

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

Tuesday, 14 October 2025

6.30pm to 10.40pm

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, Mark Prenter, Shokar and Wildey

Co-opted members without voting rights

None

Substitutes: Councillor:
Gulvin (Substitute for Perfect)

In Attendance: Jackie Brown, Assistant Director, Adult Social Care
Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer, Kent Community Healthcare NHS Foundation Trust
Siobhan Callanan, Interim Chief Executive, Medway NHS Foundation Trust
Lee-Anne Farach, Director of People and Deputy Chief Executive
James Flower, Senior Public Health Manager
John Goulston, Chair of Medway NHS Foundation Trust and Kent Community Healthcare NHS Foundation Trust
Councillor Teresa Murray, Deputy Leader of the Council
Michele Pink, Customer Relations Manager
Teri Reynolds, Principal Democratic Services Officer
Nakiya Rose, Complaints Manager Social Care
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway
Ed Waller, Chief Strategy and Partnerships Officer, NHS Kent and Medway
Dr David Whiting, Director of Public Health
Graham Wilde, Interim Executive Director of Recovery, Medway NHS Foundation Trust

344 Apologies for absence

An apology for absence was received from Councillor Perfect.

345 Record of meeting

The record of the meeting held on 20 August 2025 was agreed by the Committee and signed by the Chairperson as correct.

346 Chairperson's announcements

The Chairperson explained that it was the end of Baby Loss Awareness Week and as a symbol to honour all babies who had sadly passed and to raise the importance of compassion and open conversations to support families, he lit a candle.

347 Urgent matters by reason of special circumstances

There were none.

348 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 Campbell confirmed that although she was the office manager for the Gillingham and Rainham MP, she had had no involvement in the matter relating to item 8 (Update on pharmacy provision in Rainham) as this was being dealt with by case workers, she would therefore stay for the debate and decision on that item.

349 Attendance of the Deputy Leader of the Council

Discussion:

The Deputy Leader of the Council introduced her report which set out the ambitions, achievements and challenges relating to the services that fell within her portfolio, particularly highlighting the Adult Social Care (ASC) workforce rightsizing, Public Health research collaboration, Marmot Place status and the James Williams Healthy Living Centre.

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

- **Pharmacy provision** – in response to a question about pharmacy provision and the Pharmaceutical Needs Assessment (PNA), the Deputy

Leader explained that the development of a PNA was a statutory function of Health and Wellbeing Boards, of which she was the Chairperson and the standards and framework in which the PNA operated was nationally set. She shared the frustrations relating to provision in Rainham but explained that due to current legislation, the PNA was very limited in what it could and could not take into account. She added that the MP for Gillingham and Rainham was sighted on the issue and would be lobbying the Department for Health and the Health Secretary to update the regulations to ensure that PNAs could take into account the day to day accessibility of provision, particularly for those with protected characteristics.

- **Mental Health** – reference was made to the increase in demand for mental health services and the increase in funding that this rise in scale and complexity of need had required. Officers undertook to provide a briefing note to demonstrate detailed data regarding the increase in demand. The Deputy Leader explained that the increase in expenditure was still not sufficient to meet need and that ASC had seen an increase in people being deemed medically fit for discharge whose needs were in fact very significant and complex. Therefore, there was a need to be robust and push back to partners where ASC were unable to meet an individual's needs.
- **Direct payments (DPs)** – in response to a question regarding the uptake of DPs, the Deputy Leader explained that the Council was still below its target but there were often good reasons for people to choose not to accept DPs and so although the option would continue to be promoted, it would never be forced onto clients.
- **Impact of winter fuel changes** – in response to a question about how pensioners in Medway had been impacted by the Government's decision the previous year in relation to the winter fuel allowance, the Deputy Leader explained that following its announcement, the Council provided substantial support to raise awareness for those eligible to claim pension credit and provided a £200 grant to those poorest households that did not qualify for pension credit through the Household Support Fund.
- **ASC Rightsizing** – in response to a question about the impact of the rightsizing of the ASC workforce the Deputy Leader explained that the increase in staffing had restored levels back to where they had been before previous structural changes, but that demand would continue to rise as would the need for staff. However, the addition of over 80 staff had enabled service standards to be improved and had brought a refresh to professional practice. In addition, the number of locums continued to fall as more opted for permanent positions. Officers undertook to provide the figures of locums and permanent staff within ASC.
- **Communication** – reference was made to a report elsewhere on the agenda relating to social care complaints and the largest number of complaints had related to a lack of communication. The Deputy Leader explained that this was an area of focus for the service. The use of software called Magic Notes had enabled practitioners to record and pre-

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fill assessments which made the assessments more personable and saved social workers an average of 5 hours per week. In addition, other options were being explored such as the use of a digital portal so service users could at least track the stage at which their assessment was at.

- **Care for Medway** – reference was made to the Care for Medway project which proposed for Medway to build its own care home, a mix of assessment and residential beds. The Deputy Leader stated the importance of the project, if approved by Full Council, to provide an innovative and modern facility that would disrupt the market and enable the Council to take back control of the care for its residents, set high standards and to also protect the Council against the difficulties faced when a provider fails or closes.
- **Falls Prevention Service** – comment was made to the importance of the service. The Deputy Leader shared the view that it was a critical service and PH intelligence was being used to help better identify and target vulnerable people. Evidence showed that 40% of all falls in Medway occurred within the Chatham Central and Brompton Ward and work was underway to understand why that was the case to assist with prevention.
- **A day in the life** – suggestion was made that “a day in the life” film should be developed to contextualise the reality of being a social worker within the ASC sector. The Deputy Leader welcomed this idea as a way of sharing perspectives and understanding amongst the partners with which services work.
- **Beside You** – reference was made to the Beside You campaign which supported families with breastfeeding. The Deputy Leader commented on how proud she was of the work that had been undertaken on the campaign and commented that an area that would benefit from focus going forward would be providing support and advice on healthy conception and pregnancy.
- **Marmot Place** – in response to a question about Medway being a Marmot Place and the impact of this, the Deputy Leader explained that Medway had already recognised health inequalities and the importance of addressing them, but Marmot enabled Medway to access different resources, learning and ideas. One key area of focus was addressing young people who were not in education, employment or training (NEET) and work was taking place with partners to support those disadvantaged young people with wrap around support. The James Williams Healthy Living Centre would provide additional opportunity to provide such cohesive support.
- **Carers** – in response to a comment about carers the Deputy Leader recognised the invaluable impact carers had in supporting those requiring help. She referred to the carers passport that had been put in place and other support available for carers for those that did choose to come forward but recognised more could and should be done to promote the support and services available and to encourage carers to come forward.

- **Relationship with the health partners** – in response to a question about the relationship the Deputy leader had with the key health partners in Medway, she explained that relationships were robust and the ambition of working together to make a positive difference for the people of Medway remained. She welcomed the challenge that the Committee had been providing on health related issues.

Decision:

- a) The Committee noted the report and thanked the Deputy Leader for her attendance.
- b) The Committee recommended officers to consider developing a video to reflect the day in the life of a social worker to be used for training and to help relationships between ASC and NHS staff.

350 Update on Culture Review and Ear Nose and Throat (ENT) service at Medway NHS Foundation Trust

Discussion:

Representatives from the Medway NHS Foundation Trust (MFT) introduced the report which set out the outcome of an independent culture review at the trust and provided an update on the delayed referrals to the Ear, Nose and Throat (ENT) service. They expressed their disappointment and concern of the culture review findings and set out how they were working to address the issues. In relation to the ENT issue, it was explained that the majority of patients impacted were from the Dartford, Greenwich and Bexley areas and no urgent or cancer patients had been affected by the issue. The investigation into the issue was ongoing but with support from the Integrated Care Board (ICB), capacity had been doubled to address the backlog.

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

- **Action plan** – in response to a question the Interim Deputy Chief Executive of MFT confirmed that the Culture Transformation Programme was one of ten priorities within MFT's Stabilisation Plan. She explained that the recommendations from the culture review were embedded in the whole organisation and staff were being given the space to be able to contribute and to share their own experiences. The Committee requested to see the action plan.
- **Diversity training for the Board** – it was confirmed that Executive and non-Executive members of the Board had undertaken training in diversity and inclusion.
- **How behaviour had been able to occur** – in response to a question about how the environment had enabled bullying, racism and other unacceptable behaviour to occur, the Chair of MFT explained that there were a combination of factors, such as the previous leadership not taking the issues seriously enough and a lack of support and training for middle

management to ensure they had the necessary skills to manage such issues effectively.

- **Metrics** – The Chair of MFT confirmed that there were a number of different metrics used to gather data, such as the annual staff survey, the quarterly pulse survey and through staff embedded within equality, diversity and inclusion networks.
- **Monitoring progress** – the Committee was clear that they would be requesting regular updates from MFT on the situation. In addition the Chair of MFT highlighted that the MFT Board meeting papers were publicly available and the meetings were livestreamed. Members could therefore use this information for additional insight, to supplement the updates to HASC, as an update on the culture issue was being reported to the Board every other month.
- **Addressing the issue within a challenging environment** – comment was made to the challenge in addressing the issues outlined within the culture review, whilst also dealing with the constant high pressure and demand within the NHS. In response the Interim Deputy CE explained that they listening to staff around what works best for them to address the issues. They continued to host listening events, wellbeing events as well as raising awareness to ensure teams prioritised time to enable staff to take part in these events, access training and were supported to share their own experiences.
- **Board Membership** – in response to a question about whether the membership of the board had changed as a result of the findings, it was confirmed that there had been a number of changes to the board in the last year for a number of reasons and that board members had undertaken a ‘diversity MOT’.
- **Timescales of the ENT investigation** – the Interim Executive Director of Recovery stated that the investigation (led by NHS England) was progressing and it was anticipated that the first draft of the investigation report would be available in the next few weeks.

Decision:

The Committee notes the report and requested to be provided with the action plan that had been set to address the issues identified within the culture review.

**351 Kent and Medway Integrated Care Board Community Services
Procurement and Engagement Update**

Discussion:

The Chief Strategy and Partnerships Officer and Interim Delivery Officer from the Integrated Care Board (ICB) introduced the report and was accompanied by the Deputy Chief Executive Officer (CEO) and Chief Operating Officer from Kent Community Healthcare NHS Foundation Trust (KCHFT), the lead provider of the new contract. It was explained that the new contract was on track to

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mobilise on 27 October 2025, and it was anticipated that the plan for transformation would be ready by March 2026.

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

- **Changes to ICB** – reference was made to the forthcoming transformation of the ICB and it was confirmed that regardless of the changes to the ICB structure, community services would remain a core part of the future of the health service and keeping people well in the community.
- **Length of contract** – The ICB explained that the contract was five years, with the option of extending for a further three years, which provided stability for the provider and the services.
- **NHS Ten Year Plan** – reference was made to the synergy between the contract and the ambitions around the transformation of community services, with those set out in the Ten Year Plan, promoting neighbourhood health and addressing health inequalities.
- **Mobilisation of contract and TUPE of staff** – it was confirmed that the new contract was on track and was expected to go live on 27 October 2025, with staff being transferred over from that date.
- **Responsibility to deliver the contract** – it was confirmed that as the lead, KCHFT would hold responsibility to deliver the contract and meet expectations and any failure to deliver would be the ultimate responsibility of KCHFT, who would in turn hold to account providers who have been sub-contracted to provide services.

Decision:

The Committee noted the report.

352 Update on Pharmacy Provision in Rainham

Discussion:

The Director of Primary and Community Care from the ICB introduced the report which updated the Committee on issues relating to pharmacy provision in Rainham. He explained that the way in which ICBs managed contractual arrangements with pharmacies was set by national regulations which opened up opportunities for resolution where there were disputes and provided space for a contractor to respond. If following the process, a decision was made to remove a pharmacy from the pharmaceutical list, then the Health and Wellbeing Board would be informed so that it could decide whether or not to submit a Supplementary Statement to its own Pharmaceutical Needs Assessment (PNA).

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

- **Wider company issues** – reference was made to the fact that the pharmacy currently shut in Rainham was part of a wider chain which was experiencing difficulties. The ICB confirmed that the way pharmacy provision was commissioned was highly regulated and each individual site had to be treated individually. The pharmacy in Rainham was not the only one from that particular chain that fell within the Kent and Medway boundary and the ICB was following the procedures directed by national regulations.
- **Ageing population of Rainham** – reference was made to the ageing population of Rainham and the impact the lack of provision caused by the now closed pharmacy had on them.
- **Delay in action** – reference was made to the perceived delay in action by the ICB. In response the ICB confirmed to the Committee that they had been working with the pharmacy to support them through an informal resolution process for them to meet their contractual obligations which followed the performance management framework for community pharmacy. This was part of the required process which had been unsuccessful, and a case had therefore been taken to the Pharmaceutical Services Regulations Committee.
- **Limitations of the regulations** – frustration was expressed by Members that other providers had requested to open a pharmacy in Rainham but had been rejected. The ICB explained that there was an extensive process to remove a pharmacy from the pharmaceutical list and until the full process was completed, a pharmacy remained on the list. The PNA had to include all pharmacies on the pharmaceutical list, regardless of their performance, a requirement set by the regulations with no flexibility. The ICB emphasised that they also wanted communities to be well served and have easy access to medicine and other pharmacy service provisions. Reference was made by the Committee to the local MP who had also been looking into the issue and had indicated they would take the matter forward to Government.
- **Letter to Government** – it was suggested that the Committee write to the Department for Health and Social Care, with support from Public Health and the ICB, to raise the opportunity for population health in a more flexible approach to pharmacy commissioning and its concerns of the limitations caused by the current regulations and the impact this was having on communities such as Rainham.

Decision:

The Committee noted the report and agreed to work closely with the ICB and Public Health to escalate the matter to Government.

353 Complaints and Compliments Annual Report 1 April 2024 - 31 March 2025

Discussion:

The Complaints Manager for Social Care introduced the report which set out details of complaints and compliments received in relation to adult social care (ASC) between 1 April 2024 and 31 March 2025.

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

- **Hard to reach** – in response to a question about how the service was ensuring there were no barriers for those harder to reach groups, officers explained that every correspondence sent from ASC included a QR code asking for feedback. In addition, part of the rightsizing of ASC including the introduction of an engagement team to ensure the service hears the voices of all the communities and service users it serves, whether that is through complaints or general commentary. The were also working with Healthwatch Medway to assist with gathering information and feedback from vulnerable and harder to reach groups. Officers undertook to explore with the performance team the possibility of recording the number of potential gaps in feedback from harder to reach communities.
- **Compliment comparison data** – in response to a request to have comparison data for compliments received year on year, the Customer Relations Manager explained that staff were becoming more proactive at recording compliments as there was as much to learn from compliments as there were complaints and therefore officers would look to provide more comparative data in relation to this within future reports.
- **Levels of complaints** – in response to a comment that the complaints relating to Deprivation of Liberty (DoL) and Approved Mental Health Professional (AMHP) teams seemed lower than expected, the Assistant Director, ASC explained that these teams were often complimented by how well the staff advocate for users and ensured robustness of the process.
- **Rise in complaints** – in response to a question about why there had been a rise in complaints, it was believed that this related to the rightsizing which enabled staff to be more aware to invite feedback.
- **Number of users** – in response to a request for the number of services users to help give context to the figures, it was explained that ASC worked with approximately 3600 receiving care and support, plus another approximately 4000 receiving support.
- **Ethnicity** – officers undertook to look at the recorded figures for this and check their accuracy.
- **Expectations of service users** – in relation to how expectations of service users were captured, it was explained that for safeguarding it was captured as part of the assessment but not within other areas of ASC and this was something that Heads of Service and the Engagement Team would be working on to gather this information.

Decision:

The Committee noted the report

354 Task Group: Air Quality, Public Transport and Active Travel

Discussion:

The Chairman of the Task Group introduced the report which set out the findings and recommendations of the review into air quality, public transport and active travel.

Concern was raised about the rise in particulate matter pollution. The Senior Public Health Manager confirmed that this was reducing in Medway and explained the emphasis Medway was putting on the importance of individuals to reduce their own personal exposure to air quality, particularly indoor air quality.

The Chairperson commented that there had been lessons learned from the review in relation to process, for example, the scope had been too broad and had impacted on the Task Group's ability to effectively scrutinise the issues. The Principal Democratic Services Officer confirmed that since the review had begun, the Council had approved a Scrutiny Review Protocol as part of the Council's constitution which also recommended review scopes to be narrow and deep. The Chairperson added that the review would have benefitted from a member of the Corporate Management Team being nominated to lead or sponsor the review.

Decision:

- a) The Committee approved the content and recommendations of the report that fell within the remit of the Committee and referred it for consideration by Cabinet on 18 November 2025.
- b) The Committee also recommended Cabinet to agree that for all future scrutiny reviews, a member of the Corporate Management Team is identified to lead or sponsor the project.

355 The One Medway Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 1 2025/26

This item was deferred to the following meeting due to it missing some of the data due to an administrative error.

356 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report which provided the Committee with information of its work programme. Reference was made to

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the next meeting which was already heavy, and a suggestion was made for the following items to also be potentially added:

- The Gateway 3 Contract Award: Residential and Nursing Care Services (as pre-decision scrutiny)
- Kent and Medway Mental Health Trust and its recent CQC inspection
- South East Coast Ambulance NHS Trust and its response to the recent dispatches programme which had been broadcast earlier that week

It was therefore suggested that officers explore the options for an additional meeting or to relook at the work programme to see what could be moved.

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 outcome in italic text on Appendix 1, plus the additions mentioned and requested the Principal Democratic Services Officer to explore the option of an additional meeting in December.

Chairperson

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