

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

Thursday, 7 December 2023

6.30pm to 9.32pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: McDonald (Chairperson), Shokar (Vice-Chairperson), Brake, Campbell, Clarke, Gilbourne, Hamandishe, Louwella Prenter and Mark Prenter

Co-opted members without voting rights

Emma-Sue Willows (Healthwatch Medway)

Substitutes: Councillors:
Barrett (Substitute for Anang)
Jones (Substitute for Cook)
Myton (Substitute for Jackson)

In Attendance: Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway
Jayne Black, Chief Executive, Medway NHS Foundation Trust, Medway NHS Foundation Trust
Jackie Brown, Assistant Director Adult Social Care
Katey Durkin, Chief Finance Officer
Ivor Duffy, Chief Finance Officer, NHS Kent and Medway
Lee-Anne Farach, Director of People and Deputy Chief Executive
David Reynolds, Head of Revenue Accounts
Jack Rye, Acting Programme Lead for Accommodation and Registered Services
Michael Turner, Principal Democratic Services Officer
Dr David Whiting, Deputy Director of Public Health
James Williams, Director of Public Health

431 Apologies for absence

Apologies for absence were received from Councillors Anang, Cook, Crozer, Jackson and Wildey.

432 Record of meeting

The record of the meetings of the Committee held on 17 October 2023 was agreed and signed by the Chairperson as correct.

433 Urgent matters by reason of special circumstances

There were none.

434 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

Councillor Hamandishe declared a Disclosable Pecuniary Interest in agenda item 10 (Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Medway Council Joint Briefing) as he was employed by the Trust. However, he understood this item was being deferred until the January meeting.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

435 Kent and Medway Integrated Care Strategy

Discussion:

Members considered a paper which presented the Kent and Medway Integrated Care Strategy. The interim Strategy had been approved by Cabinet in December 2022 and this version was an update that incorporated extensive feedback from consultation.

The following issues were discussed:

- **Consultation** – regarding a comment that the number of respondents from Medway was low in comparison to the size of the population, the Deputy Director of Public Health commented that he felt engagement had been successful in Medway. There had been extensive engagement during the development of the Medway Joint Local Health and Wellbeing Strategy, which focused only on Medway, with online surveys and focus group discussions.
- **Outcomes** – in response to queries about how the Strategy would be delivered and how outcomes would be measured, the Deputy Director of Public Health advised that there would be a joint delivery plan which

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would action the aspirations in the Strategy. There would also be indicators so that the Council could see if the desired outcomes had been achieved at a strategic level. There were Operational plans which had their own metrics to show if outcomes were being delivered. Information on this could be reported to the Committee. The Director of Public Health added that this was a Kent and Medway wide strategy. The Joint Local Health and Wellbeing Strategy was the primary mechanism for delivery in Medway. The importance of monitoring performance in Medway was emphasised.

- **Values** – a point was made that a value-based strategy would always deliver better outcomes and the values underpinning the Strategy were not clear. Officers advised the core value was people needing to be at the centre of what the three partners did and the Strategy outlined what it aimed to achieve.
- **Support for the workforce** – in terms of what support was offered such as help with housing and schools, the Deputy Director of Public Health commented that the workforce was an important part of the Strategy. One of the shared outcomes was about how to support and grow the workforce.
- **Voluntary and community sector (VCS)** – an assurance was sought that the VCS would have an equal voice in the Strategy. Noting the health status of the gypsy and travellers community was much poorer than that of the general population, how the Strategy addressed this was questioned. The Deputy Director of Public Health advised that the VCS were part of the Strategy and there was a voluntary sector alliance. The Council was working with the VCS on a number of initiatives to improve health and wellbeing. Communities were being asked what issues were important to them and they would be involved in the solutions.
- **Medway Healthwatch** – the Committee was advised that Healthwatch had been involved in the development of the Strategy and were pleased with the document, which had evolved since last year.
- **Digital services** – it was noted that the Strategy stated that digital services were good but were not accessible for everyone and there should be alternatives. The Director of Public Health commented using a digital service would depend on the issue.

Decision:

The Committee agreed to:

- a) note the Kent and Medway Integrated Care Strategy and recommend its approval to Cabinet.

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- b) request an update in 6 months, including outcomes for Medway and details of how the voluntary and community sector was involved in the Strategy.

436 Draft Capital and Revenue Budgets 2024/25

(Agenda items 6, 7 and 8 were discussed together.)

Discussion:

Members discussed the draft capital and revenue budgets 2024/25 and also the second round of the capital and revenue budget monitoring process for 2023/24.

In response to a query about the impact of £36m of cuts on communities, the Chief Finance Officer advised that this figure represented the draft budget projected gap. Budget gaps had been closed in previous years but there would be difficult choices to make this year. The Council was lobbying the government for more funding and also a fairer distribution for the sector, given Medway was one of the twenty lowest funded councils per head of population in the country.

With regard to how the impact on residents of savings or increases in council tax were monitored, the Chief Finance Officer advised services would produce equality impact assessments to accompany any budget proposals. The increase in council tax was expected to be just under 5% and details of what increase in bills this represented could be provided.

Officers were asked for their thoughts on the recent immigration measures introduced by the Government on the Council and its partners in delivering social care. The Director of People and Deputy Chief Executive advised it was too early to say but the new measures were likely to impact on different occupations, particularly care staff.

Decision:

- a) The Committee noted that Cabinet had instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2024/25.
- b) The Committee noted the proposals outlined in the Draft Capital and Revenue Budgets in so far as they relate to the services within the remit of the Committee and agreed to forward their comments to the Business Support and Digital Overview and Scrutiny Committee in January.
- c) The Committee noted that the Cabinet had agreed to recommend to Full Council that in February 2024 when setting the Council Tax, the following changes are applied to Council Tax premia in line with the Rating (Property in Common Occupation) and Council Tax (Empty Dwellings) Act 2018, as set out in paragraph 8.18 of the report:
 - the 100% premium for long-term empty properties may be brought

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- forward so that it can commence after being empty for one year rather than two with effect from 1 April 2024; and
- a 100% premium may be charged for properties that are unoccupied but furnished (known as second homes) with effect from 1 April 2025.
- d) The Committee agreed to note that the Cabinet had agreed to recommend to Full Council that in February 2024 when setting the Council Tax, the following changes are applied to the Council Tax discretionary discounts, as set out in paragraph 8.18 of the report:
- reduce the discount in respect of class C to 0% from the day on which a property becomes vacant, and
 - reduce the discount in respect of class D to 0%.
- e) The Committee agreed to note the results of the second round of revenue budget monitoring for 2023/24 and that the Cabinet had instructed the Corporate Management Team to implement urgent actions to bring expenditure back within the budget agreed by Full Council.
- f) The Committee agreed to note the results of the second round of capital budget monitoring for 2023/24
- g) The Committee agreed to request details, at an appropriate time, of how the recent immigration measures introduced by the Government would impact on the Council and its partners.

437 Revenue Budget Monitoring 2023/24 - Round 2

See minute number 436 for decision.

438 Capital Budget Monitoring 2023/24 - Round 2

See minute number 436 for decision.

439 Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 2 2023/24

Discussion:

Members considered a report on performance in Quarter 2 2023/24 and also a review of strategic risks within the Committee's remit.

Noting that the status of two of the performance indicators had been red for some time, it was suggested that these be looked into in more detail at a future meeting.

Decision:

Members agreed to:

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- a) note the Q2 2023/24 performance against the measures used to monitor progress against the Council's priorities.
- b) note the Q2 2023/24 Strategic Risk Summary.
- c) Review in depth Performance Indicator ASCOF 1C(2i) Percentage of clients receiving a direct payment for their social care service.

440 Kent and Medway NHS & Social Care Partnership (KMPT) & Medway Council Patient Pathway Joint Briefing

This item was deferred until the January 2024 meeting.

441 Update from Medway NHS Foundation Trust

Discussion:

Members considered a report on progress at Medway NHS Foundation Trust, since the last update in January 2023.

The following issues were discussed:

- **Mortuary arrangements** - reference was made to the recent court case regarding the abuse of bodies at the mortuary at Tunbridge Wells hospital and an assurance was sought that the learning from the inquiry into this had been carefully considered. The Chief Executive of the Trust advised that following the release of the inquiry's report, an analysis of who had access to the mortuary had taken place and measures had been strengthened. She assured Members that the Trust was confident the right measures were in place.
- **Industrial action** – regarding improvements to the conditions of junior doctors, it was clarified that the industrial action related to their pay and conditions of employment, not workplace conditions. When the junior doctors had been on strike the medical teams had been flexible in covering shifts. The Trust had been clear on the significant impact this action was having and representations to the Government were being made via the Integrated Care Board.
- **Tele-tracking** – in response to why there had been a delay in introducing this bed management system, the Trust's Chief Executive advised this had been part of the strategic plan. The delay had been caused by waiting for funding. The system was now making a significant difference in turnaround times.
- **No criteria to reside (NCTR)** – regarding what the solution was to the pressures caused by patients with NCTR, the Chief Executive commented some of this was about what preventative measures the

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wider system could put in place to prevent admission. The Trust was also looking at discharge processes at a high level. There was a need to make sure the community model helped to minimise admissions and help to discharge effectively. The Assistant Director – Adult Social Care added that the low number of beds in care homes was also an issue as these affected discharges from the hospital. The Council had been awarded some funding which had been used to secure assessment beds where long-term care needs could be assessed. If successful, the Council would bid for additional funding to expand this.

- **MedOCC** – the Chief Executive clarified that this service was run by Medway Community Health Care and visits were included in the statistics for the Trust. On arrival at either MedOCC or the Emergency Department, patients were triaged to make sure they were in the right place. The Chief Executive agreed with a comment that anyone repeatedly visiting MedOCC should indicate to the team that something was wrong. There was a need to look at how primary care was supported and how it could work differently.

In response to comments from Members about experiences of a poor service at MedOCC, the Chief Executive commented that work to improve emergency care included MedOCC. This was a priority, and it was important to improve the pathways. There was an opportunity to work much more closely with MedOCC and improve flows. Whilst difficult, if MedOCC had staff shortages, the Trust has sometimes offered their own staff to help.

- **Patient Liaison Service** – a suggestion was made that the next update include details of the types of complaints made and their outcomes.
- **Endoscopy** – the new facilities were welcomed. The Chief Executive advised there had only been two endoscopy rooms while five were needed. A business case for additional rooms was being drawn up. In the short term there would be mobile units which would help to reduce waiting times. The longer-term plan was set out in the Trust's clinical strategy.
- **Rehabilitation centres** – noting the rehabilitation unit for the elderly before they returned home, that used to be located in Gillingham, whether there were any plans for a new unit was questioned. The Assistant Director – Adult Social Care advised there was a different model now where rehabilitation services were provided in a person's home or in their care home.
- **Hospital pharmacy** – a point was made that discharges could be delayed while a patient waited for medicines from the pharmacy. The Chief Executive commented that the pharmacy process had improved significantly.

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- **Winter pressures** – in response to questions about how severe this would be and how prepared the Trust was, the Chief Executive acknowledged winter would be challenging. The Emergency Department had been under extreme pressure and the Trust was planning for Christmas and New Year. This had not been helped by industrial action. She was confident patient safety would be maintained.
- **Support on discharges** – regarding whether the Trust was being sufficiently supported, the Chief Executive felt this was the case, but the system had to work together. The Director of Public Health added the Council could support the hospital by promoting vaccinations and connecting people to services outside acute services.

In conclusion, remarks were made about the need for the staff survey results; the need for a conversation about community services joining up and the good care at the hospital in spite of long waiting times in the hospital.

Decision:

The Committee agreed to note the report.

442 The Support to Live at Home Service

Discussion:

Members considered a report which provided a summary of the recommissioning of the support to live at home service. The framework agreement(s) would commence on 1 April 2024 and end on 31 March 2028.

The following issues were discussed:

- **Electronic Call Monitoring (ECM) System** – it was clarified that this system allowed care workers to log when calls started and finished. Providers submitted invoices for the actual care they delivered. Work was underway to implement software which allowed electronic data to be submitted for invoices.
- **Staff welfare** – the extent to which the Council monitored how care companies looked after the welfare of their staff was queried. Members were advised regular meetings took place with the care providers but the wider issue of the welfare of carers would be taken on board. Whether anything could be done to incentivise staff to gain more qualifications to progress into better paid work was queried. The Assistant Director – Adult Social Care commented that the Council recognised carers' pay nationally was low and what could be done to support their progress was being looked at. Care providers were required to provide training which the Council monitored and was currently seeing where any gaps may be. However, the Council did not have the funding to provide any additional training identified.

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In terms of whether carers experienced difficulties in travelling to service users' homes to provide the prescribed hours of care given many did not drive, Members were advised providers were appointed to serve one locality. Carers then worked within this locality, which should help them to be as efficient as possible. The Council was aware of some cases of carers being asked to travel long distances in an unreasonable timescale. Providers were regulated by the Care Quality Commission, who would be looking at how staff were treated.

- **Continuation of care** – the importance of this for service users was stressed by Members and concern was expressed that some people were being helped to bed at times that were not suitable to them. The Programme Lead Accommodation and Registered Services assured Members continuity of care was key. Where possible as small a number of carers as possible would see an individual. Service users were able to talk to their social worker about what care they wanted and at what time to be helped to bed should be a service user's choice.

Decision:

The Committee agreed to note that:

- a) Cabinet will be recommended to award The Support to Live at Home Service contract(s) to the successful bidders that will be evaluated as the most economically advantageous against the Council's award criteria.
- b) the Support to Live at Home Service will replace the current Framework Agreements for the provision of Homecare and Extra Care.
- c) a Gateway 3 report would be submitted to Cabinet on 16 January 2024.

443 Work programme

Discussion:

Members considered a report regarding changes to the Committee's work programme.

Decision:

The Committee agreed to amend 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, except that the proposal to submit an update on pharmacy and dentistry services to the January meeting be amended so that this update could be provided at the March 2024 meeting.

**444 Kent and Medway Integrated Care Board Community Services
Procurement Update**

Discussion:

Members considered a report which updated the Committee on the procurement of community services by the Integrated Care Board (ICB).

Representatives from the ICB advised that since the Committee had agreed in September that the proposals constituted a substantial variation to health services in Medway, it was now proposed to extend the current contracts by up to two years with a six-month break clause. This would enable the contract extensions to end at the same time, likely to be September 2025 and allow for more time to engage with stakeholders and patients, including with the Committee. All three current contracts would expire within six months so to do nothing was not an option.

In September the proposal had been to include the transformational work in the contract. This was not possible now, but the ICB hoped to be able to work with the current providers to start to deliver transformation and efficiencies.

In response to comments that in September the Committee had been advised that it was not possible to extend contracts, the ICB commented that they had referred to the risks of not making a change to the current arrangements. The ICB had sought legal and contracting advice due to the potential challenge to the proposals and had acted carefully to maintain services.

Concerns were expressed that the paper did not explain what the new service models or transformation work would look like. Given that services had been lost from Medway in the past, there was a degree of nervousness for Members when considering these proposals. The ICB advised that negotiations with three providers continued to take place, and the community prospectus would be shared with Members the following week. The current live procurement process meant it had been sometimes difficult to share information.

It was proposed that a decision on whether the proposals constitute a substantial variation to health services in Medway be deferred until the January meeting where wider discussion could take place.

Decision:

The Committee agreed to defer until the January meeting a decision on whether the proposals constituted a substantial variation to health services in Medway and would invite the ICB, the Chief Executive of Medway NHS Foundation Trust, the Council's Deputy Leader and possibly one of the community service providers to attend this meeting for a wider discussion on the proposals.

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2023**

Chairperson

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