Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Wednesday, 26 November 2025

6.30pm to 9.49pm

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, Finch, Jackson, Perfect, Shokar and Wildey
Co-opted members without voting rights	
	Leanne Trotter (Healthwatch Medway)
Substitutes:	Councillors: Field (Substitute for Mark Prenter) Howcroft-Scott (Substitute for Hamandishe)
In Attendance:	Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway Daryl Devlia, Strategic Partnerships Manager (Kent & Medway), South East Coast Ambulance NHS Foundation Trust, Adam Doyle, Chief Executive, NHS Kent and Medway Lee-Anne Farach, Director of People and Deputy Chief Executive John Goulston, Chair of Medway NHS Foundation Trust and Kent Community Healthcare NHS Foundation Trust Donna Hayward-Sussex, Chief Operating Officer and Deputy Chief Executive, Kent and Medway Mental Health NHS Trust Sacha Kennard, Heald of Adult Social Care Transformation and Improvement Teri Reynolds, Principal Democratic Services Officer Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway Jonathan Wade, Interim Chief Executive, Medway NHS Foundation Trust Matthew Webb, Deputy Director Strategy & Transformation / Deputy Chief Strategy Officer, South East Coast Ambulance NHS Foundation Trust Dr David Whiting, Director of Public Health

469 Apologies for absence

Apologies for absence were received from Councillors Crozer, Hamandishe and Mark Prenter.

470 Record of meeting

The record of the meeting held on 14 October 2025 was agreed by the Committee and signed by the Chairperson as correct.

471 Urgent matters by reason of special circumstances

There were none.

472 Chairperson's announcements

In relation to an action from the previous meeting to prepare a joint letter (from the Committee, Director of Public Health and the ICB) to the Secretary of State in relation to pharmacy provision and regulations, the Chairperson expressed disappointment that the ICB had not been prepared to sign the letter drafted by the Council. Discussions would be ongoing and he hoped to report a more positive update on the matter at the meeting next week.

473 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.

474 NHS Kent and Medway Chief Executive Update

Discussion:

The Chief Executive of Kent and Medway (ICB CE) introduced the report which framed the national context and the changes required to respond to the 10 Year plan. He highlighted the challenges across the health and care system and the opportunities for positive change. He explained that he had been asked by NHS England to present a report of his findings of the local and strategic diagnosis of the Kent and Medway system, since being in post, which would be concluding in December and would be shared with the Committee in due course. He had also commissioned some work to understand the underlying causes to the

deficit in resource and finance of the system, which was due to conclude in the new year.

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

- **GP workforce** – in response to a concern raised about the insufficient numbers of GPs in Medway, the ICB CE and the Director of Primary and Community Care explained that work was underway to fully identify the contributory factors as to why GP rates were low across Kent and Medway so that solutions could be implemented to address the issues and create a unique attractiveness to work in Kent and Medway. It was added that generally GPs were wanting to work differently and explore working across different settings, as well as general practice and it was believed that the neighbourhood health model would assist with opportunities to facilitate that. The ICB undertook to report back on the findings of the report and the ICB response to that in due course at a future meeting.
- **Impact of Local Government Reform (LGR)** – in response to a question around the various different plans referred to in the report and the impact of LGR on them, the ICB CE explained that regardless of the restructures of the ICB and those created by LGR, plans for transformation needed to be made to respond to national policy and priorities as well as local challenges but that the ICB would respond to any impacts from LGR as and when necessary.
- **Staff morale** – in response to a question about staff morale in the context of huge restructuring within the ICB, the ICB CE explained that a voluntary redundancy scheme was currently open but that staff were understandably anxious and the ICB was doing its best to support staff and keep them informed. He added that some staff were in very clinically led roles and therefore the possibility of moving those teams to a different organisation to preserve those services for patients was being explored.
- **Engagement** – the ICB CE explained that there would be an emphasis on service user engagement which was welcomed and work was ongoing on how best to approach engagement with the public to deliver the message that the NHS locally was managing a deficit and how it planned to address that.
- **Health facility at the previous Debenhams site** – disappointment was expressed that the health facility that had been planned at the previous Debenhams site in Chatham was no longer going ahead. The ICB CE explained that some schemes were not financially viable, that being one but that the focus on neighbourhood health remained and therefore the ICB remained focused on identifying opportunities that were financially viable to take forward. Primary Care needed to drive the strategy to identify what services could be moved out of acute settings into the community.

- **Out of Scope Community Services** – reference was made to the services which were not part of the core scope of the community services contract and were being reviewed to establish if they should be recommissioned or redesigned, depending on the population health need. It was confirmed that service users would be involved in the review and the Committee would be kept fully informed.
- **Mitigating risks** – The ICB CE explained that one risk he had identified was that due to the requirements around workforce reduction within the ICB, there may not be sufficient staff to actualise the ambitions around transformation of services so to mitigate this, partnership working was ongoing with providers to create a joint transformation team to ensure the best resource across the system was focused on delivering outcomes.
- **Working with the community and voluntary sector (CVS)** – in response to a question the ICB CE confirmed that CVS organisations played a valuable role in delivering services within the health and social care system and in his previous role he had commissioned a CVS alliance. He would take the time to work through the CVS landscape in Kent and Medway and would work with partners, in particular both Medway Council and Kent County Council, to ensure a robust and resilient CVS offer.
- **Integration with local authorities** – the ICB CE recognised the importance of collaborative and partnership working with the Council and that the ICB needed to be clearer on its long term vision around neighbourhood health and its contributions towards local authority council plans.
- **Culture at the ICB** – reference was made to the recent report on culture within the ICB and the ICB CE confirmed that he recognised the content of the report within the ICB and considered it to be accurate. His expectations of staff were to be open and inclusive and he was working on reiterating the core purpose of the ICB to the workforce so they were able to reflect on the difference they were making in their roles to the health care system of Kent and Medway.
- **ICB restructure** – the ICB CE explained there were various models being approach across the country in response to the requirements for ICB's to restructure and reduce staffing costs. For Kent and Medway there had not been a decision to merge with another ICB but certain back office functions, such as legal services as an example, may be explored to share the function with other ICBs across the south east.
- **Community Services procurement** – in response to a question about whether the new ICB CE would have done anything differently in relation to the procurement, he explained that he had the benefit of hindsight and agreed with the decision to group the various services into one tender. He did accept that because there was not yet a clinical model for neighbourhood health in the locality, it presented a challenge in that the contract may have to evolve as the landscape on this shifted. He would

also have used the opportunity to consider whether the contract should have instead been an NHS and local government commissioned service.

- **All age mental health contract** – reference was made to the concerns the Committee had previously made regarding the all age mental health contract being directly awarded to the Kent and Medway Mental Health Trust (KMMH) and the ICB CE was asked if he was confident of the decision, in the context of KMMH's recent Care Quality Commission report. The ICB CE explained he was supportive of the model around all age mental health services being delivered by one trust as this supported the integration of services across the all age pathways and transition from children to adult services. He was building confidence in the organisation's ability to manage this and was in the process of assessing due diligence and capacity within KMMH to be able to appropriately manage the service it was inheriting.

Decision:

The Committee notes the submission from the ICB as set out at Appendix 1 to the report.

475 Prosthetic Limb Service

Discussion:

The Director of Strategic Commissioning and Operational Planning introduced the report which provided an update on the Prosthetics Service, its future location and the transfer of the contract. He referred to the completed substantial variation assessment attached at Appendix 1 to the report and confirmed that the ICB did not consider the proposals a substantial variation as the service was remaining the same apart from the location which was relatively close to the current location.

Reference was made to the high rate of engagement from service users which was welcomed. It was confirmed that feedback from staff and patients on the proposals had been positive and an undertaking was made to provide the detail of the engagement to Members.

Decision:

a) The Committee noted the update on the re-procurement and mobilisation of the Prosthetic Limb Service and the substantial variation assessment attached at Appendix 1 to the report.

b) The Committee determined that the proposals did not constitute a substantial variation or development in the provision of health services in Medway because the Committee had been informed at every stage and the service and staff were being maintained within the new facility.

476 Kent and Medway Mental Health NHS Trust CQC Response Update

Discussion:

The Director of Transformation and Partnerships and the Chief Operating Officer & Deputy Chief Executive from Kent and Medway Mental Health Trust (KMMH) introduced the report which provided an overview of the outcome of the Trust's recent inspection by the Care Quality Commission (CQC) and an update on progress being made.

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

- **Actions taken** – in response to a question on why the Trust had not addressed some of the issues identified by the CQC ahead of the inspection, given they had already been aware of them, KMMH representatives explained that some of the findings related to community mental health services models of care and waiting times which had been worked on for 18 months and a refreshed model was now in place to address these issues. Where health and safety issues had been raised, such as mandatory training, steps had been put in place to address those immediately and there were now standard checks and polices in place to reflect that. The CQC had also identified concerns around risk assessments and it was explained that the Trust had been introducing a new risk assessment centred around patients in a more holistic approach.
- **Long waiting lists** - The Trust representatives explained that KMMH had not accounted for the large numbers of patients that would come through their system for lower or medium level intervention that would need to be delivered by an organisation outside of KMMH and the lack of planning for this had caused large waiting lists. One of the immediate actions that needed to be addressed following the CQC inspection was that the Trust needed to assure itself that people waiting for a response were not at risk and had had their needs adequately assessed. Due to the volume, at the time of the inspection the Trust could not and therefore immediately implemented ways to assess people to ensure patient safety.
- **All age mental health contract** – concerns were raised at the ability of KMMH, given the context of the CQC outcome, to manage the children's mental health and the all age eating disorder service, both of which were being transferred to KMMH to create and all age mental health service contract. The KMMH representatives explained that improvements had been made to waiting lists, stating that at the point of the inspection of Medway services, 466 patients were waiting over 90 days to be seen, which had since reduced to 199 and regular checks were in place for those waiting longer periods of time to insure interventions where put in place where necessary. In addition, the average wait for Medway patients was 52.3 days, which was one of the lowest waits across Kent and Medway and the average wait for the new risk assessment and care planning was around 21 days for Medway patients. In relation to the

transfer of services, the Committee were advised that staff currently working in the service under NELFT (the current provider) would be transferring to KMMH, therefore skill set would also transfer to the Trust, however, the Committee remained concerned and suggested that they formally write to the ICB regarding those concerns.

- **Leadership capacity** – concern around the effectiveness of the Trust's leadership was raised, particularly in the context of taking on extra services and it was asked how the Board was reacting to the challenges. The KMMH representatives explained that the Trust recognised there was a lot that it needed to address as an organisation. An independent review had been undertaken and its findings and recommendations had been fully considered by the Board. It was confirmed that the current Chair was reaching the end of the amount of time in which she could act as Chair and therefore recruitment for a new Chair was underway. It was also stated that the Board's main priority and focus was on the response to the CQC inspection and improvements to services. Members remained concerned and suggested that the Chief Executive and a Board Member of the Trust be invited to the next meeting to address the Committee's concerns in this regard.
- **Places of safety** – in response to a concern that the Trust had been detaining people for too long under the Mental health Act in places of safety, it was confirmed that this was addressed within a week of the Trust becoming aware that this had been happening.
- **Trust rebranding** – Members criticising the spend on rebranding the Trust from KMPT to KMMH. In response the Trust representatives explained that it had been undertaken in response to feedback from patients and stakeholders around the previous name, KMPT, being meaningless to them.
- **Phasing of improvements** – concern was raised about the phasing of addressing the issues and that the suggested timescales were too ambitious. In response the KMMH representatives explained that transformation was continually being monitored. It was reiterated that the inspection had occurred when the transformation had already begun and that progress was monitored regularly, several times a week. Equally, it was acknowledged that transformation of culture and embedding new ways of working would be a longer term piece of work.
- **Co-production of transformation** – the KMMH representatives confirmed that transformation plans had been co-produced with services users, lived experience groups and voluntary sector partners and they undertook to share findings from engagement with Members.

Decision:

a) The Committee noted the update from KMMH, as set out in the appendix.

b) The Committee requested that the Chief Executive of KMMH and a member of its Board attend the January meeting of the Committee, noting that regular attendance of the Trust at future meetings was likely.

c) The Committee agreed it would consider sending a formal letter of concern to the ICB regarding the lift and shift of the all age mental health contract from NELFT to KMMH

477 South East Coast Ambulance Service NHS Foundation Trust: Update

Discussion:

The Deputy Chief Strategy Officer and the Strategic Partnerships Manager (Kent and Medway) of the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) introduced the report which provided a position statement in response to the Dispatches documentary that had recently aired on Channel 4 and provided an update on the group model collaboration with South Central Ambulance Service (SCAS).

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

- **Defensive response** – in response to a comment that the Trust's response to the Dispatches broadcast was defensive, the SECAmb representatives explained that due to the investigation into the undercover filming being ongoing and the highly sensitive nature of the filming aired, they were unable to provide any comments or questions until the investigation had fully concluded, which was anticipated in the new year. They did confirm that to date there had been no evidence of patient harm found.
- **Staff wellbeing** – it was confirmed that the impact of the broadcasting and secret filming had had a detrimental impact on staff whose trust had been breached. Therefore a wellbeing and emotional support offer was in place for staff and an increased visibility of management to provide reassurance.
- **Group model** – the SECAmb representatives assured Members they had been informed as soon as possible on the decision to form a group collaboration with SCAS. It was also explained that divisional models of service would remain to provide place based local health care. Both organisations would continue to operate as separate organisations but a Group Chief Executive and a Group Chair would be appointed to help benefit from strategy collaboration and share best practice but that this would not detract from local interface and delivery.

Decision:

The Committee noted the report

478 Establishing a Group between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust

Discussion:

The Interim Chief Executive (CE) and the Chair of Medway NHS Foundation Trust (MFT) introduced the report which updated the Committee on the outcome of an independent review into the potential benefits of closer collaboration between MFT and Dartford and Gravesham NHS Trust, and outlined the proposed next steps for the development of a Group between the two trusts.

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

- **Recruitment of Group CE and Chair** – it was confirmed that the appointment of a Group CE would take place imminently, with the appointment of a Group Chair taking place in the new year.
- **Capacity of the Group CE** – concern was raised that having a Group CE would reduce the post holder's capacity to effectively manage each individual hospital site. In response the Interim CE and MFT Chair explained that the proposal would bring benefits around being more strategic and collaborative whilst still ensuring clinical leadership and functions at each individual site, with each site having a Managing Director to provide site leadership. The Group CE, once appointed, would need to establish a more detailed case for change and it was likely this would be reported back to the Committee in March 2026.
- **Debenhams site proposal** – in response to a question about why MFT had been unable to proceed with the plans for a medical treatment centre to be established at the old Debenhams site for elective surgery, it was explained that the proposal was not financially viable due to a lower amount of capital funding being provided by NHS England than was bid for or anticipated. The concept of moving pressure out of Medway Maritime Hospital was however still supported and opportunities would continue to be explored but would need to be financially viable.
- **Staff involvement and structure** – in response to a question about possible structures and how staff were being involved in proposals it was explained that the management structures would be worked through once the Group CE was appointed but that the appointment to the Managing Directors at each site would be key as they would act as the site leads. In addition, assurance was provided that for MFT, the work on stabilisation at the Trust remained a priority and focus.

Decision:

The Committee noted the report.

Chairperson

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