Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Wednesday, 20 August 2025

6.00pm to 9.17pm

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), Barrett, Crozer, Finch, Hamandishe, Jackson, Mark Prenter and Shokar

Co-opted members without voting rights

Svajune Ulinskiene (Healthwatch Medway)

Substitutes:
Councillors:
Browne (Substitute for Cook)
Gilbourne (Substitute for Anang)
Perfect (Substitute for Lammas)

In Attendance:
Mark Anyaegbuna, Chief Executive Officer, Kent Local Pharmaceutical Committee
Mark Atkinson, Director of System Commissioning and Operational Planning, NHS Kent and Medway
Jackie Brown, Assistant Director Adult Social Care
Andy Cruickshank, Chief Nurse, KMPT
Natalie Davies, Chief of Staff, NHS Kent and Medway
Lee-Anne Farach, Director of People and Deputy Chief Executive
Aeilish Geldenhuys, Head of Public Health Programmes
Mike Gilbert, Executive Director of Corporate Governance, NHS Kent and Medway
Vicky Jarvis, Head of Clinical Prosthetics, Hugh Steeper Ltd
Jacqui Moore, Senior Public Health Manager
Jane O'Rourke, Director of Children's Services, NHS Kent and Medway
Daniel Ratcliff, Skills and Employment Programme Manager
David Reynolds, Head of Revenue Accounts
Teri Reynolds, Principal Democratic Services Officer
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust
Laura Sowkhee, Head of Specialist Services and Safeguarding
Dr David Whiting, Director of Public Health

222 Apologies for absence

Apologies for absence were received from Councillors Anang, Cook, Lammas and Wildey.

223 Record of meeting

The record of the meeting held on 17 June 2025 was agreed by the Committee and signed by the Chairperson as correct.

224 Urgent matters by reason of special circumstances

There were none.

225 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.

226 Contract Award for Integrated All Age Mental Health Services in Medway

Discussion:

The Chief of Staff from the Integrated Care Board (ICB) introduced the report which informed the Committee about a recent decision to award a new Integrated All Age Mental Health Services (IAAMHS) contract to Kent and Medway NHS and Social Care Partnership Trust (KMPT). The previous provider of the child and adolescent mental heath services (CAMHS) had informed the ICB that they did not wish to continue to provide services in Kent and Medway beyond the end of the contract. The change provided an opportunity for there to be one provider for all age mental health services, enabling the system to improve transition between services and be more integrated and joined up for patients and their families.

The lead Members of the Children and Young People Overview and Scrutiny Committee had also been invited to attend the meeting. They raised concerns regarding the procurement process route used to direct award without going out to full tender, and the lack of experience in children's mental health services within KMPT.

The ICB emphasised that staff and services would be transferred over as is, so there would be no change in services and paediatric mental health specialists would remain, with no expectation that adult mental health services staff would have to start treating children. In addition, there was experience within KMPT's leadership team of children's mental health services. The ICB also explained that KMPT had been identified as the only provider to have the experience, infrastructure, clinical governance and estate in place to be able to provide an all age mental health service. They also emphasised that as opportunities for improvement were developed, the Committee would be involved and be part of that journey.

Members then raised further comments and questions, which included:

- **Waiting lists** – in response to how the decision would impact on waiting lists for CAMHS, the ICB informed the Committee that for general mental health services for children, this had dramatically reduced. However, for neurodevelopment pathway assessments, this remained a Kent and Medway and a national problem. Due diligence was on going to ensure safe and accurate waiting list information was transferred and the ICB remained confident that this would not have a detrimental impact on waiting times.

- **All-age service model** – in response to a question about how the all-age service would work in practice, KMPT explained that it was not unusual for mental health providers to provide all age mental health services but due to the specialisms involved, CAMHS would sit as its own separate clinical directorate and would not be subsumed within the wider adult mental health services. The ICB added that families had shared that they found transition between CAMHS and adult services to be duplicative and confusing, whereas an all-age single provider gave an opportunity to improve information sharing, improve transition experiences and may reduce the number of patients escalating into crisis.

- **Relationship with the local authority** – in response to a question about how effective and strong the relationship between the ICB and the Council was, both officers and the ICB recognised there were some examples of strong and productive professional relationships but this was not always consistent. There had been occasions when the joint commissioning team would find out about an issue post decision making therefore improvements to the relationship were needed.

- **Frustration** – Committee Members expressed their frustration at not being informed early enough about the decisions made and considered there to have been a lack of transparency. The decision not to go out to full tender concerned Members as there appeared to therefore not have been a full test of the market and the Committee considered that the actions taken had shown a disregard to the Committee.

- **Service change** – the ICB confirmed that services were transferring to the new contract as is, however, service change was anticipated during the life of the contract to reflect opportunities for improvement.

- **Milestones** – reference was made to the ICB needing to demonstrate to the Committee what the key milestones over the next six months would be to involve the Committee in development of the service.

- **Risks around staff** – concerns were raised of existing staff choosing to resign instead of moving over to KMPT under TUPE arrangements and thereby exposing a gap in service. In response, KMPT explained they were working hard to ensure a safe and smooth transition of services. Structures between KMPT and the current provider NELFT were similar which assisted in terms of settling and stabilising services. There was a great deal of consultation and engagement ongoing with staff, the predominant number of which lived in Kent. KMPT were closely monitoring the situation to enable them to be reactive to any risks around vacancies caused by staff wishing not to transfer to KMPT

Decision:

The Committee noted the update from the Kent and Medway Integrated Care Board, as set out at Appendix 1 to the report and decided that the proposals did constitute a substantial variation or development in the provision of health services in Medway as it had concerns around engagement not being robust enough and that the service would change during the lifetime of the contract.

227 Capital Budget Monitoring - Round 1 2025/26

This was considered together with item 7, Revenue Budget Monitoring – Round 1 2025/26 and is therefore minuted under item 7.

228 Revenue Budget Monitoring - Round 1 2025/26

Discussion:

The Head of Revenue Accounts introduced both the Capital and Revenue budget monitoring reports which detailed the results of the first round of monitoring for 2025/26. He highlighted the significant forecast overspend on the revenue budget of £10.9m, £6m of which related to overspends in Adult Social Care.

The Assistant Director, Adult Social Care, advised the Committee that focus remained on reducing the service's reliance on locums, however there were still 59 locums currently within the service. Direct conversations, highlighting the benefits of being a permanent member of staff were ongoing and was effective in some cases, where as others were wedded to being a locum, but as one permanent member of staff was recruited, one locum was released. Other pressures within the division related to care costs, much of which was referenced in the report later on the agenda regarding hospital discharges.

Decision:

The Committee:

a) thanked the Assistant Director, Adult Social Care for her continued work and focus on reducing the overspend in such challenging circumstances.

b) noted the results of the first round of capital and revenue budget monitoring for 2025/26.

c) noted that the Cabinet had instructed Corporate Management Team to implement urgent action to bring expenditure back within the budget agreed by Full Council.

229 Prosthetics Limb Service

Discussion:

The Director of Strategic Commissioning and Operational Planning from the Integrated Care Board (ICB) introduced the report which updated the Committee on the prosthetics service, which was changing provider and location. Hugh Steeper Limited had been awarded the contract and two representatives from the organisation were present. Unfortunately, the location of the future service was still unknown, although every effort was being made to retain the site within the Kent and Medway boundary and two potential sites within the boundary had been identified and were being explored further. The new site needed to be able to accommodate a workshop for repairs, administration space and a space for outpatients to visit, without it appearing as a hospital setting, as requested by service users.

It was suggested that the item be reported to the next meeting of the Committee, when it was anticipated a venue would be known, and that the commissioners be requested to complete the Substantial Variation (SV) Questionnaire as part of that report as it was suspected that the issue may constitute an SV. In addition, the new provider offered an informal briefing about the services they provided in relation to prosthetics.

Decision:

The Committee noted the report, requested that the item be reported to the next meeting, accompanied by a completed Substantial Variation Questionnaire and that an informal briefing be set up with the provider to learn more about the services they provide in relation to prosthetics.

230 NHS Kent and Medway ICB Change-25: ICB Transition Programme

Discussion:

The Change-25 Transition Director introduced the report which provided information on changes underway at the Integrated Care Board (ICB) in response to the structural reform to the NHS across England which included a

requirement for ICBs to make circa. 50% reduction in operating costs by the end of the current calendar year. He reiterated that this would not impact on patient services and that for NHS Kent and Medway, this would result in around 300 redundancies and an estimated redundancy bill of over £20m, which would need to be funded from the ICB. Given the costs involved, discussions around its affordability were ongoing with the Department of Health and Social Care and it was anticipated that the reorganisation would happen in two phases, with the Executive and Senior Leadership Teams being reorganised in Autumn and the remainder of posts being completed towards the end of the financial year.

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

- **Cultural Review** – reference was made to the recent ICB Cultural Review and it was requested that the findings be shared with the Committee. The Director undertook to take the request back to the ICB.

- **Safeguarding the future ICB** – a question was asked about how the ICB was managing requests for voluntary redundancy against ensuring the post transformation workforce remained resilient and retained knowledge. The ICB acknowledged this as a critical focus area for the transformation and managing redundancies and would be developing a criteria to use when considering redundancies, which would be balanced against the operational needs of the organisation going forward.

- **Supporting staff** – in response to a question about how the ICB was ensuring staff were kept at the heart of discussions and communicating with staff effectively, the Director explained that lessons had been learned from previous reorganisations, some of which had caused mistrust by staff in relation to reorganisation activity. Therefore, a Colleague Insight and Involvement Group had been established which included staff from each directorate and each pay band, as well as unions, to ensure co-production around the development and design of the ICB operating model going forward, including determining values and behaviours of the ICB. In addition, the outcomes of the recently commissioned Culture Review were being taken into account as a particular focus of the transition arrangements and a similar group of staff was being set up to focus on taking forward the recommendations of the review. Weekly blogs were also being provided to staff to keep them updated. It was added that turnover was currently low but was anticipated to change and the ICB was working closely with other ICBs in the South East region to share intelligence and to be able to respond quickly.

- **Support and challenge from the Board** – in response to a question about the level of challenge and support available, the Director explained that, including the Chair and Chief Executive who were heavily involved, a Freedom to Speak Up Champion was also an Independent Member of the Board. There was a lot of non-executive independent scrutiny on the Board in order to oversee both the Change 25 Programme and the implementation of recommendations from the Cultural Review.

- **Liaison with the Department for Health and Social Care (DHSC)** – The Director confirmed that the ICB was working closely with NHS England and were keen to get clarity from DHSC about the financial impact of the programme and when they could be expected to finance the redundancies, in order that firm plans and timescales could be determined and provided to staff.

- **Determining reductions** – concern was raised about how some services would manage with a 50% reduction in the commissioning body, for example Special Educational Needs or safeguarding. Reassurance was provided that some services would not be able to accommodate such a reduction and further guidance from NHS England was anticipated.

Decision:

The Committee noted the report.

231 Kent and Medway Integrated Work and Health Strategy

Discussion:

The Strategic Head of Service for Public Health, accompanied by the Kent and Medway Integrated Care System Prevention Lead and the Head of Skills, Employment and Adult Education, introduced the report which presented the draft Kent and Medway Integrated Work and Health Strategy for comment.

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

- **Embedding across the Council** – in response to a question about how the Local Get Kent and Medway Working Plan and the strategy could be embedded across the Council and with businesses, officers explained that the Medway Skills Partnership Board was internally focussed and included representation from key services across the Council focussing on key skills issues and was being very well supported and contributed to.
- **Working with partners and businesses** – in response to a question about how the Council was working with partners and businesses to drive the ambitions forward, officers explained that there had been extensive consultation with businesses in the development of the strategy and recognised that the work the Council did with local businesses was key in supporting them. This included knowledge, training and developing bespoke business skill plans, in order for them to have confidence to employ people with health conditions and demonstrating, through strong examples, what huge value is added by doing so. The Council was also exploring opportunities to support businesses through sharing polices and processes.
- **Local Government Reorganisation (LGR)** – in response to a question about the impact of LGR on the strategy's progress, officers explained that this had been a Kent and Medway wide piece of work with buy in

across the relevant organisations, therefore it was believed the strategy would be carried forward through LGR. There was a new Strategic Partnership for Health and Economy which was co-chaired by the Director of Public Health at Medway, Deputy Director of Public Health in Kent, plus the Chair of the Kent and Medway Economic Partnership, which included district council representation.

- **Consultation and engagement** – concern was raised about the level of participation in engagement activity of the strategy. Officers confirmed that there had been significant work undertaken in relation to consultation which ranged from online surveys, various focus groups, stakeholder activity, individual interviews and targeted work for the seldom heard groups. They added that engagement would continue through a lived experience reference group allied to the Strategic Partnership for Health and the Economy as the landscape evolved and so would be an ongoing process.
- **Sustainability of employment placements** – concern was raised regarding the risk of employments breaking down once support withdrawn. Officers explained that through the Connect to Work programme, a large scale employment scheme that had launched in June 2025, support was provided to employers through Supported Employment and Individual Placement Support (IPS) to provide in-work support. Job coaches ensured everything was set up and embedded to ensure longevity of employment and support would remain or be reintroduced where necessary.
- **Learning** – in response to a question about what learning had been made from the process, officers explained that the strategy had been developed iteratively over a long period of approximately 18 months and throughout the aspirations had not significantly changed. The biggest challenge was now putting the strategy into action but there was lots of commitment to do so. The person-centred approach to the strategy was very much welcomed.

Decision:

The Committee recommended the Kent and Medway Integrated Work and Health Strategy 2025-30, as set out at Appendix 3 to the report, to the Cabinet for approval.

232 Pharmaceutical Needs Assessment 2025-2028

Discussion:

The Director of Public Health (DPH) introduced the report which presented the refreshed Pharmaceutical Needs Assessment (PNA) for Medway for 2025-2028. He added that a representative from the Local Pharmaceutical Council (LPC) was also in attendance to answer questions.

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

- **Outsourcing PNA development** – in response to a question the DPH confirmed that outsourcing development of the PNA was normal practice across local authorities, particularly due to the strict guidelines, and specialist advice and knowledge that was needed to undertake a PNA.

- **Balancing financial viability and community need** – in response to a question about how the balance was struck between meeting local population needs and ensuring financial viability of a pharmacy, officers recognised this was a real challenge and added that having high numbers of pharmacies in close proximity as much more difficult due to resultant market instability. The costs in operating pharmaceutical provision was much higher in many cases than the profits made to keep a pharmacy financially viable and although some clinical services were being moved into pharmaceutical settings, there had not been an increase in funding for dispensing items.

- **Provision of services** – the LPC representative explained that the PNA referred to core pharmaceutical services only. Advanced services, such as blood pressure checks or smoking cessation support was something pharmacies could sign up to. There had been good uptake of such services in Medway but it was not mandated for pharmacies to provide these additional, valuable services.

- **Managing stock issues** – the LPC representative explained that work was ongoing with the ICB to require GPs to prescribe generically to make sourcing medication for patients easier for pharmacies.

- **Addressing poor performance** – comment was made that the PNA did not highlight where there was poor performance within a pharmacy, which in turn was creating a gap in provision. Nor did it address provision levels outside of core hours. The Director of Public Health advised the Committee that the PNA's remit did not cover the quality of pharmaceutical services. The LPC representative explained that the PNA was based on core hours provision. He added that where poor performance was an issue, regular meetings took place with the Integrated Care Board (ICB), as the commissioner, with power to remove a pharmacy from the list where necessary. Equally, providing out of hours service was often unviable for pharmacies due to low demand balanced again staffing costs.

- **Inconsistency in provision** – reference was made to the inconsistency in pharmaceutical services, highlighting the difficulties in provision levels on the peninsula and the lack of needle exchange services in Medway, despite it being an area with high numbers of drug related deaths. Equally reference was made to the inconsistency in the provision of services across pharmacies of services such as sexual health contraception and smoking cessation support. In response, officers reiterated the issues around financial stability and the lack of interest

currently in setting up a pharmacy on the peninsula but as the population in that area increases, so will the viability for additional pharmaceutical services.

- **Fragility of the market** – concern was raised that the PNA recognised no gaps in service provision, yet many were struggling to remain open. The Committee were advised that pharmacy service provision across Medway was monitored on a monthly basis and if any changes exposed a gap in provision, then the Health and Wellbeing Board would be asked to publish a supplementary statement to identify the gap in provision. In addition, the Public Health Team were developing an interactive map to keep updated on provision across Medway.

- **Inaccurate reflection** – The Committee were concerned that, due to the limitations of the PNA and how it is developed, it did not reflect the true picture of pharmaceutical provision in Medway and gave the impression that service levels and coverage was far stronger than the reality, and that it did not draw attention to the real risks of some pharmacies being close to closure.

- **Dashboard of key findings** – it was suggested that in future, to help the general public understand the document and the key headlines, a one page dashboard should be produced so the highlights could be seen at a quick glance.

Decision:

The Committee noted the report and recommended it to the Health and Wellbeing Board for approval

233 Hospital Discharge - Medway Adult Social Care

Discussion:

The Assistant Director, Adult Social Care introduced the report which informed the Committee of the process, performance and challenges of discharging residents supported by Medway Adult Social Care (ASC) from the hospital setting. She provided the live figures of ASC patients awaiting discharge for that day which included 6 patients in Mental Health Wards, 12 in discharge to assess beds and 28 at Medway Maritime Hospital awaiting a long-term residential care home placement, and added this was the most challenged the local authority had been in more than two years.

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

- **Care for Medway project** – in response to a question about how the project would assist in tackling the shortage of beds, the Assistant Director confirmed that this would support hospital discharge but was a longer term project that would not help in the short to medium term. Due to the growing demand in complexity of need, it had resulted in there

being less standard residential provision and so where possible and safe, patients were supported to return to their home.

- **Winter pressures** – concern was raised at how much pressure the system was under before the winter period hit the health and social care system. The Assistant Director confirmed this was a concern as pressures on the system were constant and not just at winter time, although some additional funding was provided in the winter to assist with sourcing beds which assisted in alleviating some of the pressure. The difficulty was echoed by the Director of Strategic Commissioning and Operational Planning from the Integrated Care Board (ICB), who added that due to the financial pressures of the NHS and local authorities, it had been more difficult to budget for short term bed placements.

- **Funding split –** following a request officers undertook to provide a breakdown of the funding for discharge costs between local authority and the NHS. It was emphasised that the two organisations worked closely together to ensure the best outcome for the patient.

- **Integrated Neighbourhood Team (INT) services** – reference was made to INTs and whether these would have a positive impact on pressures. It was confirmed that the long term plan of wrap around services embedded within the community, it was hoped would help keep some patients out of hospital that could be adequately cared for within their own community.

Decision:

The Committee noted the report and requested a breakdown of finances between local authority and NHS funding

234 Addressing Safeguarding Adults Waiting List Backlogs

Discussion:

The Head of Specialist Services and Safeguarding introduced the report which provided the Committee with information relating to the continued increase in demand for adult safeguarding services and of the risks associated with waiting lists, along with actions being undertaken to mitigate this. The Director of People and Deputy Chief Executive added that demand was growing but the service was tackling the issues and striving to improve. Lots of work was currently ongoing with partners to ensure a more shared community cohesive responsibility.

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

- **Inappropriate referrals** – in response to a question about how organisations and partners were supported to learn from inappropriate referrals, officers explained that significant work was underway in this

area. An example was provided where the service was working with the Housing department to look at concerns around people whom did not meet the criteria for housing and ended up in safeguarding. To develop timely handover pathways to ensure people were directed to and support by the right service. The service was also working with partners to look at examples of inappropriate referrals and the learning from those.

- **Prison leavers** – concern was raised about the vulnerability of neurodiverse prison leavers in relation to gangs. It was confirmed that referrals around this aspect were not a particular concern but this would be picked up with prisons going forward.

- **Role of Community and Voluntary Sector** – in response to a question about how the CVS could support and help with capacity, officers explained that until there was a clearer picture about the type of referrals coming in that were not meeting the threshold it was difficult to say which organisations within the CVS could help as a signpost. Once there was a clearer picture, the Principal Social Workers would be visiting providers, including CVS organisations, to advise on thresholds, what should constitute a safeguarding concern and what actually might instead be a care assessment need.

- **External oversight** – it was confirmed that the service was also working with the Local Government Association (LGA) and the Association of Directors of Adult Socia Services in England (ADASS) who would be visiting the service to look at the plans in place on how to improve services, for external oversight and scrutiny and to identify any other ways the service could improve further.

Decision:

The Committee noted the report.

235 Work Programme

Discussion:

The Principal Democratic Services Officer introduced the report which set out the latest work programme for the Committee. She also highlighted an informal meeting with the Integrated Care Board, which had been set up for 3 September 2025 via Teams, to update Members on the Community Services project.

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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