

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

Wednesday, 19 August 2026

6.02pm to 9.28pm

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), Burvill, Cook, Jackson, Nestorova, Perfect, Shokar and Wildey

Co-opted members without voting rights

Leanne Trotter (Healthwatch Medway)

Substitutes: Councillors:
Brake (Substitute for Barrett)
Browne (Substitute for Mark Prenter)
Gulvin (Substitute for Anang)
Williams (Substitute for Crozer)

In Attendance: Siobhan Callanan, Interim Deputy Chief Executive, Medway NHS Foundation Trust (MFT)
Jeremy Davis, Interim Chief Medical Officer, MFT
Lee-Anne Farach, Director of People and Deputy Chief Executive
Jennie Hall, Chief Nursing, Experience and Quality Officer, NHS Kent and Medway Integrated Care Board (ICB)
Julie Kirby, Chief Nursing Officer, Kent and Medway Mental Health NHS Trust (KMMH)
Kate Langford, Chief Medical and Outcomes Officer, ICB
Andy McNally-Johnson, Head of Corporate Accounts
Teri Reynolds, Principal Democratic Services Officer
Sheila Stenson, Chief Executive, KMMH
Ed Waller, Chief Strategic Commissioning Officer and Deputy Chief Executive, ICB
Dr David Whiting, Director of Public Health

231 Apologies for absence

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

232 Record of meeting

The record of the meeting held on 16 June 2026 was agreed by the Committee and signed by the Chairperson as correct.

233 Urgent matters by reason of special circumstances

There were none.

234 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.

235 Changes to ADHD and Autism Services in Kent and Medway

Discussion:

Representatives from NHS Kent and Medway Integrated Care Board (ICB) introduced the report which set out the current approach to Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessment services for children, young people and adults. It was explained that the reason behind the approach had been a combination of a significant rise in demand and change in the provider market. It was explained that amongst adults, the vast majority were using the Right to Choose (RTC) pathway for assessments. It was also explained that data sets amongst the RTC market were less reliable as some providers were not obliged to provide data in the same way statutory commissioned services were and it was believed there were a number of individuals whom were on multiple waiting lists. The ICB was therefore working to improve the quality of data to fully understand the numbers of those impacted. This service was causing significant financial pressure due to the growth in demand and therefore the ICB had been liaising with providers to implement Indicative Activity Plans (IAPs) to manage the level of activity and cost within a single financial year. In implementing this, a clinically based criteria had been implemented to ensure those on the waiting list with the highest priority were seen first.

The Chairperson and Vice-Chairperson of the Children and Young People Overview and Scrutiny Committee (CYPO&S), which had considered the report at its meeting the previous week (the draft minute of this discussion had been

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provided in a Supplementary Agenda), were then invited to address the Committee. They explained that they remained concerned regarding the approach taken and the impact this was having on individuals. Criticism was made of the way in which some services users were informed, which had been via a particular provider, for which the ICB had apologised as this had not been the planned way in which it had wished to communicate messaging to service users.

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

- **Prescribed treatment** – reference was made to some people claiming that their GP was not able to prescribe ADHD medication that they had previously been prescribed based on a private diagnosis. The ICB confirmed that this was not a change in approach and that the NHS did not pick up the prescribing for medication that was initiated within the private sector.
- **Budget spend** – the ICB clarified that its spend remained above what was budgeted for in the current financial year, however, the ICB was in deficit and needed to control its spending responsibly and was therefore asking providers to manage activity within a financial envelope.
- **No restriction to RTC** – it was also clarified by the ICB that there had been no restrictions placed on referrals to the RTC pathway or any particular provider, but providers had been asked to manage activity within the resources available and to clinically prioritise individuals accordingly.
- **Categorisation of looked after children (LAC)** – reference was made to a discussion that had taken place at CYPO&S the week before, regarding the categorisation of LAC, which was currently placed at 2a, subject to other clinical factors. It was felt that given the level of disadvantage and vulnerability for LAC, this should be changed to category 1. The ICB explained that if a LAC had other factors that warranted a priority assessment this would still happen and that clinical prioritisation was a collaborative approach amongst clinicians to correctly prioritise individuals.
- **Common practice** – it was asked if this approach in relation to the implementation of IAPs was common practice with other medical conditions to limit the number of assessments. In response the ICB confirmed the utilisation of IAPs was a standard aspect of the commissioning framework within the NHS, as was clinical prioritisation to ensure those with the most urgent need were seen first.
- **Wider complexities and support** – reference was made to the importance of understanding the impact of autism in the context of other medical issues, such as bladder issues, chronic pain or mental health issues, including self-harm and suicide, and concern was raised on what impact a delayed diagnosis would have on understanding an individual's needs and on an individual's ability to understand themselves or advocate for themselves. The ICB explained that support tools, such as 'this is me', were based on need rather than diagnosis and if a need was met, for some individuals they may then not feel the need to pursue a

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formal diagnosis, whilst recognising others would. However, where needs were met, there could be a subsequent reduction in demand of assessments, and this had been demonstrated by pilots run elsewhere. It was mentioned that there were a number of different, non-medical support options for people such as mental health support and peer groups, although these were often not commissioned by the ICB. However, the 'this is me' tool, which was currently used for children, was a shared responsibility tool and expansion of the tool in adult services was being explored.

- **Quality of provision** – in response to a question about the quality and consistency of assessment services across providers, the ICB explained that there were more than 40 providers operating within the market, two of which were statutory organisations (for children). The rest were RTC pathway providers and of those not all were directly commissioned by the Kent and Medway ICB. Under the NHS framework, where a provider was commissioned by an ICB, they were still able to operate within the space of other ICBs, which added extra complexities to the market landscape. Quality of service was something the ICB was keen to establish assurances on and so it was exploring options, such as clinical audits. It was also looking to standardise a model of clinical prioritisation to be applied across the provider network to ensure there was consistency in approach.
- **Data** – Members raised concerns about the poor quality of data relating to the RTC pathway. The ICB shared this concern, which was due to a number of factors such as the different ways in providers gathering data and the fact that some providers were not obliged to share data with the ICB because they had not been directly commissioned by it. The ICB was therefore working with providers to build relationships and improve data collection as well as a shared understanding of service delivery expectations.
- **Substantial variation (SV)** – reference was made as to whether the change in approach in terms of clinical prioritisation and managing demand through AIPs constituted an SV. Members were reminded that the Committee was able to request NHS partners to report and update on this issue without it being an SV and that the pathways were not being changed but providers were being asked to function within a budgetary envelope.

Decision:

- 1) The Committee noted the update from the NHS Kent and Medway Integrated Care Board, as set out at Appendix 1 to the report and the draft minutes from Children and Young People Overview and Scrutiny Committee which were set out in an addendum report.
- 2) The Committee recommended that, given the level of vulnerability and disadvantage for looked after children, the categorisation of this cohort of young people be reconsidered, with the possibility of LAC moving from category 2a to category 1 being explored further.

236 Commissioning Intentions 2027/28

Discussion:

The ICB introduced the report which set out its draft Commissioning Intentions for 2027/28. It had been published well ahead of the next financial year in order for stakeholders to be able to feed in to the draft proposals, which would be finalised following feedback and approved in September. The document had therefore been presented in a consultative way to maximise engagement and Members were invited to feedback, not only through the Committee but as conduits to residents of Medway.

Members wished to have more time to reflect on the documentation and it was therefore suggested that Members provide any comments to the Principal Democratic Services Officer by the end of the following week, who would collate and forward on feedback to the ICB. The Committee was also made aware that the Council would be responding, through the Director of Public Health. A suggestion was also made that a development session be held once the intentions were finalised to understand how final decisions on the intentions were determined and the impact of those going forward.

Decision:

The Committee noted the report and agreed that any comments Members wished to make would be fed back to the Principal Democratic Services Officer by the end of the following week for forwarding on to the ICB.

237 Kent and Medway Maternity Services Review: Purpose, Progress and Next Steps

Discussion:

Representatives of the ICB introduced the report which provided information about a system-wide review of Maternity Services, including neonatal services and women's health, which the ICB was embarking on as a response to the national Maternity and Neonatal Investigation (the Amos Review), published on 30 June 2026, as well as to address sustained safety escalation across the system. It was explained that it been some time since there had been a transformation of maternity services in the county, with three out of four of the providers across Kent receiving enhanced support. It was added that there was consensus across all stakeholders that the review was needed.

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

- **Stakeholder engagement** – the level of stakeholder engagement, which included the voice of women who had used the service was welcomed by Members as was the Committee's early sight of this work. Reference was made to how ethnic minority and harder to reach groups would be engaged with and in response the ICB acknowledged that they would

need to be more proactive to engage with some groups but acknowledged the importance of their engagement in shaping services.

- **Home births** – concern was raised about women potentially being encouraged to have their babies at home when it may be less safe. Assurance was provided that women having a choice about their birthing plan was an integral part of maternity services and that where women were keen to consider home birthing as an option, there would be clinical discussions around whether or not that would be appropriate for the individual so they were supported in making the right choice to meet their needs. Where home births were considered safe and appropriate and it was the woman's choice, midwives were highly trained in supporting women with this.
- **Capacity to deliver transformation** – concern was raised about the capacity of services, which were already stretched, to deliver transformation. It was explained that the transformation would be undertaken over a period of time, starting with the hospital setting and how services needed to be redesigned. Some actions would be implemented quickly, others may need to be initiated over a longer period of time.
- **Finances** – in response to a question as to whether the review was anticipated to identify savings it was emphasised that the driver for the review was to deliver the right service and standards and that transformation would not necessarily reduce or increase costs.

Decision:

- 1) The Committee noted the purpose, scope and timetable of the Maternity Services Review, as set out in the report.
- 2) The Committee noted that the ICB Board had approved the agreed elements of the Review's Terms of Reference on 21 July 2026 and delegated final sign-off of the complete Terms of Reference to the ICB Chair, in consultation with the Chief Executive, following further engagement and co-design through August 2026.
- 3) The Committee confirmed its wishes to receive further updates as the review progresses, informally via briefing notes until any future recommendation involving any potential change to how services are configured, when the Committee's formal role in the statutory consultation process would apply.

238 Independent All-Age Review of Mental Health, Learning Disability, Autism and ADHD services in Kent and Medway

Discussion:

Representatives of the ICB introduced the report which set out its intention to undertake an independent all-age review that would cover mental health, learning disability, autism and ADHD services across Kent and Medway. The intention of the review was to provide a comprehensive assessment of current

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commissioning arrangements, provider effectiveness, service models, outcomes, productivity, resource utilisation and financial sustainability, whilst also helping to inform future commissioning decisions and the development of future models of care.

Members then asked a number of questions, which included:

- **Finances** – in response to a question about whether the review was expected to realise savings or improve services it was explained that the review was to ensure mental health and learning disability services across Kent and Medway were the best they could be. It was confirmed that a comparative spend analysis might indicate the ICB should be spending more on mental health services and therefore spend was not likely to go down, plus ICBs had to meet the Mental Health Investment Standard in relation to its spend on mental health services.
- **Stakeholder engagement** – it was confirmed that all components of mental health, neurodiversity and learning disability pathways would be engaged with, including providers, organisations within the community and voluntary sector and service users.

Decision:

The Committee noted the ICB's submission, including the information set out at Appendices 1 and 2 to the report and confirmed its wishes to receive further updates as the review progresses, informally via briefing notes until any future recommendation involving any potential change to how services are configured, when the Committee's formal role in the statutory consultation process would apply.

239 Kent and Medway Mental Health NHS Trust Update

Discussion:

Representatives from Kent and Medway Mental Health NHS Trust (KMMH) introduced the report which provided an update on the National Oversight Framework and progress against the Trust's Quality Improvement Plan, an update on leadership changes, an update on the first quarter since the transfer of services from North-East London Foundation Trust (NELFT) and provided an overview of performance for the organisation. It was confirmed that safety warning notices had been lifted and a Five Year Strategy had been launched to drive improvements forward further. Detail was provided on the Trust's Quality Improvement Plan (QIP) and how it was being used to drive improvements across the Trust and ensure that those improvements are embedded into consistent quality and service delivery going forward.

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

- **Dementia** – reference was made to dementia services and how improvements were being progressed. KMMH undertook to provide a briefing note in more detail but confirmed waiting times for diagnosis had

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reduced from around 26 weeks wait to approximately 13 weeks, making the Trust one of the best performing in the country in relation to dementia diagnosis waiting times.

- **Sustaining improvement** – in response to a question about how the Trust was ensuring improvements were embedded and sustained, it was explained that learning was being embedded across workforce, audits and checks were being undertaken to ensure quality and live dashboards were available across metrics of the QIP for senior management to be clear on performance in real time.
- **Patient and staff feedback** – the Trust explained how they were capturing the views of both service users and staff in a number of different ways to help triangulate improvement performance. The Trust would also be undertaking a deep dive into its culture during October and undertook to bring the findings of that work to the Committee when available.
- **Visit** – Members welcomed the offer of a visit to KMMH, which the Principal Democratic Services Officer undertook to liaise with KMMH to organise.

Decision:

The Committee noted the update from KMMH and the ICB, as set out at Appendix 1 to the report and requested a briefing note on dementia services and improvements made and welcomed an update on the outcome of the culture deep dive and staff survey results when available.

240 Medway NHS Foundation Trust - Patient Safety Incident investigations / Ear Nose and Throat Services Update

Discussion:

Representatives from Medway NHS Foundation Trust (MFT) introduced the report which provided an update on its patient safety incident investigations and the Ear Nose and Throat (ENT) Service and the outcome of the investigation into the backlog of referrals to the service. In terms of the patient safety incident backlog, which had been identified as part of MFT's transformation work, clear messaging had been communicated to staff around expectations and good progress had been made on addressing the backlog of incident reports, which were all due to have been investigated by the end of October 2026. Structures and responsibilities within teams had been updated and learning from incidents was continuing.

In relation to the ENT referral backlog, it was explained that this had impacted those patients attending the Darent Valley site, so had little impact on Medway residents, but had been concerning for the patients affected. The issue had arisen due to an information sharing issue between the systems used at the two different trusts. Swift action had been taken to address the backlog and ENT waiting times were now amongst the best in the country. The trusts were both now using the MFT system only to track patients to safeguard against any future issues.

Members thanked MFT for its openness in bringing the updates to Committee and in dealing with the issues promptly once identified. In response to a question about how confident staff were in reporting incidents, it was confirmed that weekly incident review meetings were held to which any member of staff was able to attend to share concerns in a safe, 'no blame' environment. Confidence amongst staff was continuing to build as part of the Trust's work towards improving its culture. However, staff were also able to report anonymously should they not have the confidence to share concerns directly.

Decision:

The Committee noted the update reports from MFT, as set out at Appendix 1 and 2 to the report.

241 Medway NHS Foundation Trust - Update on Urgent and Emergency Care

Discussion:

The Interim Chief Executive (ICE) of Medway NHS Foundation Trust (MFT) introduced the report which provided an update on the work underway to improve quality of urgent and emergency care at Medway Maritime Hospital, including updates on the system-wide efforts to eliminate corridor care and the implementation of the Trust's Virtual Hospital. In relation to eliminating corridor care, the ICE explained this was being approached in a system-wide way, working closely with partners such as local authorities and mental health providers to assist with efficient discharge for patients into appropriate beds and equally to prevent in-appropriate admissions into the hospital for patients that could be supported better away from an acute setting.

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

- **Liaison with the Council** – reference was made to the ongoing discussions with Medway Council on the interaction between hospital care at home and social care and it was asked how these were progressing. It was explained that MFT worked closely with local authorities, holding two meetings a day to discuss discharges as well as with community care colleagues. The hospital was also working on its own response times to manage internal things, such as speedy blood tests to help manage flow. Additionally, system-wide transformation through neighbourhood health models and transformation in areas such as frailty, would assist further.
- **Delayed discharges** – in response to a question about how long some patients stay in hospital unnecessarily, due to delayed discharges, MFT undertook to provide a briefing note on this issue.
- **Vulnerable people and corridor care** – a Member asked how patients who have vulnerabilities, such as neurodiversity needs and may find corridor care even more difficult, were supported in the context of corridor care. In response the ICE explained that in such cases, identifying a quieter, calmer area was a priority and this had been an

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issue that had featured in some complaints to the hospital. It was added that MFT was working with mental health partners and had bid for a mental health hub at Medway Maritime Hospital, which if successful, would be hugely beneficial in supporting patients with particular mental health or neurodiverse sensitivities.

Decision:

The Committee noted the report and requested a briefing note with further information about delayed discharges at Medway Maritime Hospital.

242 Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 1 2026/27

Discussion:

The Director of People and Deputy Chief Executive introduced the report which set out the performance against the Council's priorities that fell within the remit of this Committee. She explained that in relation to performance indicator 1.19 (older people who are still at home 91 days after discharge from hospital), she had requested that this be double checked due to the figure of 60.7% being exactly the same as the previous quarter.

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

- **Monitoring of poor performance** – reference was made to the lack of progress in the number of indicators which remained stubbornly amber or red. Reassurance was given that these were monitored carefully, and it was explained that often, within adult social care statistics, an issue for one indicator could have an adverse impact on the performance of others.
- **Capacity to deliver** – recognition of the pressures in children and adults social care was made and concern was raised of the services' capacity to deliver against the performance targets in the context of the financial difficult the local authority found itself in. In response the Director acknowledged that delivering high quality services required reasonable resources.

Decision:

The Committee noted the Q1 2026/27 progress of the performance indicators used to monitor progress of the Council's priorities, as set out in Appendix 1 to the report and noted the Strategic Risk Summary as set out in Appendix 2 to the report.

243 Capital Budget Monitoring – Round 1 2026/27

This item was taken along with the item at minute number 244 below and the discussion and decision can therefore be found under minute number 244.

244 Revenue Budget Monitoring – Round 1 2026/27

Discussion:

The Head of Corporate Accounts introduced the reports which set out the first round of monitoring for both capital and revenue budgets.

A Member asked about the feasibility of addressing the significant projected overspend within adult social care and the targets with the Financial, Improvement and Transformation (FIT) Plan. The Director of People and Deputy Chief Executive explained that this was a target that would be worked towards and monitored carefully but acknowledged the complexity of the system.

Decision:

- 1) The Committee noted the results of the first round of Capital Budget monitoring for 2026/27.
- 2) The Committee noted the results of the first round of revenue budget monitoring for 2026/27.
- 3) The Committee noted that Cabinet had instructed the Corporate Management Team to implement urgent actions to bring expenditure back within the budget agreed by Full Council.

245 Work programme

Discussion:

The Principal Democratic Services Officer introduced the report which set out the Committee's work programme. She added that the Annual Report of Adult Social Care Complaints and Compliments would also be added to the October meeting.

A Member referenced the Supplementary Agenda which had been published earlier that afternoon, commenting that sharing additional information only a few hours before the meeting was challenging for some Members. The officer acknowledged the short notice of the supplementary agenda, which had contained the draft minutes of the Children and Young People Overview and Scrutiny Committee's (CYPO&S) discussion of the ADHD and Autism item that it had considered the previous week. She explained that the minutes had been prepared, then were cleared by ICB colleagues and the Chairperson of CYPO&S before they could be shared with this Committee, which had resulted in the three page document only being available earlier that day. She apologised for the short notice but had felt on balance it was important for Members of this Committee to have access to the draft minutes as context ahead of its discussion on the same report.

Decision:

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

Chairperson

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