

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

Thursday, 12 March 2026

6.30pm to 9.40pm

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

Co-opted members without voting rights

Leanne Trotter (Healthwatch Medway)

Substitutes: Councillors:
Gulvin (Substitute for Barrett)
Howcroft-Scott (Substitute for Hamandishe)
Spring (Substitute for Perfect)

In Attendance: Jackie Brown, Assistant Director Adult Social Care
Sara Boorman, Interim Service Director, CYP and All Aged Eating Disorders
Siobhan Callanan, Interim Deputy Chief Executive, Medway NHS Foundation Trust
Stephanie Davis, Democratic Services Officer
Adam Doyle, Chief Executive, NHS Kent and Medway
Aeilish Geldenhuys, Head of Public Health Programmes
John Goulston, Chair of Medway NHS Foundation Trust and Kent Community Healthcare NHS Foundation Trust
Sacha Kennard, Head of Adult Social Care Transformation and Improvement
Mairead McCormick, Chief Executive, Kent Community Healthcare NHS Foundation Trust (KCHFT)
David Reynolds, Head of Revenue Accounts
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
Sheila Stenson, Chief Executive, Kent and Medway Mental Health NHS Trust

780 Apologies for absence

Apologies for absence were received from Councillors Barrett, Hamandishe and Perfect.

781 Record of meeting

The record of the meeting held on 15 January 2026 was agreed by the Committee and signed by the Chairperson as correct.

782 Urgent matters by reason of special circumstances

There were none.

783 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.

784 Chairperson's announcements

The Chairperson explained that a visitor attending for item 9 (Establishing a Group between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust) had requested for that item to be taken first to enable them to get home to a relative who was unwell. The Committee therefore agreed to vary the order of the agenda and took item 9 as the first main item of business. The remainder of the agenda order remained unchanged.

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

Discussion:

The Chair, Medway NHS Foundation Trust (MFT) introduced the report which provided an update on progress of establishing a group between MFT and Dartford and Gravesham NHS Trust (DGT) and also updated on leadership arrangements at MFT.

Members raised concerns regarding the reasoning behind the decision to revert to two separate Chief Executive Officers (CEOs), one at each Trust. The

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Committee had raised concerns about the previous decision to have one CEO for both hospitals, due to capacity issues and continuation of service improvement. At the time, assurance was provided that the model would ensure greater collaboration, improved partnership and better outcomes. The Committee was informed that the principle of developing the group model remained the same but due to issues that had become apparent in terms of managing finances and the work that needed to be undertaken, it was realised that the undertaking would currently be too much for one CEO. Over time, once the plans had been embedded, a review would take place as to when to move to one CEO model.

Members raised further concerns that the decision making behind having one CEO had not been as robust as it should have been and that the decision had been high risk, and it was asked what new information had transpired. The Committee was informed that one of the findings had been that some of the collaborative work undertaken had not gone as well as it should have and whilst some services would still welcome collaboration, there was extensive work to be undertaken to establish more formal structures to enable more seamless collaboration. It was vital to keep up momentum on the work that was being undertaken and there had been success in some areas, such as waiting times for urgent emergency care and cancer care, which had significantly improved and was the second best of any hospital Trust in the country.

Members challenged that there had been a significant CEO turnover at MFT in recent years and whilst the hospital may be in an improved position, there had been too much time and effort spent on changes to management and leadership issues and not enough on the provision and delivery of excellent patient care. There were also concerns about staff welfare and what consideration had been given to them amidst significant changes. It was also considered that further information was needed on the thoughts of the ICB and NHS England on this proposed group model.

In response to a question on how patients would access services and if there would be movement of patients from one hospital to the other for treatment, the Committee was assured that, where possible, patients would receive treatment locally. There would however be instances where patients may have to attend another hospital for specialist services, but with the move to digital platforms, it was expected that more treatment would be available locally.

It was commented that whilst it was evident that officers continued to work on issues, it was difficult to determine from the report what the next steps were, what was in place to improve outcomes for the residents of Medway and the financial aspects of the proposed transformation. In response, the Chair of MFT undertook to present to the Committee the integrated improvement plan to evidence the planned programme of works.

Decision:

The Committee noted the report and agreed that:

- a) The Chairperson write to the Department of Health on behalf of the Committee to raise concerns about the leadership arrangements at MFT.
- b) The three local MPs be approached for a roundtable discussion to raise concerns regarding the decision making and lack of trust between the local authority and MFT.
- c) A report be brought back to a future meeting on progress of the recruitment of the new CEO and the transformation plan.

786 Update on All Age Mental Health Services Transfer

Discussion:

The Committee received the report which detailed submissions from the NHS Kent and Medway Integrated Care Board (ICB) and the Kent and Medway Mental Health NHS Trust (KMMH) on the transfer of Children and Young People's Mental Health Services (CYPMHS) and All Age Eating Disorders Services (AAEDS) to KMMH.

The Committee was informed that the Boards for the current provider trust (NELFT) and KMMH had met to review the assurance processes and agreed to proceed with the go live date of 1 April 2026 and confirmation was awaited from NHS England in support of the transfer of service.

KMMH also provided an update on the Care Quality Commission's (CQC) well-led inspection, which was ongoing within the trust. The CQC had just completed their three day site visit and they would continue with focus groups and interviews with staff over the next two weeks. They had provided feedback and a high level letter was expected in the coming weeks which was anticipated to express good news on the positive changes in the organisation in relation to its values and improvement journey. In addition, prior to the well-led inspection, CQC had notified KMMH that they would be lifting the warning notice for the community teams and had recognised the positive engagement with patients, staff and partners.

The ICB explained that assurance had been sought and provided regarding the contract and the governance process being undertaken, with three main areas of focus for readiness for the launch date of 1 April. It was however recognised that children's mental health services needed to improve and assurances were being sought on the areas of concern.

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

Migration of IT – it was asked how the transfer of systems would be enacted to ensure a seamless transfer and how confident officers were in the risks identified and mitigations put in place. The Committee was informed that the trust was mindful of the migration taking place over the easter period and there had been independent support throughout the programme to ensure a safe and minimally disruptive migration. The decision had been taken to progress slowly, to ensure there were safeguards in place to be able to respond to issues

appropriately whilst maintaining continuity. Members welcomed this approach as it was important to prevent disruption to services received by young people.

First 90 days – it was asked what monitoring would take place to ensure that the system was working as intended and given the scale of changes that would take place simultaneously, what risks were being taken into considerations. The Committee was informed that there were different layers of assurance and measures in place. NHS England had also built in their own levels of assurance. Due diligence had taken place on identification and mitigation of risks, and it would be key to remain vigilant once live.

Communication and Engagement – the significance of communicating the change in provider to service users was referenced, and it was asked what had been done to ensure that residents were kept informed. The Committee was informed that there had been an extensive communication programme with young people and families, which had included; information and posters at clinics which highlighted clearly that care would not change; service user participation groups had taken place with useful feedback received that helped to shape the communications strategy; health care professionals who were first point of contact had been sharing information with patients and those on neurodiversity waiting lists would receive text messages to inform them of the change.

Stability in service – reference was made to Appendix 2 of the report, which stated that the contract would be transferring with a deficit and it was expected that the service would break even in two years. It was asked what pressures were envisaged and how KMMH would ensure continuity of service, consistency in practice and maintenance of staff levels. The Committee was informed that some of the pressures identified related to the complexity of support needed by some families and the service was exploring ways to use resources as efficiently and effectively as possible. There was a review of capacity and demand due to take place, which would assist with scoping the future transformation plans. The partnership was committed to addressing all areas of concern highlighted. In terms of staffing stability, it was confirmed that TUPE of staff was being rigorously planned for and communication with staff had been extensive and strong. In addition, the service had a number of long standing locum staff which KMMH was actively trying to recruit to as permanent staff to strengthen continuity of care.

Staff understanding of issues for children - reference was made to the importance of staff being fully trained around children with not just autistic spectrum disorder (ASD) and ADHD, but also Fetal Alcohol Spectrum Disorders (FASD) as often those with FASD also experienced Mental Health issues, yet there seemed to be less recognition of FASD and how that presented. The Interim Service Director, KMMH agreed and that this was a priority area of focus. It was suggested that awareness sessions be run for Councillors, staff and partners on this issue.

Accountability - it was asked who would be responsible and accountable for any issues, and in response the Committee was informed that in terms of the legal framework under the NHS, any clinical safety or service delivery issues

would fall to the responsibility of KMMH as the provider. Any issues relating to commissioning arrangements or allocation of resources would be the responsibility of the ICB. Both organisations were accountable to NHS England, who would identify which part of the system was accountable.

Improvement plan – reference was made to the longer term improvements needed across children and young people’s mental health services and the ICB undertook to bring back to scrutiny an integrated children and young people mental health improvement plan for the system within the next financial year.

Decision:

The Committee noted the submission from the ICB, as set out at Appendix 1 to the report and the submission from KMMH, as set out at Appendices 2 and 3 to the report.

787 Community Services Transformation and Neighbourhood Health

Discussion:

The Committee received the report which detailed submissions from the NHS Kent and Medway Integrated Care Board (ICB) and set out the transformation priorities for community services across Kent and Medway.

The Chief Executive, ICB added that they were looking at what the right model of care was for the system and were working to four care models, to develop robust access to primary care, clear neighbourhood care, clear intermediate care and subsequently the right model of care designed for acute services and the future NHS. The report outlined the process being undertaken to deliver neighbourhood health and the expectation for the contract awarded to Kent Community Healthcare NHS Foundation Trust (KCHFT) as the lead provider, to drive forward neighbourhood health by developing an integrated model across primary care, community service, community mental health and the voluntary and community sector. Transformation of this scale would take time across the eight year contract and initial work had begun by exploring changes in the service model through 2026/27 to bring consistency of services across Kent and Medway, with targeted support being offered through neighbourhood healthcare where it was needed.

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

Transformation plan – reference was made to the lack of detail in relation to the transformation plan, as only headlines were provided. The Committee was informed that the report outlined what would be done differently. There was an expectation for this contract to deliver transformation and it was anticipated that by the end of this year, there would be a 24/7 neighbourhood community front door. Constructive conversations continued to take place on expectation of the year one transformation plan and how that will be delivered, with focus on utilisation of the local joint strategic needs assessments (JSNA) to drive the plan and identify key areas to work on, for example services relating to frailty, dementia, palliative care and end of life care were key areas of focus.

Emerging conversations were also taking place between the previous provider and KCHFT on the integrated children's services that could be brought forward.

Impact of the proposed integration of providers: reference was made to the proposed integration of KCHFT and Medway Community Healthcare (MCH) and concern of what the impact this would have on delivery of the contract and on transformation, along with any possible delays. It was explained that an improvement plan was in place, and it was believed that the proposed integration strengthened the ability to deliver improvements further. The reasons behind the organisations collaborating on the procurement had been to help ensure stability of services and therefore partnership working between the organisations was already well embedded.

Children and young people: it was expressed that the report highlighted inequalities that directly impacted children and young people, in particular, long wait times for assessment and it was asked what specific work was being undertaken by the ICB to address those inequalities, in particular as a result of the upcoming reforms to the provision and support for children with Special Educational Needs and Disabilities (SEND). The Committee was informed that conversations were ongoing with partners on the SEND reforms and its implications. In terms of inequalities, works would be undertaken on population profiles to gain clarity on specific areas of need. It was suggested that a report focussing on the transformation plans for the children and young people elements of community services transformation be presented to the Children and Young People Overview and Scrutiny Committee.

Primary care access in Medway: in response to a comment about the inadequacies of the primary care system, the Chief Executive, ICB acknowledged the significant work needed to improve primary care and explained that he had commissioned the National Association of Primary Care to investigate access into primary care across the whole of Kent and Medway, which was due to conclude the following month. There was yet to be an explanation as to why the deprivation scale had not been a driver to access increased capitation of financial funding or headcount in GPs in the system.

Communication of service transformation - assurance was sought that communications on service transformation would be shared with residents. The Committee was informed that population profiling was crucial and that there would be transparency on the allocation of resources across the system. There was a particular need to focus on primary care and address issues with emergency care demand that could be provided elsewhere. In relation to consultation with residents, the feedback had been that services were not integrated and language used was not understood. There were also issues around navigation of the system and inconsistencies in access. All feedback was being used to develop a new approach.

Voluntary community sector (VCS) in shaping neighbourhood health – reference was made to the need for local VCS leaders to be part of neighbourhood health plans, and that the current scope did not ensure that the VCS were equal partners. The Committee was informed that conversations had been taking place to ensure that neighbourhood health was rooted in Health

and Wellbeing Boards to ensure local government was embedded in the shaping of design, as well as the VCS. At present, there was a very clinical model of care in place but there was a need to explore the broader models of services to wrap around the neighbourhood care model. Early conversations were also taking place with VCS leaders on the forms of alliance that were needed to identify ways they can work into neighbourhood care that were beneficial to everyone.

More information: It was commented that further information was needed on exactly what was being done and how, as this was currently unclear but was crucial in order for the Committee to understand the way forward and be able to hold the system to account. Partners agreed to bring an update on the engagement strategy and a detailed service transformation plan to future meetings of the Committee.

Decision:

The Committee noted the submission from the Integrated Care Board, as set out at Appendix 1 to the report, and agreed that:

- a) A report be presented to the Children and Young People Overview and Scrutiny Committee on the transformation of Children's Community Services.
- b) KCHFT to attend a future meeting and present its full service transformation plan

788 Proposed Integration of Kent Community Health NHS Foundation Trust and Medway Community Healthcare

The Chief Executive from the Kent Community Healthcare NHS Foundation Trust (KCHFT) and the Managing Director from Medway Community Healthcare (MCH), introduced the paper on the proposed integration. The Chairperson noted the information presented but with agreement from the Committee, the item was deferred for further discussion at the next meeting, with details of the business plan to be presented. Additionally, it was requested that the Chairs of the Boards of both KCHFT and MCH attend the meeting to engage in the discussions.

During the discussion to defer, the Chief Executive of the ICB referred to the Memorandum of Understanding that was being developed to formalise relationships and expectations between the NHS and scrutiny and undertook to push forward on finalising the document which would then provide greater clarity on expectations for effective scrutiny going forward.

789 Adult Social Care Continued CQC Improvement and Wider Transformation Update

Discussion:

The Committee received the report which detailed progress made since the Care Quality Commission (CQC) outcome and improvement plan were published.

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

Needs of residents – officers were asked how confident they were that the transformation programme would address the general needs of residents. The Committee was informed that there was significant work being undertaken on improvements to engagement and co-production. An engagement team was in place whose whole focus was on improved engagement with the community. There were also two community involvements groups in Medway with aspirations to develop a group in every town in Medway. The team went out to voluntary sector groups and feedback received was acted on and there was a two year engagement plan in place, which included the development of a co-production board to work alongside people with lived experience.

Trends – it was asked that a year on since the inspection, what areas were still a concern. The Assistance Director of Adult Social Care said that there had been improvements made since the last inspection but that there were significant challenges with demand and keeping up with the demand despite the significant investment that had been made to services. The challenge was exploring different ways to manage the demand and create efficiencies, such as through case recording tools and the use of AI to streamline the service. The Social Care of Institute and Excellence are working alongside the service as a critical friend to provide guidance and support on the improvement journey.

Audits - in response to a question on how the service was ensuring that it appropriately conducted audits, Members were informed that work was underway on self-assessments which were based on available metrics and were a robust way to measure performance. Throughout all projects conducted, evidence continued to be collected and scrutinised to ensure the service was on the right track and progressing against the transformation plan.

Domestic Violence - concern was raised that there was a disparity between the level of service and support provided to men in comparison to women and a briefing note was requested regarding support provided by adult social care to men in relation to domestic abuse. The Committee was informed that the domestic abuse service was commissioned for all genders and all were signposted to receive a service. Support was provided on a case by case basis and the service worked alongside partners and commissioned services to ensure the safety of the individual. Members were informed that not all cases met the requirement under the care act to be eligible for support from adult social care but the service worked closely with Public Health and partners to signpost and support individuals as appropriate.

Deprivation of liberty (Dols) – it was asked what the current expected timeframe was for clearance of backlogs and what additional capacity was in place. The Committee was informed that there was an action plan in place to address the backlog and there had been a reduction since the inspection. There were however some cases such as those with court protection DoLS that took longer to clear as those cases were dependent on court waiting times.

Decision:

The Committee noted the progress against the CQC Improvement and wider Transformation Plan, which addressed the areas identified in the assessment and requested that the following be provided:

- a) A briefing note on the percentage of DoLS cases in comparison with our statistical neighbours and nationally.
- b) A briefing note on domestic abuse support for men and the numbers involved.

790 Early Help and Carers

Discussion:

The Assistant Director Adult Social Care introduced the report which provided information relating to the continued progress of Early Help and Prevention and the offer available to informal carers.

Seldom heard groups – It was asked what mechanisms were being used to reach people whose needs were not being met before they reached crisis point. The Committee was informed that the engagement team continued to work extensively to reach out to such groups and engage with community groups that the service was not previously in contact with. There was work being undertaken on collection of data to identify gaps.

Initial contact – clarification was sought on the average wait times as the report stated that there were delays in initial contact which impacted on access to preventative options and wait times for assessment. The Committee was informed that the numbers had reduced significantly and the data would be provided.

Medway Carers Panel – in response to a question on the possibility of inclusion of service users on the panel, the Committee was informed that the panel was formed due to the high numbers of people that required support and at the moment the panel was made up of Carers first, Kyndi and Social Workers. The focus of the panel was to explore alternative ways for care to be provided. The mechanism for inclusion of carers would instead be better placed through the co-production board

Decision:

The Committee noted the report and agreed that details of the average wait times for initial contact be provided.

791 The One Medway Council Plan Performance Monitoring Report and Strategic Risk Summary – Quarter 3 2025/26

Discussion:

The Committee received the report which summarised the performance in Quarter 3 (Q3) on the delivery of priorities. The report also presented the Quarter 3 2025/26 review of strategic risks.

The Committee was informed that one of the key areas to address for adult social care was the uptake of direct payments. There was extensive work being undertaken in that area to increase uptake, which was affected by choice, as some people preferred to receive homecare and not direct payments. Another area of focus was 'Making Every Contact Count' training, which was dependant on external factors such as working with providers and their staff.

In response to a question on how evidence was tracked of the difference assistive technology was making to the lives of the people of Medway, the Committee was informed that checks were conducted as part of the adult social care assessment for service users.

Decision:

The Committee noted the progress of performance in Quarter 3 and the strategic risk summary and that:

- a) A briefing note be provided on Making Every Contact Count Training.
- b) A briefing note on the adult social care elements that related to the negative direction of travel, set out at 4.2 of the report.

792 Capital Budget Monitoring - Round 3 2025/26

Discussion:

The Committee received the Capital Budget Monitoring Round 3 2025/26 report which was presented to Cabinet on 10 February 2026. The Capital schemes within the remit of this Committee were forecast to complete on budget against the approved budget of £44.141million.

Decision:

The Committee noted the results of the third round of capital budget monitoring for 2025/26 and the changes to the approved budget since Round 2 as set out in the report.

793 Revenue Budget Monitoring - Round 3 2025/26

Discussion:

The Committee received the Capital Budget Monitoring Round 3 2025/26 report which was presented to Cabinet on 10 February 2026. The Adult Social Care forecast was an overall pressure of £12.042million, which was a worsening of £3.687million from the position reported at round 2.

Decision:

- a) The Committee noted the results of the third round of revenue budget monitoring for 2025/26.
- b) The Committee noted that Cabinet instructed the Corporate Management Team to implement further urgent action to bring expenditure back within the budget agreed by Full Council.
- c) The Committee noted that officers have submitted an Exceptional Financial Support request to the Government seeking a further £9.9million in respect of 2025/26, in addition to the £18.184million incorporated into the budget.
- d) The Committee noted that Cabinet recommended that Full Council approves the use of £2.783million of Capital receipts under flexibilities to fund transformational activity in Adult Social Care and Business Support.
- e) The Committee noted that Cabinet recommended that Council declassifies the following amounts currently held in earmarked reserves and transfers them to general reserves:
 - £1,597,513 held in the Collection Fund reserve;
 - £450,000 held in the severance reserve;
 - £750,000 held in the SELEP reserve;
 - £27,000 held in the unrepresented Cheques reserve.

794 Work Programme

Discussion:

The Democratic Services Officer introduced the report and informed the Committee that a member development session on dementia awareness was being set up which would be widened to all Councillors but targeted in particular to members of this Committee. Further details would be provided in due course.

Decision:

The Committee noted the report and agreed the work programme as set out at Appendix 1 to the report.

Chairperson

Date:

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