

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

Thursday, 15 January 2026

6.30pm to 9.34pm

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, Cook, Crozer, Finch, Hamandishe, Jackson, Perfect, Mark Prenter, Shokar and Wildey

Co-opted members without voting rights

Leanne Trotter (Healthwatch Medway)

Substitutes: There were none.

In Attendance: Jackie Brown, Assistant Director Adult Social Care
Jackie Craissati, Board Chair, Kent and Medway Mental Health NHS Trust
Siobhan Callanan, Interim Deputy Chief Executive, Medway NHS Foundation Trust
Adam Doyle, Chief Executive, NHS Kent and Medway
Donna Hayward-Sussex, Chief Operating Officer, KMPT
Evonne Hunt, Chief Nursing Officer, Medway NHS Foundation Trust
Kate Langford, Chief Medical and Outcomes Officer, NHS Kent and Medway
Teri Reynolds, Principal Democratic Services Officer
Adrian Richardson, Director of Partnerships and Transformation
Laura Sowkhee, Head of Specialist Services and Safeguarding
Sheila Stenson, Chief Executive
Ed Waller, Chief Strategic Commissioning Officer and Deputy Chief Executive, NHS Kent & Medway
Dr David Whiting, Director of Public Health

608 Apologies for absence

There was an apology of absence from Councillor Barrett.

609 Record of meeting

The records of the meetings held on 26 November 2025 and 4 December 2025 were agreed and signed by the Chairperson as correct.

610 Urgent matters by reason of special circumstances

There were none.

611 Chairperson's announcements

The Chairperson advised that an anonymous letter had been sent to Members of the Committee. He confirmed that he had sought advice from the Monitoring Officer and had forwarded the letter to the Chief Executive of the relevant Trust to deal with the matter appropriately.

612 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

Councillor Hamandishe declared a DPI in item 6 (Update on Kent and Medway Mental Health NHS Trust (KMMH) CQC Response and All Age Mental Health Services Transfer) as he was employed by KMMH. He therefore withdrew from the meeting during the discussion and decision on this item.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

613 Medway NHS Foundation Trust Care Quality Commission Inspection Report

Discussion:

The Interim Deputy Chief Executive and the Chief Nursing Officer from Medway NHS Foundation Trust (MFT) introduced the report which updated the Committee on its most recent published report of the inspection of the hospital's Emergency Department (ED) by the Care Quality Commission (CQC).

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

- **Corridor care** – in response to a question as to whether the hospital had found itself providing corridor care in recent weeks, it was confirmed that at the beginning of 2026, it had found demand to be so great that it had been required to use some corridor care within ED. The expansion of the Virtual Hospital to provide 24/7 out of hospital care had been helping in preventing the need for corridor care and reducing the number of patients waiting for more than 12 hours in ED, however the end of December and beginning of the year had been incredibly challenging.

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- **Patient dignity** – in response to a question about how patient dignity was upheld for patients in the context of high demand and corridor care, it was confirmed that extra screens and blankets had been made available and roaming care support staff had been put in place to assist with supporting patients that had any toileting needs and to provide general observation.
- **Alternatives to corridor care** – it was confirmed that without implementing a level of corridor care, the alternative would be for patients to be held in ambulances which would then not be available to respond to other emergencies.
- **Virtual Ward** – the representatives from MFT explained that although the Virtual Hospital had been launched some time ago, expanding it to a 24/7 service with more beds was new. They had deliberately approached the expansion slowly and carefully to ensure safety and good clinical oversight and it was hoped it would be rolled out further in February 2026. Training and recruiting staff to support and work within the Virtual Hospital took time. In terms of cost savings, the Interim CE explained that the introduction of the Virtual Ward was more about providing more effective and safe care where possible, reducing the risks of infections and freeing up hospital beds to help manage demand, as well as providing a better experience for patients who were safe to recover at home with the relevant monitoring in place. The MFT representatives undertook to provide a further update on progress with the Virtual Hospital in the summer months.
- **System wide approach** – reference was made to the work ongoing with all partners to support patients in the community and reduce the need for them to end up in the ED. In addition, the local authority was reviewing its offer to carers to bolster families abilities to remain at home where possible.
- **Delays in discharge** – reference was made about a potential delay in discharging patients from ED due to a lack of pharmaceutical support and whether this was a particular issue. The Chief Nursing Officer explained that pharmacy technicians were on duty to help assist with timely discharges. Regular meetings were also held to understand barriers that were preventing patients from being discharged and how these can be managed and addressed. In terms of delayed discharges due to the demand of beds within adult social care system, the Assistant Director for Adult Social Care explained that in recent months the local authority and MFT were working far more effectively and jointly to tackle the issue. Availability of beds remained a significant challenge but the partners were working far more as partners than they had previously which was a welcome step.
- **Healthwatch feedback** – in response to a query as to how MFT used data provided from Healthwatch Medway on engagement it carried out with patients in the hospital, the Chief Nursing Officer confirmed that all

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feedback, collected internally and externally was used to identify potential themes and issues and ways to address them.

- **Ambitions for the next year** – in response to a question about what MFT’s ambitions were for the year ahead, the Interim Deputy CE explained that they would be striving for a joined up system wide frailty model with partners, maximising the use of Community Diagnostic Centres and making progress towards the radical change in pathways that was needed. In addition, a better use of staff skills and upskilling and developing staff to ensure patients are seen quickly, effectively and receive good care.
- **Staff recruitment to ED** – MFT representatives confirmed that had been extensive recruitment of staff into ED and undertook to provide a breakdown of the numbers and positions to the Members.
- **Staff huddles** – in response to a question about team huddles and how they would operate to support improvement, the Chief Nursing Officer confirmed that in ED, staff huddles were much less focussed on data but instead were an opportunity for staff to talk freely about the shift, the needs of the patients, the equipment required and provided an opportunity for staff to share how they were feeling about their shift.

Decision:

The Committee noted the report and requested the following:

- a briefing paper on MFT’s use of corridor care,
- an update on extension of the Virtual Hospital and data relating to its use,
- data relating to the numbers of doctors, nurses and other staff recruited to Emergency Department since the Care Quality Commission’s inspection.

614 Update on Kent and Medway Mental Health NHS Trust CQC Response and All Age Mental Health Services Transfer

Discussion:

The Chair of the Kent and Medway Mental Health Trust (KMMH) Board introduced the report which provided a submission from the trust on its work in response to its Care Quality Commission (CQC) inspection and in its preparedness for the safe transition of the Children and Young People mental health Service and All-age eating disorder service. The report also included a submission from the Integrated Care Board (ICB) regarding the transition from the perspective as commissioner. The Chair detailed the context in which KMMH was operating which included challenges of increased demand, workforce pressures and models of care that required modernisation. She highlighted that the CQC had acknowledged KMMH as a learning organisation and one with a strong ethos of compassionate care. In relation to the transfer of

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services she confirmed that a robust plan was in place with strong oversight by the Board.

The Chief Executive of KMMH (KMMH CE) added that the concerns raised by CQC had all been identified by the Trust and had been areas the Trust was already focussing on to improve but this included things such as fundamental redesigns of pathways and transformation of community mental health services which would take time to get right but the Trust had been and remain open and transparent about where it finds itself as an organisation and its direction of travel. The external independent reviews had reinforced the Trust's learning culture and one of continuous improvement. In relation to the transfer of services, she highlighted the opportunity that having children and adult mental health services provided by the same organisation provided in terms of improved transition arrangements and experiences for young people and they were working closely with the ICB and NHS England to prepare for and shape the service.

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

- **rebranding** – in response to criticism that the Trust had spent £250k on rebranding, it was confirmed that although the Board had approved a spend of up to £250k for rebranding, the Trust had actually only spent £90k. The rebrand had felt important in order to reflect the Trust's ambition and accountability and providing a coherent model of change.
- **Leadership and organisational changes** – concern was raised about the impending changes to leadership with the Chair soon to be standing down and being replaced with a joint Chair across the KMMH Board and Kent Community Healthcare NHS Foundation Trust (KCHFT). In response the Chair explained that NHS England had strict rules around maximum years of tenure. Chairs were not permitted to be in post for over 10 years and as the current Chair was approaching the end of her 6th year she could not complete another term. In addition, the Trust had a shared ambition to improve outcomes for people with long term conditions with community services and so by appointing a joint Chair, it enabled the two organisations to work with a more strategic and aligned focus, while maintaining focus on embedding improvement in the separate organisation.
- **Capacity to take on other services** – concern was raised of KMMH's ability and capacity to safely take on the addition services, in the context of the improvement journey required and increasing demands. The Chair confirmed the Trust had reflected greatly on the impact taking on the services would have, both positive and negative but had concluded that the benefits in being able to develop and operate all age pathways were significant. The risks were being rigorously monitored on a regular basis by the Executive and the Board and there had been strong working relationships with the current provider (NELFT) in preparing for the transfer.

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- **Procurement process** – in response to comments around the process followed in transferring the contract the ICB Chief Executive (ICB CE) confirmed that the process had been legally appropriate and that he had commissioned an external review into all procurement processes undertaken by the ICB and would report back on this when concluded. He added that compared to national figures the ICB was spending around 2% more than the average on acute services and 2% less than the average on mental health services, which needed rearranging overtime. He added that in relation to this contract, a readiness assessment had been undertaken and there was confidence of a strong go live date of 1 April 2026. There would be work to do around the services being inherited, for example the current provider was operating with approximately 50% locum and interim doctors, however staff were being moved over as part of the service and so continuity of care would be protected.
- **ASD and ADHD** – reference was made to the frustration and struggles children and young people were having due to the waiting times for neurodiversity assessments which for many were running into several years. The importance of children understanding who they are was emphasised and how important diagnosis was in helping with that. Reference was also made to the lack of accessibility for working parents to support groups and sessions which were held during the working day. The KMMH Chair acknowledged the frustrations and undertook to report back on the neurodiversity pathways and transformation opportunities to a future meeting, supported by the ICB CE.
- **Working with the voluntary community sector (VCS)** – reference was made to the role of the VCS and the Trust representatives acknowledged the important asset provided by VCS organisations. The Deputy CE of KMMH explained they were working alongside VCS at the front door, supporting the trust in service delivery and helping to signpost as necessary and reduce waiting lists.
- **Did not attend (DNAs)** – reference was made to DNAs and how the Trust managed those. It was confirmed that new referrals were usually the highest rate of DNAs and the most challenging as the patients were not yet known to the service. Daily meetings had been introduced to track DNAs and where appropriate doorstep checks were carried out to make contact with an individual deemed at risk.

Decision:

The Committee noted the submissions from KMMH, as set out at Appendix 1 and from the ICB, as set out at Appendix 2 and:

- Agreed to send a formal letter of concern to the ICB about the transfer of the children and young people mental health service and the all age eating disorder service to KMMH.

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- Requested to be provided with a set over-arching metrics and timelines of the improvements and changes to be made to the service
- Requested a copy of the onboarding schedule of the transfer of services
- Welcomed the opportunity of future visits to services as offered by KMMH.

615 Adult Social Care Strategy

Discussion:

The Assistant Director, Adult Social Care introduced the report which presented the Council's refreshed Adult Social Care Strategy. Developed in response to increasing demand, rising complexity of need, and financial pressures, the strategy set out a clear goal and mission to help people live safely, stay independent, and be treated with dignity and respect. She explained that the timeframe indicated on the strategy at Appendix A was an error that confirmed the strategy was to cover the period 2026-28.

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

- **Feedback** – in response to a question it was confirmed that wording in the strategy had been amended to reflect the feedback received from consultation.
- **Overspend impact** – in response to a question about how the overspend on the Adult Social Care Budget would impact in the delivery of the strategy, it was confirmed that the overspend was a significant challenge as the Service was only providing statutory functions, therefore the only direct way to manage the overspend was to reduce staffing but this would have a significant negative impact on service delivery, therefore the Council was working closely with partners and providers to work more efficiently and smartly to manage spend.
- **Co-Production Board** – when asked who would be appointed to the Board it was confirmed this was very much still in the planning stage but that a mix of representation would be explored, including residents and community groups.
- **Local Government Reform** – it was explained that amendments to the strategy would be made to reflect the forthcoming local government reform. The Council had reached out to Kent County Council when developing the strategy but it had been difficult to build relationships and work with the senior staff in Adult Social Care due to recent changes in personnel.
- **Support for carers** – it was welcomed that the strategy included recognition of carers and the contribution they make. It was confirmed that supporting carers as well as those they care for was a statutory duty and ways to improve the offer to carers was being explored. One option was for Care First to potentially undertake carer assessments and the

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pros and cons of this were being explored. The Assistant Director advised that she would also look into the option of a Carers Charter.

- **Sharing of information** – reference was made to the importance of people not having to repeatedly tell their story and for partners to effectively share information to reduce the need for this. The Assistant Director confirmed that this was a focus for the neighbourhood health model and would be a key requirement in its success, however there were some difficulties in the differences of the statutory returns required from local authorities which were very different to those of health partners and was a barrier that needed to be overcome.

Decision:

The Committee noted the report and recommended the Adult Social Care Strategy, as set out at Appendix A to the report, to the Cabinet for approval.

616 Transitions to Adult Social Care

Discussion:

The Head of Specialist Services and Safeguarding introduced the report which provided the Committee with an overview of the Transitions Team in Adult Social Care. It outlined the team's structure, roles, and responsibilities, as well as the referral pathways and criteria for accessing the service. It provided current demand levels and pressures, while also highlighting key strengths such as the team's commitment to person-centred planning, strong partnership working, and proactive efforts to improve data quality and forecasting.

Decision:

The Committee noted the report.

617 Approved Mental Health Professional (AMHP) Team

Discussion:

The Head of Specialist Services and Safeguarding introduced the report which detailed the legislative framework within which the Council fulfils its statutory responsibilities and set out the current demand of the Approved Mental Health Professional (AMHP) Service and its challenges and opportunities ahead.

Reference was made to the challenge caused to the local authority when those suffering severe mental health illness are discharged and return back to the responsibility of the local authority and the impact this had on budgets. The Assistant Director for Adult Social Care explained that from the perspective of AMHPs Service, their role was to determine whether such individuals required treatment in an acute setting and may therefore need to be detained or whether they could be supported in the community. The budgetary position and the split in responsibility between local authority and NHS was a challenge and there was considerable debate with the Integrated Care Board about what is

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appropriate for support and what isn't and many discussions were ongoing to resolve the issue. There was also a recent Local Government and Social Care Ombudsman finding which has found that the local authority should bear the cost of accommodation for those individuals supported under s117, something which the local authority had previously supported the individual to claim benefit for and this would therefore have a further detrimental impact on budget pressures within Adult Social Care. To support residents, work was ongoing with partners and with the Council's Housing Team and a four bed property had recently been identified for the service to use to support individuals when they are discharged from acute settings.

Reference was also made to changes forthcoming due to the Mental Health Act 2025. Officers confirmed that the act brought some positive changes in relation to tightening criteria and addressing some inequalities however its impact on the service was too early to determine as planning meetings to respond to the act were ongoing but officers undertook to report back on the issue when more detail on the impact was understood.

Decision:

The Committee noted the report and requested an update on the impact of the Mental Health Act 2025 on services, once analysis was completed.

618 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report and updated Members that a member development session on assistive technology within Adult Social Care was being scheduled for the evening of 4 February 2025 and members of the Committee would also be invited to an event earlier that day, organised by the Integrated Care Board in relation to Neighbourhood Health. Details of the two events would be shared with members outside of the meeting.

Decision:

The Committee noted the report and agreed the work programme as set out at Appendix 1, subject to accepting the proposed changes, outlined in italic text on Appendix 1.

Chairperson

Date:

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2026**

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