunities around a resource allocation tool and were also working with social workers to help them understand the benefits of direct payments. There had been an increase in referrals since training for social workers had been undertaken.
- **Educating via universities** – it was suggested that more work be done with student social workers to understand the benefits of personalisation and direct payments. Officers undertook to explore this further.

### Decision:

The Committee noted the report.

## 597 Care Quality Commission – Local Authority Assessment

### Discussion:

The Assistant Director, Adult Social Care introduced the report which provided the findings of the Care Quality Commission (CQC) assessment of Medway Council's performance in fulfilling their obligations under Part 1 of the Care Act 2014. She explained that the Council had received a score of 59% which was 4 percentage points from 'good' and that this had been the result of intense work to improve the service greatly within the last year. The CQC had fed back that

## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

staff were passionate and proud to work for Medway. There had been no surprises, the service knew where it was at and what it needed to work on and an action plan was in place to drive forward continued improvement.

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

- **Training in moving and handling** – reference was made to the criticism from providers about availability of moving and handling training. The Assistant Director, Adult Social Care explained that providers were required to deliver training to their staff and the Council's Quality Assurance Team visited providers to ensure training was being provided and up to date.
- **Equality, diversity and inclusion (EDI)** – the Assistant Director recognised this as an area of focus. She explained for some communities they did not want to engage in support from adult social care but then can end up in crisis, therefore promotion of the service, through working with partners, was needed to try to reduce the risk of families finding themselves in crisis. As part of the right sizing of the service, posts relating to engagement had been established and when recruited to, would enable improved out reach.
- **Section 42 enquiry back log** – reference was made to this and whether this had since improved. The Assistant Director confirmed that additional funding had been allocated to the team to support them with the back log which had been brought down, although there had been a recent increase and this was an area of focus on the action plan.
- **Monitoring progress** – in response to a question about how progress could be monitored by the Committee, the Assistant Director explained that key performance indicators were aligned with the action plan to help track progress and the Committee could be provided with periodic updates on that. There was the possibility the Council would then be assessed by the CQC again in two years' time.
- **Thanks to the Assistant Director, Adult Social Care** – recognition was given to the Assistant Director for her passion and leadership across the adult social care service and for the improvements that had been made to date.
- **Profile of adult social care** – more work was needed to raise the profile of adult social care and once there was capacity to once the restructure embeds the service could reach out to the community so that they could offer support to those eligible and also to offer information, advice and guidance to those that need it.

### Decision:

The Committee noted the rating issued by the CQC and the action plan which addressed the improvement areas identified in the assessment and commended the Assistant Director, Adult Social Care, for her diligence,



## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

determination and commitment to improving Medway Council's adult social care offer.

### 598 Care for Medway: Preliminary Options to Build and Operate a Care Home

#### Discussion:

The Assistant Director, Adult Social Care introduced the report which set out the need for more capacity in Medway's care home market and recommended that further, specialist analysis be undertaken to fully understand the potential costs and benefits of designing, commissioning, and building a care home as well as operating model options, including ongoing maintenance and resourcing. She provided some data to demonstrate the demand in social care, adding that not all patients awaiting discharge from hospital had their care support by the local authority but that finding placements was difficult.

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

- **Consultant experience** – assurance was given that consultants commissioned to carry out this work would have previous experience of working with local authorities on such projects.
- **Size of the care home** – comment was made that in order for it to be sustainable, if the project went ahead, the care home should be significant in size and accommodate a mix of community needs. The analysis would look into the options but the broad proposals were for an 80 bed home with 40 beds for dementia care and 40 for flexible use to accommodate rehabilitation and supported living.
- **Long term project** – it was confirmed that this was a long term project which, if it was to go ahead, building was unlikely to commence until Autumn 2026. Demand had changed in recent years. There had been a difficulty in meeting demand for home care support, whereas in more recent years, capacity in the home care market was good, but with residential beds a real problem.
- **Local government reorganisation (LGR)** – comment was made that LGR should not be a reason to halt the project as the result would simply mean a greater population with a greater number of residents to support.
- **Quality of service** – it was confirmed that part of the analysis would include higher rates of pay to ensure a good level of quality staffing.

#### Decision:

The Committee noted the report and recommended Cabinet to agree to proceed with commissioning an in-depth analysis of a business case.



## 599 Integrated Care Strategy Update

### Discussion:

The Director of Public Health introduced the report, along with the Acting Chief Strategy and Partnerships Officer from NHS Kent and Medway. The report provided information on the baseline logical framework matrix report, which showed the current position for indicators for each of the outcomes and goal of the Integrated Care Strategy, as well as outlining the approach that would be taken going forward to provide assurance to the Integrated Care Partnership (ICP) regarding the delivery of the outcomes.

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

- **Healthy weight in children** – reference was made to the improvement made by Medway in this area, which had been greater than that of Kent, which Members welcomed.
- **Percentage of people describing their overall experience of making a GP appointment as good** – reference was made to the ambition of this increasing from 49% to 60% and comment was made that this was not ambitious enough.
- **Reporting back on progress** – in response to a question about how the Committee could be review progress, the Director of Public Health explained that 2 outcomes would be looked at by the ICP each meeting, which would include information in relation to relevant performance indicators within the relevant two outcomes. He suggested that following discussion at the ICP, it could be reported to this Committee, so the Committee would also have the benefit of knowing what the outcome of discussion had been amongst partners of the ICP.

### Decision:

The Committee noted the Integrated Care Strategy baseline report and the approach that the Integrated Care Partnership would be taking to review progress across each of the six themes over each year.

## 600 Kent and Medway Joint NHS Overview and Scrutiny Committee - Terms of Reference

### Discussion:

The Principal Democratic Services Officer introduced the report which provided an overview of the changes to health scrutiny and its implications for joint health scrutiny, specifically the Kent and Medway Joint NHS Overview and Scrutiny Committee (JHOSC). She explained that where the JHOSC had carried out the scrutiny of a proposal, it was sensible for that body to take the lead in relation to requested the secretary of state to call-in the proposal or responding to a called in review. If the Joint HOSC itself did not carry out these

## Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2025

functions, it could risk weakening the credibility and potential influence of the representations provided.

She added that should Medway disagree with a decision made by the Joint HOSC, given anyone could request the secretary of state to call a proposal in, it would still be within Medway or Kent's gift to do so individually. Option B at both sections 6.3 and 6.4 of the report were therefore recommended, which aligned with the preference indicated by the Kent HOSC at its meeting in December.

Members then raised comments and questions, including:

- **Substantial variations (SVs)** – reference was made to when opinions on whether a proposal was an SV differed between authorities. The Principal Democratic Services Officer explained that there was a desire, across the organisations, to develop a Memorandum of Understanding, part of which would help align positions on what constitutes an SV and this would be something progressed in the coming year.
- **Devolution** – reference was made to devolution and how rules around SVs and the powers relevant to that may change. The Deputy Leader of the Council was invited to respond to this and she undertook to feedback, through her involvement with the Local Government Association, to ensure that powers relating to SVs and health scrutiny were not lost or further weakened by devolution.

### **Decision:**

The Committee noted the report and recommended that the terms of reference, as set out at Appendix 1, be updated to reflect option B within sections 6.3 and 6.4 of the report.

## **601 Work programme**

### **Discussion:**

The Principal Democratic Services Officer introduced the report which set out the Committee's current work programme. Members' attention was drawn to section 6 and training and development activity for Committee Members who were asked to be as flexible as possible and respond to availability requests that would be sent by Democratic Services in the coming weeks.

### **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.

**Health and Adult Social Care Overview and Scrutiny Committee, 16 January  
2025**

**Chairperson**

**Date:**

**democratic.services@medway.gov.uk**

Telephone: 01634 332104

Email: democratic.services@medway.gov.uk

This page is intentionally left blank