Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 17 June 2025

6.30pm to 9.02pm

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, Finch, Hamandishe, Jackson, Lammas, Mark Prenter, Shokar and Wildey
In Attendance:	Natalie Davies, Chief of Staff, NHS Kent and Medway Lee-Anne Farach, Director of People and Deputy Chief Executive Sharon Greasley, Head of Long-Term Care and Support Teri Reynolds, Principal Democratic Services Officer Jonathan Wade, Interim Chief Executive, Medway NHS Foundation Trust Ed Waller, Chief Strategy and Partnerships Officer, NHS Kent and Medway Dr David Whiting, Director of Public Health

81 Apologies for absence

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

82 Record of meeting

The record of the meeting held on 13 March 2025 was agreed by the Committee and signed by the Chairperson as correct.

83 Urgent matters by reason of special circumstances

There were none.

84 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Wildey explained that should discussion take place around winter fuel payments, he believed he would have qualified before changes were made to the eligibility criteria last year.

85 Leadership Arrangements and Care Quality Commission Inspection at Medway NHS Foundation Trust

Discussion:

The Interim Chief Executive (CE) of Medway NHS Foundation Trust (MFT) introduced the report which provided an update on the leadership arrangements at MFT and the recent reinspection of the Trust's Urgent and Emergency Care Service. He explained that the Kent and Medway Integrated Care Board (ICB) had commissioned a review of both MFT and Dartford and Gravesham NHS Foundation Trust (DGFT), at which he was also CE, to explore any benefits and synergies of greater collaboration between the two organisations.

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

- **Merger** – concern of the prospect of a full scale merger of both acute trusts was raised. In response, the interim CE explained that although the review was ongoing, he considered this to be an unlikely outcome, with a group model being more likely. A group model would see a shared leadership team, where appropriate, but with high demand, closure of services was unlikely unless clear clinical benefits were established. It was also confirmed that no further trusts were being explored as part of this review.

- **Challenge of the role** – in response to a question about the impact of merging the CE role for DGFT and MFT and the challenges that brought, the interim CE explained this was inevitably a challenge and therefore a priority had been embedding the right support in the executive teams beneath him in both organisations and a full time Deputy Chief Executive for MFT had started in post the previous week. In response to a follow up question, he did agree that the role of CE of acute trusts generally had changed in recent years and was now far more externally focussed with partnership working being a key part.

- **Staff morale** – in response to a question about staff morale and how arrangements had impacted that, the interim CE reported that morale was moving positively but was still mixed across the organisation. He explained that the organisation's culture generally needed to improve, which would in turn impact positively on morale. A Cultural Transformation Programme had been commissioned by the Trust, led by

specialists outside the organisation. Its purpose had been to identify issues and make recommendations to address the need for improvements in culture, with a focus on racism and violence and aggression. Governance had been updated to ensure staff felt more heard and a new Freedom to Speak Service had also been launched to assist staff in helping to raise their concerns. The Chief of Staff from the ICB added that the interim CE was taking action to address the cultural issues at pace.

- **Group model examples of best practice** – in response to a question about whether there were examples of group models working well elsewhere and why this was becoming a more popular model, the interim CE explained that Warwick ran a successful group model with 4 trusts included. In terms of why this model had become more common, he cited a number of reasons, including shortage of suitable candidates willing to be CEs in the NHS, the ability it brought to onboard someone with relevant experience already and therefore were better equipped to steer organisations through the challenges the NHS was currently facing at pace, and efficiency savings.

- **Key challenges for Medway** – when asked what the key challenges for Medway were, the interim CE reiterated the need to improve the organisation's culture and added that the financial pressure the organisation was under was incredibly difficult, with saving targets of around £45m. He explained focus was being placed on ways to improve efficiencies, including improved procurement but that the head count of staff would inevitably need to be reduced.

- **Comparative data** – a request was made that future reports include benchmarking data to enable Members to understand how the performance related to the wider area and nationally. In addition, the interim CE signposted Members to the MFT Board papers which were published online and included detailed performance data.

- **Key aspirations** – in response to a question about the interim CE's aspirations for the trust, he explained his areas of focus were around culture and addressing unacceptable behaviour, as well as a focus on Emergency Department waiting times as he sought to eliminate patients waiting longer than 12 hours in the Emergency Department and reduce waits overall. He added that Medway was one of the top performers in relation to ambulance handling times and he would not want that to deteriorate.

- **System wide improvements** – the Chief of Staff at the ICB added that results from friends and family feedback at MFT was improving, but recognised that some of the complexities to the issues at the Trust needed to be addressed at a system wide level, such as managing patient flows, developing community based provision and maximising potential from technology.

Decision:

The Committee noted the report and thanked staff of Medway NHS Foundation Trust for their continued commitment and hard work.

86 Kent and Medway Integrated Care Board Community Services Engagement Update

Discussion:

The ICB's Chief Strategy and Partnership Officer introduced the report, explaining that he had recently also taken on the role of Chief Delivery Officer and would therefore lead the commissioning aspects of the Community Services contract. He added that the forthcoming Government Spending Review announcements would provide some longer-term certainty for the NHS which would enable consideration of the total resources that could be invested across services. Equally, the Government's awaited Ten-Year Plan was expected to prioritise a shift of services towards community and neighbourhood health, which was an ambition embedded in the Community Services project.

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

- **Engagement** – concern was raised about the level and effectiveness of engagement intended and it was requested that engagement be full, with people who have previously complained, service users and the wider public. The offer of using the Council's own connected networks for reaching wider sets of the community was reiterated. In response the Chief Strategy and Partnership Officer explained that there would need to be varying models of engagement depending on each aspect of the project. In addition, the ICB's Chief of Staff confirmed that patient panels were often made up by people who had previously complained and had been invited in to engage as part of the response. She also reiterated that different methods were used to engage from small focus groups to large scale events and there was a focus on utilising community networks, including faith groups and Healthwatch. In addition, the ICB would be working with both Medway Council and Kent County Council, to maximise coverage through local authority connected communities.

- **Lack of plan** – confusion was raised about the lack of a transformation plan when the contract and financial envelope had been set and how the lead provider could demonstrate their ability to deliver when there was so much uncertainty about what services might look like. In response, the Chief Strategy and Partnership Officer confirmed that the ICB was clear in terms of the ambition it had for transformation and moving care out of acute settings into the community, building integrated services. Work was underway with clinicians to help shape potential models of care, particularly around frailty services. Within that context, the community services also needed to be responsive to emerging government objectives, particularly those that came with additional funding. Members stated they remained frustrated and anxious about the

project and requested the ICB for a further update at the next meeting in August.

- **Voluntary, Community, Faith and Social Enterprise (VCFSE) groups** – in response to a question about representation of such groups within the transformation journey, the Chief Strategy and Partnership Officer undertook to confirm details of this once clear and with Kent Community Healthcare NHS Foundation Trust (KCHFT) as the lead provider, to ensure widespread engagement with VCFSE.

- **Flexibility within the contractual arrangement** – with some uncertainties around financial settlement, transformation plan outcomes and the NHS Ten-Year Plan, it was asked if there was sufficient flexibility within the contractual arrangements to respond. The Chief Strategy and Partnership Officer explained that the contract had been let with services to be provided on an "as is" basis for the first year but with commitment from the lead provider to transform services within the financial envelope agreed (£1.8bn).

- **Measuring progress** – in response to a question about how progress will be measured, it was confirmed that as work progressed, key performance indicators would be identified and then measured against.

- **Data sharing** – reference was made to VCFSEs, a key part of the transformation journey, and their ability to make informed input into the process which could be hampered by the potential lack of oversight data that they would not have access to, compared to the ICB. In response it was explained that digital data sharing would be considered within the legal framework in place and ensuring protection of patient data.

- **Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC)** – reference was made to the need to engage with the JHOSC Members at KCC going forward as there was likely to be a need for meetings around cross-boundary Substantial Variations as they come forward for service changes that impact Kent and Medway.

Decision:

The Committee noted the report and requested the ICB to provide a further update at its next meeting in August

87 Addressing Adult Social Care (ASC) Waiting List Backlogs

Discussion:

The Head of Long-Term Care and Support introduced the report which provided Members with information relating to the current waiting list pressures in Adult Social Care and the actions being taken to reduce waiting lists for care assessments and reviews. Numbers in demand had increased, as had the complexity of cases, on an upwards trend since 2019. Adult Social Care

rightsizing of the workforce and a restructure which came into force on 1 March 2025, was enabling there to be additional focus on tackling the backlog.

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

- **Unplanned reviews** – reference was made to the number of people waiting for an unplanned review, triggered by a change in their health or personal circumstances and concern about safeguarding around this for people who may be in crisis as a result. It was confirmed that officers were working hard to tackle the waiting list and that assessments were RAG rated to identify anyone in crisis who would still be seen the same day. Equally, clients on this particular waiting list were already in receipt of services and so those staff going in to see these clients helped to raise any concerns about wellbeing, enabling them to be reprioritised if necessary. Every effort was made to avoid people ending up as a hospital admission and close partnership working took place with Medway Community Healthcare to manage that.

- **Rise in demand** – in response to a question about why demand had risen by 21%, officers explained that exact reasons were not known but it was a trend mirrored within children's services and nationally. More work was needed to identify trends and whether there were ways of supporting people differently, as not all new referrals would require adult social care support.

- **Statistics request** – a briefing note was requested to provide more information on the following:
  - Social work vacancies, including numbers in post, the number the service would ideally like, how many agency staff Medway was reliant on and how many social workers move on each year.
  - Deprivation of Liberty – numbers involved and additional information regarding that, for both community and residential.
  - More information on transition from children to adult services, particularly the numbers that do not move into adult services and why.

- **Impact of Local Government Reform (LGR)** – in response to a question about what impact LGR would have on the service, officers explained it was too early to tell. They confirmed that Kent County Council's Care Quality Commission report identified the same challenges as Medway and there could be some positives in terms of larger economies of scale but until the configuration of the future unitary authorities was known, it would be difficult to establish any meaningful impact.

- **Backlog support** – in response to a question about how long the team put in place to address the backlog would take, officers were uncertain but were hopeful that it would be rapid and interim targets across the year had been set to monitor progress on the reduction in waiting lists.

Decision:

The Committee noted the report and requested a briefing note covering the following areas:

- Social work vacancies, including numbers in post, the number the service would ideally like, how many agency staff Medway was reliant on and how many social workers move on each year.
- Deprivation of Liberty – numbers involved and additional information regarding that, for both community and residential.
- More information on transition from children to adult services, particularly the numbers that do not move into adult services and why.

88 Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 4 2024/25

Discussion:

The Director of People and Deputy Chief Executive introduced the report which summarised how Medway had performed in Quarter 4 (Q4) 2024/25 on the delivery of the priorities within the One Medway Council Plan relevant to this Committee. It also presented the Q4 2024/25 review of strategic risks which fell under the remit of this Committee.

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

- **Direction of travel** – concern was raised that 57% of the targets were in a negative direction of travel. Officers explained that the targets for the One Medway Council Plan were different to previous targets used, and were high level strategic indicators, focussed on a long trend of improvement, rather than operational and transactional measures. In relation to the Public Health indicators, as an example, they focused on wider, population health outcomes and how Medway as a system was delivering on those ambitions.

- **Marmot place** – reference was made to the ambition for Medway to become a Marmot Place and whether that ambition fitted with other local and national decisions being made. The Director of Public Health emphasised the positive outcomes that had been demonstrated in other areas by embedding the Marmot principles in communities and public sector organisations, providing an opportunity to work in partnership to fundamentally change things for improved population wellbeing.

- **Structure of the report** – some Members raised concerns about the updated structure of the performance monitoring report and considered it difficult for them as scrutiny committee members to utilise the information in providing challenge. Officers explained this was partly due to the more strategic ambition the Council Plan presented and explained that the way the report was presented was consistent across the four overview and scrutiny committees. The concerns raised would be fed back to the officers that produce the report to see whether any

adaptations could be made and suggested that training be explored to assist Members in how they use the report contents for scrutiny purposes.

Decision:

a) The Committee noted the Quarter 4 progress of the performance indicators used to monitor progress of the Council's priorities, as set out in Appendix 1 to the report and the Strategic Risk Summary as set out in Appendix 2 to the report.
b) The Committee requested that officers be provided with feedback about the report structure and to explore the possibility of training for Members in how to use the reports to maximise effective scrutiny.

89 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report which set out the Committee's work programme. She confirmed that the Quality Account submission for the South East Coast Ambulance NHS Trust had been completed and submitted.

A suggestion was made that at the appropriate moment, the Committee receive a briefing on the impact of Local Government Reform on health and adult social care services.

Decision:

a) 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.
b) The Committee requested a briefing, at the appropriate time, on the impact of Local Government Reform on health and adult social care services.

Chairperson

Date:

democratic.services@medway.gov.uk

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