Health and Adult Social Care Overview and Scrutiny Committee

A meeting of the committee will be held on:

Date: Thursday, 14 March 2019
Time: 6.30pm
Venue: Meeting Room 9 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

Membership: Councillors Wildey (Chairman), Purdy (Vice-Chairman), Aldous, Bhutia, Clarke, Fearn, McDonald, Murray, Opara, Price, Vacancy and Vacancy

Co-opted members without voting rights:
Margaret Cane (Healthwatch Medway CIC Representative) and Shirley Griffiths (Medway Pensioners Forum)

Agenda

1 Apologies for absence

2 Record of meeting (Pages 5 - 22)
   To approve the record of the meeting held on 17 January 2019.

3 Urgent matters by reason of special circumstances
   The Chairman will announce any late items which do not appear on the main agenda but which he/she has agreed should be considered by reason of special circumstances to be specified in the report.
Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Members are invited to disclose any Disclosable Pecuniary Interests or Other Significant Interests in accordance with the Member Code of Conduct. Guidance on this is set out in agenda item 4.

Member Item - Kent and Medway Wheelchair Service

This report and attached appendix sets out a response to an issue, raised by Councillor Purdy, relating to the Kent and Medway Wheelchair Service.

Medway NHS Foundation Trust (MFT) Update

The report provides an update on progress since the Trust last attended the Committee in October 2018.

Variation in Provision of Health Service - Improving Outpatient Service in Medway and Swale in Line With the Medway Model and Community Service Redesign

This report updates the Committee on improving outpatient services across Medway and Swale. This in line with the Medway Model and community service redesign, which will enable care to be delivered closer to people’s homes. The improvement programme will be bringing services together, this will enable health and care staff to work more closely together and develop services that focus on the needs of the patients.

This report from NHS Medway Clinical Commissioning Group (CCG) updates the Committee on the progress of the programme since the previous paper on the Community Service Redesign and the Medway model that was sent to the Committee in January 2019.

Kent and Medway NHS and Social Care Partnership Trust (KMPT) Update

The report provides an update on the work of Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Kent and Medway Transformation - Update on Integrated Care Systems and Kent and Medway System Commissioner

The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established by April 2021. Work has commenced across Kent and Medway in designing an integrated system including changes to existing organisational forms, functions and the anticipated benefits that these changes will have in better meeting the health needs of the population.
This paper sets out:

- Progress to date in developing an integrated model;
- Outputs from two co-production workshops held across the system on future organisational forms and functions;
- High level timeline for transition to a shadow form and end state by April 2020; and
- Key next steps.

10 Draft Medway Joint Carers’ Strategy

The existing Medway Carers’ Strategy 2015-2017 was developed to ensure the Council was Care Act compliant and able to demonstrate its commitment to carers. The Council’s legal duty to assess and identify the eligible needs of carers and the important contribution that carers make to supporting our strategic priorities, has led to the development of the draft Medway Joint Carers’ Strategy 2019-2024.

The strategy has been coproduced with carers and in consultation with stakeholders. It describes how health and social care services, provider organisations and the voluntary sector will work together over the next five years to respond and meet the needs of carers in Medway.

The strategy aligns with the overall objectives defined within the Council Plan, the Health and Wellbeing Strategy for Medway and “Getting Better Together”, the Adult Social Care Strategy for Medway.

The success of implementing this strategy lies firmly in a collaborative and joined up approach. A clear governance and performance framework will help to drive the strategy forward through the development of a joint delivery plan that measures whole system benefit.

11 Scrutiny of the Council’s Transformation Programme

This report provides an update on the Adult Social Care Transformation programme and outlines the 2018/19 Transformation Projects.

12 Council Plan Performance Monitoring Report Quarter 3 2018/19

Medway’s Council Plan 2016/21 sets out the Council’s three priorities. This report and appendices summarise how we performed in quarter 3 2018/19 on the delivery of the priority relevant to this Committee: Supporting Medway’s people to realise their potential.
This item advises Members of the current work programme and allows the Committee to adjust it in the light of latest priorities, issues and circumstances. It gives Members the opportunity to shape and direct the Committee’s activities over the year.

For further information please contact Jon Pitt, Democratic Services Officer on Telephone: 01634 332715 or Email: democratic.services@medway.gov.uk

Date: 6 March 2019

Reporting on the meeting: Members of the press and public are entitled to report on this meeting except where the public are excluded, as permitted by law. Reporting includes filming and recording of the proceedings and use of the internet and social media such as tweeting and blogging to report the proceedings. Guidance for people wishing to exercise this right is available on the Council’s website and in the public seating area at the meeting.

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Please note that parking is available at Gun Wharf from 5pm

A summary of this information can be made available in other formats from 01634 333333

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Medway Council
Meeting of Health and Adult Social Care Overview and Scrutiny Committee
Thursday, 17 January 2019
6.15pm to 10.15pm

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

Present: Councillors: Wildey (Chairman), Purdy (Vice-Chairman), Aldous, Bhutia, Clarke, Fearn, Franklin, Freshwater, McDonald, Murray, Opara, Price and Shaw

Co-opted members without voting rights
Eunice Lyons-Backhouse (Healthwatch Medway CIC)

Substitutes: None.

In Attendance:
Vivien Bowles, Legal Advisor
Councillor David Brake, Portfolio Holder for Adults' Services
John Carey, Director of Estates, Facilities and Capital Planning, Kent and Medway NHS and Social Care Partnership Trust
Sharease Gibson, Head of Commissioning, Medway Commissioning Group
Stuart Jeffery, Deputy Managing Director and Chief Operating Officer, Medway CCG
Chris McKenzie, Assistant Director - Adult Social Care
Jacquie Mowbray-Gold, Chief Operating Officer, Kent and Medway NHS and Social Care Partnership Trust
Jon Pitt, Democratic Services Officer
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs
Dr Farnaaz Sharief, Elected Clinical Member of the Governing Body, NHS Medway Clinical Commissioning Group
Deborah Stuart-Angus, Independent Chair of the Kent and Medway Safeguarding Adults Board, Kent and Medway NHS and Social Care Partnership Trust
Ian Sutherland, Director of People - Children and Adults Services
James Williams, Director of Public Health
712 Apologies for absence

Apologies for absence were received from Shirley Griffiths of Medway Pensioners Forum.

713 Record of meeting

The Committee agreed the following changes to the draft minutes, to correct inaccuracies, of the ‘Draft Capital and Revenue Budget 2019/20’ report considered at the December 2018 meeting:

In the second sentence of the 1st paragraph of the minute, the Council budget date was corrected to 21 Feb (from 22 February). In the next sentence, the draft budget deficit figure had been corrected to £4.408 million (from £3.189 million). A change to the wording of the final sentence of the first paragraph was also agreed to make clear that expected additional Government funding of £2.6 million for social care had not been included in the draft budget.

Subject to the above changes, the record of the meeting held on 13 December 2018 was agreed and signed by the Chairman as a correct record.

714 Urgent matters by reason of special circumstances

There were none.

715 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Cllr Price declared an OSI in agenda item 8, Primary Care in Medway Update, as he was the Chair of Trustees at the Sunlight Centre, which hosted a Medway GP practice. However, no specific mention was made of the Sunlight Centre and he was therefore able to remain present at the meeting during the discussion and decision on this item.

Other interests

Cllr McDonald declared an interest in agenda item 5, Attendance of the Portfolio Holder for Adults’ Services, as he had, through his employment, been involved in the development of the Better Together Leadership Consortium.
716 Attendance of the Portfolio Holder for Adults' Services

Discussion

Committee Members raised a number of questions which were responded to as follows:

**Budget Deficit, Extra Care Housing and liaison with mental health** – A Member raised concerns about the size of the budget deficit, the impact of this on services, particularly for vulnerable people and also the need for increased Extra Care housing as 1,500 people in Medway were eligible with there only being 239 units available. The Member also asked what discussion had taken place with the Kent and Medway NHS and Social Care Partnership Trust (KMPT) to ensure that the impact of service change was minimised.

The Portfolio Holder said that a ‘deep dive’ was being undertaken into both statutory and non-statutory services in order to see where there was scope for change. There was a need to provide value for money. Medway had previously always managed to identify funding to support voluntary sector provision but it was not possible to yet say what changes would be made.

It was acknowledged that there was a gap between current Extra Care Housing needs and provision and that the provision of Extra Care housing could make a significant positive impact on lives. New provision included Rogallo Place, near Rochester Airport and Atlas Place on St Mary’s Island. A future scheme was planned for Rochester Waterfront. One challenge to the provision of Extra Care housing was that was that developers were able to sell properties after planning permission had been granted. The provision of such housing was a high priority. In relation to KMPT, discussions were taking place about the establishment of a Safe Haven in Maidstone to accommodate people, from across Kent and Medway, detained under Section 136 of the Mental Health Act.

The Director of People, Children and Adults’ Services said that Adult Social Care (ASC) had faced significant pressure, although the provision of additional funding for Winter Pressures had been useful and had enabled demand to be managed more effectively. The introduction of the Three Conversations approach in ASC would help to increase early intervention. Additional funding of £2.6 million for Children and Adult Social Care was due for the next year, some of which was ring-fenced for winter pressures.

**Winter Pressures, Three Conversations Model and housing targets** – A Committee Member highlighted Winter Pressures and the risk of an increased number of patients being discharged from hospital early. She also asked how ASC, using the Three Conversations Model, was working with partners to avoid possible duplication and suggested that there should be higher targets for the provision of affordable housing.

The Director of People advised that Medway Maritime Hospital, Adult Social Care and Medway Community Healthcare worked in partnership to plan discharges. It was acknowledged that activity had previously been fragmented.
Work was taking place with Medway NHS Clinical Commissioning Group to create an integrated discharge service. This would help to avoid duplication. ASC already had access to the Rio mental health software package that mental health professionals used. This helped to facilitate joint working but there was a need to further strengthen this area.

Delayed Discharges of Care – In response to a Committee Member who commented on Medway having low figures for hospital Delayed Transfers of Care, the Portfolio Holder said that the target for the latest time for a patient to be discharged in Medway had changed from 6pm to 5pm. Work with the hospital had helped to reduce the impact of winter. The Care Team was working with people due for discharge to ensure that they could be discharged to a safe environment as soon as possible. Delays attributable to Medway ASC in 2017/18 were 1.8 bed days per 100,000 people. This compared to a national average of 4.3, which ranked Medway 44th of 152 local authorities nationally. Improvement had continued in the current year with the Year to Date figure standing at 1.5.

Social Isolation – A Committee Member was disappointed that social isolation / loneliness had not been mentioned in the report, despite it being a Health and Wellbeing Board priority. He also raised concern that some Members had acted unprofessionally during recent discussion of the Social Isolation Task Group report at Cabinet. The Portfolio Holder considered social isolation to be very important and that the work of the Task Group had also been very important. He appreciated the depth of the Task Group’s work and considered that the correct stakeholders had been involved in the work and that the recommendations made by the Task Group were good. The Portfolio Holder was happy to accept the recommendation that he should be an ambassador for work to address social isolation. It would be important for the Council to feed back to central Government how Government could help support the work. Arriva had attended a Task Group meeting and the Portfolio Holder considering that it was important for the Council to be consulted about any proposed changes to bus routes in view of the impact that these could have on levels of social isolation. The Portfolio Holder undertook to feed back to the Leader of the Council concerns raised about Member conduct at Cabinet.

Patient care after discharge, Telecare and Public Health funding reduction – A Member emphasised the need to ensure that patients received appropriate care after discharge and that their families were supported as appropriate. He also asked how much telecare was utilised in Medway and what the impact of reductions in Public Health funding from the Government would have on Medway.

The Portfolio Holder said that patients due to be discharged were assessed by the hospital and social care team to ensure that it was safe to discharge them and that appropriate care arrangements were put in place. There had been an increase in the use of telecare. One example of telecare in Medway was a wrist worn falls detector. When a possible fall was detected, a staff member would visit the person to check that they were ok. The Portfolio Holder said there was a need to encourage firms developing housing provision locally to use Medway
Telecare systems. In relation to Public Health budgets, both statutory and non-statutory services were being looked at to ensure that any service reductions were kept to a minimum and to ensure that Public Health could have the maximum possible impact in terms of preventing ill health and promoting good health.

The Director of Public Health clarified that reductions in the ring fenced grant for Public Health had been ongoing since 2015, with 2019/20 being the final year. The Government’s Comprehensive Spending Review would confirm the amount of funding available for each local authority.

Funding for non-statutory bodies – In response to Members who said that any reductions in funding for non-statutory services, could lead to increased demand for statutory services, the Portfolio Holder said that each service would be considered on a case-by-case basis. It was acknowledged that any reductions could lead to longer term costs in other areas. Work would be undertaken between Public Health, the NHS and other partners to consider the implications.

Work with voluntary sector – The Portfolio Holder confirmed that Adults’ Services engaged with various voluntary sector groups. Examples highlighted included Walderslade Together (WALT) and WHoo Cares.

The Deputy Managing Director of Medway NHS Clinical Commissioning Group (CCG) said that the CCG had recently procured a Medway wide Care Navigation service. This would help people to find organisations that could support them, as their needs required. Involving Medway had established links with voluntary sector organisations, such as WALT, WHoo Cares and Arches Local. This included sharing information and engaging with hard to reach communities.

People supported in their own homes – The number of older people supported to live in their own homes had fallen slightly compared to previous years. The Assistant Director of Adult Social Care said that this was due to increased prevention, with people being supported sooner. The Care Act included a requirement to prevent, reduce and delay needs arising. This was being delivered through the Three Conversations approach. Services were being provided in different ways and increased direct payments to recipients of adult social care was leading to increased flexibility, choice and control.

Impact of Brexit – In response to a Member question about what discussion had taken place with Medway Hospital and with Medway CCG in relation to Brexit, the Portfolio Holder considered that the impact was likely to be minimal but that no one could be sure. The Director of People said that he was aware that regionally, some discussions had taken place, but that it was considered that the impact on the Adult Social Care workforce in Medway was likely to be minimal. The Deputy Managing Director of Medway NHS CCG added that NHS England had appointed a team of 200 people to consider issues across the country.

The Portfolio Holder thanked the Committee for its work.
Decision

The Committee thanked the Portfolio Holder for attending the meeting and for the update provided.

717 Kent and Medway Safeguarding Adults Board (KMSAB) - Annual Report 2017-18

Discussion

The report was introduced to the Committee, the key points of which were as follows:

- The KMSAB budget of £203,000 included contributions from Medway and Kent Councils, the NHS, the Kent Police and Crime Commissioner and a voluntary contribution from Kent Fire and Rescue.
- The Safeguarding Adults Executive Group had been established in 2016 to bring together senior representatives from key agencies. This worked collaboratively to deliver strategic priorities and to strengthen delivery, practice, oversight and governance.
- Agreed aims of KMSAB were to ensure partnership accountability; raise public awareness of engagement; make safeguarding personal; to quality assure work; to measure effectiveness of what we do; share learning from other people’s experience and; ask for feedback about what we do.
- In July 17, the Board agreed three safeguarding priorities for 2018 – 2021 - prevention, quality and awareness. A Business Group had been added to the KMSAB structure between the Board and its four working groups.
- A Safeguarding Adults awareness campaign took place in October 2017 with the theme ‘respect not neglect.’ A number of awareness raising sessions were held.
- Three large learning events were held in March 2018, based upon feedback from the awareness campaign. These attracted a total of 460 multi-agency attendees.
- A new multi-agency training programme for safeguarding launched in May 2017. 761 staff were trained between June 2017 and April 2018.
- Four Safeguarding Adult Reviews were completed in 2017-18 with a number of agencies also being involved in two additional out-of-area reviews that were led by other local authorities.
- Identified challenges included the need to: improve quality of record keeping in relation to ASC; improve care and case coordination and management; strengthen safeguarding management and leadership and; enhance collaborative working.
- There continued to be an increase in safeguarding enquiries in Kent and Medway. There had been 10,329 concerns raised in Kent and 1,281 in Medway during the year with there having been a 28.4% (283) increase in Medway compared to the previous year. Formal safeguarding enquiries in Medway had increased from 308 in 2016/17 to 491 in 17/18.
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The increases were attributed to operational improvement and Medway’s promotion of safeguarding awareness and the provision of training.

- Safeguarding enquiries dealt with within 90 day increased from 37% in 16/17 to 64% in 17/18. Cases where risk was removed increased from 32% to 49% and cases where risk was reduced decreased from 53% to 43%. Levels of self-neglect were increasing.
- In Medway, the highest proportion of cases were ‘not substantiated’ at 30.6% (124 cases), down 1.5% from 2016-17. 121 cases were substantiated and 52 were partly substantiated.
- The number of Deprivation of Liberty Safeguards (DoLS) authorisations outstanding reduced from 131 to 66. Six staff had undertaken training to support completion of timely assessments and shortened DoLS annual renewal assessments were being piloted.

A Committee Member thanked the Independent Chair of KMSAB for the quality and depth of the report presented and said that it was pleasing that ‘real name’ pseudonyms had been used in the report as this helped to make the report feel as though it was talking about real people.

A Member asked what the process was when a safeguarding enquiry took place, what the process was if a person needed to be removed from their current home and how assurance was provided that their environment would be free of abuse in the future. It was also asked what the process was if the person did not have the capacity to make a decision themselves. The Independent Chair of KMSAB said that not all adults wanted to be removed from abusive situations and that the right of the individual had to be respected. It was important to understand the ability of an individual to make a decision. There was a need to assess what action would make a person safe and to balance this with what would be acceptable to them. Where a crime was thought to have been committed then a Police referral would be considered. Work would be undertaken with the individual to make the outcome personal to them and to ensure their wishes were clearly understood. A Best Interest meeting would normally be held with relevant professionals in order to consider the case and what the best outcome might be. Work would be undertaken with Police and magistrates if it was concluded that it was in the best interests of a person for them to be moved to a safer environment. However, such removal was not a straightforward process.

The Assistant Director, Adult Social Care said that there had been a particular focus on Making Safeguarding Personal. There had been an increase in the last two years in the number of people who had been asked what outcomes they wanted to achieve through the safeguarding process. The Director of People, Children and Adults’ Services emphasised the importance of establishing a relationship with the alleged victim. Where there were suspicions, increased monitoring could be undertaken with there being a range of tools available.

A Member was concerned that care homes continued to account for a large number of safeguarding concerns and asked whether care homes were required to provide safeguarding training to volunteers.

This record is available on our website – www.medway.gov.uk
The independent chair said that the level of training provided was largely the responsibility of individual homes. Many care assistants did not receive formal training and a similar picture was likely in relation to volunteers. Part of the reason for there being high levels of safeguarding issues reported in a care home setting was due to care home staff being more likely to report concerns. The Director of People said that quarterly meetings took place with the CQC to monitor safeguarding referrals and to look at trends in referrals.

**Decision**

The Committee noted the Annual Report and made comments, which would be referred to the Health and Wellbeing Board when it considered the Annual Report.

**718 Proposed Development of the Health Service or Variation in Provision of Health Service - Kent and Medway NHS and Social Care Partnership Trust (KMPT)**

**Discussion**

KMPT considered the proposals to relocate two mental health services from Elizabeth House in Rainham and Canada House in Gillingham to Britton Farm in Gillingham to be a good opportunity to strengthen services locally. The existing premises were no longer fit for purpose with relocation to Britton Farm enabling the use of newly refurbished premises in a town centre location. The development would be in partnership with the Council, which owned the Britton Farm site. Continuing to invest money to run Canada House and Elizabeth House was not considered to be sustainable.

It was anticipated that the improved design and layout of the new facility would enable the expansion and improvement of services. The new site would also have plenty of parking, which was not the case at many existing locations. Existing separate younger and older adults services would be integrated on a single site. Similar hub developments had already been undertaken in Ashford and Maidstone over the last five years. A development was underway in Canterbury with a future one planned for Tunbridge Wells. It had been challenging to find a suitable location in Medway. The opportunity at Britton Farm had been identified through the Sustainability and Transformation Plan process and KMPT involvement in the Strategic Estates Group. Besides addressing KMPT needs, the development would also help the Council to bring a vacant site back into use and would be more efficient, effective and better equipped than other existing KMPT sites in Kent and Medway. The relocation would help to strengthen partnership working. There was the opportunity to offer hot-desking to social care colleagues and open the building up to use by third sector organisations. KMPT was concerned about possible delays and loss of the building if it was required to undertake full public consultation due the Committee determining the proposals to be a substantial development or variation to the health service in Medway.
A Committee Member said that they did not consider the proposals to amount to a substantial variation in this particular case, although they acknowledged that there had been previous examples of service relocation causing difficulties.

Another Committee Member said that she agreed that Britton Farm would be a better location for services. However, she considered that the proposals did amount to a substantial variation and did not consider that the undertaking of a public consultation would prevent the development. Consultation would help to obtain feedback from patients and help to ensure that the development was as effective as possible. The wider Britton Farm development was being overseen by the Medway Development Company (MDC). The Member therefore felt that MDC should be held to account at scrutiny. Another Committee Member said that they did not consider the proposals to be a substantial variation but they did support scrutiny of MDC.

The Director of Estates, Facilities and Capital Planning at KMPT acknowledged that transition arrangements would be important to ensure that patients and staff were not disrupted. Engagement would take place with stakeholders irrespective of the decision made by the Committee. Project progress would be regularly reported to the Strategic Estates Group, which was chaired by the Council’s Deputy Leader and Portfolio Holder for Housing and Community Services. Council officers, Medway NHS Clinical Commissioning Group and Medway Maritime Hospital were also represented on the Group.

It was confirmed that Healthwatch would provide support for any public engagement in relation to the relocation of mental health services.

A Committee Member said that they fully supported the proposals and that a number of patients currently found it difficult to travel to Canada House. However, the Member was concerned about the transparency of the process in view of the fact that health scrutiny did not input into the Strategic Estates Group. The relocation would be most effective if full public consultation was undertaken. The Member also noted that the report did not set out the costs the relocation for KMPT and asked how the opportunity to relocate had been identified.

The Director said that similar relocations had already been undertaken in three locations in Kent and that these had been completed over a weekend. Engagement would be part of the process. Funding for the move had been agreed by the KMPT Finance Committee, although this was subject to redesign work meeting the budget. If costs increased then the Finance Committee would need to review the available funding. The Strategic Estates Group identified development opportunities throughout Medway and the possibility of KMPT services moving to Britton Farm had been identified through this. It was noted that a relatively small number of clients attended KMPT clinics as most patients were visited in their own home, in hospital or in the future, at a Healthy Living Centre but that a base was still needed for these services and associated staff. The proposal would also support the wider regeneration of that part of central Gillingham.
A Committee Member reiterated that they did not consider the proposals to amount to a substantial variation to health services and asked if such a determination would be problematic for KMPT. The Director said that a public consultation would take time and resources and that there was always some risk that delay could pose a risk to the project itself. The relocation involved moving existing services to a single site. There would be no decrease in service and it was anticipated that it would enable services to develop and expand. KMPT, therefore, did not consider the proposals to amount to a substantial variation.

In view of the concerns raised, it was suggested that as an alternative to the Committee determining that the proposals amounted to a substantial variation, that KMPT be requested to report back to the Committee as the plans were progressed and that a representative of MDC attend the Committee with KMPT. It was also requested that Members of the Committee be given the opportunity to visit one of KMPT's existing hub locations in Maidstone or Ashford.

Decision

The Committee:

i) Considered and commented on the proposed development or variation to the health service.

ii) Agreed with the KMPT assessment that the proposal does not represent a substantial development of, or variation to, the health service in Kent and Medway.

iii) Requested that KMPT report back to the Committee as the plans progress and requested that a representative of Medway Development Company attend the Committee with KMPT.

iv) Requested that Members of the Committee be given the opportunity to visit one of KMPTs existing hub locations in Maidstone or Ashford.

719 Primary Care in Medway Update

Discussion

The Committee was advised that the report had been written before publication of the NHS Long Term Plan. However, the Medway Model and method of running primary care at scale fitted with the proposal in the long term plan. There were 49 GP practices in Medway, which ranged in size from 1,700 to 25,000 patients. Delivery of services at scale would enable more services to be provided locally with this concept being embodied in the Medway Model. This necessitated bringing services together, serving populations of 30,000 to 50,000. Data in relation to primary care was poor. NHS England, which had previously been responsible for commissioning primary care, had not collected data and there were not established systems in place for such collection. GP
Practices were independent businesses who were not obliged to share data in relation to workforce, capacity and demand. This situation was changing with many practices now agreeing to share data. A NHS Digital workforce tool was due to go live in the current month with GP practices having signed up. This would improve the provision of data.

33% of GPs in Medway were already at a stage where they could chose to retire and there was a 10% vacancy rate. Workforce was the most significant risk to GP provision in Medway. There were two types of GP contracts. General Medical Services (GMS) contracts were lifelong contracts which could change hands between GPs, while Alternative Provider Medical Services (APMS) contracts enabled the CCG to purchase extra capacity in a particular area. This could be considered on the Hoo Peninsular to meet demand if existing practices were not able to expand to meet capacity.

The Local GP Federation had been awarded the Improving Access contract and it had been successfully implemented in three localities with feedback having been positive. Rollout was due to be extended which would include the Hoo Peninsular. A GP care home service had also been rolled out for GPs to work with specific care homes. December 2018 figures showed that there had been an 18% decrease in ambulance service attendance at care homes since implementation of this change.

There were currently six Primary Care Networks in Medway. A seventh would be added in view of growth on the Hoo Peninsular. An Estates Strategy was being developed which was due to be published in March or April 2019. This included a systemic review of all primary care estate. While workforce and estate challenges remained, positive changes had included the implementation of improved access, development of clinical leadership and the extension of capacity across Medway during the previous six months.

Committee Members raised a number of questions which were responded to as follows:

**Healthy Living Centre Occupancy** – It was confirmed that Healthy Living Centres were currently 40% to 50% utilised and that there was a cost for this estate whether or not it was occupied. The Community Health Services review and co-location of community services at Healthy Living Centres would help to address low occupancy as would increasing the amount of general practice provided at certain locations. In relation to the Lordswood and Rochester Healthy Living Centres, business cases would be produced to improve patient flows and make them clinically more attractive.

**Work with Pharmacies** – The Committee was advised that NHS England currently commissioned pharmacy services although this was expected to change in the next year. The CCG had engaged with local pharmacists in relation to data sharing with GPs but there were associated data protection issues. Patients attending pharmacies would not necessarily consent to their information being shared with a GP.
Reprocurement of Community Health Services, data sharing and Care Navigators – A Committee Member asked why the CCG was continuing in its plans to re-procure community health services. She considered that procurement should be paused while work was undertaken to implement the seven key changes. The Member also asked how problematic difficulties in sharing of data were and expressed concern that the recently commissioned Care Navigators would not provide the extensive service originally envisioned.

The Committee was advised that there were two levels of GP performance data. One of these was commercial data which included information relating to workforce, capacity and demand. GPs were not under any obligation to share this data. However, work was being undertaken with practices to address this. The legal challenge of data sharing between organisations was recognised with work taking place to address this. Within the Approved Access scheme, patients could go to any GP surgery or hub within the scheme to see a GP. With patient consent, their medical record could be viewed and updated. Care Navigation was a face-to-face locally based service provided at Medway Hospital and in GP surgeries. Work was taking place with Medway’s Public Health team in relation to a bid for funding for social prescribing. This would complement the Care Navigators. A database was being developed to use for social prescribing with the voluntary sector having direct input into this. GPs would have access to the database, enabling them to make referrals. In relation to the reprocurment of community health services there had not yet been any change in legislation and the CCG’s legal advice was that services had to be reprocured.

GP availability – A Member expressed concern about availability of GP appointments on the Hoo Peninsular and the difficulty practices were facing in recruiting GPs. When there were no appointments available locally patients were being sent to Gillingham, which was costly, took significant time to reach and could result in them having to wait for significant time upon arrival before being seen.

The CCG Director of Primary Care Transformation advised that a meeting with GPs on the Peninsular was due to take place in the next week. Projected population increases were not yet available but it was expected that Medway Council would be able to provide these in the next one to two weeks. Discussions with Public Health had been taking place over the last year. Once the population growth figures had been provided, more detailed planning could be undertaken to ensure adequate GP provision over the next three to five years. Improved access to GPs on the Peninsular had been secured to eliminate the need for patients to be sent to GPs further afield.

Care Navigation and IT Provision and collaborative working – A Member hoped that Care Navigation would not place constraints on GPs in terms of who they could refer to the service and emphasised the need for GP practices to work with each other. The Member also highlighted the importance of IT systems being able to effectively interface with each other for the service to work effectively. Investment from the CCG to help ensure this would be welcome.

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The Director of Primary Care Transformation said work had been undertaken to improve connectivity between GP services and functionality. Medway now had better connectivity between GPs than anywhere in Kent. Improved access arrangements giving GPs instant access to notes of patients who normally saw other GPs and these could be updated immediately. CCG representatives attended Local Care Team meetings. These meetings, which were chaired by a Clinical Body governing member were strengthening links between GPs. The local GP Federation in Medway now had 36 associate directors drawn from the 49 practices in Medway. It was confirmed that there would be no constraints placed on GPs in relation to Care Navigation referrals. A Kent and Medway GP online service was being procured with it being envisioned that all GP practices would be able to offer this service. Rollout was due at the end of 2019.

Contract Model – A Committee Member asked how big a task it was to get the contract model into place to enable delivery of the CCGs plans. The Committee was advised that the CCG was clear about the model required and that appropriate guidance would be provided to GPs. There would be opportunities to create other models within the plan.

GP Care Home Provision – GPs working with care homes had previously covered multiple homes. Patients were being encouraged to transfer to the dedicated GP but were not obliged to do so. The CCG was responsible for ensuring that patients who chose to remain with their existing GP were not disadvantaged as a result.

Decision

The Committee noted and commented on the update provided.

720 Petitions

Discussion

The Committee was advised that consideration of the report and petition had been deferred from the December 2018 meeting of the Committee to align with presentation of a report on Primary Care in Medway by Medway NHS Clinical Commissioning Group.

Councillor Freshwater introduced his petition in relation to GP Surgeries for the Hoo Peninsula, the key points of which were as follows:

- The number of GPs in the area was effectively being reduced as significant planning applications in Medway continued to be approved.
- Councillor Freshwater felt that the planning process was ineffective as the Director of Public Health was not highlighting the health impacts and impacts on GP provision of planning applications being considered. It was requested that the Director of Public Health produce a health impact statement as part of all planning applications.
- Medway Council was not responsible for the provision of GPs but it was responsible for improving the health of the local population.

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Health and Adult Social Care Overview and Scrutiny Committee, 17 January 2019

- A third of GPs were due to retire within the next five years and Medway NHS Clinical Commissioning Group (CCG) had not been able to provide data in relation to this. The Council was, therefore, taking decisions without having the relevant data available.
- GP services had not increased in seven years despite there having been a significant population increase.
- Councillor Freshwater considered that the Director of Public Health’s Petition reply did not sufficiently address the issues raised.
- Some Peninsula residents were having to wait weeks to get a GP appointment. This situation would get worse as new houses were built.

Councillor Freshwater presented a completed Health Impact Assessment to the Committee, which set out 33 health related questions. Cllr Freshwater was concerned that such information was not being made available to Planning and that, therefore, planning decisions were being made without sufficient information being available. Cllr Freshwater outlined some recommendations to the Committee for it to advise the Council that it was not satisfied with the response to the petition from the Director of Public Health and to request that the need for additional GPs be investigated.

A Committee Member said that assurance had previously been given that there was a contractual mechanism through which GP services could be commissioned as required and that it was not feasible for the Director of Public Health to complete a Health Impact Assessment for all planning applications.

A Committee Member proposed that the Committee should note the report. He was also concerned that significant additional information had been provided by Cllr Freshwater to the Committee on the day of the meeting. Another Committee Member understood Councillor Freshwater’s concerns but said that the challenges in relation to GPs were a Medway wide issue.

Decision

The Committee considered and noted the petition referral request and the Director’s comments at paragraph 3 of the report.

721 Adult Community Health Services Re-Procurement: Report From 2018 Patient and Public Engagement

Discussion

The Committee was provided an update on progress since the previous report presented in August 2018. Engagement had taken place in late 2017 to early 2018 with patients, the public and staff. Seven key changes to community health services were identified following the engagement with resulting plans having been shared in August. This had included the publication of a document detailing the seven key changes.
Further engagement was undertaken in October 2018. This included 276 responses to a survey aimed at clinicians, staff, patients and local residents. It had been ensured that housebound patients had the opportunity to participate. The majority of survey responses were from patients. The engagement also included discussions with GPs and practice managers, face-to-face meetings, focus groups and interviews. A total of 400 conversations were undertaken with a range of stakeholders. An independent research company had been commissioned to analyse findings. The analysis showed that most people supported the proposed seven key changes and felt that they would improve services. The most important factors identified were the need for an increase in multi-skilled nursing, therapists supported by specialist teams and quicker response for patients with more complex and long term conditions. It was generally considered that the proposed changes would amount to a fairer way of delivering services with better access and co-ordination of care.

Concerns raised included that changes may not be implemented until after the procurement that was due to take place in 2020. Medway NHS Clinical Commissioning Group representatives confirmed that changes were being made ahead of the procurement. One example was enabling clinical teams to work in a different way. GPs were working with health and social care to support people with complex and long term conditions and existing providers were making changes to service access, including introduction of central booking systems and co-ordination. Following concerns raised about centralised booking, relevant provider requirements would be strengthened in the procurement.

Workforce concerns had also been raised at the public engagement events. This included concern that there would not be enough staff. A Workforce Strategy was being developed which would help to address these concerns. A Workforce lead was working with all providers to address challenges and identify gaps in the workforce. It had been identified that the workforce needed to be better trained to enable identification of mental health issues and provision of better advice and signposting. The integration of community services with other services would be strengthened as would links with talking therapies.

Work was taking place with Medway Community Healthcare to ensure staff had skills to provide a wider range of interventions to patients with multiple long term conditions. The importance of workforce would also be strengthened in the tender documents. The CCG was investing an additional £1.5million to support revised community health services model.

A Committee Member was concerned that relatively few staff had participated in the engagement and that patients managing their own conditions had received the smallest support of any of the proposed seven key changes. The CCG had started to deliver some of the key changes required but the Member was concerned that the CCG was still planning to undertake a large scale reprocurement. She felt that existing providers would be at a disadvantage and that the exercise would cost more than the £1.5 million of funding being made available by the CCG. Medway Community Healthcare (MCH), one of the

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existing providers, had received legal advice suggesting that there was not a need to recommission services, which was contrary to the advice that the CCG had received. The Member considered that the CCG should innovate and not spend time on what she considered to be unnecessary procurement. It was clarified that the Chairman of the Committee, Vice-Chairman and Opposition Spokesperson had recently met MCH, at its request and that a number of concerns had been raised.

The Deputy Managing Director of the CCG said that it was continuing to review the situation but was currently of the view that it needed to undertake the procurement. In relation to staff participation in the engagement, the CCG Senior Programme Manager said that there had been significant staff participation at previous engagement sessions and that staff had been present at public engagement events. Staff from existing providers had been positive about the proposed changes.

A Committee Member emphasised the need for continuity of service provision and that although procurement needed to be considered, she was concerned about the scale being proposed. Another Member asked what the target had been for staff and patient engagement. The CCG representatives said that the challenge of service continuity was acknowledged. Community Services were not working in isolation but as part of the Medway Model. This would help to ensure that areas of duplication were addressed and the use of resources maximised. There had been no specific target for the number of people that the engagement would reach. As the number of responses to surveys was historically low, other engagement techniques, such as targeted interviews and focus groups had been used. Feedback had been obtained from 400 patients. It was acknowledged that there had not been as much feedback from staff as had been hoped, but overall, the CCG was satisfied with the engagement undertaken.

It was requested that the Committee be provided with further data in relation to the engagement undertaken and for this to include total figures for all engagement undertaken in the last two years. It was also requested that information be provided on the demographics of the people who had taken part in the engagement.

Decision

The Committee:

i) Noted the findings from the public engagement during September and October 2018 and the CCG’s responses and actions taken as a result.

ii) Requested that further data and statistics in relation to public engagement undertaken to date be provided to the Committee.
722 Work programme

Discussion

Proposed changes to the work programme were highlighted to the Committee.

Decision

The Committee:

i) Considered and agreed the Work Programme, including the changes set out in the report and agreed during the meeting.

ii) Agreed requests for additional reports on the Carers Strategy and Outpatients Services to be added to the Work Programme for the March 2019 meeting of the Committee.

iii) Agreed to defer update reports in relation to South East Coast Ambulance Service and All Age Eating Disorder Service to the June 2019 meeting of the Committee.

Chairman

Date:

Jon Pitt, Democratic Services Officer

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Declarations of Disclosable Pecuniary Interests and Other Significant Interests

a) Disclosure at meetings

If you know you have a Disclosable Pecuniary Interest (DPI) or Other Significant Interest (OSI) (see below for definitions) in a matter to be considered at a meeting, you must disclose, at the start of the meeting or when the interest becomes apparent, the existence and nature of the interest.

Even if a DPI has already been registered you must still disclose it at the meeting.

Where you disclose an interest at a meeting which is not entered on the Council’s register of interests, or the subject of a pending notification, you must notify the Monitoring Officer in writing of that interest within 28 days from the date of disclosure at the meeting.

b) Participation in Meetings

Where you have a DPI or OSI in a matter to be considered at a meeting you must, unless a dispensation has been granted:

I. not take part in any discussion of the matter
II. not take part in any vote on the matter
III. leave the meeting room (including the public gallery).

c) Bias and Pre-Determination

You must also be aware of and act within the rules on predetermination and bias. Avoidance of bias or predetermination is a principle of natural justice. Even if you do not have a DPI or OSI you may cause a decision to be invalid if you participate while predetermined or biased.

You should not participate in decisions where you are actually biased or give the appearance of being biased. The test is whether a fair minded and informed observer, having considered the facts, would conclude that there was a possibility that you as the decision maker are biased.

There is a distinction between predetermination, which rules out participation in decision-making and predisposition, which does not. It is acceptable for you as a Member to be predisposed towards a particular policy or viewpoint and that does not
prevent you from taking part in decision-making. However, if you take a stance which indicates that you have finally closed your mind on a matter and that nothing that you hear at Committee will alter your position then you will have moved on to becoming predetermined and, in that case, you should not participate.

d) Whipping

The Council’s constitution also requires any member of the Committee who is subject to a party whip (ie agreeing to vote in line with the majority view of a private party group meeting) to declare the existence of the whip.

Definitions

**Disclosable Pecuniary Interests** - are those interests set out in Schedule One to the Code of Conduct. You will have a DPI in a matter being considered at a meeting where the DPI is closely aligned to the business of the agenda item and where the interest is:

(a) your interest or

(b) an interest of your spouse or civil partner, a person with whom you are living as husband and wife, or a person with whom you are living as if you were civil partners and provided you are aware that the other person has the interest.

**Other Significant Interests** – you will have an OSI where your interest is closely aligned to the business of the Council agenda item and where the business affects the financial position or well being of the following to a greater extent than most inhabitants of the area affected by the decision:

I. you;

II. a member of your family or friends or any person with whom you have a close association;

III. any person or body from whom you have accepted or received any gifts or hospitality as specified in Schedule Two of the Code;

IV. any outside body or group specified in Schedule Two of the Code of which you are a member or in a position of general control or management (as relevant).

And where a member of the public with knowledge of the relevant facts would reasonably think that your interest is so significant that it would be likely to prejudice your judgement of the public interest.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE

14 MARCH 2019

MEMBER ITEM:
KENT AND MEDWAY WHEELCHAIR SERVICE

Report from: Ailsa Ogilvie, Chief Operating Officer, Thanet CCG
Authors: Tamsin Flint, Commissioning Manager, Thanet CCG
Jon Pitt, Democratic Services Officer

Summary
This report and attached appendix sets out a response to an issue, raised by Councillor Purdy, relating to the Kent and Medway Wheelchair Service.

1. Budget and Policy Framework

1.1 Under Medway Constitution Overview and Scrutiny rules (Chapter 4, Part 5, Paragraph 9.1) Councillor Purdy has requested that an item on this matter is included on the agenda for this meeting.

2. The Issue

2.1 The Committee has previously been notified, via briefing notes, that there was pressure on the Kent and Medway Wheelchair Service, with patients experiencing longer waiting times for equipment, repairs and assessment. Thanet NHS Clinical Commissioning Group commissions the service, which is provided by Millbrook Healthcare on behalf of the Kent and Medway clinical commissioning groups.

2.2 Concerns regarding the Wheelchair Service were raised by Members at the December 2018 meeting of this Committee. These included concern that the service was not considered by Members to have improved sufficiently and anecdotal evidence from service users that suggested that some were still waiting for a significant period for either initial assessment / equipment provision or wheelchair repairs.

2.3 The Committee agreed that a letter be sent on behalf of the Committee to set out concerns in relation to the Wheelchair Service. A response provided by
Thanet CCG was circulated electronically to the Committee in January 2019. An updated version of this report is attached as Appendix A.

2.4 Councillor Purdy has requested that an item be placed on the agenda on the basis that she does not consider that the previously provided update demonstrated sufficient improvement.

3. Thanet Clinical Commissioning Group Comments

3.1 In September 2018, the eight Kent and Medway CCGs approved additional contract funding to enable Millbrook to clear the long waiting lists they had inherited, and that had grown during year one, and to rebalance the case mix. There is evidence that this additional funding along with improved processes and additional staffing put in place by Millbrook Healthcare is having a positive impact on service performance. Latest data to the end of January 2019 shows that the waiting lists for equipment and repairs continue to reduce in line with the improvement plan trajectory. However, more work is required as there are still service users who have waited unacceptably long periods of time. Until the backlog is finally cleared this remains a concern, as too many people are experiencing a poor service.

3.2 A report to the Committee is attached as Appendix A.

4. Risk Management

4.1 There is a possible impact on social care services if clients who require wheelchairs are unable to obtain them when necessary or face delayed repairs. Otherwise, there are no specific risk implications for Medway Council arising directly from the contents of this report.

5. Financial and Legal Implications

5.1 There are no financial or legal implications for Medway Council directly arising from this report.

6. Recommendations

6.1 It is recommended that the Committee notes and comments on the Member’s item and the report provided by Thanet NHS Clinical Commissioning Group.

Officer contact

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Appendices

Appendix A – Update on Kent and Medway Wheelchair Service from Thanet CCG

Background Papers

None.
**Meeting Title:** Medway Health and Adult Social Care Overview and Scrutiny Committee

**Agenda Item:**

**Date of Meeting:** 14 March 2019

**Title of Report:** Kent and Medway Wheelchair Service Update

**Author:** Tamsin Flint, Commissioning Manager, Thanet CCG

**Executive/Lay Sponsor:** Ailsa Ogilvie, Chief Operating Officer, Thanet CCG

**Finance sign-off**

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**Report summary/purpose:**

This paper is to update Medway’s Health and Adult Social Care Committee (HASC) on Kent and Medway’s Wheelchair Service performance and actions the Clinical Commissioning Groups (CCGs) and Millbrook Healthcare are taking to deliver the Service Improvement Plan.

**Recommendation:**

HASC members are asked to note this report.

**Combined impact assessments**

Has the report/recommendation/proposal been impact assessed

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Kent and Medway Wheelchair Service Update March 2019

Situation:

The Kent and Medway wheelchair service continues to show clear signs of improvement in service performance as the waiting lists for equipment and repairs reduce further. Some service users still report problems and the CCG is working closely with Millbrook Healthcare to address these.

In September 2018, the eight Kent and Medway CCGs approved additional contract funding to enable Millbrook to clear the long waiting lists they had inherited, and that had grown during year one, and to rebalance the case mix. The positive impact of this additional funding along with improved processes and additional staffing put in place by Millbrook Healthcare is now being felt with a continuously improving service. Further funding will be released in 2019/20 subject to evidence of continuing service performance improvement.

We value very highly the opportunity to work with service user representatives and are committed to increasing our engagement with service users. Following a meeting with service user representatives in January 2019, it was agreed that a Service Improvement Board would be created which will involve service users and other stakeholders to monitor performance progress against the service improvement action plan and work programme. This will be underpinned by operational steering groups to provide the opportunity for service users and other stakeholders to have more detailed discussions and share qualitative data with Millbrook Healthcare and the CCGs.

Millbrook Healthcare will also be holding a number of engagement events in March and April this year so that service users can share their experiences and make suggestions that can inform further and sustained improvements in the Kent and Medway Wheelchair Service.

This report provides a further update on Kent and Medway’s wheelchair service performance since our last report shared with HASC in January 2019.

Background:

Millbrook Healthcare took over the NHS-funded wheelchair contract for Kent and Medway on 1st April 2017 which is managed by Thanet CCG on behalf of the eight Kent and Medway CCGs.

Following contract mobilisation Millbrook Healthcare raised concerns about the caseload inherited from the previous provider. Following a review of the evidence by the CCG and an independent audit it became clear that the inherited backlog had impacted on the ability of Millbrook Healthcare to deliver the contract and that the demand into the service was more significant than had been predicted at the time of procurement.
By the end of March 2018:

- 443 children on the waiting list: 45% waiting over 18 wks (62 over 52 wks)
- 1971 adults on the waiting list 51% waiting over 18 wks (272 over 52 wks)
- A large backlog of repair jobs had built up, with service users experiencing unacceptably long waits for repairs.

Additional funding has been released by the eight CCGs to enable additional equipment orders to be placed to clear the long waiting lists.

**Assessment:**

Both Millbrook and the east Kent CCGs are working in partnership to continue to bring improvements to the service. Latest data up to the end of January 2019, shows evidence of continued improvement as the waiting lists for equipment and repairs reduce further.

Since the start of the contract the waiting list for assessment and equipment provision grew to 3,369 at the end of August. By the end of September the waiting list fell to 3,313, by November it had dropped to 2,766 and by the end of January 2019 it had dropped further to 2,386 and is in line with the improvement plan trajectory. This includes new referrals and shows that there have been five consecutive months net reduction in the waiting list. Between the end of August to the end of January 3,154 referrals have been provided with the equipment they need.

Of the 2,386 still on the waiting list 48 per cent have had their appointment and a further 21 per cent have their appointments booked.

The reduction in the size of the waiting list continues to re-balance the remaining case mix, with the proportion of low/medium complexity having increased from 55 per cent in March 2018 to 63 per cent in January 2019. The proportion of specialist complexity has dropped from 9.9 per cent to 4.8 per cent over the same period.

There have been significant improvements in the repairs waiting list for those who have been waiting for a wheelchair repair for more than 10 days which has reduced from 461 in mid-August to 229 by the end of September and by the end of January 2019 this has reduced further to 132. The overall number of open repairs is 218 at the end of January compared to 266 at the end of November, which is a reduction of 18 per cent.

There has been a significant improvement in the percentage of repairs completed within 3 working days, up to 48.7 per cent in January 2019 compared with 22.8 per cent in September 2018. However, this improvement is not in line with trajectory and Millbrook Healthcare has taken a number of actions to help support and improve the service further. A full review of the current routing system has been conducted to ensure all localities of Kent & Medway are visited within the 3 working days target. The service also has the ability to offer am/pm and ‘first job’ appointments. The new and improved real-time software reporting system was successfully launched in
January 2019 and will ensure that both sites are able to pro-actively manage and review repairs.

There have been improvements in the first fix rate for repairs which is now at 99.5%, which means that 388 out of 390 repairs in January were fixed first time. There were 9 complaints reported in January which is in line with the monthly average. The main themes are around waiting times and not meeting the eligibility criteria. Although there have been improvements over recent months, complaints are not being dealt with within the agreed timescale (40 days).

The quality team within east Kent CCGs continue to work with Millbrook Healthcare to gain additional assurances and to develop a quality improvement plan to address key areas requiring greater assurance, including complaints, safeguarding and governance.

The work streams continue to progress:

**Complaints:** The complaints review is underway with CCG and Millbrook Healthcare quality colleagues working together to look at how the handling of complaints can be improved including responding to complaints within agreed timescales. In particular the team will be focusing on how lessons are learnt and how these help drive improvements in the service.

**Personal Wheelchair Budgets:** By creating stronger partnerships and developing wider care plans, PWBs will deliver more person-centred care and help ensure that service users receive a wheelchair that best meets their health and well-being outcomes. Following the commissioning manager attending an NHS Personal Wheelchair Budget Workshop in February and completing the scoping exercise, the CCG will be able to respond to questions and comments raised by service users in an initial meeting and gather practical advice and resources to support implementation. A project plan has been developed and is being implemented which involves Millbrook Healthcare staff, service users and other external partners.

**Eligibility Criteria:** The CCG has conducted a scoping exercise of eligibility criteria for other NHS wheelchair services and a project plan has been developed. Millbrook Healthcare colleagues have met with the CCG to share their views, concerns and suggestions for improving the clarity of the criteria. This information is being collated and used as a platform to develop a refined eligibility criteria which will be shared with service users and other external stakeholders to gather feedback.

**Disability Equality Training:** This will be delivered to commissioners and Millbrook Healthcare staff in order to create a better understanding of service user challenges. Information has been shared with a potential trainer who was recommended by a service user and we anticipate a proposal imminently.
Recommendation:

These clear signs of steady performance improvement in the Kent and Medway wheelchair service are positive but there is still more to be done. East Kent CCGs will continue to work together with Millbrook Healthcare and with service users and stakeholders to deliver the service improvement action plan and work programme to make sure that all service users receive an improved wheelchair service. HASC members are asked to note these service improvements.
Appendix I: Kent and Medway's Wheelchair Service Improvement Plan
Performance Summary (January 2019 data)

Waiting List Size

The graph below shows the increase in the waiting list size since the start of the contract and then the reduction starting in September through to January 2019. These figures include new referrals and show that for the first time since the start of the contract there has been five consecutive months net reduction in the waiting list.

![Kent and Medway waiting list size trend graph]

Waiting Times

The average length of waiting time for open referrals across Kent and Medway has increased from 29.5 weeks in September to 31.2 weeks in January 2019. We continue to monitor and review waiting times. Millbrook Healthcare is concentrating on the long waiters for children which has seen the average wait time for children drop down to below 24 weeks, the aim is to meet the revised trajectory, of 92 per cent of children on an incomplete episode of care who had been waiting for less than 18 weeks, by April 2019, in line with the national target.

Staff

Throughout January staffing has been stable. However, from February there is a vacancy in the field service engineer role and a further engineer presently on long term sick.
Equipment Provision

Overall open episodes of care are ahead of projection, with 2,386 open episodes of care in January, of which 314 were children.
Repairs and maintenance

There has been a significant improvement in the repair on-time percentage in January up to 48.7% but this improvement although significant is not in line with the trajectory. We continue to monitor this closely.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE

14 MARCH 2019

MEDWAY NHS FOUNDATION TRUST (MFT) UPDATE

Report from:  James Devine, Chief Executive, Medway Foundation Trust

Author: Jon Pitt, Democratic Services Officer

Summary

The report at Appendix 1 provides an update on progress since the Trust last attended the Committee in October 2018.

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People’s Overview and Scrutiny Committee as set out in the Council’s Constitution.

2. Background

2.1 The report attached at Appendix 1 provides details of the progress made since the Trust last attended the Committee in October 2018.

2.2 The report includes updates on the Trust’s Transformation Programme, Ambulance Handovers, Finance, Workforce and Vacancies, Staff Survey Results and Care Quality Commission visits.

3. Risk management

3.1 There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1 There are no legal or financial implications for the Council directly arising from this report.
5. **Recommendations**

5.1 The Committee is asked to note and comment on the progress report produced by Medway NHS Foundation Trust.

**Officer Contact**

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**Appendix**

Appendix 1 – Progress report from Medway NHS Foundation Trust

**Background papers:**

None.
Transformation plan – Better, Best, Brilliant – progress report

1. TRUST-WIDE TRANSFORMATION

1.1. As our journey from Better to Best and onto Brilliant continues, we have moved from an improvement phase into transformation. The aim of this is not just to enhance the patient experience across all our services, but to ensure the future sustainability of the hospital, providing the best of care for our community.

1.2. Under this umbrella, we have produced a number of aligned strategies covering our clinical vision, quality, workforce and finance, which will all be supported by an estates strategy and other enabling programmes of work.

1.3. This is a big step forward for the Trust. Not only do we have a clear focus on the kind of hospital our community needs, and how we can achieve this within a defined timeframe, but it is also aligned with the Long Term Plan for the NHS in England.

1.4. We are enhancing the capability of our staff to lead improvement projects through a structured programme of ‘white belt’, ‘yellow belt’ and ‘green belt’ training.

1.5. Our transformation is all focused on improving the experience for patients, and much of this has looked at ways of working differently to support timely discharge and in turn improve flow through the hospital, including reducing the time people wait to be seen in the Emergency Department, for example through streaming on arrival.

1.6. We have recently agreed a Provider Collaborative arrangement with Medway Community Healthcare, which will see us working in a truly joined-up way, for example with an integrated discharge team which will, for the first time, mean all partners working to one direction.

1.7. This is the first step; we are in discussion with other providers about collaborative working, as we begin to lay the foundations for new models of working in the future.

Programmes of work

1.8. Emergency department – we have reviewed our processes in the Emergency Department to increase the number of patients who are seen and treated, admitted or discharged within four-hours. We now stream patients at the ‘front door’ so that an increased number of people who do not need to be seen in ED are referred to MedOCC.

1.9. Outpatients – A review of outpatient services is underway in conjunction with our colleagues at Medway CCG with the aim of transforming these services so that patients can be seen in the right place without unnecessary delays. The first service to be reviewed is rheumatology, and we have already undertaken strategic workshops to
map patient pathways and review service specifications. The next step is a workshop with rheumatology patients to understand what is important to them in their care.

1.10. Dermatology – Last year we notified Medway CCG of our intention to cease providing dermatology services on site from 1 April 2019 as we believed this service would be better provided in the community, rather than in an acute hospital. The CCG has procured a new provider, DMC Healthcare, who will take over the service from 1 April. We are working closely with the CCG and DMC to safely transfer patients to the new service.

1.11. Frailty – In November 2018 we opened a new Acute Frailty Unit in Sapphire Ward, led by Dr Sanjay Suman, who is a specialist in elderly medicine. This ensures that some patients are admitted more quickly and are treated by appropriate specialists on hand.

1.12. Pharmacy – One of the areas where we have seen the best engagement from staff is in Pharmacy. Previously an area where we knew we needed to improve, the teams have embraced the challenge to transform, and come up with many improvement ideas which are being pursued, and already leading to more efficient ways of working.

1.13. We will continue to keep members of the HASC updated as our transformation programme progresses.

**Stroke service**

1.14. As members will be aware, the preferred option for the location of hyper acute stroke units in Kent was approved in February by the Joint Committee of CCGs.

1.15. As we reported before, the Trust was very disappointed not to be included in the preferred option, which identified Darent Valley, Maidstone and William Harvey hospitals as the three HASU sites.

1.16. However, we continue to do our best for stroke patients, and are continuing to improve services at the hospital now, with a view to transferring an excellent service when the time comes.

**North Kent Pathology Service**

1.17. As we have reported to the Committee previously, the Pathology Service provided by Medway NHS Foundation Trust merged with the one provided by Dartford and Gravesham NHS Trust at the end of 2017. The new North Kent Pathology Service (NKPS) is provided from a laboratory at Darent Valley Hospital (DVH). The merged blood science testing went live in June 2018.

1.18. During late summer 2018 a number of incidents occurred within the NKPS laboratories processes which led to blood samples not being processed in time, resulting in the need to repeat tests on more than 3,000 patients.

1.19. The plan that was put into place with all patients and their clinicians being informed of the error has almost been completed. All affected patients were contacted and the majority retested.
1.20. Processes at the DVH laboratory have been modified to prevent reoccurrence and
detailed preventative actions have been put in place following recommendations from
the external accreditation body. Governance structures have been bolstered by the
introduction of a new cross organisational assurance board to assist the recovery of
the NKPS.

1.21. The issues have been reported as serious Incidents and are undergoing formal
investigation by both the Trust and systems partners. In addition the processes
followed to review the effects of the incidents have been shared with national
regulators.

1.22. Our Board remains committed to ensuring that the best possible pathology service be
provided for our patients and continue to work in partnership to deliver a joint service.

2. AMBULANCE HANDOVERS

2.1. In the past Medway has been the best performing Emergency Department in the
region for ambulance handover.

2.2. However, like other trusts, we have experienced an increase in the time taken for
ambulances to handover to staff in ED since Christmas. Contributory elements include
seasonal pressures and an increase in patient acuity, the number of patients requiring
hospital admission and extended length of stay, exacerbated at times by staff
sickness.

2.3. We are working closely with the ambulance service, SECAmb to ensure vehicles are
returned to service as quickly as possible and to return to our previous excellent
performance.

3. FINANCE

3.1. The Trust has a long-standing financial challenge, and a large deficit. Our control total
agreed with our regulators for 2018/19 was £46.8million, and although we expect to
reach a year end position of £52.1million, our reduction in the deficit compared to last
year is significant.

3.2. This year we had a target to achieve savings of £21million this year, which we expect
to deliver.

3.3. We continue to work closely with our health and social care partners in the Medway
health economy to achieve our constitutional performance targets and to return the
Medway health system to financial balance within three years.
4. WORKFORCE AND VACANCIES

4.1. The Trust continues to build a recruitment pipeline in order to ensure that we have the right number of staff, in the right roles to deliver brilliant care to our patients.

4.2. We have a targeted recruitment campaign to attract local and international nurses.

4.3. The Trust’s recruitment campaigns, including national, local and international have delivered 290 candidates to date.

4.4. Trust turnover has increased slightly at 12.90 per cent (+0.60 per cent), while sickness absence has reduced slightly at 4.24 per cent. However, this is still above the Trust’s tolerance level of 4 per cent. Appraisal compliance has increased to 82.8 per cent, but is below Trust target of 85 per cent.

4.5. The percentage of pay bill spent on substantive staff in January was 81 per cent, with agency usage at six per cent. Thirteen per cent of our pay bill is spent on bank staff, which is largely made up on our own staff.

4.6. Total flu vaccination uptake amongst frontline workers was at 73.5 at the time of writing. We continue to encourage all staff to have the vaccination.

5. STAFF SURVEY RESULTS

5.1. The Trust’s response rate for the national staff survey 2018 increased slightly to 40.2 per cent and reflected the opinions of just under 1,600 employees. This was against an average national response for acute Trusts of 44 per cent.

5.2. We can see that our results improved in some areas, are worse in some, and in some cases stayed the same.

5.3. Across the staff survey themes, six scores worsened (on a rating of 1-10), three remained the same and one was a new score measuring morale.

5.4. It's evident from the results that there are some areas with great leadership and really positive cultures, but in some areas staff clearly do not feel as supported or motivated as we would want.

5.5. On a theme by theme basis, the organisation scored within the range of acute providers; however, it was very close to the lower limit for morale, immediate managers, quality of care and staff engagement, and these are areas we will address as a matter of priority.

5.6. We are highlighting one area of the hospital, Pharmacy, as a case study of remarkable improvement.

5.7. This improvement is a result of several interventions including a new leadership team; high uptake of our culture programme, You Are The Difference; quality improvement
methodology, and an intensive organisational development programme. Learning from this shift will be utilised for other interventions.

5.8. We have already begun to implement actions to address the findings of the staff survey fieldwork period, building on the action plan implemented over the past 12 months. This includes:

- Continuing to run the You Are The Difference programme launched in September 2018 to help create, nurture and build a new culture at Medway, building on the best parts and letting go of the things that hold us back.
- Speaking up – launching a new Freedom to Speak Up strategy, appointing a new lead guardian and seven new guardian advocates.
- Introduced new monthly Chief Executive briefing sessions to increase visibility and access to executives.
- Scoping phase of working with Health Education England’s Clever Together partnership for in-depth analysis and intelligence on the next steps for the staff survey.

5.9. It is clear we still have some way to go to better engage with our staff, and the programmes we have implemented are beginning to address this.

6. CARE QUALITY COMMISSION VISITS

6.1. We previously updated the Committee on the CQC’s 2018 visit, which recognised that we had maintained areas of improvement, and improved further in some areas.

6.2. Following the visit we implemented an action plan, addressing the ‘must do’ and ‘should do’ actions. All of the ‘must dos’ have now been completed, along with the majority of the ‘should dos’.

6.3. We are anticipating another visit in the spring or early summer of 2019.

6.4. In addition to the annual inspections, we receive quarterly engagement visits from the CQC under its new regime. We have been receiving good feedback from these sessions, the most recent of which included a visit to our maternity department.
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HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
14 MARCH 2019

VARIATION IN PROVISION OF HEALTH SERVICE – IMPROVING OUTPATIENT SERVICE IN MEDWAY AND SWALE IN LINE WITH THE MEDWAY MODEL AND COMMUNITY SERVICE REDESIGN

Report from: Nikki Teesdale Associate Director of Secondary Care Commissioning, NHS Medway Clinical Commissioning Group

Author: Dr Hasham T Khan, Senior Programme Manager, NHS Medway Clinical Commissioning Group

Summary

This report updates the Committee on improving outpatient services across Medway and Swale. This in line with the Medway Model and community service redesign, which will enable care to be delivered closer to people’s homes. The improvement programme will be bringing services together, this will enable health and care staff to work more closely together and develop services that focus on the needs of the patients.

This report from NHS Medway Clinical Commissioning Group (CCG) updates the Committee on the progress of the programme since the previous paper on the Community Service Redesign and the Medway model that was sent to the Committee in January 2019.

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People’s Overview and Scrutiny Committee as set out in the Council’s Constitution.
2. **Background**

2.1 The current outpatient model within the NHS across England has been described as “obsolete”. In the past ten years, the number of outpatient appointments has doubled, meaning we need to address our services to ensure we are meeting the needs of the patients.

2.2 The Medway Foundation Trust (MFT) serves a catchment of 400,000 patients from across Medway and Swale. In 2017/2018, the Trust had 325,000 outpatient attendances, with a cost of £32m.

2.3 Across the local system, there is the opportunity to work collaboratively to address the increase in patient referrals by reviewing specialty level pathways through a close working relationship between clinicians from primary, secondary, patient and community organisations.

2.4 The programme is based on best practice from other areas and it will incorporate digital and innovative approaches to manage patients seamlessly from primary care, through to secondary care then back to primary care for their acute and ongoing long term management. This should result in a patient centric position reflecting the Medway Model and a modernised approach to the delivery of outpatient care to meet the emerging and changing health needs of the Medway and Swale population, acknowledging the different population demographics and long term conditions.

3. **Options**

3.1 From a review of examples of initiatives implemented in other areas there are a number of possible ways to reduce consultant face to face appointments and make more effective and efficient use of clinical resources, especially consultants. The vision is shown in Appendix 2.

3.2 These initiatives would apply to all specialty areas. During the first phase of the programme six specialties have been identified, these include: rheumatology, neurology, respiratory, colorectal, urology and haematology.

3.3 The first phase of the outpatients improvement programme will involve reviewing the referral criteria, reviewing the existing pathways and patterns of activity. The aim of this review is to carry out improvements in the referral process by introducing the use of technology and building strong relationships across community, primary and secondary care providers.

4. **Advice and analysis**

4.1 Outpatient services are often the first point of contact that most elective care patients have with secondary care.

4.2 Getting things right at the referral stage of the pathway can have significant benefits in terms of patient safety, quality and cost further downstream.

4.3 The management and delivery of outpatient services is frequently complex, often requiring the co-ordinated delivery of parallel and/or sequential
process steps by a range of clinical and non-clinical staff across many disciplines and departments.

4.4 This programme is a redesign of the current system from a patient centric position, reflecting the Medway Model, and a modernised approach to the delivery of outpatient care.

4.5 A combined impact assessment (CIA) was carried out, which found a positive impact on disabled people while there was neutral impact on all other protected characteristics.

5. Risk management

5.1 The improving outpatient programme has been included in the CCG's performance risk register.

5.2 All areas of the model will be monitored, audited and evaluated through a set of agreed standards any incidents identified will be investigated according to local policy.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial Risk</td>
<td>There is a financial risk to the CCG for non-delivery.</td>
<td>This will be mitigated in part by ensuring adequate resource is available for the programme.</td>
</tr>
<tr>
<td>2. Stakeholder engagement</td>
<td>There is a risk of poor engagement from clinicians / stakeholders. In addition, the current service is not sustainable and not fit for purpose.</td>
<td>Stakeholder engagement held in November. Further engagement workshops are being planned for each specialty.</td>
</tr>
<tr>
<td>3. Patient Experience &amp; expectation</td>
<td>Patients often have duplication of care, unnecessary appointments and long waiting times for follow up. This does not lead to a positive patient experience; this will continue if the project does not deliver.</td>
<td>Patient engagement is vital for the success of this programme. Patient and public groups will be part of all stakeholder engagement workshops with dedicated sections on patient experience during workshops.</td>
</tr>
</tbody>
</table>
6. **Consultation**

6.1 The outpatient improvement strategy will set out the approach and phases of the programme enabling innovation, implementing pilots to test and embed change using a whole system approach. This will be developed to ensure a successful and evolving change and structure, in a phased approach.

6.2 Engaging patients and understanding their views and needs for outpatient care and engaging clinicians and including their clinical and administration teams will be instrumental to the success of the delivery of this programme.

6.3 The service improvement programme is designed entirely from a patient centric position. This has been led by patient engagement carried out in the redesigning the community services. The Medway Model is seen as the next stage of modernising the approach to deliver outpatient care to meet the emerging and changing health needs of the Medway and Swale population, acknowledging the different population demographics and long term conditions. Communications and Engagement teams will lead on gaining patient feedback and views to support the development of the vision.

6.4 A full communications and engagement plan, including a comprehensive stakeholder map is being developed as a first stage to the programme. This follows on from the patient and public engagement already carried out for Community Service Redesign. The CCG is fully committed to engaging the population and this will be done through a number of ways which will include surveys and face to face discussions with patients, staff and local communities.

7. **Financial implications**

7.1 There are no financial implications to Medway Council directly arising from the contents of this report. Financial considerations in relation to the outpatient improvement programme are set out in Appendix 1.

8. **Legal implications**

8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health) to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

8.2 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to
resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

8.3 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:


8.4 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way frontline health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.

8.5 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead, commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This is attached as Appendix 1 of this report.

8.6 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

9. **Recommendations**

9.1 The Committee is asked to

i) Consider and comment on the report and proposed development or variation to the health service, as set out in this report and Appendix 1.

ii) In consideration of Medway NHS CCG’s assessment that the proposal does not represent a substantial development of, or variation to, the health service in Medway, to determine whether it agrees with this assessment.
Lead officer contact

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Associate Director of Secondary Care Commissioning
07769 742284
nikkiteesdale@nhs.net

Appendices

Appendix 1 – Completed Substantial Variation Template
Appendix 2 – Improving Outpatients Services
Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details: Medway CCG, Nikki Teesdale, nikkiteesdale@nhs.net

Current/prospective Provider(s): Medway NHS Foundation Trust (MFT)

Outline of proposal with reasons: Medway Foundation Trust (MFT) is the main provider of Outpatient Services to the Medway and Swale population. On exploration of the data there were 15 specialties at MFT which had activity levels above 5000 episodes during the financial year. MFT continues to experience challenges in meeting the national Referral to Treatment (RTT) targets across a number of specialties. The 18 week incomplete RTT pathway is 92% however the latest RTT performance reported in December 2018 for MFT was 80.97%. The RTT target of 92% has not been achieved at MFT throughout 2018/19 YTD. As well as being a poor experience for patients, lack of access to timely appointments for diagnosis and treatment poses a clinical risk and resultant health deterioration if their condition remains unmanaged for prolonged periods.

This proposal is about improving the provision of outpatient services in Medway and Swale. This is in line with the Medway model and community service redesign which involves a patient-centric approach, it is based on best practice from other areas and will incorporate digital and innovative approaches to manage patients seamlessly from primary care, through to secondary care then back to primary care for their acute and ongoing long term management. Engaging patients and understanding their views and needs for outpatient care and engaging clinicians and including their clinical and administration teams will be instrumental to the success of the delivery of this programme.
2. **Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

Medway CCG is working with MFT to progress this programme in a phased approach. The first phase of the programme is expected to commence in April 2019.

3. **Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**
   Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway’s JHWBS and:
   - how the proposed reconfiguration will reduce health inequalities and
   - promote new or enhanced integrated working between health and social care and/or other health related services

The primary purpose of improving outpatient services is to ensure that Medway and Swale residents receive their care in a place that is most convenient. The service improvement programme is designed entirely from a patient centric position. This has been led by patient engagement carried out in the redesigning the community services. The Medway Model is seen as the next stage of modernising the approach to deliver outpatient care to meet the emerging and changing health needs of the Medway and Swale population acknowledging the different population demographics and long term conditions. A combined impact assessment (CIA) was carried out which found a positive impact on disabled people while there was neutral impact on all other protected characteristics.

4. **Alignment with Kent and Medway Sustainability and Transformation Plans.**

The K&M STP case for change set out the ambition to put local people at the heart of services by helping people to stay well and independent in their own homes and communities. It talks about a modern approach to health and social care services using the best technology, from booking appointments online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor patient health and timely appointments with the right professional in a community setting. The outpatient improvement strategy highlights our continued commitment to improving service delivery locally and it is fully aligned with the ambition set out in the K&M STP.
5. Please provide evidence that the proposal meets the Government’s four tests for service charge:

Test 1 - Strong public and patient engagement
(i) Have patients and the public been involved in planning and developing the proposal?
(ii) List the groups and stakeholders that have been consulted
(iii) Has there been engagement with Medway Healthwatch?
(iv) What has been the outcome of the consultation?
(v) Weight given to patient, public and stakeholder views

In 2017 the CCG engaged widely with patients, families, residents and staff on their proposals for future of health and care services and the feedback informed the development of the proposed model. Approaches included:

- An online and paper survey open between 26 October and 6 December 2017
- Two public events to launch the engagement programme – in mid-November 2017
- A discussion with Medway GPs and Practice managers
- Three workshops to build aspects of the future model held in November and December 2017
- 14 focus groups within local community settings run through the CCG’s community development partnership – Involving Medway
- A patient panel to ensure that user voice was prioritised at all events
- Training local residents as community health researchers who undertook 36 individual face-to-face and telephone interviews with users of services
- A stakeholder workshop was held in November 2018 where the phases of the programme were discussed and agreement was obtained on and the specialties for the first phase.

Test 2 - Consistency with current and prospective need for patient choice

The CCG used the feedback from the events to create a document detailing the key changes that will improve patients’ experience of services. This will guide the future redesign of the outpatient services for the local population. The CCG will continue to engage with patients and providers throughout the redesign by holding workshops and user group sessions to ensure that we deliver what patients want.

Test 3 - A clear clinical evidence base
(i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
(ii) Will any groups be less well off?
(iii) Will the proposal contribute to achievement of national and local priorities/targets?
Evidence from other areas where outpatient service improvement has been undertaken suggests that patient experience improves with revised models of care delivery. The initial Combined Impact Assessment (CIA) shows that by reducing appointments where appropriate and offering care delivery closer to home will result in a positive impact on people with disabilities. The impact on the remaining protective characteristics was found to be neutral with none of the groups worse off.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The outpatient service improvement programme is built on the foundations of meaningful stakeholder engagement which includes patients, service users and clinicians across the spectrum. All new pathways will be developed robustly through an agreed process of dialogue between the key stakeholders, in addition these will be based on best practice and be evidenced based to ensure patient safety as the key principle.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

(i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or

(ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or

(iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

No

6. Effect on access to services
(a) The number of patients likely to be affected
(b) Will a service be withdrawn from any patients?
(c) Will new services be available to patients?
(d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The programme is under-pined by clinicians from primary, secondary and community organisations as well as engagement from patient populations to develop the redesign to maximise the opportunity to transform the way the pathway can be changed, include best practice, digital and innovative approaches to manage patients seamlessly from primary care, through to secondary care then back to primary care for their acute and ongoing long term management. The Medway Model aims to deliver care locally in a safe environment which is closer to people’s homes so we expect people to access
services in their local healthy living centres where all their needs are met safely thus improving the patient and carer experience.

7. **Demographic assumptions**
   (a) What demographic projections have been taken into account in formulating the proposals?
   (b) What are the implications for future patient flows and catchment areas for the service?

The service improvement is designed for all the residents of Medway and Swale. The expected reduction in activity as a result of this programme is around 6% in outpatient service utilisation across each specialty.

8. **Diversity Impact**
   Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The Combined Impact Assessment has shown neutral to positive impact across all groups. A full Equality Impact Assessment will be carried out before plans are agreed for each specialty to ensure that necessary mitigation is put in place if any negative impact is identified, e.g. ensuring all community sites are DDA compliant to ensure equity of access for all our service users.

9. **Financial Sustainability**
   (a) Will the change generate a significant increase or decrease in demand for a service?
   (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
   (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
   (d) Will it be affordable in revenue terms?
   (e) What would be the impact of ‘no change’?

The outpatient service improvement programme is in line with CCG’s financial objectives which set out the responsibility of ensuring value for money, directing resources to maximise benefit to make the best use of public money. In addition the service redesign will result in quality improvement ensuring services are safe, efficient and effective.

The expected reduction in outpatient activity should result in annual savings of £1.1m. Medway CCG total spend on all outpatients at MFT during 2017 was £23.2m with a forecast spend of £24.4m for 2018/19 and for Swale CCG their spend during 2017/18 was £9.18m with a forecast spend of £9.45m for 2018/19. Both CCGs have seen an increase in spend on outpatients with a Year on Year increase of 5.2% for MCCG and 3.0% for SCCG.
### Outpatient Services

<table>
<thead>
<tr>
<th></th>
<th>Medway CCG 2017/18</th>
<th>Medway CCG 2018/19</th>
<th>Swale CCG 2017/18</th>
<th>Swale CCG 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Actual</td>
<td>Forecast</td>
</tr>
<tr>
<td>All outpatients</td>
<td>£23.2m</td>
<td>£24.4m</td>
<td>£9.18m</td>
<td>£9.45m</td>
</tr>
<tr>
<td>Top 15 specialties</td>
<td>£17.8m</td>
<td>£18.3m</td>
<td>£6.22m</td>
<td>£6.09m</td>
</tr>
</tbody>
</table>

The impact of no change will see costs continue to rise with longer waiting times for patients resulting in poor patient experience.

### 10. Wider Infrastructure

(a) What infrastructure will be available to support the redesigned or reconfigured service?  

(b) Please comment on transport implications in the context of sustainability and access

The CCG has invested in developing the Medway Model of local care delivery. This includes six healthy living centres, two in each of the three localities. The Medway Model is set up to deliver holistic care at each level.

**Level 1: approximately 30k-50k populations**  
The most common services that serve the highest number of patients. Includes:  
- day-to-day management of long term conditions (including respiratory, cardiology and diabetes)  
- wound therapy  
- phlebotomy  
- end of life care  
- physiotherapy and occupational therapy

**Level 2: approximately 80k-100k populations**  
Services that are not be feasible to be provided frequently at every IHWC due to the level of demand or where specialist staff, equipment or clinic space is required. Includes:  
- gym-based exercise and rehabilitation  
- group education (including for diabetes)

**Level 3: whole-population**  
The most specialist community services where staff will hold smaller caseloads and focus on providing support, education. Includes:  
- specialist nursing (including continence care, tissue viability and epilepsy)  
- hand therapy  
- musculo-skeletal assessment and triage  
- specialist palliative inpatient care

The delivery of care locally in community sites that are closer to people’s usual place of residence will ensure ease of access for all patients.
11. Is there any other information you feel the Committee should consider?

This proposal has come about as a result of the continued challenges at Medway Foundation Trust in meeting the national Referral to Treatment (RTT) targets which lead to poor experience for patients, lack of access to timely appointments for diagnosis and treatment poses a clinical risk and resultant health deterioration if their condition remains unmanaged for prolonged periods.

The proposal is in line with the Medway Model of local care delivery and the extension to the community service redesign which is a patient centric approach to delivering care in a timely and accessible manner. The outpatient improvement will result in efficiency savings with a subsequent reduction in activity.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The CCG does not consider the proposal to be “substantial” in the meaning here. There are no service reductions, only developments, particularly the improved care environment which is being designed. Service users will be engaged in the development through the design and implementation process, which will be supported by comprehensive communication and engagement strategies.
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Improving Outpatients services

- The vision for the outpatient strategy is to deliver a person-centred outpatient system.
- Patients will have more options, better support and joined up care by the right person in the most optimal setting.
- The joint mission is for all patients to have access to a high quality integrated holistic OP care at a point of need.
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

14 MARCH 2019

KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST (KMPT) UPDATE

Report from: Helen Greatorex, Chief Executive, KMPT
Author: Jon Pitt, Democratic Services Officer

Summary
The report provides an update on the work of Kent and Medway NHS and Social Care Partnership Trust (KMPT).

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.

1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Background

2.1 Following the update on inpatient beds provided at the August 2016 meeting of the Committee, it was agreed at the Pre-Agenda meeting on 6 October 2016 that KMPT would be asked to provide regular updates on its wider work. This is the sixth such report to be presented to the Committee, with updates having previously been presented to the November 2016, January 2017, August 2017, December 2017 and June 2018 meeting.

2.2 Attached to this covering report is a report from KMPT (Appendix 1). This includes the following:

- A reminder of current service provision.
- Current activities and priorities – this includes an update on Care Quality Commission (CQC) inspection visits, including the Well Led inspection undertaken in October to November 2018. The inspection report is attached as Appendix 3. This section of the report also includes updates on the Ruby Ward at Medway Maritime Hospital; the development of the Medway Hub,
which was considered by the Committee as an agenda item at the January 2019 meeting; the Clinical Care Pathways Programme and; an update on Cramer Ward at St Martin’s Hospital, Canterbury. Photos are attached separately as Appendix 2.

- New initiatives and opportunities. This includes details of work being undertaken in relation to Urgent Care Responses and updates on the Mental Health Strategy, Five Year Forward View and the NHS Long Term Plan, with regards to mental health.

2.3 Six appendices are included within the KMPT report as follows:

Appendix A – Services Based in Medway

Appendix B – An outline of services based outside Medway that offer an in-reach provision to the residents of Medway

Appendix C – Joint Briefing regarding Cranmer Ward, St Martins Hospital, Canterbury

Appendix D – KMPT enabling projects and their key benefits

Appendix E – Summary of services to be relocated from St Martin’s (West)

Appendix F – Summary of services to be retained on St Martin’s (West) Site

3. Risk Management

3.1 There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1 There are no direct financial or legal implications directly arising to Medway Council from this report.

5. Recommendations

5.1 The Committee is requested to note the contents of the report and provide any comments that it wishes to make.

Officer Contact

Jon Pitt, Democratic Services Officer
Phone: 01634 332715  Email: Jon.pitt@medway.gov.uk

Appendices

Appendix 1 - KMPT Mental Health Update
Appendix 2 – Photos of St Martins, Canterbury
Appendix 3 – Care Quality Commission KMPT Inspection Report, 22/01/19

Background papers:

None.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Mental Health Update

Report prepared for:

Medway Council
Health and Adult Social Care (HASC) Overview and Scrutiny Committee
14 March 2019

Version: 0.8
Date: 25 February 2019

Reporting Officer: Jacquie Mowbray-Gould
Chief Operating Officer, KMPT

Report Compiled By: Sarah Day, Programme Manager, KMPT
1. Introduction

1.1 This report has been prepared at the invitation of Medway Council’s Health and Adult Social Care Overview and Scrutiny Committee (HASC) to provide an update about the Kent and Medway Partnership NHS Trust (KMPT).

1.2 This report aims to update Members on current activities and priorities, successes, challenges and opportunities and to provide a reminder to Members of the current service provision in Medway.

1.3 This report will be presented under the following set of headings:

1.3.1 Current service provision – a reminder.

1.3.2 Current activities and priorities.

1.3.3 New initiatives and opportunities.

1.4 The Committee is asked to note the content of the report and provide comment.

2. Current service provision – a reminder

2.1 KMPT is commissioned to provide a range of inpatient, community and specialist services to younger and older adult residents of Medway. Some of these services are based in Medway; others are based outside of Medway and offer an in-reach provision to the residents of Medway.

2.2 Appendix A provides an outline of those services based in Medway.

2.3 Appendix B provides an outline of those services based outside of Medway that offer an in-reach provision to the residents of Medway.

3. Current activities and priorities

3.1 Care Quality Commission (CQC) inspection progress and improvements:

3.1.1 The CQC’s comprehensive inspection in January 2017 rated the organisation as Good overall and Outstanding for Caring. At the end of 2018, the CQC undertook a Well Led inspection.

The full inspection report was published at the end of February 2019. Feedback from the CQC acknowledges that the Executive Team has led phenomenal improvements to quality of care: not only has a CQC warning notice in relation to adult community mental health teams been lifted, but the inspection of these teams as part of the 2018 well led inspection has seen the overall rating of this core service improve from Requires Improvement to Good. The overall Trust rating has remained Good but with noticeable improvements in forensic inpatient services which improved from Good to Outstanding overall and older people community mental health teams which improved from Good to Outstanding in their caring domain. No CQC domains have deteriorated since the last comprehensive inspection in 2017; improvements were noted in 9 domains.

<table>
<thead>
<tr>
<th>Ratings for the whole trust</th>
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<tr>
<td>Safe</td>
</tr>
<tr>
<td>Good Nov 2018</td>
</tr>
</tbody>
</table>

1 Email to Helen Greatorex, Chief Executive (KMPT) from Jon Pitt, Democratic Services Officer (Medway Council) dated 24 January 2019
Whilst as always, the CQC highlighted areas for improvement, their recognition of the significant progress made by KMPT since the last inspection was heartening.

3.1.1.1 “Every member of staff we spoke to, without exception, spoke of how much the culture had improved since our last inspection in 2017”.

3.1.1.2 “Staff at all levels from a wide range of disciplines reported feeling proud of the care and treatment they provided to patients”.

3.1.1.3 “Staff were motivated and inspired to improve patient care in every way possible”.

3.1.2 The organisation is focused on delivering Brilliant Care through Brilliant People and has welcomed the Commission’s recognition of our commitments to meet our promise.

3.2. Ruby ward:

3.2.1 Ruby ward is a 14 bedded female ward for older adults with mental health problems at Medway Maritime Hospital (Gillingham). The ward cares for people with both functional mental health problems and those with dementia. The unit was not designed as a mental health ward and the environment has long been recognised as being unfit for purpose with dormitory style bed areas and only two side rooms creating issues with privacy and dignity. As the ward is on the first floor there is no immediate access to outdoor space and access to fresh air is some distance away through the main hospital. The ward is also a standalone unit leading to isolation and limited access to mental health support when required.

3.2.2 The CQC feedback following the comprehensive inspection in 2017 stated that the ward does not meet compliance standards. A robust maintenance programme has been implemented and a review of capital works undertaken; capital investment is now in place to ensure essential improvement to the environment. This work has been out to tender and work is due to commence in the coming weeks.

3.2.3 The works include replacement flooring throughout, replacement ceiling, redecoration, replacement of internal glass, upgrade of sanitary ware, air conditioning installation, new LED lighting installed throughout, replacing and lowering the bath, and fitting anti ligature taps.

3.2.4 In order to safely undertake the works required the ward will need to decant into temporary accommodation within KMPT. The work undertaken will greatly improve the environment and reduce the risk of harm arising from health and safety incidents although a long term solution is still required to ensure that patients receive care in a modern environment that is fit for purpose.

3.3 Medway hub:

3.3.1 The new Medway hub, at Britton Farm Site, will provide a central accessible location for all services currently based at Canada House, Elizabeth House, A Block (administration corridor) and part of Magnitude. The project formed part of KMPT’s original Estates Transformation Programme. The estate at Britton Farm Site was identified through the Sustainability and Transformation Partnership (STP) and offered by Medway Council.

3.3.2 Good progress is being made by the project group to agree the internal layout of the building, expected to be signed off at the project meeting in February 2019. Some concerns about the external environment and the Council’s plans for improvement in the area are being discussed with the Council’s lead officer. The Council has prepared a works specification and will meet with KMPT’s capital project manager to agree that all appropriate standards have been detailed. Tendering of the building works will be completed in March 2019. Once all costs are confirmed and the commitment to lease agreed, building works can commence.
3.3.3 The works are expected to take six months and whilst they are being completed KMPT will continue to work with the Council to prepare for the move. Completion of the building works will lead into a six week period of commissioning when KMPT will have access to the building to complete data and telephone installations. A move to the new Medway hub is therefore expected to take place late in 2019 / early 2020.

3.3.4 A visit to another of KMPT’s hubs, at Ashford, is being arranged for Councillors following the January 2019 HASC discussion. The Ashford hub replaced three sites in Ashford four years ago and has been a notable success. Its layout and design are similar to that proposed at the Britton Farm Site. A programme of consultation and engagement with KMPT’s prospective ‘neighbours’ in the new location will be developed and led by the local service manager in advance of actual moves.

3.4 Clinical Care Pathways Programme:

3.4.1 KMPT launched its Clinical Care Pathways Programme in August 2018. The programme aims to develop and support the review and implementation of quality care pathways, expanding and developing the use of information management technology, and through a closer alignment of its built environment to the needs of services. These developments align with the national themes for the NHS as health and care systems are subject to increasing demand and downward financial pressure and are being taken forward through the development of a two year cost improvement plan, commencing in 2018/19 and being fully functional by the end of 2019. The programme will ensure that patient care remains the ultimate priority and focus and will draw on national work and pathways work completed in KMPT in 2016/17 to develop streamlined clinical care pathways affording efficacy and efficiency to meet a range of diagnoses. The programme is working with local clinicians, people that use services, carers, commissioners and local stakeholders to ensure developments meet local need in line with locality planning within the STP. In addition and as part of the Clinical Care Pathways Programme, KMPT is seeking to build more robust links with partners and third sector providers, such as Porchlight, Live It Well and Healthwatch, to ensure thinking is joined up and together, KMPT and its partners, deliver whole pathways that reduce the current fragmentation.

3.4.2 The Clinical Care Pathways Programme has three underlying principles: Right Pathways\(^2\), Right Practice\(^3\) and Right Place\(^4\). The development of care pathways will ensure people who need mental health services get the right support and treatment at the right time and know what is going to happen for them for the duration of the time they receive services. Care pathways will support clinical staff to know what is expected of them and provide both staff and people using the service clarity on treatment and intervention options to ensure people recover as quickly as possible and / or maintain their wellbeing.

3.4.3 The Clinical Care Pathways Programme work is progressing at pace. A number of pilots have commenced across the county to test the change. In Medway one pilot has commenced, and second is due to commence in late spring / early summer 2019:

3.4.3.1 The **personality disorder change programme** pilot in Medway commenced in September 2018 for 8 patients (with staggered start times). It is a structured clinical management based intervention of 8 sessions over 8 weeks for people who are assessed. Evaluation will consider how the person was pre the programme, how they coped with the programme and how they are at the end of the programme.

\(^2\) Right Pathways: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.

\(^3\) Right Practice: Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with KMPT - from assessment to recovery and onward care or discharge.

\(^4\) Right Place: Working more flexibly and efficiently and minimising KMPT’s investment in unnecessary buildings and offices, so that KMPT can support more people without compromising the quality and safety of the care it provides.
3.4.3.2 Medway CMHT has been identified as the next team to be trained in initial interventions, which provides individual treatment for people requiring secondary care mental health treatment through 4 x 1 hour sessions on a fortnightly basis. It is based on cognitive behavioural therapy and provides a guided self-help package focused on understanding difficulties, learning new coping strategies and coming away with a clear recovery plan. It is delivered by CMHT staff, predominately support time and recovery workers. Training and weekly group supervision is provided by psychologists. A pilot commenced in November 2018 at the South Kent Coast Community Mental Health Team. Up to 35 patients are in this pilot and the first 20 will be formally evaluated as the test for change. The formal evaluation is expected to commence in April 2019. Early feedback is impressive including high rates of staff satisfaction. Following successful evaluation roll out is planned across all CMHTs.

3.5 St Martin’s West (Canterbury):

3.5.1 For completeness and clarity, Appendix C is the joint briefing written by Helen Greatorex, Chief Executive of KMPT and Caroline Selkirk, Managing Director of East Kent Clinical Commissioning Groups (CCGs) for NHS Improvement (NHSI) and NHS England (NHSE). It sets out in clear and simple terms, the background and next steps.

4. New initiatives and opportunities:

4.1 KMPT continues to welcome the opportunity to develop new initiatives and opportunities to deliver its vision. To achieve this, KMPT is involved in a number of initiatives in partnership with other agencies:

4.2 Urgent Care Response:

4.2.1 A meeting between Mental Health and Urgent Care Commissioners and KMPT has taken place to discuss options for a mental health presence in the Urgent Treatment Centre. Original discussions had centred on an urgent care lounge being housed in the Urgent Treatment Centre for those service users who have been assessed by KMPT as needing inpatient assessment to wait until a bed is identified. There has however been significant improvement and reduction in the numbers of service users in the emergency department waiting for prolonged periods of time for a mental health inpatient admission. This is due to the implementation of KMPT’s Patient Flow Strategy and patient flow matron. The need for a mental health urgent care lounge is therefore being reviewed in light of improved patient flow and significant reduction in ‘stranded’ mental health patients in the Emergency Department.

4.2.2 Individuals accessing the Medway Foundation NHS Trust’s Urgent Treatment Centre or Emergency Department who are referred for a secondary care urgent mental health assessment would, however, benefit from an improved waiting space, which could be housed in the Urgent Treatment Centre. Discussions are taking place with regards to how this could be implemented.

4.3 Mental Health Strategy, Five Year Forward View and the NHS Long Term Plan:

4.3.1 KMPT remains an active partner in the STP and particularly in the Mental Health SPT Programme.

KMPT’s vision is to create an environment within Medway and Kent where mental health is everyone’s business, where every health and social care contact counts, where everyone works together to encourage and support children, their parents, young people and adults of all ages with a mental health problem or at risk of developing one to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.
4.3.2 The Quarter 3 STP submission in January 2019 to NHSE showed that Medway is achieving 80% of the National Mental Health Strategy and Five Year Forward View delivery targets. This is subject to validation by NHSE in February 2019. The following summarises progress, achievements and challenges.

4.3.3 **Progressing well:**

4.3.3.1 **Improving access to psychological therapies:** Medway has exceeded the target for the number of people accessing the service and was quick to discover the reason for not achieving the recovery target. An investigation by the provider identified that a recent change in their analysts had led to an incorrect data submission; this has now been rectified for the next data submission. Medway exceeded waiting time targets with 96.7% of people receiving treatment within 6 weeks, and 98.3% within 18 weeks.

4.3.3.2 **Crisis resolution home treatment:** A best practice evaluation has been completed for Medway’s Crisis Resolution Home Treatment Team. Clear messages were given by the team about the demands put on them by the wider emergency and urgent care system which detracts from their core function of assessing and home treating those who are acutely mentally unwell and who ordinarily would be admitted to hospital. Commissioners and provider representatives have heard the feedback and developed a service development improvement plan. This includes milestones and trajectories to ensure the crisis resolution home treatment team is operating with high fidelity to recommended best practice. It also includes establishing finance commitment by both commissioner and provider by 2020/21. The will be included in the 2019/20 KMPT contract and progress monitored.

4.3.3.3 Whilst crisis resolution home treatment provides an alternative to hospital for those who are mentally unwell, there needs to be alternatives for people who want urgent help with issues that cause them distress. For this reason the Mental Health STP Programme is progressing its urgent and emergency care workstream, where consideration of a range of options that allows people quicker access to advice, assistance or support. Often, causes of distress are linked to social not medical need (Citizens Advice 2015), which is why integration needs to also focus on social models of health as well as medical ones. Statutory duties set out in the Health and Social Care Act 2012 promotes integrated care, requiring improved quality of care and reduced inequalities in health.

4.3.4 **Biggest achievements are:**

4.3.4.1 **Suicide reduction:** Data published in November 2018 shows there has been a slight fall in the suicide rates in recent years. The 2015/17 rates in Medway fell to 9.7% and rates are falling faster in Medway than nationally. This fall has occurred during the same period as the implementation of the Kent and Medway Suicide Prevention Strategy 2015/20. During 2018/19 the implementation of the strategy has been boosted with £660K of additional funding from NHSE. This funding has been used to further roll out of the Release the Pressure social marketing campaign, training over 1,500 individuals in suicide prevention and awareness, strengthening high risk points in secondary mental health services and awarding 27 community projects funding through the Saving Lives Innovation Fund.

4.3.4.2 **Early intervention in psychosis:** 88.9% of people in Medway requiring early intervention of psychosis were able to access National Institute for Health and Care Excellence concordant care within two weeks of referral, and this is well over the national target of 53%.
4.3.5 Challenges:
4.3.5.1 Maintaining the dementia diagnosis rate at 66.7% and improving post diagnostic care: Medway is below target at 56.6% for diagnosing people with dementia. The Clinical Commissioning Group has developed a whole pathway action plan that engages with general practitioner surgeries, care homes, patients and carers, KMPT, Medway Foundation NHS Trust and community services. Collectively through the STP, health and social care commissioners and providers are also exploring ways to overcome the challenges with support from the South East Clinical Network.

4.3.5.2 Introducing physical health checks to 50% of those with a severe mental illness who are well and under the care of their general practitioner only: Medway Clinical Commissioning Group is hopeful of achieving this target and has planned a targeted approach of general practitioner surgeries to ensure health checks are carried out for those on the severe mental illness register and that each are recorded so achievement can be monitored.

4.3.6 Mental health in the NHS Long Term Plan: Mental health is one of the top priorities in the NHS Long Term Plan. Headline messages so far include:

4.3.6.1 Tenacity of purpose: The Mental Health Five Year Forward View, a current overarching national strategy for mental health, has two years remainly: 2019/20 and 2020/21. The NHS Long Term Plan requires the STP to carry on and make good on all Five Year Forward View service priorities and deliverables.

4.3.6.2 Areas of difference between the two plans include the NHS Long Term Plan raising the bar on some existing Five Year Forward View commitments; adding new mental health service areas and standards and changing the context in which the health and care work to improve people’s mental health is done. Changing the context includes the shift towards integrated care - integrating physical and mental health care and place-based systems and a focus on population health, including mental wellbeing and illness prevention. Also, there are specific resolutions for primary and community services and acute services.

4.3.6.3 Investment to reduce the mental health care gap: The NHS Long Term Plan intends to grow NHS investment in mental health services faster than the overall NHS budget in each year between 2019/20 and 2023/24. Further, that children and young people’s mental health services funding will rise even quicker, outstripping the rate of growth in both overall NHS funding and total mental health spending.

4.3.6.4 The upshot is that mental health investment will be at least £2.3b higher a year by 2023/24. The new money must be visible in delivery of the Five Year Forward View and the NHS Long Term Plan mental health priority areas and standards and for the direct benefit of people who use mental health services. There will be special scrutiny of this, relating mental health spend, services activity and workforce. Clinical Commissioning Group mental health investment plans for 2019/20 will be subject to external review.

4.3.6.5 Tackling the big issues for population mental health: The burning ambition is to deliver world-class mental health care, when and where children, adults and older people need it. Among other things, the NHS Long Term Plan supports the following:

4.3.6.5.1 Children and young people: significantly more children and young people aged 0-25 years will access timely and appropriate advice and help via NHS-funded specialist mental health services and school or college based mental health support teams.
4.3.6.5.2 Expectant and new mothers with a mental illness and their partners: more women will access specialist perinatal mental health services and the period of care will be extended from 12 to 24 months after childbirth.

4.3.6.5.3 People experiencing a mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community.

4.3.6.5.4 Adults with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive and be supported to live a fulfilling life.

4.3.6.5.5 Fewer people will die by suicide.

5. Conclusion and Recommendation

5.1 KMPT is committed to playing its part as a system leader and driving up the quality of care it provides. Whilst it faces a series of challenges, it is clear about how to address them and believes in an open and collaborative approach.
### APPENDIX A: SERVICES BASED IN MEDWAY

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Description of service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute (younger adult) services</strong></td>
<td></td>
</tr>
<tr>
<td>Crisis resolution and home treatment (CRHT)</td>
<td>Based at A Block, Medway Maritime Hospital (Gillingham), the Medway and Swale CRHT provides support at home 24 hours 7 days a week to those individuals aged 18 years and over experiencing mental health crisis and whom without support would require hospital admission.</td>
</tr>
<tr>
<td>Liaison psychiatry</td>
<td>Based at Medway Maritime Hospital, the Medway Liaison Psychiatry service operates 24 hours a day 7 days a week and aims to provide mental health support to people admitted to Medway Maritime Hospital. The service works very closely with staff at Medway Maritime Hospital to allow a patient’s mental health to be treated effectively alongside any physical health problems. The service is available to anyone over the age of 18, regardless of address, who attends the emergency department or is an inpatient at Medway Maritime Hospital and needs advice, assistance or a mental health assessment.</td>
</tr>
<tr>
<td><strong>Community recovery services</strong></td>
<td></td>
</tr>
<tr>
<td>CMHT</td>
<td>Based at Canada House (Gillingham) the Medway and Swale CMHT provides services to adults of working age (18 to 65 years) with severe long term mental health needs.</td>
</tr>
<tr>
<td>Mental health learning disability (MHLD)</td>
<td>Based at Canada House, the Medway and Swale MHLD team provides services to adults of working age (18 to 65 years) with mental health learning disabilities.</td>
</tr>
<tr>
<td>Early intervention for psychosis (EIP)</td>
<td>Based at Canada House, the Medway and West Kent EIP service works with people aged between 14 and 35 years old who are experiencing their first episode of psychosis, and who have been experiencing symptoms for less than three years.</td>
</tr>
<tr>
<td><strong>Inpatient rehabilitation</strong></td>
<td>Based at Newhaven Lodge, Medway Maritime Hospital, the 8 bedded Newhaven Lodge Rehabilitation Unit is a mixed gender inpatient adult mental health rehabilitation unit. The rehabilitation team work with men and women who have experienced a relapse in their mental health, to promote recovery and support them to develop or regain skills for every day living.</td>
</tr>
<tr>
<td><strong>Older adult services</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient older adult</td>
<td>Based at A Block, Medway Maritime Hospital, the 14 bedded Ruby Ward is a female only inpatient older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.</td>
</tr>
<tr>
<td>Community mental health service for older people (CMHSOP)</td>
<td>Based at Elizabeth House (Rainham), the Medway CMHSOP provides a service for people age over 65 years with both organic and functional presentations.</td>
</tr>
<tr>
<td><strong>Forensic and specialist services</strong></td>
<td></td>
</tr>
<tr>
<td>Criminal justice liaison and diversion service (CJLD)</td>
<td>Based in the Medway Custody Suite, the Medway CJLD service provides screening and assessment of individuals, of all age groups and vulnerabilities within the criminal justice system.</td>
</tr>
<tr>
<td>Chronic fatigue syndrome (CFS) / myalgic encephalopathy (ME) (pain clinic)</td>
<td>Based at Medway Maritime Hospital the pan-county service offers multidisciplinary assessment and treatment programmes for adults from 18 years with a diagnosis of CFS / ME.</td>
</tr>
<tr>
<td>Disablement services (prosthetics and orthotics) and environmental control services</td>
<td>Based at the DSC the pan-county Disablement and Environmental Control teams provide services to people with a permanent medical condition or severe physical disability by providing suitable equipment that can help with every day life. This includes providing electronic assistive technology equipment, on loan, to severely disabled people to enable them to live more independently in their homes.</td>
</tr>
<tr>
<td>Community brain injury</td>
<td>Based at Medway Maritime Hospital the Medway and Swale Community Brain Injury team supports people with non-progressive brain injuries between the ages of 18 and 65 years.</td>
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6The Medway CJLD team is one of seven operating pan-county; in addition to the team operating out of the Medway Custody Suite, teams operate from six other suites outside Medway.
### APPENDIX B : SERVICES BASED OUTSIDE MEDWAY THAT OFFER AN IN-REACH PROVISION TO THE RESIDENTS OF MEDWAY

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Description of service</th>
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<tbody>
<tr>
<td><strong>Acute (younger adult) services</strong></td>
<td></td>
</tr>
<tr>
<td>Section 136 suite</td>
<td>Based at Priority House (Maidstone), the 2 roomed suite offers a place of safety for those individuals on a section 136 awaiting assessment. Should the Maidstone suite be full, individuals can be taken to the 1 roomed suite at Little Brook Hospital (Dartford).</td>
</tr>
<tr>
<td>Inpatient acute</td>
<td>Based at Little Brook Hospital, the two 17 bedded (Amberwood and Cherrywood) and one 16 bedded (Pinewood) acute younger adult admission wards provide inpatient care with intensive support for patients in periods of acute psychiatric illness.</td>
</tr>
<tr>
<td>PICU</td>
<td>Based at Little Brook Hospital, the pan-county 12 bedded (Willow suite) PICU provides mixed gender facilities designed for short-stay treatment of patients with mental health problems requiring intensive treatment, care and observation.</td>
</tr>
<tr>
<td><strong>Older adult services</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient older adult</td>
<td>Based at Darent Valley Hospital, the 16 bedded Jasmine Ward is a mixed gender older adult unit for people suffering acute mental health challenges and experiencing dementia, depression, anxiety and psychotic conditions.</td>
</tr>
<tr>
<td>Inpatient continuing healthcare (CHC)</td>
<td>Based at the Frank Lloyd Unit (Sittingbourne), the two 15 bedded wards, Hearts Delight and Woodstock CHC bed stock for all North Kent localities. Patients with a diagnosis of dementia and associated needs are admitted to the most suitable bed for the individual’s need.</td>
</tr>
<tr>
<td><strong>Forensic and specialist services</strong></td>
<td></td>
</tr>
<tr>
<td>Street triage</td>
<td>Based within the Kent Police Force Control Room and South East Coast Ambulance NHS Foundation Trust (SECAmb) Emergency Room, the pan-county service will operate between 16.00 and 00.00 hours Sunday to Tuesday from November 2016. Currently the night service comprises one band 4 nurse within the Control Room; this is increasing to one band 6 nurse who will respond in person and two band 4 nurses who will be based in the Control and Emergency Rooms to provide advice from November 2016. In addition as an extension to the Criminal Justice Liaison and Diversion Service based within the Kent Police Northfleet custody suite (Gravesend) the pan-country day service will operate between 09.00 and 17.00 hours Monday to Friday from November 2016. This service will comprise one band 7 senior practitioner who will respond in person.</td>
</tr>
<tr>
<td>Inpatient forensic (medium secure)</td>
<td>Based at the Trevor Gibbens Unit (Maidstone) the pan-county service provides medium secure care for men and women.</td>
</tr>
<tr>
<td>Inpatient forensic (low secure)</td>
<td>Based at the Greenacres site (Dartford) the 20 bedded pan-county Tarentfort Centre consists of two wards for male patients with a learning disability whose offending behaviour and mental health needs require that they are detained under the MHA in secure conditions. In addition, the 20 bedded pan-county Allington Centre offers holistic person centered care packages for male patients between the age of 18-64 years detained under the MHA, whose mental health and offending / criminal behaviors puts them and / or others at significant risk.</td>
</tr>
<tr>
<td>Inpatient forensic (rehabilitation)</td>
<td>Based at the Greenacres site the 10 bedded pan-county Brookfield Centre provides a rehabilitation and recovery inpatient service for forensic male patients with a learning disability. The service helps to reintegrate this patient group into the community, and acts primarily as a step down service for patients from the Tarentfort Centre.</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>Based at The Brenchley Unit (Maidstone) this service provides a therapeutic community and range of services for patients diagnosed with a severe or borderline personality disorder.</td>
</tr>
<tr>
<td>Inpatient addiction</td>
<td>Based at Fant Oast (Maidstone) the pan-county 10 bedded Bridge House Service provides inpatient detoxification treatment in a high quality environment.</td>
</tr>
<tr>
<td>Neuropsychiatry</td>
<td>Based at Darent House (Sevenoaks) the West Kent and Medway tertiary neuropsychiatry service offers outpatient assessment and treatment to individuals with a psychological / psychiatric disorder that manifest as neurological / organic conditions.</td>
</tr>
<tr>
<td>Eating disorder services (EDS)</td>
<td>Based at Oakapple Lane (Maidstone) the pan-county EDS provides services to people with eating disorders and works mainly with people who are experiencing anorexia or bulimia nervosa.</td>
</tr>
</tbody>
</table>
### Mother and infant mental health services (MIMHS)

Based in Canterbury and Maidstone the pan-county MIMHS is for women with mental health difficulties who are considering pregnancy, are currently pregnant, or have given birth and the baby is under a year old. The team also provides in-reach services at Canada House.
APPENDIX C : JOINT BRIEFING REGARDING CRANMER WARD, ST MARTINS HOSPITAL, CANTERBURY

Prepared by:

Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Caroline Selkirk, Managing Director of East Kent CCGs

For NHSI and NHSE 11 February 2019

This briefing has been jointly prepared in order to ensure clarity on the background, current position and next steps for all parties.

Further highly detailed information is available from KMPT should that be helpful.

Background

- KMPT has sold to Homes England, the old St Martins (West) former hospital site.
- Of the many original wards, only one remains; Cranmer. Cranmer provides 15 beds for older adults.
- KMPT has until April 2020 to vacate the premises.

Current Position

- KMPTs Senior Clinicians have over the last twelve months worked on three key changes that will improve the quality of care and significantly reduce the need for beds across the whole Trust.
- The three key changes are (please see attached Appendix D):
  1. Extension and improving our Patient Flow Team to be 24/7
  2. Developing an Urgent Care Support and Signposting Service.
  3. Achieving the recommended length of stay for older adults (it is currently double).
- There is an established track record of strong partnership working between KMPT and the CCGs.
- KMPT recognises that the CCGs may determine that public consultation is necessary as determined by statutory duties.
- The work to deliver the three key changes is well underway with results expected to be seen in April 2019.

Next Steps

- The Accountable Officers and their respective teams are working closely to ensure development of joint plans, developing two potential options for change:
  1. Proposal for maintaining the current inpatient bed base within the KMPT estate.
  2. Proposal to support a net reduction of 9 beds by clearly evidencing the impact of additional services to reduce patient flow and length of stay.
- As this change will affect all Kent and Medway Commissioners it is agreed that the East Kent CCGs will lead the case for change given the geographical location of the St Martin’s site.
- The CCGs will consider the case for public consultation in accordance with NHSE ‘Planning, assuring and delivering service change for patients’ guidance with decision by April 2019.
- The impact of the three key changes will be monitored as a key element of the case for change.
- A programme of engagement with patients, families, staff and stakeholders has commenced however comprehensive engagement plans will need to be agreed jointly and taken forward by KMPT and CCGs as a priority.
APPENDIX D: KMPT ENABLING PROJECTS AND THEIR KEY BENEFITS

- **Reducing older adults acute length of stay**
  In a study by Tees, Esk and Wear Valleys NHS Foundation Trust, a rapid process improvement workshop (RPIW) was used by a multidisciplinary team to observe ward processes and to identify areas of waste. 12 months after implementing changes across two wards, significant reductions were reported: in **length of stay (57%)**, **bed numbers (21%)** bed occupancy (22%), **staff absence (63%)**, **violent incidents involving staff (79%)** and **service user complaints (100%)**.
  KMPT will be carrying out a RPIW in March 2019. Orchards ward has been selected for the workshop due to its high variance in length of inpatient stay.

- **Extension and improving our Patient Flow Team**
  The patient flow team has had a highly-positive influence and been instrumental in achieving a reduction in the number of admissions, Delayed Transfers of Care (DTOC) and reducing overall bed-occupancy levels. The team also plays a major role in keeping patients out of private beds.
  **Over the 9 months that the Patient Flow Team have been in operation, admissions have gone down by 10.8%, bed occupancy by 2.1% and DTOC days by 27.5% (when compared to the nine months prior).**

- **Developing urgent care support and signposting service**
  A clinical audit of acute admission in April and November 2018 indicated that only 30-40% of admissions clearly met the clinical indicators for admission.
  A key driver for this is that the person presenting is often presenting in an emotional crisis and/or with complex social issues that cannot be de-escalated in time frame available.
  The lack of time and immediate relief that staff undertaking secondary mental health assessment can offer often means that staff feel they have to offer an admission as there is no other available or quickly accessible place for the person to have time to reflect and be proactively helped to manage their immediate distress, be offered quick practical plans and support to meet their social needs.
  Based on the data analysis undertaken, provision of a 24/7 service would see 2-3 services users present each day for a 12-hour average length of stay. Key benefits of developing the new service are anticipated to include:
  - **Decrease in length of stay of less than 7 days.**
  - **Decrease in informal admissions following S136**
  - **Decrease in referrals to CRHT following support and signposting**
  - **Reduction in inpatient admissions following support and signposting**
APPENDIX E : SUMMARY OF SERVICES TO BE RELOCATED FROM ST MARTIN’S (WEST)

The following are services provided from the St Martin’s West site. The only frontline service is Cranmer Ward. All other services will relocate within other KMPT sites.

A. Operations – Older Adult Care Group

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Present location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adult In-patient Services</td>
<td>Cranmer Ward</td>
</tr>
</tbody>
</table>

B. Medical and Quality Improvement Directorate

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Present location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Education – Training Rooms</td>
<td>Medical Education Centre</td>
</tr>
<tr>
<td>Educational Resources Room</td>
<td></td>
</tr>
<tr>
<td>Admin / Office Space</td>
<td></td>
</tr>
<tr>
<td>Medical Staff On Call overnight accommodation</td>
<td>St Martins – Admin Block</td>
</tr>
</tbody>
</table>

C. Workforce, Organisational Development and Communications Directorate

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Present location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and Development Training Rooms</td>
<td>Med Ed Centre and Lang Ward</td>
</tr>
</tbody>
</table>

D. Nursing and Governance Directorate

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Present location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education Training Facilities</td>
<td>Lang Ward</td>
</tr>
<tr>
<td>Movement &amp; Handling Training Facilities</td>
<td></td>
</tr>
<tr>
<td>PMVA Training Facilities</td>
<td></td>
</tr>
<tr>
<td>PET team (including Chaplaincy and Vol Services)</td>
<td>Administration Block</td>
</tr>
<tr>
<td>PALs and Complaints teams</td>
<td>Administration Block</td>
</tr>
<tr>
<td>Multi Faith Space</td>
<td></td>
</tr>
<tr>
<td>Off-ward therapeutic / communal space</td>
<td>Main Hall</td>
</tr>
</tbody>
</table>

E. Information Communication Technology Directorate

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Present location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Records</td>
<td>Temple Ward</td>
</tr>
</tbody>
</table>
APPENDIX F : SUMMARY OF SERVICES TO BE RETAINED ON ST MARTIN’S (WEST) SITE

A. Younger Adult Acute In-patient Services

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fern Ward + Section 136 Suite</td>
<td>Female - Acute Admission (18 beds) Assessment Unit (2 beds)</td>
</tr>
<tr>
<td>Samphire Ward</td>
<td>Currently a male - Acute Admission (15 beds) Proposed new facility for Cranmer Ward</td>
</tr>
<tr>
<td>Bluebell Ward</td>
<td>Mixed Sex – Acute Admission (16 beds)</td>
</tr>
<tr>
<td>Foxglove Ward</td>
<td>Mixed Sex – Acute Admission (16 beds)</td>
</tr>
</tbody>
</table>

B. Older Adult Community Services

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory House</td>
<td>Admin Offices and out-patient facilities</td>
</tr>
</tbody>
</table>

C. Various Services / Eastern and Coastal Area Offices

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Information / E Rostering</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>HR Recruitment and KMPT bank</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Single point of access</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Crisis Teams (North and South)</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Open Dialogue Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Approved Mental Health Professionals</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Patient Safety Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Learning and Development Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Acute Services – Patient Flow Team + Early Discharge Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Mental Health Act Administration Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Psychology and MIMMHs Services</td>
<td>Admin Space / Offices Clinical Consulting Rooms</td>
</tr>
<tr>
<td>MIMMHS and Specialist Services</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Pharmacy Administration</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Early Intervention in Psychosis</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Physical Health / Medical Devices</td>
<td>Admin Space / Offices</td>
</tr>
</tbody>
</table>

D. Home Loan Store

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICT – Services Team</td>
<td>Admin Space / Offices – Secure Equipment Storage</td>
</tr>
</tbody>
</table>


### E. Main Kitchen

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Main Kitchen - food production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Catering Services</td>
<td>Restaurant / dining facilities</td>
</tr>
<tr>
<td>Site Management</td>
<td>Admin Space</td>
</tr>
</tbody>
</table>

### F. Payroll Hut

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Admin Space / Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Team</td>
<td>Admin Space / Offices</td>
</tr>
<tr>
<td>Psychology</td>
<td>Admin Space / Offices</td>
</tr>
</tbody>
</table>

### G. Patient Experience Team / Volunteers

<table>
<thead>
<tr>
<th>Service Element</th>
<th>Horticultural Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webb's Gardens</td>
<td></td>
</tr>
</tbody>
</table>
We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

### Ratings

<table>
<thead>
<tr>
<th>Overall rating for this trust</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.
Summary of findings

Background to the trust

Kent and Medway NHS Partnership is a large mental health trust that provides mental health, learning disability, substance misuse and specialist to approximately 1.8 million people across Kent and Medway. The trust works in partnership with Kent County Council and works closely with the local unitary authority in Medway.

The trust is one of the largest mental health trusts in England and covers an area of 1,450 square miles. The trust has an annual revenue of £178 million and employs approximately 3,500 staff who work across 66 buildings on 33 sites.

The trust provides services around key urban centres including Maidstone, Medway and Canterbury and more rural community locations.

The trust is commissioned by eight clinical commissioning groups.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good 🟢

What this trust does

The trust provides care and treatment to people with mental health needs, learning disabilities, substance misuse and other specialist services.

The trust provides a range of mental health services including acute, rehabilitation and forensic in-patient services for working age and older adults. The trust recently opened a specialist mother and baby mental health unit in October 2018. The trust provides community based mental health services such as outpatient and community clinics. The trust provides services for people experiencing mental health crisis such as crisis and home treatment teams and health based places of safety.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients’ experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

During this inspection we inspected community mental health services for adults of working age and older adults, acute in-patient and psychiatric intensive care wards, forensic inpatient wards and crisis and home treatment teams and health based places of safety.
Summary of findings

We inspected acute wards for adults of working age and psychiatric intensive care units because they were previously rated as requires improvement overall in our inspection in January 2017.

We inspected community mental health services for adults of working age because we had rated them as requires improvement in January 2017. In addition, we undertook a further focussed inspection in January 2018 due to emerging concerns in these teams following which we issued a Section 29 Warning Notice to the trust which outlined they needed to make significant improvements to the safety and quality of the service provided by August 2018.

We inspected community based mental health services for older people because we wanted to ensure that the learning in relation to the working age adult community teams had been shared with the older people’s teams. We had also received information of concern about caseload management and staffing issues through our national call centre about this core service.

We inspected forensic inpatient services because they had been rated as requires improvement for the safe key question in January 2017. We also had ongoing concerns about staffing levels and the support being provided to staff on these wards.

We inspected mental health crisis services and health based places of safety because, although they were rated as good for all key questions in January 2017, we had received information of concern that suggested people could not access timely crisis mental health care when they needed it.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

• Except for acute inpatient and psychiatric intensive care unit for adults of working age, the trust continued to deliver a range of good and outstanding core services. We inspected five core services. We rated forensic inpatient services as outstanding overall, community services for adults and working ages and older people and crisis and health based places of safety as good overall. We rated acute inpatient wards and psychiatric intensive care wards for working age adults as requires improvement.

• Across the trust, we found most of the core services we inspected to be safe, effective, caring, responsive and well led. We rated safe, effective, responsive and well led as good overall and caring to be outstanding.

• The trust had made the significant improvements in the overall safety and quality of the community mental health teams for working age adults that we required when we issued a Section 29A warning notice in February 2018.

• Community staff had manageable caseloads which were reviewed regularly. Patient care and staff morale had significantly improved in these teams.

• Patient safety was afforded sufficient priority in most of the core services we inspected. Staff kept patients safe from avoidable harm and abuse. When patient safety incidents occurred, the trust took a systematic approach to ensuring that learning was identified and practices improved where appropriate.

• In most services, there were sufficient numbers of suitably skilled and trained staff to deliver effective care and treatment. Staff were supported by skilled, motivated and engaged service managers.

• Medicines were mostly well managed. Staff received support from pharmacists, who visited each service.

• Staff followed best practice and evidence based guidance to ensure that patient outcomes were good. The trust were focussing on developing clear presentation pathways for patients to ensure patients received appropriate care.
Summary of findings

- Staff used seclusion and restraint only as a last resort. The trust had significantly reduced the number of restraint and seclusion episodes over the two years prior to our inspection.

- Except for female psychiatric intensive care beds, which the trust was not commissioned to provide, staff could access mental health beds for patients as needed. The trust had significantly reduced the numbers of private and/or out of area beds being used since 2016. This meant that most patients could receive hospital care near to their home.

- The trust had introduced quality audits on key documentation which had significantly improved the quality of risk assessments, care plans and progress notes.

However:

- Acute wards for working age adults and psychiatric intensive care units required improvement. We found these wards were not sufficiently safe, effective or well led.

- We rated the overall leadership of the trust good. Whilst we found that service level managers were highly engaged and delivering good leadership in the majority of core services, at board level the trust lacked focus in some key areas.

Are services safe?

Our rating of safe improved. We rated it as good because:

- We rated the safe key question as good in four of the five core services we inspected. We rated safe as requires improvement in acute wards and psychiatric intensive care units for working age adults.

- Staff knew how to safeguard vulnerable adults and children from avoidable harm and abuse. Staff in clinical services were well supported by the corporate safeguarding team.

- Staff assessed patient risks and acted to mitigate them where possible. Staff used risk assessment tools and risk assessments were detailed and up to date.

- Except for two of the acute wards for working age adults, staffing levels were sufficient to provide safe care and treatment. The trust were taking a proactive approach to recruiting and retaining staff.

- Community staff had manageable caseloads which were reviewed regularly. Patients awaiting allocation of a care coordinator were managed safely through the ‘active review caseload’.

- In the community teams, staff shared risk appropriately with colleagues and had systems in place to ensure that higher risk patients were proactively managed. The trust recognised and responded appropriately to patients whose condition was deteriorating.

- Medicines were mostly well managed safely in clean, organised and well-maintained clinic rooms. Staff received support from pharmacists, who visited each service regularly.

- Records were well managed, clear and up to date.

- Except for one acute ward, all wards were gender specific. On the one mixed gender acute ward, the ward was segregated into male and female designated areas.

- Staff used seclusion and restraint only as a last resort. The trust had significantly reduced the numbers of restraint and seclusion episodes over the two years prior to our inspection.

- Staff we spoke with knew the procedure for reporting incidents and managers encouraged them to do so. Staff teams met regularly, to share information and learning from incidents. Staff were debriefed after incidents and received support from managers.

However:
Summary of findings

- Whilst staff managed the risks to patients, there remained numerous ligature risks and blind spots on the acute wards for working age adults. The Dartford health based place of safety had a remaining blind spot in the bathroom and we were not assured that all incidents were being reported in that service.

- Some areas within the ward environments were unclean, cluttered or worn. Some of the acute ward ensuite bathrooms had been flooded causing potential safety risks that had not been safely managed. On the Trevor Gibbens Unit the patient control for bedroom door viewing panels was not working in most of the bedrooms.

- Mandatory training compliance was below the trust’s internal target of 85% in some services.

- The trust reported less incidents when compared with other similar trusts which can be suggestive of a poor reporting culture. The trust reported managers had been working to promote positive reporting of less serious incidents and near misses but incident reporting had not increased since 2016.

- Fridge and room temperatures at several sites were not maintained appropriately to keep an ambient temperature for patients or staff, or for the safe storage of medicines.

- Some teams reported that the risk assessment tool on the electronic patient record did not suit the needs of their patient group. Some staff reported the electronic patient record system could be slow to access, especially during busy times.

- Staff on some of the acute wards for working age adults did not safely manage the risks of patients smoking or bringing lighter onto the wards.

- The trust was not commissioned to provide a crisis service for people with dementia.

- Patients could not always access support by telephone in a timely way in the Dartford, Gravesend and Swanley community mental health team for working age adults.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- We rated effective as good in four of the five core services we inspected. We rated effective as requires improvement on the acute wards and psychiatric intensive care units for working age adults.

- Staff received training in the Mental Health Act and Mental Capacity Act. Staff we spoke with had a good understanding of the Mental Health Act and Mental Capacity Act and their guiding principles.

- Except for the acute wards for working age adults, patient care plans we looked at were consistently up to date, personalised, holistic and recovery oriented, incorporating patients’ strengths and goals.

- Staff were skilled and competent in their area of work and reported they were supported to access supplementary training.

- Teams were multi-disciplinary and included doctors, nurses, occupational therapists, psychologists and healthcare assistants. Staff demonstrated effective working within the multi-disciplinary teams and external organisations.

- Staff provided patients with good quality care based on evidence-based, best practice guidelines produced by the National Institute for Health and Care Excellence (NICE).

- Staff assessed and monitored the physical health of patients using their services. Physical health nurses supported mental health staff across a range of services.

However:
Summary of findings

• On the acute wards for working age adults care plans lacked detailed physical health care plans for patients with identified physical health needs.

• The trust did not ensure that all staff received regular, recorded line management or clinical supervision.

• Staff on the acute adult wards and community teams for older people demonstrated an inconsistent approach to recording patients’ capacity and consent to treatment.

• In the health based places of safety, the S136 rights leaflet being given to patients detailed a maximum detention period of 72 hours and not 24 hours, which did not reflect changes to legislation in 2017.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

• We rated caring as good in three of the five core services we inspected. We rated caring as outstanding in forensic inpatient services and community mental health services for older people.

• Patients spoke positively about the way staff treated them. We observed highly caring, respectful and supportive interactions between staff and patients.

• Staff were knowledgeable about their patients and worked hard to develop strong relationships with them.

• Staff across the trust ensured that patients and their loved ones were fully included in all aspects of patients care and treatment.

• Patient experience surveys were used with the aim of improving services for patients. There were regular community meetings on every ward and a patient council.

• In forensic inpatient services, families and carers were offered an initial engagement meeting with the patient’s consent. Patients led the production of a quarterly report about their progress, to be shared with relatives and carers of their choosing.

• The trust has a family and engagement lead, who worked to ensure families and carers were included where the patient wanted them to be. There were regular engagement events and an annual survey.

• The community mental health service for older people had a good provision of admiral nurses who supported families with all aspects of living with dementia. They provided families with education courses and worked flexibility around the needs of carers.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

• We rated four out of five of the services we inspected as good for responsive care. However, we rated community based mental health services for working age adults as requires improvement.

• The trust planned admissions and discharges in a structured way that meant people did not stay in hospital longer than was clinically necessary.

• The trust had significantly reduced the use of out of area beds since 2016 which meant that patients could usually access hospital beds near to home.

• In most services the trust met the needs of all people using the service including those with specific or complex needs.
Summary of findings

- The community mental health service for working age adults had a robust system for ensuring patients waiting to receive a service were actively reviewed with clearly documented plans for contact or review.
- Teams worked well with other agencies to ensure that patients could access support with housing, finances and employment.
- The trust planned for the fluctuating needs of the people using services. The community mental health teams operated a duty system to ensure urgent referrals could be acted upon. Patients could access crisis support 24 hours each day, seven days a week.
- Staff knew how to access interpreters for patients if needed and we saw information available to patients in a range of languages.
- The trust had a clear and robust complaints procedure. Complaints were investigated in a timely way and learning from complaints was shared. Staff gave patients information about how to raise concerns if they were unhappy with their care.

However;

- Some crisis teams did not offer community based clozapine initiation meaning some patients would have to be admitted to hospital if they were to commence clozapine.
- In the community mental health service for older people, the buildings in which some patients were seen or received care were not always adapted to the needs of older people using the service. We observed a lack of dementia friendly signage in some areas and some sites did not provide adequate parking for people with disabilities.
- Some interview rooms used by the Maidstone community mental health service for older people did not provide adequate soundproofing to ensure patients privacy and confidentiality was maintained.
- There was a variation in length of stay across the acute wards for working age adults. Staff reported consultants were not consistent in how they followed the 72-hour crisis admission criteria for patients with an emotionally unstable personality disorder.
- On Samphire ward, patients were required to use the telephone in the nursing office which did not afford them privacy. On this ward, staff were not assured that detained patients had regular access to fresh air as the gardens were consistently locked. Patients could not always access the ward gym if they wished to. The trust submitted a robust action plan to remedy this immediately after our inspection.
- The community mental health teams for working age adults were regularly failing to meet the trust’s response time of 28 days to initial assessment for newly referred patients to the teams. Patients waited a long time for access to psychological therapies in some of these teams.
- On the acute wards and psychiatric intensive care units for adults of working age, patients were not appropriately supported to access the gym, there was inconsistency in structured activities and some patients did not have timely access to psychology.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Except for the acute wards for working age adults, we were impressed with the leadership across all the services we inspected. We rated the crisis teams and health based places of safety and the community teams for both working age adults and older people as good and the forensic inpatient service as outstanding for the well led key question. We rated the acute wards and psychiatric intensive care units for working age adults as requires improvement.
**Summary of findings**

- There was clear and visible leadership from the executive team who displayed the right values, skills and commitment to ongoing improvement.
- Service managers were highly motivated, skilled and had good oversight of their services. Managers ensured the provision of mostly good or outstanding services.
- Service managers had the skills, expertise and knowledge to lead teams to deliver care that was safe and of a high quality.
- The trust had a clear and well thought out approach to recruitment and retention.
- Staff at all levels in most services understood the trust values in relation to their daily roles and the values were used as a common language by staff when challenging poor practice.
- Managers acted to ensure that learning took place and was shared following incidents and complaints.
- Staff were aware of local and trust wide risk registers and knew how to escalate risks as they arose.
- Local leaders were empowered to lead effective and high functioning teams.
- Staff were motivated and inspired to improve patient care in every way possible. The trust were developing an organisational approach to quality improvement.
- Staff had access to timely and accurate information that was used to monitor and improve performance.
- The trust had implemented ‘Cliq’ checks which had proved an effective way of improving clinical documentation across services.
- Each service had clearly identified governance leads and clear reporting lines to and from the board.

**However:**

- Whilst the majority of services were rated good during this inspection, we had concerns about the trust board’s ability to maintain safe and high quality care across all of its services.
- The trust board and service level managers did not have oversight of some of the issues we found during this and previous inspections. Two of the acute wards, Chartwell and Samphire Wards, were not well led at the time of this inspection. The trust had an action plan in place for one of these two wards.
- The trust did not ensure that all staff received regular, recorded line management or clinical supervision.
- Board meeting were not always chaired well and agenda items were not routinely given appropriate time to be discussed or reviewed.
- This trust reported a lower number of incidents when compared with other trusts nationally. Managers told us they had been trying to promote a positive reporting culture but it was not clear what difference this had made at the time of our inspection.
- There was variation in the quality of incident investigation reports, particularly those completed within the first 72 hours of an incident. Some reports lacked detail and did not demonstrate that carers had been involved in the investigation process.
- The trust did not apply Duty of Candour or routinely commission an investigation unless actual moderate or severe patient harm occurred. This meant they did not inform patients or identify learning in cases where the trust was responsible for the clear potential for harm but actual harm had not occurred.
- The board did not have a shared oversight of the trust’s financial position, including how they would generate non-recurrent savings.
The trust did not have a clear approach to digital growth or development though the use of technology in delivering high quality services was a key strategic priority.

Ratings tables
The ratings tables show the ratings overall and for each key question, for each service and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice
In addition to services where we rated outstanding in the safe, effective, caring, responsive and well led domains or overall, we found other areas of outstanding practice. We found areas of outstanding practice in the community mental health services for older people and the forensic secure wards.

Areas for improvement
We found things that the trust should take action on to improve service quality including breaches of legal requirements that the trust must put right.

For more information, see the Areas for improvement section of this report

Action we have taken
We issued requirement notices to the trust. These notices related to breaches of Regulation 18 HSCA (RA) Regulations 2014, Staffing, across the whole trust and Regulation 12 HSCA (RA) Regulations 2014, Safe care and treatment, in the acute mental health wards for working age adults and psychiatric intensive care units.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next
We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice
In addition to services where we rated outstanding in the safe, effective, caring, responsive and well led domains or overall, we found the following areas of outstanding practice -

Forensic inpatient services -
- The psychology team for this core service led a restorative justice programme, the ethos of which had become embedded within the culture of the wards. The psychology team trained staff in the application of restorative justice and wards had a nominated restorative justice champion. The focus of the first year of the programme had been to assist staff to resolve issues between patients.
- The Allington Centre was in the process of applying for a quality mark accreditation with the restorative justice council. The psychology team worked jointly with national health service and international partners for the ongoing development of the programme and to collectively apply for an international research grant.

Community based mental health services for older people -
Summary of findings

- The service had been involved in a pilot study to look at whether the dementia pathway could be supported in primary care. This had led to seven primary care nurse roles being commissioned. The service predicted this would have a positive impact on the referrals coming into the service.

- Teams in west Kent were involved in the kinesis project. This was software that enabled GPs to request advice from consultants in advance of a decision to refer. Advice was given on how best to continue the management of the patient within the primary care setting, hence reducing the number of referrals to the service. GP’s involved had indicated that around 40% of patients, on whom advice is sought, are not referred to the service.

- The trust had employed two dementia service users who had lived experience of being diagnosed with dementia. They worked with community projects related to dementia; support people who shared a similar diagnosis; raised the profile of dementia in the community; and delivered talks to health care staff and community groups. They were also instrumental in the developed of buddy systems where patients supported each other.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

**Acute wards for working age adults and psychiatric intensive care units** –

**The provider MUST ensure that** -

- The ward environment is safe from risks such as fires, flooding and that ligature risks are minimised.
- Equipment is stored safely and checked in line with trust policy.
- Medicines are stored safely and appropriate actions taken when prescribing and administering medicines.
- Patients with an identified physical health care need have care plans in place with details about how these should be managed daily.
- All staff receive regular, recorded line management and clinical supervision.

**The provider SHOULD ensure** –

- There is sufficient scrutiny of staffing issues and ward culture and continue to monitor actions plans for Chartwell and Samphire wards.
- All staff receive regular mandatory training and annual appraisals in line with the trust’s target for compliance.
- There is consistent provision of psychology across the wards.
- Patients have access to appropriate structured activities and that staff are equipped to assist them.
- Service managers prioritise reviewing the numbers of readmissions focussing on those patients being readmitted within 24 hours of discharge from hospital.
- There are systems in place that provide assurance detained patients have regular access to fresh air on Samphire Ward.
- Staff understand the Mental Capacity Act (2005) and the five statutory principles.
- Service managers communicate any proposed changes effectively to staff and to try to minimise the impact of these on patients and staff.
Summary of findings

Forensic inpatient or secure wards –
The provider SHOULD ensure –
• The internal temperature on all wards should be kept at a comfortable level.
• Patient controls of all bedroom door vision panels are in working order.
• People with restricted mobility can access all areas of each ward.
• All staff receive regular supervision and an annual appraisal.

Community based mental health services for adults of working age –
The provider SHOULD ensure -
• Fridge temperatures are recorded consistently at the Canterbury and Coastal team so that patient medicines are stored safely.
• High temperature of the clinic room at the Dartford, Gravesend and Swanley team is adequately managed during hot weather.
• Telephone response time at the Dartford, Gravesend and Swanley team improves so that patients and carers can speak with team members in a timely way.
• All staff receive supervision at the frequency set out in its supervision policy, and have procedures in place to enable this to continue when key supervisory staff are absent.
• All patients in all teams receive their initial assessment within the trust target time of 28 days from their referral to the service.
• Waiting times for access to psychological therapies are within the trust’s waiting time target and that senior clinical staff monitor and review the waiting list.
• The provision of dementia friendly features and access to disabled parking spaces is improved.
• Interview rooms have appropriate soundproofing to maintain patients’ privacy and confidentiality.
• There is a consistent approach to all areas of clinical practice to avoid variation in standards across the teams.

Mental health crisis services and health-based places of safety –
The provider SHOULD ensure –
• The risks associated with the blind spot in Dartford’s 136 suite is mitigated.
• All incidents occurring in the 136 suite at Dartford are properly reported.
• The information leaflet detailing patient’s $136 rights is amended following changes to legislation in relation to maximum detention times.
• Leaders review the trusts approach to clozapine initiation in the community to ensure that all patients can start clozapine in their own homes where it is safe to do so.

Community based mental health services for older people –
The provider SHOULD ensure –
• The service improves their provision of dementia friendly feature and access to disabled parking spaces.
• That interview rooms have appropriate soundproofing to maintain patients’ privacy and confidentiality.
The service takes a consistent approach to all areas of clinical practice to avoid variation in standards across the teams.

Well led –

The provider MUST ensure –

• That all staff receive regular recorded line management and clinical supervision.
• Immediate management reviews and root cause investigation reports are sufficiently clear and detailed.
• Relatives are routinely offered the opportunity to contribute to serious incident investigations.
• The trust’s policy framework for Duty of Candour supports staff in identifying where there is potential for moderate or severe harm but no actual harm has yet occurred.

The provider SHOULD ensure –

• The board have a shared view of its financial position, including how to generate recurrent cost savings.
• Board meetings are chaired effectively and, as such, all agenda items are given sufficient priority.
• The trust prioritises board development focussed on ensuring healthy challenge between the non-executive and executive directors.
• The trust continues to prioritise ensuring equality and inclusion for patients and staff through the provision of a Workforce Race Equality Standard action plan and further embedding the equality networks. The trust should also update the equality objectives and strategy on its public facing website and in line with its duties under the Equality Act 2010.
• Trust leaders review the approach to digital growth and development and ensuring this is shared through relevant strategy documents.
• There is a trust wide, overarching approach to quality improvement that is accessible to all staff at the trust.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated the leadership as good because:

• Except for the acute wards for working age adults, we were impressed with the leadership across all the services we inspected. We rated the crisis teams and health based places of safety and the community teams for both working age adults and older people as good and the forensic inpatient service as outstanding for the well led key question. We rated the acute wards and psychiatric intensive care units for working age adults as requires improvement.
• Service managers were highly motivated, skilled and had good oversight of their services. Managers ensured the provision of mostly good or outstanding services.
• Service managers had the skills, expertise and knowledge to lead teams to deliver care that was safe and of a high quality.

Summary of findings
Summary of findings

- Staff at all levels in most of services understood the trust values in relation to their daily roles and the values were used as a common language by staff when challenging poor practice.
- Managers acted to ensure that learning took place and was shared following incidents and complaints.
- Staff were aware of local and trust wide risk registers and knew how to escalate risks as they arose.
- Local leaders were empowered to lead effective and high functioning teams.
- Staff were motivated and inspired to improve patient care in every way possible. The trust were developing an organisational approach to quality improvement.
- Staff had access to timely and accurate information that was used to monitor and improve performance.
- Each service had clearly identified governance leads and clear reporting lines to and from the board.

However:
- The trust board and service level managers did not have oversight of the issues we found during this and previous inspections. Two of the acute wards, Chartwell and Samphire Wards, were not well led at the time of our inspection.
- The trust did not ensure that all staff received regular, recorded line management or clinical supervision.
- Board meeting were not always chaired well and agenda items were not routinely given appropriate time to be discussed or reviewed.
- This trust reported a lower number of incidents when compared with other trusts nationally. Managers told us they had been trying to promote a positive reporting culture but it was not clear what difference this had made.
- There was variation in the quality of incident investigation reports. Some reports lacked detail and did not demonstrate that carers had been involved in the investigation process.
- The trust did not apply Duty of Candour or routinely commission an investigation unless actual moderate or severe patient harm occurred. This meant they did not inform patients or identify learning in cases where the trust was responsible for the clear potential for harm but actual harm had not occurred.
- The board did not have a shared oversight of the trust’s financial position, including how they would generate non-recurrent savings.
- The trust did not have a clear approach to digital growth or development though the use of technology in delivering high quality services was a key strategic priority.

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

Key facts and figures
Kent and Medway NHS and Social Care Partnership trust provides assessment and treatment for adults of working age in 10 acute wards and one psychiatric intensive care ward based in three hospital sites across the trust. Little Brook hospital based in Dartford has four wards; Willow Suite is a 12-bed male psychiatric intensive care ward, Amberwood and Cherrywood wards are both 17-bed mixed wards and Pinewood ward, a 10-bed male ward is based close to Little Brook hospital in Littlestone Lodge. St Martin’s hospital in Canterbury has four wards; Bluebell ward is a 18-bed mixed
ward, Foxglove ward is an 18-bed mixed ward, Fern ward is an 18-bed female ward and Samphire ward is a 15-bed male ward. Priority House is based in Maidstone and has three wards; Upnor ward is an 18-bed mixed ward, Boughton ward is an 18-bed male ward and Chartwell ward is an 18-bed female ward. At the time of our inspection, Pinewood ward had been decanted to Littlestone Lodge whilst the ward at Littlebrook hospital was being refurbished.

When we visited the wards, there were 12 patients on Willow Suite ward, 14 patients on both Amberwood and Cherrywood wards, seven patients on Pinewood ward, 17 patients on Bluebell ward, 18 patients on Foxglove ward and 15 patients on Fern and Samphire wards. There were 18 patients on Upnor ward, 17 patients on Boughton ward and 13 patients on Chartwell ward. Some of the patients were subject to conditions under the Mental Health Act (1983).

To get to the heart of patients’ experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people’s needs and well led?

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

At the last comprehensive inspection of this core service in January 2017 we rated acute wards for adults of working age and psychiatric intensive care units as requires improvement for the safe, effective and well-led domains and as good for caring and responsive. This resulted in an overall rating of requires improvement. We re-inspected all five domains as part of this inspection.

Our inspection between 9 and 11 October 2018 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Healthwatch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

visited all 11 wards, looked at the quality of the environment and observed how staff were caring for people using services
spoke with modern matrons, wards managers or deputy ward managers on each ward and the head of service who covered all the wards
spoke with 36 other members of staff including nurses, healthcare assistants, psychologists, occupational therapists, doctors, pharmacists, clinical leads and housekeepers
spoke with 16 patients
reviewed 36 patient care records
reviewed 20 medicine charts
attended three groups for people using services
observed three ward rounds, three staff handovers, one bed management meeting, one staffing allocation meeting and one seclusion review meeting.
looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings
Our rating of this service stayed the same. We rated it as requires improvement because:
Summary of findings

- Most of the wards were clean but some ward areas and patient bedrooms were unclean and cluttered. Many of the patient ensuite shower rooms had flooded and some bedrooms were out of use because of this.
- Medicines were not always stored safely or at the correct temperature.
- Staffing was an issue on six of the 11 wards we visited. Low staffing numbers on Chartwell and Samphire wards meant that staff and patients reported those wards did not feel safe at times. Following our inspection, the trust provided us with an action plan that identified how they planned to address concerns we raised for both these wards.
- Seven of the 36 care plans we viewed lacked a detailed, personalised physical health care plan for patients with identified physical health needs such as diabetes. Not all patients who had started on Lithium medicine had been properly assessed prior to its commencement.
- Mandatory training compliance in immediate life support, cardiopulmonary resuscitation and safeguarding children were all below the trust’s target figure of 85.
- The level of input from clinical psychologists varied across the sites because some sites were recruiting staff to vacant posts.
- There was an inconsistency in the provision of structured occupational therapy activities. There was a gym available to patients but staff were not always trained to support patients to use this resource.
- Staff knowledge of the Mental Capacity Act (2005) varied across the wards and some staff were not familiar with the five statutory principles. There was no record that best interests’ meetings had taken place for patients who lacked the capacity to consent to treatment.
- Leaders of the service did not always demonstrate full oversight of the risks we saw during the inspection.
- Leaders did not always ensure that service changes had been communicated to staff. Staff did not always feel they had adequate communication or input into other changes that were implemented within the trust.

However;

- The trust had implemented recruitment drives and staffing had improved on some wards. The development of ‘releasing time to care healthcare assistants’ and psychiatric intensive care liaison nurse posts on the wards to free up staff time for clinical work had been well-received by staff.
- Staff had been trained in safeguarding and were confident to know how to recognise and escalate a safeguarding concern.
- Staff had reduced the number of occasions when they resorted to the use of physical restraint to manage behaviour by patients that staff found challenging. Staff felt were trained in and felt confident in using de-escalation and we observed staff use this technique well during the inspection.
- There was good evidence of comprehensive mental and physical health assessments of patients on admission. There was a physical health care nurse situated on each ward who carried out physical observations and offered staff training in these areas.
- Staff demonstrated a good level of knowledge and confidence in applying the Mental Health Act (1983). Care records we viewed showed that staff proactively sought informed consent from patients and patients were informed of their rights weekly.
- Staff interactions we observed with patients were caring and respectful. Patients said staff treated them well and behaved appropriately towards them. There was good evidence of carer involvement across the wards.
Summary of findings

• Staff involved patients in their care and patients told us that staff took the time to discuss their care and treatment with them. Staff assisted patients to access advocacy and appropriate resources for patients with different communication or language needs.

• Staff planned discharges carefully from admission. Staff reviewed the 12 steps to discharge ‘Meridian board’ daily.

• There were weekly bed management meetings and beds were usually available when needed for patients living in the catchment area. With the assistance of the psychiatric intensive care liaison nurse, female patients requiring psychiatric intensive care beds were placed out of area.

• The trust hosted monthly quality improvement meetings and ward managers from each ward attended and fed back to their teams. Wards had piloted initiatives such as staff worn body cameras, mobile phone apps for section 17 leave and regular safety huddles.

Is the service safe?

Requires improvement ◁ ▶

Our rating of this service stayed the same. We rated it as requires improvement because:

• A few of the communal ward and bedroom areas we saw looked unclean, cluttered and worn. There was mould on the ceiling of one ensuite shower room and many of the ensuite shower rooms had flooded. Some bedrooms were out of use due to flooding and the smell of drainage. There had been a recent serious incident where a patient had sustained an injury after falling on a slippery shower room floor. Staff had been advised to tell patients to place towels on the shower room floors which could have presented an additional falls risk.

• There were numerous ligature risks on the wards and several blind spots. To manage these, staff on the wards carried regular environmental checks, used the observation policy and there was supervised access only to gardens and rooms considered a ligature risk.

• There had been two recent fires on two wards. On another ward we observed patients smoking and the fire alarms did not activate. Staff told us they felt unable to manage patients smoking or bringing lighters on to the ward.

• Medicines were not always stored safely. Fridge and clinic room temperatures had frequently exceeded recommended ranges with no subsequent actions recorded. Insulin vials and some creams and oral solutions like lactulose had been opened but had no expiry date. Not all patients who had started on Lithium medicine had been properly assessed prior to its commencement.

• There were staff nurse vacancies on six of the 11 wards we visited. On two of the wards, staff and patients told us the low staff numbers made the wards feel unsafe at times. Several of the wards had moved and some were due to close or be refurbished. Staff reported these changes were connected to why some staff had left.

• The wards fell below the trust’s mandatory training target of 85% in cardio-pulmonary resuscitation, immediate life support and safeguarding children level three. The recent trust wide change to the e-learning package used by staff and ward managers meant that managers had better oversight of staff training compliance.

• There was no seclusion room at St Martin’s hospital. Staff reported the lack of seclusion room had led to the higher number of restraints on the wards at this site.

• Staff reported that the three-tiered electronic risk assessment tool was not entirely suited to acute in-patients and they had not received adequate training to use it.

However;
Summary of findings

- Staff had been trained in safeguarding, there were safeguarding leads on all wards and staff were confident to know how to recognise and escalate a safeguarding concern. There was a safeguarding log on each ward.
- Staff completed risk assessments for patients within 72 hours of admission and updated these at least weekly. The majority of the 36 risk assessments we saw were completed in detail and included patient risk formulation and protective factors.
- The number of restraints reduced from 951 to 803 over the two years prior to our inspection. Staff and patients told us that restraints were only used as a last resort. Staff were trained and confident in de-escalation and how to avoid prone restraints.
- Staff were confident in reporting incidents on the incident reporting system and some described over-reporting to be make sure all incidents were captured. Ward managers received serious incident bulletins that they shared with staff and these were discussed in team meetings.
- The psychology team provided post-incident debriefing to staff and offered weekly reflective practice sessions.

Is the service effective?

| Requires improvement | ⬤ | ➔ | ➤ |

Our rating of this service stayed the same. We rated it as requires improvement because:

- Seven of the 36 care plans we reviewed lacked detailed, personalised physical health care plan for patient with identified physical health needs.
- Patients told us that they didn’t always feel supported to access the gym as not all staff were trained to support patients in the gym.
- There was inconsistency across the sites regarding the planning and frequency of structured occupational therapy activities. Some occupational therapists were counted in the ward staffing numbers and as such told us they had less time to focus on therapeutic activities. On one ward, there were no structured activities available for patients at the time of our inspection.
- Staff knowledge of the Mental Capacity Act (2005) varied across the wards and not all staff were familiar with the five statutory principles. For patients who were assessed as lacking the capacity to consent to treatment, there was no recorded evidence that a best interests meeting had taken place.
- The level of input by clinical psychologists input varied across the sites because some sites were recruiting staff to vacant posts. This meant some patients did not have timely access to psychology to support their recovery.
- Though staff told us they received regular supervision, the service’s overall recorded supervision compliance rate was very low at 25%. The trust reported they had not been able to capture supervision data accurately but had updated the system so expected compliance rates to improve.

However;

- Staff completed comprehensive mental and physical health assessments of patients on admission and patients mostly had good access to doctors throughout their admission.
- Staff had access to additional training that included electrocardiography and phlebotomy so these interventions could be carried out on the ward.
- There was one physical health care nurse (Registered General Nurse) situated on each ward. They carried out physical observations and offered staff training in monitoring patients’ ongoing physical health care needs and physical observations.
• On the wards that had minimal staff vacancies, staff told us they received regular supervision every four to six weeks.

• Ward rounds were attended by a wide range of representatives including psychologists, pharmacists, the early discharge planning team and the psychiatric intensive care liaison nurse. Care co-ordinators, family and others could join the care programme approach meetings via teleconference.

• Discussions with staff and care records demonstrated staff had a good level of knowledge and confidence in applying the Mental Health Act (1983).

**Is the service caring?**

| Good |  |

Our rating of this service stayed the same. We rated it as good because:

• Staff interactions and the care plans we looked at demonstrated that staff understood the individual needs of patients, including their personal, cultural, social and religious needs.

• Staff interactions with patients were caring and respectful. Patients said staff treated them well and behaved appropriately towards them.

• There were regular patient community meetings on the wards in which patients could voice their requests and concerns. Where actions were taken against specific patient feedback, staff placed these on a ‘you said, we did’ board in the ward corridor.

• The majority of patients told us they were involved in planning their care and that staff took the time to discuss their care and treatment with them.

• There was a good level of input from advocacy services on the ward and staff assisted patients to access this. Staff across the wards knew the names of advocates as well as when they visited and during our inspection there were advocacy representatives visiting the wards.

• The three hospital sites were members of ‘Triangle of Care.’ This is a joint piece of work to emphasise the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental health problems.

• There was good evidence of carer involvement across the wards, including a carers welcome pack, carers meetings and individual engagement with carers. Carers had been involved in the decision-making process for the development of the new ward environment.

**Is the service responsive?**

| Good |  |

Our rating of this service stayed the same. We rated it as good because:

• Discharges were carefully planned from admission. Staff reviewed the 12 steps to discharge ‘Meridian board’ daily at handovers and ward rounds. The 12 steps to discharge included barriers such as mental health, finances and accommodation.

• Home visits could be arranged prior to discharge and if an informal patient was leaving the ward early, staff would telephone the crisis team to discuss a plan. Staff sought carer involvement when appropriate.
Summary of findings

- There were weekly bed management meetings attended by a representative from the crisis team, a modern matron and ward managers. Decisions about admission were managed by the patient flow team who managed beds on the wards.
- Beds were usually available when needed for patients living in the catchment area. As there were no female psychiatric intensive care beds within the trust, female patients that required this were placed out of area. The regular interventions of the psychiatric intensive care liaison nurse expedited this process.
- Most of the wards allowed patients to keep their mobile phones which was risk assessed and reviewed on an individual basis.
- Patients either had access to an art room and games room on the ward or off-site.
- There were quiet rooms for patients on all the wards and on the mixed wards there were separate female quiet rooms situated in the female bedroom corridors.
- The wards had assisted bathrooms that were accessible to patients with a physical disability and contained a hoist. Some wards had extra care rooms or ‘swing rooms’ that could be opened onto the male or female corridors, if the ward was mixed, that were accessible to patients with a physical disability.
- Patients told us they had been informed how to complain if they needed to. Complaints and compliments were an agenda item for team meetings and the wards captured informal complaints and outcomes.

However;
- On Samphire ward, patients were required to use the telephone in the nursing office which may have impacted on their privacy. On this ward, staff could not be assured that detained patients had regular access to fresh air as the gardens were consistently locked. The trust submitted an action plan to remedy this immediately after our inspection.
- There was a gym available to patients but staff were not always trained to support patients to use this resource.

Is the service well-led?

Our rating of this service stayed the same. We rated it as requires improvement because:

- Leaders of the service did not demonstrate full oversight of the risks we saw during the inspection.
- Senior service leaders had highlighted the lack of a seclusion room at St Martin’s hospital as an issue but ward level leaders could not describe how this might be addressed. Staff reported the lack of seclusion room had led to the higher number of restraints on the wards at this site.
- Some leaders could demonstrate they had the skills, knowledge and competence to lead their team in delivering high quality care. However, on Samphire ward, leaders did not always promote a person centred or recovery focused culture. On Chartwell ward, we found that staff morale was low.
- Senior leaders had not always communicated the impact and details of service changes to staff. As a result, staff did not always feel they had adequate communication or input into changes that were implemented within the trust.

However;
- Senior leaders had made efforts to improve the service. Staffing had improved on some wards and physical healthcare nurses had been introduced which had been well received by staff and improved care for patients.
- Senior leaders came on to the wards, attended handovers and offered a meet and greet for staff every six weeks. Senior managers we met were aware of the key areas across the wards that required development or action.
Summary of findings

- The trust hosted monthly quality improvement meetings and ward managers from each ward attended and fed back to their teams. Wards had piloted initiatives such as staff worn body cameras, mobile phone apps for section 17 leave and safety huddles.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

**Acute wards for working age adults and psychiatric intensive care units –**

**The provider MUST ensure that –**

- The ward environment is safe from risks such as fires, flooding and that ligature risks are minimised.
- Medicines must be stored safely and appropriate actions are taken.
- Patients with an identified physical health care must have care plans in place with details about how these should be managed daily.
- All staff receive regular, recorded line management and clinical supervision.

**The provider SHOULD ensure –**

- There is sufficient scrutiny of staffing issues and ward culture and continue to monitor action plans for Chartwell and Samphire wards.
- All staff receive regular mandatory training and annual appraisals in line with the trust’s target for compliance.
- There is consistent provision of clinical psychologists across the wards.
- Patients have access to appropriate structured activities and that staff are equipped to assist them.
- There are systems in place that provide assurance detained patients have regular access to fresh air on Samphire Ward.
- Staff understand the Mental Capacity Act (2005) and the five statutory principles.
- Senior managers ensure any changes are communicated effectively to staff and to try to minimise the impact of these on patients and staff.

**Forensic inpatient/secure wards**

| Outstanding | 🟢 🕹️ |

**Key facts and figures**

Kent and Medway NHS and Social Care Partnership Trust provides forensic/secure inpatient services for adults with mental health conditions. Patients are detained under the Mental Health Act 1983. The trust provides 85 beds across two sites, one in Dartford and one in Maidstone:

**Trevor Gibbens Unit, Maidstone:**

Penshurst ward is a 16-bed male medium secure admission and assessment unit
Groombridge ward is a 12-bed male medium secure sub-acute unit
Summary of findings

Emmetts-Bedgebury ward comprises a 20-bed male medium secure rehabilitation unit and a 4-bed male medium secure step-down unit.

Walmer-Bedgebury ward comprises a 18-bed female medium secure unit and a 6-bed female medium secure step-down unit.

Little Brook Hospital, Dartford:

The Allington Centre comprises a 15-bed male low secure unit and a 5-bed male low secure high dependency unit.

We inspected this core service as part of our planned mental health inspection programme.

Our inspection took place on 09 and 10 October 2018. It was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Health Watch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

visited all five inpatient wards, looked at the quality of the environments and observed staff caring for patients

spoke with 16 patients who were using the service

spoke with 25 members of staff, including ward managers, medical staff (including consultant psychiatrists), psychologists, nurses, nursing assistants and occupational therapists

attended and observed one multidisciplinary team review meeting

reviewed 50 patient medicine administration charts

carried out a specific check of the medicine management on the wards

reviewed 26 care and treatment records including the Mental Health Act documentation of detained patients

looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- We rated the service good for safe, effective and responsive care. We rated caring and well led as outstanding.
- The psychology team led a restorative justice programme within the service, which had become embedded within the culture of the wards. The psychology team trained staff in the application of restorative justice and wards had a nominated restorative justice champion. The focus of the first year of the programme had been to assist staff to resolve issues between patients.
- The Allington Centre was in the process of applying for a quality mark accreditation with the restorative justice council. The psychology team worked jointly with National Health Service and international partners for the ongoing development of the programme and to collectively apply for an international research grant.
- All wards in this core service were engaged with the quality network for forensic mental health services, operated by the Royal College of Psychiatrists. They gained accreditation by demonstrating that they met a certain standard of best practice in their area.
Summary of findings

- There was a strong culture of respect, in which staff demonstrated their “patients first” ethos. Staff adopted a person-centred approach to care delivery and had worked to promote equality and diversity to patients. Patients spoke very positively about the way staff treated them. We observed caring, respectful and supportive interactions between staff and patients.

- Staff were knowledgeable about their patients and worked hard to develop good relationships with them. Patients told us they enjoyed regular ward events, including those where patients and staff jointly prepared and ate a meal together.

- The service had an experienced, supportive and approachable management team. Staff felt highly engaged and valued. They spoke with pride and passion about their work. Managers utilised the skills and interests of staff to enhance the experience of patients and staff alike. Some staff had been given ‘champion’ roles within their team, leading in an area such as healthy eating or exercise.

- Patients were actively involved in care planning and in making decisions about their care. Patient experience surveys were used with the aim of improving services for patients. There were regular community meetings on every ward and a patient council.

- Patients moved between the medium secure wards and the low secure ward when clinically indicated. Staff supported patients when they were moving to another ward or preparing for discharge from the hospital. Multidisciplinary and management team members from both hospital sites met once a week at a referrals meeting, to discuss planned and potential patient admissions, discharges and moves within the service.

- All families and carers were offered an initial engagement meeting with the patient’s consent. Patients led the production of a quarterly report about their progress, to be shared with relatives and carers of their choosing. The trust had a family and engagement lead, who worked to ensure families and carers were included where the patient wanted them to be. There were regular engagement events and an annual survey.

- Some patients held voluntary jobs within the local community, including at the Lakeside Lounge Café on the Trevor Gibbens Unit campus. Patients could access educational courses during their time as an inpatient. Patients had access to agricultural activities on both the Trevor Gibbens Unit and Allington Centre sites.

- Patients had good access to physical healthcare and a range of psychological therapies. The psychology team individually assessed each patient and formulated their personalised therapeutic plan. They provided sessions in trauma work, relapse prevention and substance misuse. The offenders group programme had three strands, namely: violence, fire setting and sexual offending.

- Staff completed mandatory training necessary to do their jobs. Staff teams met regularly, to share information and learning from incidents. Staff were debriefed after incidents and received support from managers and members of the psychology team. Staff used specialist risk assessment tools to assess the risks posed by each patient and used seclusion and restraint only as a last resort. Patient care plans we looked at were consistently up to date, personalised, holistic and recovery oriented, incorporating patients’ strengths and goals.

However;
Summary of findings

- There were problems with the heating system on Walmer-Bedgebury and Emmetts-Bedgebury wards. On Walmer-Bedgebury ward (particularly the large communal area) could become uncomfortably cold at night, during winter months. Some areas of Emmetts-Bedgebury ward were cold. We reported these concerns to the service management team who took urgent action to begin addressing the issue.

- The patient control for bedroom door viewing panels was not working in most bedrooms on the wards at the Trevor Gibbens Unit.

- The lounge area on Emmetts-Bedgebury ward was located down several steps, adjacent to the ward’s central dining area. This meant that anyone with restricted mobility would find it difficult to move between the two portions of the room. The trust informed us that they planned to resolve this issue, in likelihood by installing a ramp between the lounge and dining areas.

- The service did not meet the trust’s targets for completion of staff appraisals and clinical supervision with some wards significantly below the trust target.

- The female portion of Bedgebury unit had only a small concrete yard allocated to it. The trust had a plan to develop a more inviting garden space for the unit.

- Some patients at the Trevor Gibbens Unit expressed dissatisfaction with their food, for example at the size of portions. The trust had recently agreed a contract with a new food provider who was due to start supplying the wards in November 2018.

Is the service safe?

Good ✓

Our rating of safe improved. We rated it as good because:

- Staff carried out regular risk assessments of the ward environments and the ward layouts allowed staff to observe different parts of the ward. Patient bedrooms and en-suite facilities had been equipped with anti-ligature furnishings and fittings. Staff carried a personal alarm to enable them to access assistance from colleagues when needed.

- There were two seclusion suites within this core service. Both were modern and purpose-built, with designs that eliminated ligature anchor points and blind spots.

- Clinic rooms on all wards were well maintained, organised and clean. They were fully equipped with accessible resuscitation equipment and emergency drugs which staff checked regularly. Medicines management was good. Staff received support from pharmacists, who visited each ward regularly. Staff monitored the effects of medicines on patients by carrying out regularly physical health checks, such as electrocardiograms.

- Whilst staff turnover and agency and bank use was higher than the trust’s target, there were sufficient numbers of staff to provide safe care. When bank or agency workers were used, they were normally familiar with the ward and its patients. Staff had received the mandatory training necessary to do their jobs.

- All wards were gender specific, which meant the provider complied with guidance on same-sex accommodation.

- There was adequate medical cover across all wards day and night which meant that a doctor could attend quickly in the event of a medical emergency.

- Staff used specialist risk assessment tools to assess the risks posed by each patient. Risk assessments were detailed and up to date and stored in the trust’s electronic recording system.

- Staff used seclusion and restraint only as a last resort. Staff actively sought to use verbal de-escalation techniques to resolve, and where possible pre-empt, situations where one or more patients were becoming agitated or aggressive.
Summary of findings

- Staff we spoke with knew the procedure for reporting incidents. Staff teams met regularly, to share information and learning from incidents. Staff were debriefed after incidents and received support from managers and members of the psychology team.

However;

- The patient control for bedroom door viewing panels was not working in most bedrooms on the wards at the Trevor Gibbens Unit.
- There were issues with the heating system on Walmer-Bedgebury and Emmetts-Bedgebury wards. On Walmer-Bedgebury ward (particularly the large communal area) could become uncomfortably cold at night, during winter months. Some areas of Emmetts-Bedgebury ward were cold. We reported these concerns to the service management team who took urgent action to begin addressing the issue.

Is the service effective?

Our rating of effective stayed the same. We rated it as good because:

- Patients had access to a range of psychological therapies that were delivered in line with guidance from the National Institute for Health and Care excellence. The psychology team individually assessed each patient and formulated their personalised therapeutic plan. The psychology team provided sessions in trauma work, relapse prevention, substance misuse. The offenders group programme had three strands, namely: violence, fire setting and sexual offending.
- Staff received training in the Mental Health Act and Mental Capacity Act. Staff we spoke with had a good understanding of the Mental Health Act and Mental Capacity Act and their guiding principles. The Mental Health Act administration team supported clinical staff in ensuring the Mental Health Act was delivered lawfully and undertook regular audits in this area.
- Patients had good access to physical healthcare via a comprehensive range of specialists, including visiting GPs, chiropodist and dentist. Staff supported patients in making healthier lifestyle choices in relation to their diet and physical exercise. The trust operated a smoke-free environment and staff supported patients with nicotine replacement therapy.
- Patient care plans we looked at were consistently up to date, personalised, holistic and recovery oriented, incorporating patients’ strengths and goals. Staff used Health of the Nation Outcome Scales to measure the health and social functioning of patients on the wards.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Medical staff had completed revalidation. Managers utilised the skills and interests of ward staff to enhance the experience of patients and staff alike.
- The staff team on each ward had effective working relationships with other teams within the organisation (such as adult acute mental health wards and community-based adult mental health teams) and external partners (such as social services, advocacy services and GPs).

However;

- Whilst the trust were taking action to improve their supervision compliance rates, they were below the trust’s target at the time of our inspection. During the 12-month period July 2017 to June 2018, the ward with the highest supervision completion rate was the Allington Centre with 73%. The ward with the lowest supervision completion rate was Walmer ward with 64%.
Is the service caring?

Outstanding

Our rating of caring stayed the same. We rated it as outstanding because:

- Patients spoke exceptionally positively about the way staff treated them. We observed highly caring, respectful and supportive interactions between staff and patients. Staff were knowledgeable about their patients and worked hard to develop strong relationships with them.
- Patients reported that staff listened to them. Patient experience surveys were used with the aim of improving services for patients, there were regular community meetings on every ward and a patient council.
- There was a clearly visible person-centred culture throughout the hospital, where staff put patients first. We saw and heard examples of staff tailoring the delivery of care to meet patient’s different needs.
- Every new patient was oriented to their new ward in a way and at a pace that suited them.
- Patients were actively involved in care planning and staff empowered them to make decisions about their care.
- All wards had a calm and relaxed atmosphere and patients felt there was a good range of activities available to them.
- There was a strong ethos of respect throughout the service. The trust successfully used restorative justice to embed this, and to resolve disagreements between patients.
- All families and carers were offered an initial engagement meeting with the patient’s consent. Patients led the production of a quarterly report about their progress, to be shared with relatives and carers of their choosing.
- The trust has a family and engagement lead, who worked to ensure families and carers were included where the patient wanted them to be. There were regular engagement events and an annual survey.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good because:

- Some patients held voluntary jobs within the local community, including at the Lakeside Lounge Café on the Trevor Gibbens Unit campus. Patients could access educational courses during their time as an inpatient. Patients had access to agricultural activities on both the Trevor Gibbens Unit and Allington Centre sites.
- All patients had their own single bedroom and so were not expected to share with other patients. Each patient had their own individually programmed fob bracelet to allow them unrestricted access to only their own bedroom. The fob system preserved a log of every entry to every room. This meant staff could avoid the unnecessary use of blanket restrictions on the ward.
- Staff supported patients to have escorted and unescorted leave from the wards when appropriate to ensure they developed and maintained relationships with other services and their friends and relatives.
- Patients moved between the medium secure wards and the low secure ward when clinically indicated. Staff told us that this happened rarely. A bed was available in an enhanced care area within both medium and low secure units if a patient required more intensive care for a brief period.
Summary of findings

- Staff supported patients when they were moving to another ward or preparing for discharge from the hospital. We saw evidence that staff completed extensive work to prepare and support the patient for their move, and to assist the staff at the new ward or service to ensure that the transition occurred as smoothly as possible.

- At the time of our visit, the provider was in the process of developing a new team, which they called the forensic outreach liaison service. The purpose of the new team was to bridge the gap between the inpatient wards and community services.

- Patients we spoke with told us they knew how to make a complaint and did not express any concerns about how staff followed the complaints process. Staff discussed the outcome of complaints during team meetings, to learn from any mistakes that had been made. Staff were happy with the level of feedback they received from complaints.

- The trust’s chaplaincy service visited each ward every week. They could access spiritual support for patients from different religions and faiths upon request.

- Patients had the choice of eating food from different cultures and selections that met specific dietary requirements. Upon completing an occupational therapy assessment, some patients worked to a point where they were self-catering.

However;

- **The female portion of Bedgebury unit had only a small concrete yard allocated to it. However, the trust had a plan to develop a more inviting garden space for the unit.**

- The lounge area on Emmetts ward was located down several steps, adjacent to the ward’s central dining area. This meant that anyone with restricted mobility would find it difficult to move between the two portions of the room. The trust informed us that they planned to resolve this issue, in likelihood by installing a ramp between the lounge and dining areas.

- Some patients at the Trevor Gibbens Unit expressed dissatisfaction with their food, for example at the size of portions. The trust had recently agreed a contract with a new food provider who was due to start supplying the wards in November 2018.

**Is the service well-led?**

| Outstanding | ⭐ ⬆ |

Our rating of well-led improved. We rated it as outstanding because:

- The clinical psychology team led a restorative justice programme within the service, the work of which had become embedded within the culture of the wards. The psychology team trained staff in the application of restorative justice and wards had a nominated restorative justice champion. To date, most of the restorative justice work has been internally focused, to assist staff to resolve issues between patients. However, the scope was being extended to include the resolution of issues between patients and staff; and, patients and external parties, such as the victims of their former offences. The Allington Centre was in the process of applying for a quality mark accreditation with the restorative justice council. If successful, they would be the first forensic mental health service in the country to receive the quality mark. The psychology team worked jointly with national health service and international partners for the ongoing development of the restorative justice programme and to collectively apply for an international research grant.

- There was a clear and effective governance structure, supported by a dedicated quality and governance team. The quality and governance team also co-ordinated quality improvement work within the service.
Summary of findings

- All wards in this core service were engaged with the quality network for forensic mental health services, operated by the Royal College of Psychiatrists. They gained accreditation by demonstrating that they met a certain standard of best practice in their area.
- There was a strong culture of universal respect, in which staff demonstrated their “patients first” ethos. Staff had worked to promote equality and diversity to patients.
- We observed an exceptionally positive culture where staff felt highly engaged and valued. They spoke with pride and passion about their work. Managers utilised the skills and interests of staff to enhance the experience of patients and staff alike. Some staff had been given 'champion' roles within their team, leading in an area such as healthy eating or exercise.
- The service had an experienced, supportive and approachable management team, who benefitted from leadership development opportunities.
- During our visit, we saw evidence of strong working relationships within each ward team and between staff teams from different wards within this core service and with the service management team.
- Staff engaged effectively with patients. Patients were invited to give feedback on the service in a variety of ways, including community meetings, a patient council and surveys.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust SHOULD take to improve

The provider SHOULD ensure –
- The internal temperature on all wards should be kept at a comfortable level.
- Patient controls of all bedroom door vision panels are in working order.
- People with restricted mobility can access all areas of each ward.
- All staff receive regular supervision and an annual appraisal.

Community-based mental health services of adults of working age

| Good | ✓ | ✓ |

Key facts and figures

The community mental health teams for adults of working age form part of the trust’s mental health services in the community. They provide a specialist mental health service for adults of working age (18-65) with significant mental health needs. Staff provide patients with care co-ordination and recovery-focused interventions including psychological therapies. The teams also support patients with complex mental health needs who require an assertive outreach approach to meeting their needs. The teams operate from 9-5pm Monday to Friday.

The teams comprise multi-disciplinary teams of health and social care professionals including psychiatrists, social workers, psychiatric nurses, psychologists, occupational therapists and support workers. The service primarily receives referrals from GPs, but also other parts of the mental health system such as acute and crisis mental health services. The single point of access team manages urgent referrals for the community mental health teams and operates 24 hours a day to receive referrals to mental health services by email, text or telephone.
Summary of findings

During this inspection we visited six of the community mental health teams: Ashford, Canterbury and Coastal, South West Kent, Thanet, Dartford, Gravesend and Swanley and South Kent Coast.

This core service was last rated at a comprehensive inspection in January 2017 when it received an overall rating of requires improvement. The service was rated good in effective and caring, and requires improvement in safe, responsive and well-led. This core service received a focused follow-up inspection in January 2018 where significant issues were identified which led to the issuing of a warning notice to the trust in February 2018.

The warning notice we served identified actions that the trust needed to take by March 2018:

The trust must complete an immediate review of each of the community mental health teams for working age adults case load: focusing on new referrals and case load allocation, risk assessments for all allocated and unallocated patients with safety plans being put in place where necessary.

It also identified actions the trust must take by August 2018

The trust should use the caseload review to inform a comprehensive review of the assessment, planning and delivery of care and treatment for all patients and ensure that have systems and processes embedded into the service that effectively assess, monitor and improve the quality and safety of their service.

Between 15-16 May 2018 the Care Quality Commission carried out a further focused follow-up inspection to look at whether the trust had made the necessary improvements as set out in the warning notice issued on 16 February 2018. At that inspection it was found that the trust had made improvements but some areas for improvement remained:

Staff did not always assess the risks to patients’ health and safety or respond appropriately to meet their individual needs. Risk assessments were not always completed or updated following an incident or reviewed regularly.

The duty service at most community mental health teams continued to be pressured and had to respond to work outside of their emergency remit.

The community mental health teams had put systems in place to ensure that caseloads were formally handed over and monitored due to care co-ordinators planned or unplanned absence. However, these were not yet embedded across all teams.

At this inspection, we found that significant improvements had been made to the assessment of patient risks, the duty services, and that changes made to the teams had been embedded in their day to day practice.

Our inspection on 16-18 October 2018 was unannounced but the provider was given 48 hours’ notice that we were inspecting this core service to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

spoke with eight patients and one carer
spoke with the service managers and team leaders at each of the six teams inspected
spoke with 33 other staff including consultant psychiatrists, mental health nurses, social workers, clinical psychologists, occupational therapists, healthcare assistants and administrators
observed six daily red board meetings
observed four clinical assessments, one depot clinic and one review meeting
observed two multi-disciplinary team meetings
reviewed 40 patient care records
looked at a range of policies, procedures and documents related to the services we visited.

Summary of this service

Our rating of this service improved. We rated it as good because:

- During this inspection, we found that services had addressed many of the issues that caused us to rate it as requires improvement following the January 2017 inspection. And that the concerns raised in the warning notice, issued in February 2018, which remained after the follow-up inspection of May 2018 had been addressed. Staff were recording and reviewing patient risks and updating these if there had been a change in the patient’s circumstances. The duty service was provided by dedicated staff working solely on this function and that patients were no longer allocated to duty workers. The trust had embedded the buddy system which ensured that care co-ordinators had a named team colleague to cover supporting their caseload when they were absent.

- Staff caseload sizes had reduced to around 40 patients per worker which meant that staff were able to adequately manage the needs of the patients they were supporting. Team leaders were regularly reviewing the caseloads with staff.

- We reviewed 40 care records of patients in six teams and found that staff were completing a risk assessment upon initial assessment and regularly reviewing this and updating it after any patient incident. The teams had a duty system to respond to changes in risk or deterioration in the mental health of patients.

- Staff could access a consultant psychiatrist for routine or urgent appointments and urgent medical advice.

- Staff had completed safeguarding training and demonstrated a good awareness of safeguarding issues. Despite the changes in the role of social care staff, the pathway to register and investigate safeguarding concerns remained straightforward.

- All staff knew how to report an incident on the trust’s reporting system. We saw that the learning from serious incidents was shared and discussed in the team’s multi-disciplinary team meeting.

- The patient records that we reviewed contained comprehensive needs assessments. These were person-centred, holistic and recovery focused. Care plans reflected patient’s assessed needs and recorded risks.

- Staff monitored the effects of medicine on the physical health of patients and reviewed this regularly in physical health clinics. Staff were using recognised scales to rate the severity of symptoms and monitor patient outcomes. Staff offered a variety of treatment options to people including National Institute for Health and Care Excellence approved interventions such as access to cognitive behavioural therapy, and physical health monitoring for patients prescribed high dose anti-psychotic medicines.

- All teams were multidisciplinary and had good relationships with other teams within the trust. We saw evidence of regular communication and joined up working between the inpatient and community mental health services. This ensured that patients had a smooth transition between services.

- We saw evidence in patient notes of the involvement of people in their care planning. Care records showed that staff discussed care plans with patients and offered them a copy of their care plans.

- Patients told us that staff helped them understand their conditions so that they could learn ways of managing these more effectively. Staff were encouraging and optimistic with patients and supported them with positive choices such as smoking cessation.

- Staff provided patients with information about how to make a complaint and patients told us that they knew the process, and were confident raising concerns and complaints.
Summary of findings

• All services had a range of rooms to see patients, including clinic rooms. These were adequately sound-proofed to ensure confidentiality. Waiting areas had a range of information on local community groups, advocacy, and leaflets on mental health conditions and treatments.

• There were clearly defined roles for team leaders and service managers within the six teams we inspected. Team leaders were receiving regular information about the team’s performance. The team leaders displayed a good understanding of the service they were providing and where it connected with the wider mental health pathway.

• The trust had developed a clear operational identity for the community teams. A Day in the Life of a Community Mental Health Team provided clear guidance to staff in how to deliver community mental health team processes to agreed standards.

• Staff we spoke with said that the services had improved. Staff could raise concerns and felt positive about their teams despite the pressure of recent changes regarding the integration of social care colleagues. Staff felt well supported by their team managers and colleagues.

However;

• There were issues with the recording of fridge temperatures at the Canterbury and Coastal team and the clinic room at Dartford, Gravesend and Swanley was very hot in summer months.

• Patients at the Dartford, Gravesend and Swanley team sometimes faced excessive waiting times when trying to contact the team by telephone.

• Trust data showed that staff were not receiving supervision at the frequency of the trust’s supervision policy which was every six weeks. Several teams’ recent supervision rates were 60% or lower. The trust acknowledged that supervisions had been missed as a high number of team leaders had been absent and the trust had implemented a series of actions for managers to improve the supervision rates and monitor the delivery of supervision.

• Not all the teams were meeting the trust target time of 28 days to initial assessment for newly referred patients. The total service reported seeing 73% of patients referred within 28 days. Performance had dropped as low as 46% in the Thanet team.

• Patients were waiting a long time for access to psychological therapies in some teams. There were 30 patients at Thanet and 39 patients at Dartford, Gravesend and Swanley teams who were waiting over 30 weeks for treatment to start. The patients on the waiting list were not routinely reviewed by psychological therapy staff.

Is the service safe?

| Good | 🟢 | 🔺 |

Our rating of safe improved. We rated it as good because:

• There was a range of consultation rooms for patients to meet with staff which were clean and adequately sound-proofed to aid confidentiality. The clinic rooms were clean and had the necessary equipment to carry out physical health examinations. Medicines were stored and administered safely according to trust policy.

• We reviewed 40 records of people using the service. Staff had assessed patient risks and reviewed these regularly and when things changed. Patients had crisis plans and knew who they could contact in a mental health crisis.

• Staff shared risk appropriately with colleagues and discussed complex risks at the team’s risk forum. The teams’ morning meetings, the ‘red board’ meeting, were embedded in to the daily team structure at all the teams we inspected. These meetings were an effective way of discussing current patient risks and setting the team’s priorities for responding to patient needs.
Summary of findings

• The teams had a dedicated duty system to respond to risk or deterioration in the mental health of patients. Patients were no longer allocated to duty workers. Staff had an identified team buddy who covered for them during planned or unplanned absences which ensured that patient needs continued to be met safely.

• Staff could access a consultant psychiatrist for routine or urgent appointments.

• There were sufficient appropriately qualified staff in each team. The team leaders reviewed the caseloads regularly with staff and there were clear team guidelines regarding the maximum caseload size which were adhered to.

• Staff received training in most topics considered essential for their area of practice. This included protecting adults and children from abuse, fire safety and conflict resolution to carry out their role safely.

• Staff had completed safeguarding training and demonstrated good awareness of safeguarding issues. The trust had a safeguarding policy which referenced adult and children safeguarding processes.

• Teams reported incidents, trust staff investigated these incidents and shared any lessons learned with staff at team meetings. Staff were supported with difficult incidents and offered debrief sessions following a serious incident.

However;

• The temperature of the clinic room at the Dartford, Gravesend and Swanley team was not adequately managed during the summer heatwave.

• The fridge temperatures at the Canterbury and Coastal team were not consistently recorded.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good because:

• Staff completed comprehensive assessments of patients’ individual needs including a physical health assessment. Assessments were person centred, holistic and recovery focused. The patient care plans reflected their assessed needs.

• Staff provided patients with good quality care based on evidence-based, best practice guidelines produced by the National Institute for Health and Care Excellence. Interventions included access to cognitive behavioural therapy, and physical health monitoring for patients prescribed high dose anti-psychotic medicines.

• Each team was multi-disciplinary and included doctors, nurses, occupational therapists, psychologists and healthcare assistants. Staff demonstrated effective working within the multi-disciplinary teams and external organisations.

• Staff were using recognised scales to rate the severity of symptoms and monitor patient outcomes. Staff used the Glasgow Anti-psychotic Side-affect Scale to determine and monitor patients’ experience with side-affects from their prescribed medicines, and the Health of the Nation Outcome Scales to measure patients’ progress and outcomes.

• Staff assessed and monitored the physical health of patients using their services, and this included the physical health impacts of patients’ prescribed medicines.

• All teams had good relationships with other teams within the trust. We saw evidence of regular communication and joined up working between the inpatient and community mental health services. This ensured that patients had a smooth transition between services.

• All staff working in the community mental health teams had received an annual appraisal.

• Staff training rates for the Mental Capacity Act and the Mental Health Act were meeting the trust target of 85%
Summary of findings

However;

- Trust data showed that staff were not receiving supervision at the frequency of the trust's supervision policy which was every six weeks.

Is the service caring?

| Good |   |   |

Our rating of caring stayed the same. We rated it as good because:

- Staff treated the patients using the services with kindness, dignity and respect. Staff spoke to patients in a meaningful way and were mindful of their individual circumstances.
- Staff worked with patients to help them understand their condition so that they could learn ways of managing these more effectively. Staff were encouraging and optimistic with patients.
- Staff ensured that information about patients was handled confidentially.
- Staff were able to respond to sudden changes in the mental health of patients and could provide advice and support outside of scheduled appointments. Each team had a duty service to respond to urgent referrals or to sudden changes in a person's mental health.
- We saw evidence in patient notes of the involvement of people in their care planning. Care records showed that staff discussed care plans with patients and offered them a copy of their care plans.
- The teams engaged with patients, families and carers to ensure that they had all the information they needed to make a decision about their care and treatment. Carers were invited to attend review meetings and care programme approach meetings with the permission of the patient.

Community-based mental health services of adu

Is the service responsive?

| Requires improvement |   |   |

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The teams were regularly failing to meet the trust's response time of 28 days to initial assessment for newly referred patients to the teams. The total service reported seeing 73% of patients referred within 28 days. There was considerable variance in team performance across the six teams that we visited. Performance had dropped as low as 46% in the Thanet team. This meant that more than half of patients referred to this team did not have their assessment within the target time.
- Patients were waiting a long time for access to psychological therapies in some teams. There were 30 patients at Thanet and 39 patients at Dartford, Gravesend and Swanley teams who were waiting over 30 weeks for treatment to start. There was a variation across the teams in the length of waiting time from three months to 18 months. Those waiting for services were not routinely reviewed by psychological therapy staff.
- Patients at the Dartford, Gravesend and Swanley team sometimes faced excessive wait times when trying to contact the team by telephone.

However;
Summary of findings

- The service had introduced consistent processes and procedures which were embedded in the daily running of the service to ensure that those patients waiting to receive a service were safe. Patients who were waiting on a list to receive a service were allocated to dedicated active review workers in each team. They maintained regular contact, minimum three-monthly, with patients to ensure that they were kept safe whilst waiting for treatments to start.
- All services had a wide range of rooms in which to meet with patients, including clinic rooms. These were well sound-proofed to ensure patient confidentiality.
- Patients had access to emergency appointments when they needed them.
- Reception areas and waiting areas had a good range of information relating to mental health conditions and treatments, advocacy, and local groups and services.
- Team leaders had good links with other mental health service providers which ensured that patients could be referred to services which provided information and support with housing, benefits and employment.
- Patients knew how to raise concerns and complaints. Staff were open and transparent in respect of complaints raised by patients.

Is the service well-led?

| Good | 🟢 | 🔺 |

Our rating of well-led improved. We rated it as good because:

- Managers had made improvements to the service since the last inspection. There were clearly defined roles for team leaders and service managers within the six teams we inspected. Team leaders were receiving regular information about the team’s performance. The team leaders displayed a good understanding of the service they were providing and where it connected with the wider mental health pathway.
- Staff we spoke with said that the services had improved. We saw that individual case load sizes had reduced which meant that staff were able to safely support the patients allocated to them.
- Staff could raise concerns and felt positive about their teams despite the pressure of recent changes regarding the integration of social care colleagues. Staff felt well supported by their team managers and colleagues.
- The teams had a clear framework of operational processes and standards. This included regular multi-disciplinary meetings which ensured staff were up to date with the clinical and business priorities of the team, and could share learning from incidents and complaints.
- Staff were confident in submitting cases to the team risk panel for advice and support from senior clinical colleagues with complex risks. Staff felt able to escalate risks within their teams to managers and were confident that actions would be taken as a result.
- The trust had developed a clear operational identity for the community teams. A Day in the Life of a Community Mental Health Team provided clear guidance to staff in how to deliver community mental health team processes to agreed standards set by the trust. We saw that staff were following this.

Areas for improvement

The provider SHOULD ensure -

- Fridge temperatures are recorded consistently at the Canterbury and Coastal team so that patient medicines are stored safely.
Summary of findings

- High temperature of the clinic room at the Dartford, Gravesend and Swanley team is adequately managed during hot weather.
- Telephone response time at the Dartford, Gravesend and Swanley team improves so that patients and carers can speak with team members in a timely way.
- All staff receive supervision at the frequency set out in its supervision policy, and have procedures in place to enable this to continue when key supervisory staff are absent.
- Patients receive their initial assessment within the trust target time of 28 days from their referral to the service.
- Patients receive their initial assessment within the trust target time of 28 days from their referral to the service.
- Waiting times for access to psychological therapies are within the trust’s waiting time target and that senior clinical staff monitor and review the waiting list.
- The service should improve their provision of dementia friendly feature and access to disabled parking spaces.
- The service should ensure that interview rooms have appropriate soundproofing to maintain patients’ privacy and confidentiality.
- The service should ensure they take a consistent approach to all areas of clinical practice.

Mental health crisis services and health-based places of safety

| Good | ➔ | ← |

Key facts and figures

Crisis teams are specialist teams of mental health professionals who provide short term support to people experiencing a mental health crisis. They aim to prevent admission to a hospital by providing treatment and support to a person in their own home.

Kent and Medway NHS and Social Care Partnership Trust have five crisis teams:

Dartford – based in Littlebrook Hospital, Dartford and covers the Dartford, Gravesham and Swanley areas.

North East Kent – based in St Martins’ Hospital, Canterbury and covers the north east of the county including Thanet.

South East Kent – based in St Martins’ Hospital, Canterbury and covers the south east of the county including Ashford.

West Kent – based at Priority House, Maidstone and covers West Kent.

Medway – based at Medway Maritime Hospital, Gillingham and covers Medway and Swale.

A health-based place of safety, sometimes known as a 136 suite, is a place of safety for those people detained by the Police under section 136 of the Mental Health Act. It can be used where the Police find someone in a public space and they have concerns about the person’s mental health. The order lasts for 24 hours. Once in the suite, the individual is assessed by mental health professionals to establish if treatment is needed.

Kent and Medway have two health-based places of safety, one of the suites has two rooms available:

Littlebrook Hospital, Dartford - has a 136 suite that offers an assessment room, this suite is used for adults and by a neighbouring NHS trust for under 18s.

St Martins Hospital, Canterbury - has a 136 suite with two assessment rooms for adults.

Priority House, Maidstone - has a 136 suite with two assessment suites* for adults. This suite is also shared with Medway.
We inspected this core service as part of our next phase mental health inspection programme.

Our inspection took place on 21 and 22 November 2018. It was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Health Watch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

visited all five of the crisis resolution home treatment teams at the four hospital sites
visited all three health-based places of safety
spoke with 12 patients who were using the service
spoke with two carers
spoke with ten of the managers or interim managers responsible for operational and clinical management of the crisis resolution home treatment teams and 136 suites
spoke with 25 other staff members; including doctors, nurses, occupational therapists and support workers
spoke with one approved mental health professional (AMHP) working alongside the 136 suite staff
attended and observed one hand-over meetings and one multi-disciplinary meeting
attended and observed two home visits
looked at 27 treatment records of patients with the crisis home treatment team
looked at 11 HBPOS records
looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

Teams were comprised a multi-disciplinary team of mental health professionals including psychiatrists, nurses, support workers, support, time and recovery workers, and occupational therapists. All services had access to a Mental Health Act Administrator.

The teams felt fully supported and spoke consistently of an open, caring culture. There was a clear management structure in place. Teams had direct management from an operational and clinical lead, who were supported by senior leaders in the trust, and all sites had access to a consultant psychiatrist when needed. The 136 suites had a dedicated clinical lead who supported the staff working there.

Overall, mandatory training was 95% compliant, well above the target of 85%.

Staff managed risk well and there were effective processes in place. All services had up to date risk registers and staff knew how to access this and add to it. All staff had received recent training in safeguarding and all staff that we talked with were aware of the safeguarding reporting process. Staff received appropriate debriefs following incidents.

All the teams had good medicines management practices, which were regularly audited. Each team had at least one medicines lead.
Managers undertook regular audits to ensure processes were effective. Meaningful learning was shared within and across teams to improve practice.

People told us staff involved them in their care and treatment, and we witnessed staff completing care plans with patients. We saw evidence that all patients had been offered a copy of their care plan. Patients were given an information pack on their first meeting with the crisis teams, informing them of treatment and support services, how to complain and how to access advocacy.

The teams were committed to equality and diversity and each team had an equality and diversity lead. All 136 suites were accessible for people with disability or mobility issues.

None of the crisis teams had waiting times which meant people were seen without delay.

Staff told us about the different ways they tried to provide personalised support, such as matching staff with similar hobbies to people who were unwilling to engage and scheduling visits around school hours for people with children.

The services had good working relationships with other organisations including the police, ambulance services and local authorities, with regular joint meetings and appropriate information sharing.

There were effective handovers and multi-disciplinary meetings to share information and issues constructively. These were also a forum for learning from complaints, compliments and incidents and sharing good practice.

Staff understood and were very positive about the values of the trust and could tell us how they incorporated the values into their work with patients.

However;

Though overall mandatory training compliance was above the trust’s target at 95%, some staff had not received mandatory training in all the key areas identified as essential to their role. Immediate Life Support training compliance was low at 66%, though the trust was taking action to improve this.

Although most of the risks from blind spots had been addressed since the last inspection, the bathroom at the Dartford health based place of safety still had a blind spot. This meant staff could not be assured of patient’s safety at all times in this area.

The S136 rights leaflet being given to patients detailed a maximum detention period of 72 hours and not 24 hours which did not reflect changes in legislation in 2017.

**Is the service safe?**

| Good |

Our rating of safe stayed the same. We rated it as good because:

All health-based places of safety were clean, secure and appropriately furnished.

Mandatory training rates for staff were at 95% against the trust’s target of 85%

All staff carried personal alarms that would summon urgent assistance from staff across the hospital if needed.

Managers used clear, risk based methods to decide on staffing numbers and could review this if necessary.

Risk assessments were thorough and clearly identified risks, enabling staff to manage this effectively.

We saw evidence of a robust system in place for recording and managing incidents.

Previous issues with lone working procedures had been addressed.
Summary of findings

However;
Although most of the blind spots had been mitigated since the last inspection, the bathroom at the Dartford health based place of site remained an unmitigated risk.

Is the service effective?

| Good |   |

Our rating of effective stayed the same. We rated it as good because:

Staff teams were made up of a range of health professionals working together effectively.

We saw effective multi-agency working with the police, ambulance services, approved mental health professionals and psychiatric liaison teams.

Support, time and recovery workers completed and monitored physical healthcare, and supported the patients with social care needs such as benefits, housing, employment, accompanying to groups and appointments, and offered support for carers needs.

All teams held full multidisciplinary meetings three times a week to discuss and review patient care and treatment, as well as handovers between each shift.

All health-based places of safety kept clear and concise records of all people brought into the place of safety in accordance with the Mental Health Act Code of Practice recommendations.

Staff followed best practice guidance including NICE guidelines when delivering treatment interventions.

The health-based places of safety had a clear and comprehensive standard joint operational policy.

However;
The S136 rights leaflet being given to patients detailed a maximum detention period of 72 hours and not 24 hours which did not reflect changes to legislation in 2017.

Is the service caring?

| Good |   |

Our rating of caring stayed the same. We rated it as good because:

People using the service told us they had been treated with kindness, dignity and compassion by staff and that they felt staff cared about them.

We observed the knowledge that staff had of individual patients and their needs, and heard them talking about patients respectfully.

We saw staff treating patients and their homes with respect on home visits.

We saw clear evidence that patients are fully involved in their care and treatment.

Patients were given plenty of opportunities to feedback on the services they received.

Each team had opportunities for carers to be involved, with the patient’s consent, and each had at least one carer’s lead.

Is the service responsive?

| Good |   |


Our rating of responsive stayed the same. We rated it as good because:

There are no waiting lists for crisis services which means patients are seen without delay and within the trust’s targets. The services were available 24 hours a day seven days a week.

Crisis teams had clear, inclusive referral criteria as part of the operational policy that all teams adhered to.

Interpreters were easily accessible through the hospital, all patient areas were wheelchair friendly, and staff of both genders were available.

- Staff tried to provide truly personalised care, such as working around school hours for parents, meeting in places the patient felt comfortable and appropriately matching staff to patients wherever possible.

However;

Some patients had to be admitted to hospital for clozapine initiation as not all crisis teams were offering support with this in the community.

**Is the service well-led?**

| Good |

Our rating of well-led stayed the same. We rated it as good because:

All teams had a clear management structure in place. Leaders were visible, effective and supportive.

Staff knew, understood and demonstrated commitment to the trust’s vision and values.

We saw robust management systems, which managers regularly audited. Meaningful learning was shared within and across teams.

Risk registers were maintained and reviewed regularly. Risk information was shared and discussed with staff at each team meeting.

Staff, patient and carer feedback was used to make improvements, as was learning from complaints and incidents.

Staff consistently talked about an open, caring culture in which they felt valued and listened to.

The core service was running several pilot projects aimed at improving services, showing a commitment to innovation.

**Areas for improvement**

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

**The provider SHOULD ensure –**

- The risks associated with the blind spot in Dartford’s 136 suite is mitigated.
- All incidents occurring in the 136 suite at Dartford are properly reported.
- The information leaflet detailing patient’s S136 rights is amended following changes to legislation in relation to maximum detention times.
- Leaders review the trusts approach to clozapine initiation in the community to ensure that all patients can start clozapine in their own homes where it is safe to do so.
Community-based mental health services for older people

Good

Key facts and figures

The community-based mental health services for older people form part of the Kent and Medway NHS and Social Care Partnership Trust’s mental health services in the community. They provide a specialist mental health service to meet the mental health needs of older adults with acute, serious and enduring mental health problems, including dementia. The services provided include routine and urgent assessment, memory assessment, admiral nursing services and on-going treatment and review.

Services were divided according to clinical commissioning groups (CCG) and geographical boundaries. There were 11 teams which provided a community mental health service for older people across Kent and Medway. There were eight CCGs who commissioned services from Kent and Medway NHS and Social Care Partnership Trust, across Kent and Medway. Older adults requiring specialist services could self-refer or be referred directly from their GP.

Whilst most people referred to the service were over the age of 65, access to the service was determined by the needs of the individual as well as their age. Therefore, individuals of any age were accepted where dementia was suspected.

We inspected six Community Mental Health Services for Older People. These were: Swale, Tunbridge Wells, Canterbury and Coastal, Medway, Maidstone and Dartford, Gravesend and Swanley.

Our inspection was announced two working days before we visited (staff knew we were coming) to ensure that everyone we needed to talk to was available.

The team included three inspectors and three specialist advisors. Specialist advisers are experts in their field who we do not directly employ.

Care Quality Commission (CQC) last inspected the community-based mental health services for older people in January 2017 as part of a comprehensive inspection of Kent and Medway NHS and Social Care Partnership Trust. It was rated as good overall with all five domains, safe, effective, caring, responsive and well-led being rated as good.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

visited six community-based mental health services for older adults, looked at the quality of the environment and observed how staff were caring for people using the service;

interviewed all three service managers;

interviewed team leaders at all teams;

interviewed consultant psychiatrists at all teams;

spoke to 32 other staff including nurses, occupational therapists, psychologists, healthcare assistants and administration staff;

spoke to nine patients and seven carers both in person and on the telephone;

toured all teams’ building and carried out a check of their clinic rooms;

observed one initial assessment and two medical reviews;

observed four risk management meetings and two multi-disciplinary meetings;

observed three psychology-led groups;
looked at 29 patients’ care records;
looked at a range of policies, procedures and other documents relating to the running of the service.

**Summary of this service**
Our rating of this service stayed the same. We rated it as good because:

- The team bases were safe for use by patients and staff.
- Patients who were prescribed anti-psychotic medicine received regular monitoring of their physical health.
- The service employed enough staff to meet the needs of the service. Staff felt supported by the trust, completed mandatory training, received supervision and had access to training opportunities.
- Staff had manageable caseloads that were reviewed regularly. They completed detailed risk assessments and had support from the multidisciplinary team when their patients presented as high risk.
- Staff had a good understanding of how to safeguard patients from abuse. They knew how to report incidents and were supported to gain learning from them.
- Staff had access to a secure system where they could access and record information regarding patients’ care and treatment. Staff could access this system remotely to record important updates and support their time management.
- Staff carried out comprehensive assessments of patients’ needs and completed detailed care plans that addressed these identified needs.
- The service employed clinical psychologists and occupational therapists who provided a range of interventions to improve treatment outcomes and promote independence.
- The service had good links with internal and external agencies where patients, and their carers, could get support with social, dietary and physiological needs.
- The service carried out a programme of audits around clinical documentation and physical health monitoring of patients on anti-psychotic medicine.
- Patients, and their carers, were universally positive about the care and treatment they received. Staff knew their patients and treated them with compassion and respect.
- Patients, and their carers were fully involved in decisions about their care and treatment. The service offered them exceptional support in the early stages of their diagnosis.
- Admiral nurses supported families with all aspects of living with dementia. Healthcare assistants instilled hope in families by introducing them to emotional and practical support.
- The service actively collected feedback, from patients and their carers, about their experiences of the service. Responses received were extremely positive.
- The service was proactive in ensuring referrals were appropriately triaged and patients were seen and treated in a timely manner. All teams provided a duty service that could respond to emergencies.
- The service responded to patients’ individual needs. Patients had a choice in what services they received support from. It was proactive in engaging patients and provided satellite sites to support patients from rural areas.
- The service promoted dementia friendly communities and supported the concept of patients supporting each other. The service used feedback from complaints and compliments as learning opportunities.
Summary of findings

- The service had experienced senior managers and team leaders who staff felt were supportive and approachable. Staff enjoyed their jobs and felt supported by their colleagues.

- The service maintained operational oversight through a well-structured schedule of meetings. Staff had access to an informative intranet site and the general public similarly had access to a user-friendly internet site.

- All teams were accredited, or in the process of applying for accreditation, to the memory service national accreditation programme. The service involved themselves in many innovative projects to improve patient experience.

However:

- Staff reported the current risk assessment template on the trust’s electronic care record system did not cover all risk areas common to older people with mental health issues. They also told us this same system could be hard to access, or respond slowly, during busy times.

- The service did not have a consistent approach to some areas of clinical practice, such as recording supervision; measuring outcomes for patients who attended groups; and recording patients’ capacity or consent to treatment.

- Due to commissioning arrangements, most areas of the trust were unable to provide a crisis service for patients with a diagnosis of dementia. Some teams were experiencing excessive waiting times for neuropsychology assessments.

- Some interview rooms did not provide adequate soundproofing to maintain patients’ privacy and confidentiality. The service did not always have appropriate dementia friendly signage and features and some sites did not provide enough parking for people with disabilities.

Is the service safe?

| Good   |  ➡️ ➡️ |

Our rating of safe stayed the same. We rated it as good because:

- The service provided interview rooms and clinic rooms that were clean and tidy. Systems and environmental checks were in place to ensure patients’ and staffs’ safety was maintained at all times.

- The service employed enough staff to meet the needs of the service. All vacancies were being interviewed for and bank and agency staff were being used appropriately in the interim.

- Staff had manageable caseloads that were proportionate to the hours they worked. Team leaders offered regular caseload reviews to ensure staff were managing patient risks safely whilst maintaining their own well-being.

- The service had sufficient medical input that was routinely available to support the medical needs of patients. Medical staff felt supported by the trust, received supervision and had access to training opportunities.

- Teams consisted of staff from all disciplines of healthcare with high completion rates of the trust’s mandatory training courses.

- Staff completed appropriate risk assessments and corresponding management plans for patients. They had systems in place, such as regular risk handovers, to ensure all high-risk patients had appropriate input and response from the multi-disciplinary team.

- Staff had a good understanding of how to safeguard patients from abuse. Teams kept a record of all open safeguarding referrals and involved agencies that supported people at risk of abuse.

- Staff had access to a secure system where they could access and record information regarding patients’ care and treatment. Staff could access this system remotely to record important updates and support their time management.
Summary of findings

• The service followed national guidance on prescribing anti-psychotic medicines in older people. All patients who used these medicines had their physical health monitored regularly.

• Staff knew how to report incidents. The service had a good approach to learning lessons from incidents. Teams had regular opportunities to discuss incidents and were provided with debriefs when required.

However:

• Staff felt the current risk assessment template being used by the trust did not appropriately cover all risk areas common to older people with mental health issues.

• Staff told us that the electronic care record system could be hard to access, or respond slowly, during busy times.

Is the service effective?

Our rating of effective stayed the same. We rated it as good because:

• Staff carried out comprehensive assessments of patients’ needs. Patients with suspected cognitive impairment were clearly explained the purpose of the assessment and carers were encouraged to be present.

• Staff completed care plans that addressed patients’ identified needs. Staff adhered to the trust’s policy around care plans and this ensured that patients with more complex needs received effective care and treatment.

• The service employed clinical psychologists who provided a range of psychological interventions to individual patients or within a group.

• The service employed occupational therapists who provided a range of intervention to support patients’ independence in the community.

• The service had good links with local agencies where patients, and their carers, could get support with social needs such as housing, benefits, transport and volunteering opportunities.

• The service carried out a programme of audits around clinical documentation and physical health monitoring of patients on anti-psychotic medication.

• Staff received regular individual supervision that addressed their clinical practice and well-being. They could also access group supervision and reflective practice sessions. Most staff had received an annual appraisal in the last year.

• Teams consisted of skilled staff who were encouraged and supported to enhance their knowledge and career progression through additional training and development days. In particular, healthcare assistants were of a high standard and were valued by the service.

• The service had good links with internal teams and external agencies where patients could access input from professionals such as dieticians and physiotherapists.

• The majority of staff had a sound understanding of the Mental Health Act and Mental Capacity Act.

However:

• The service did not have a consistent approach to measuring outcomes for patients who attended groups. This meant they were not monitoring the effectiveness of groups.

• Teams did not have a consistent approach to recording patients’ capacity or consent to treatment.
Is the service caring?

**Outstanding ★ ★

Our rating of caring improved. We rated it as outstanding because:

- Patients, and their carers, were universally positive about the care and treatment they received. Staff went the extra mile to ensure patients received person-centred care.
- Staff were respectful and compassionate whilst engaging with patients and carers. They knew their patients well and discussed their needs and risks to other members of staff in a positive, non-judgement manner.
- Patients, and their carers were true fully involved in decisions about their care and treatment. Care plans were collaborative and identified patients’ strengths to promote prolonged independence.
- The service offered exceptional support to patients, and their carers, in the early stages of their diagnosis. Healthcare assistants instilled hope in families by introducing them to emotional and practical support.
- The service had a good provision of admiral nurses who supported families with all aspects of living with dementia. They provided families with education courses and worked flexibility around the needs of carers.
- The service actively collected feedback, from patients and their carers, about their experiences of the service. Responses received were extremely positive.

Is the service responsive?

**Good ✔ ←

Our rating of responsive stayed the same. We rated it as good because:

- The service used initiatives, such as weekend clinics, appointments at short notice and pre-requesting scans, to ensure patients were seen and treated in a timely manner.
- All teams operated a duty service that could respond to emergencies and provide daily urgent assessments.
- Teams took a multi-disciplinary approach to triaging referrals. This ensured urgent referrals were identified and offered assessments in a timely manner.
- The service responded to patients’ individual needs. Patients with functional conditions could be referred to community mental health teams for working age adults. Likewise, patients under 65 would be supported by the service in cases such as early onset dementia.
- Staff were proactive in engaging patients who were reluctant to use the service. The service operated out of satellite sites to support patients from rural areas.
- Many areas of Kent were dementia friendly communities and provided many opportunities for patients, and their carers, to engage with the wider community. The service supported the concept of patients supporting each other.
- The service used feedback from complaints and compliments as learning opportunities. Patients and carers were aware of how to complain and were supported by the service to do so.

However;

- Some interview rooms used by the Maidstone team did not provide adequate soundproofing to ensure patients privacy and confidentiality was maintained.
- Areas that were accessed by patients did not always have appropriate dementia friendly signage and features. Some sites did not provide adequate parking for people with disabilities.
Summary of findings

• Due to commissioning arrangements, most areas of the trust were unable to provide a crisis service for patients with a diagnosis of dementia.

• In some teams, patients were experiencing excessive waiting times for neuropsychology assessments.

Is the service well-led?

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<tr>
<th>Good</th>
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Our rating of well-led stayed the same. We rated it as good because:

• The service had experienced senior managers and team leaders who staff felt were supportive and approachable. They supported staff to following their clinical interests and achieve career progression.

• Staff enjoyed their jobs and felt supported by their colleagues. We observed hard working staff throughout the service working in friendly environments. The service had sickness rates and staff turnover rates lower than the trust average.

• The service maintained operational oversight through a well-structured schedule of meetings that communicated relevant information from the board down to front staff and vice versa.

• Staff had access to an informative and user-friendly intranet site where they could access relevant information such as policies or trust bulletins. The general public similarly had access to a user-friendly internet site.

• All teams were accredited, or in the process of applying for accreditation, to the memory service national accreditation programme.

• The service involved themselves in projects to improve patient experience, such as improving dementia care in primary care and supporting GPs to make appropriate referrals

However;

• Team managers were not consistently recording supervision on the trust’s database. This meant the board did not have accurate oversight of this area of clinical practice.

Outstanding practice

We found examples of outstanding practice in this service.

• The service had been involved in a pilot study to look at whether the dementia pathway could be supported in primary care. This had led to seven primary care nurse roles being commissioned. The service predicted this would have a positive impact on the referrals coming into the service.

• Teams in west Kent were involved in the kinesis project. This was software that enabled GPs to request advice from consultants in advance of a decision to refer. Advice was given on how best to continue the management of the patient within the primary care setting, hence reducing the number of referrals to the service. GP’s involved had indicated that around 40% of patients, on whom advice is sought, are not referred to the service.

• The trust had two dementia service user envoys who had lived experience of being diagnosed with dementia. They worked with community projects related to dementia; support people who shared a similar diagnosis; raised the profile of dementia in the community; and delivered talks to health care staff and community groups. They were also instrumental in the developed of buddy systems where patients supported each other.

Areas for improvement

We found areas for improvement in this service.

The provider SHOULD ensure -

• The service improves their provision of dementia friendly feature and access to disabled parking spaces.
Summary of findings

- That interview rooms have appropriate soundproofing to maintain patients’ privacy and confidentiality
- That staff receive regular, recorded supervision and that this is monitored effectively.
### Ratings tables

#### Key to tables

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Not rated</th>
<th>Inadequate</th>
<th>Requires improvement</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rating change since last inspection</th>
<th>Same</th>
<th>Up one rating</th>
<th>Up two ratings</th>
<th>Down one rating</th>
<th>Down two ratings</th>
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*Month Year = Date last rating published*

*Where there is no symbol showing how a rating has changed, it means either that:*

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

#### Ratings for the whole trust

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Good</td>
<td>Nov 2018</td>
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The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.
### Ratings for mental health services

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
</table>
| **Acute wards for adults of working age and psychiatric intensive care units**<br>
Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| **Long-stay or rehabilitation mental health wards for working age adults**<br>
Good Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Good Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 |
| **Forensic inpatient or secure wards**<br>
| **Wards for older people with mental health problems**<br>
Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 |
| **Wards for people with a learning disability or autism**<br>
Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 |
| **Community-based mental health services for adults of working age**<br>
| **Mental health crisis services and health-based places of safety**<br>
Good Nov 2018 | Good Nov 2018 | Good Nov 2018 | Good Nov 2018 | Good Nov 2018 | Good Nov 2018 |
| **Community-based mental health services for older people**<br>
| **Community mental health services for people with a learning disability or autism**<br>
Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 | Good Jan 2017 |
| **Substance misuse services**<br>
Good Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 | Outstanding Jan 2017 |
| **Overall**<br>
Good Nov 2018 | Good Nov 2018 | Outstanding Nov 2018 | Good Nov 2018 | Good Nov 2018 | Good Nov 2018 |

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.
**Action we have told the provider to take**

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

**This guidance** (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
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<tr>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
<td>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</td>
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<td>Treatment of disease, disorder or injury</td>
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</table>
This inspection was led by Emma Bekefi, Inspection Manager and overseen by Natasha Sloman, Head of Inspection. The inspection of trust wide leadership was supported by Beverly Murphy, Executive Reviewer, who was the Director of Nursing within an NHS trust.

The team included one inspection manager, 15 inspectors, 15 specialist advisors and two medicines inspectors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.Experts by experience are people who have personal experience of using or caring for people who use health and social care services.
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Summary

The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established by April 2021. Work has commenced across Kent and Medway in designing an integrated system including changes to existing organisational forms, functions and the anticipated benefits that these changes will have in better meeting the health needs of the population.

This paper sets out:
- Progress to date in developing an integrated model;
- Outputs from two co-production workshops held across the system on future organisational forms and functions;
- High level timeline for transition to a shadow form and end state by April 2020; and
- Key next steps.

1. Budget and Policy Framework

1.1 Over the last two years, the Kent and Medway Sustainability and Transformation Plan has outlined the intention of the Kent and Medway health and care system to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting.

1.2 In the last 12 months, national policy and guidance has promoted the role and expectations from “integration” of care, functions and organisational arrangements through the development of the Strategic Commissioner
function and the design and introduction of Integrated Care Systems and Partnerships.

1.3 The following paper provides an update on the Kent and Medway System Transformation programme. The report provides and update is for noting.

2. Background

2.1 In January 2019, NHS England published the Long Term Plan. The Plan set out a requirement to establish Integrated Care across existing Sustainability and Transformation Partnership (STP) footprints no later than April 2021. The driver and intended benefit to this development is the refocus of commissioning and provision on population health needs and in addressing the inequalities that have developed across the country in recent years.

2.2 In Kent and Medway, work has already started to think about what an integrated care system would mean for existing organisations, their form and functions as well as the opportunities that exist to deliver alternative and integrated models of care, delivering care out of hospital and with social care and voluntary sector organisations.

2.3 In December 2018, the first of two whole system events was held. The event was attended by over 40 leaders and representatives from across health, social care and local authorities and helped to shape and inform a proposed future integrated structure for health and social care across Kent and Medway. In February 2019, this model was tested with a wider audience of over 90 representatives including patients, public representatives and regulators. The two events have helped to produce a model to which there is a broad consensus on which to build and develop detail on. There is also an appetite to progress with pace the transformation to realise a number of the identified benefits associated with it.

3. What does this mean for how services are commissioned and provided across Kent & Medway?

3.1 Delivering local care, improving prevention, investing in mental health services and supporting providers to deliver clinically and financially sustainable services that meet national standards requires changes in commissioning and provider models.

3.2 The system wide events in December and February sought to explore how services and functions could be aligned and or integrated in order to improve outcomes for the population of Kent and Medway. The discussions and input from representatives helped to inform the future integrated care framework for Kent and Medway. This framework proposes:

- An Integrated Care System (ICS) operating at a Kent and Medway level
- A single CCG including the System Commissioner operating across Kent and Medway
- Integrated Care Partnerships (ICPs) operating across local geographies to enable a greater focus on local health needs. The working assumption is for 4 ICPs although this is still subject to further discussion and agreement.
• Primary Care Networks (PCNs) acting as the provider and delivery vehicle for local and community care.

3.3 Figure 1 outlines the “end state” a Kent and Medway System Commissioner and Integrated Care System. The detail of core functions and operational implementation are currently being explored and developed further, and arrangements are expected to evolve based on ongoing engagement.

3.4 A single Clinical Commissioning Group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for:

- Defining the needs of the population of Kent and Medway down to a population level of 30-50k;
- Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities;
- Allocating capitated budgets within new financial frameworks that encourage Integrated Care Partnerships to focus on population health;
- Providing oversight and offering strategic solutions to Kent and Medway wide functions such as Strategic Estates, Digital, Workforce, and Finance;
- Supporting and delivering the organisational development of providers to become members of Integrated Care Partnerships;
- Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget;
- Acting as the point of escalation of dispute and risk in ICPs;
- Commissioning core services at scale;
- Holding a single contract for larger (Kent and Medway) providers, whilst enabling and maintaining local flexibility;
- Direct commissioning of rare and very expensive services;
- Providing commissioning support and back office functions;
- Developing a Kent and Medway approach to service and quality improvement.
3.5 In addition to the commissioning of health services, the establishment of a Kent and Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier Local Authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.

3.6 An Integrated Care System will operate at the level of Kent and Medway. The Integrated Care System aims to offer a strategic “view” of the system providing oversight, challenge and holding each other to account. There are a number of existing arrangements that will act as key component parts of the ICS, including the Clinical and Professional Board, the Kent and Medway Joint Health and Wellbeing Board and aspects of the current STP Programme Board.

3.7 The ability to work as a whole system, both commissioning and provision will strategically strengthen the planning in response to population needs and expected outcomes, as well as the management of resources and its deployment. It is anticipated that the ability to work as a system will also offer opportunities to preside over key activities such as financial arrangements and incentives, in line with single system control totals, a capability that needs to be in place by 2022. It is expected that the Integrated Care System will also hold a number of assurance and oversight functions. The detail of these functions continues to be worked through as part of the merger of NHS England and NHS Improvement.

3.8 Integrated Care Partnerships represent a provider led collaborative, operating most effectively across a population of 250,000 to 500,000 (although can be larger). The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working to offer existing and new models of care that are more effective in responding to people’s needs. This use of new and alternative models including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (e.g. workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent and Medway based on population size, is for 4 ICPs (East Kent, Dartford Gravesham and Swanley (existing Primary and Acute Care Services model), Medway and Swale and West Kent) – this continues to be discussed.

3.9 Key functions of the Integrated Care Partnerships include:

- Accountability for the health of their whole population rather than for the delivery of specific service lines as at present;
- Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities;
- Ensure a focus on population health; more than the sum of individual care pathways;
• Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement;
• Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level;
• Local route for escalation and risk management within the system; and
• Local contract management and the increased use of alternative contract forms to support integrated delivery.

3.10 **Primary Care Networks** have been an emerging form over the last 12 months as part of the development of primary and more broadly local care provision. The Long Term Plan identified further and continued development of Primary Care Networks (PCNs) as a key function and way of further enhancing the integration of local and primary care. The planned Primary Care Networks across Kent and Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway. The national GP contract (February 2019) further supported the development of PCNs and their significance in the future design of systems by highlighting direct funding flows and accountability for local services.

3.11 The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned to date. Future commissioning and delivery will take advantage of models that:

• Focus on and are responsive to the needs of the population of Kent and Medway;
• Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability;
• Are forward looking and innovative and make improvement to the operational challenges facing current provision;
• Champion integration and focus on the patient experience and improved outcomes across health, social care and general wellbeing.

3.12 The proposed changes to organisational form and functions signals a significant transformation of health and social care commissioning and provision. The development of strong relationships and formal partnerships across providers in different settings and sectors form a critical part of the success of delivering this change.

4. **Timeline to shadow form and transition**

4.1 There is a national requirement to establish an Integrated Care System by April 2021. The appetite for earlier change and transition has been signalled across the system, largely due to the benefits it can offer to the services delivered as well in helping to address a number of the operational challenges faced. Figure 2 outlines a high level timeline for delivery of the “end state” by
April 2020 and the opportunity for transition to new arrangements in some areas from the autumn 2019.

Stage 1
Oct-Dec ’18
Strategic Planning

Stage 2
Jan – Dec’19
Development & Transition

Stage 3
Sep’19 – Mar’20
Shadow format

Stage 4
Apr ’20
“End state” go live

Figure 2: Timeline to establishing the Kent & Medway Integrated Care System and System Commissioner

5. **Next Steps**

5.1 Over the next 6 months there are a number of critical milestones to achieve in order to transition to the arrangements in April 2020. These include:

- Ongoing engagement with the members of the CCGs to agree to progress actions to move to a single CCG;
- Support and development of Primary Care Networks to ensure readiness for funding and emerging functions in 2019/20;
- Provider led development of the Integrated Care Partnerships;
- Submission to NHS England in June to establish and operate as a System Commissioner and Integrated Care System from April 2020; and
- Continue exploratory discussions with local authorities on the alignment and integration of health and social care commissioning.

6. **Consultation**

6.1 In the last 4 months there have been two system wide workshops that have focused on the development and design of the Kent and Medway integrated care system, organisational forms and functions. The output of these discussions which involved over 150 leaders and representatives from across all aspects of the system has informed and produced the proposals in this paper.

7. **Risk Management**

7.1 The System Commissioner development is part of the system transformation workstream within the Kent and Medway STP. Risks are proactively managed through the overall risk register for the STP and reported through the STP Programme Board on a regular basis. Current risks relate to ensuring effective engagement in the design of the System Commissioner across internal and external audiences.
8. **Financial implications**

8.1 There are no financial implications to Medway Council arising directly from this report.

9. **Legal implications**

9.1 At this time, there are no legal implications to Medway Council directly arising from the contents of this report. The creation of a System Commissioner does not change any existing arrangements between Medway CCG and the Council. However, the implications of a possible single Kent and Medway CCG will need to be considered as proposals develop.

10. **Recommendations**

10.1 The Committee is asked to note and comment on the update.

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**Appendices**

None.

**Background paper**

None.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
14 MARCH 2019

DRAFT MEDWAY JOINT CARERS’ STRATEGY

Report from: Ian Sutherland, Director of People - Children and Adults Services
Author: Heidi Ward, Programme Lead, Partnership Commissioning

Summary

The existing Medway Carers’ Strategy 2015-2017 was developed to ensure the Council was Care Act compliant and able to demonstrate its commitment to carers. The Council’s legal duty to assess and identify the eligible needs of carers and the important contribution that carers make to supporting our strategic priorities, has led to the development of the draft Medway Joint Carers’ Strategy 2019-2024.

The strategy has been coproduced with carers and in consultation with stakeholders. It describes how health and social care services, provider organisations and the voluntary sector will work together over the next five years to respond and meet the needs of carers in Medway.

The strategy aligns with the overall objectives defined within the Council Plan, the Health and Wellbeing Strategy for Medway and “Getting Better Together”, the Adult Social Care Strategy for Medway.

The success of implementing this strategy lies firmly in a collaborative and joined up approach. A clear governance and performance framework will help to drive the strategy forward through the development of a joint delivery plan that measures whole system benefit.

1. **Budget and Policy Framework**

1.1 The Care Act 2014 gives local authorities a legal duty to understand better their role in supporting carers. The new statutory principle of individual wellbeing underpins the Act, and is the driving force behind care and support.

New duties for local authorities:

- Duty to provide carers’ assessments
- Duty to provide a support plan to eligible carers
• Provide, or arrange the provision of services, which will prevent or delay the need for care and support by unpaid carers as well as the person they care for
• Information and advice

1.2 The Children and Families Act came into effect on 1 April 2014 and complemented the Care Act. The local authority is responsible for providing a young carer’s assessment and providing support to carers under 18 who are providing support to an adult who is an ordinary resident within that local authority.

1.3 The NHS has also pledged its support to carers. In 2014 NHS England published its Commitment to Carers 2014. This document set out the priorities and actions the NHS had identified to address the physical and mental health impact that acting as a carer can have on individuals. The implementation of these NHS ambitions for carers is set out in the NHS Five Year Forward View 2014 and the recently published NHS Long Term Plan. The NHS Long Term Plan builds on the previous NHS policies for carers. It does however contain a number of new pledges that require the NHS to ensure that carers are full partners in the way the NHS delivers care.

1.4 Approval of the Medway Joint Carers’ Strategy is a matter for Cabinet.

2. Background

2.1 The current Carers’ Strategy 2015-2017 was completed in response to new duties placed on local authorities by the Care Act 2014. The new Carers’ Strategy has been developed to respond to the changes in the way health and social care is being delivered across Medway and to demonstrate the council’s and CCG’s continued commitment to carers. We recognise the contribution carers make to the council and the CCG’s strategic priorities of supporting people to live independently in their own home for as long as possible.

2.2 In order to develop the new strategy we have drawn extensively on a range of evidence resources to inform our thinking:

• Consultation process and engagement.
• Review of relevant legislation and policies
• Review of national and local strategies and data sources
• The local vision and key priorities for Medway
• The council’s commissioning intentions

2.3 The evidence from the Care Act 2014 and the Children and Families Act 2014, clarified the Council’s statutory requirements. It was determined that the strategy must align with the overall objectives defined within the Council Plan and the Health and Wellbeing Strategy for Medway and the Adult Social Care Strategy ‘Getting Better Together’. To give both local and national context, data on carers was determined from the Joint Strategic Needs Assessment (JSNA) and the Census 2011 and the Carers’ UK Survey.
2.4 Medway Council worked closely with carers, key partners from different organisations and the Medway Carers’ Partnership to develop the following vision:

Medway Council, key partners and stakeholders across health and social care and the voluntary community sector will work in partnership with carers, making sure carers of all ages from all parts of the community are identified, valued and supported to have a quality life of their own.

2.5 The Medway Joint Carers’ Strategy has been developed to articulate our future vision for supporting carers in Medway and to ensure that the key themes and priorities for action are clearly identified. A consideration has been given to ensure the strategy is deliverable at a local level and that priorities are realistic and deliverable within allocated budgets. The development of the strategy has established six key priorities that are important for both adult and young carers in Medway:

1. Identification and recognition of all carers in Medway
2. Provision of good quality Information, advice, guidance and support
3. Access and involvement in assessment and support planning
4. High quality carers support services
5. Support to maintain physical, emotional health and wellbeing
6. Respecting the expertise that carers have

2.6 The strategy reflects the key priorities set out in the National Carers’ Action Plan 2018-2020: Supporting Carers Today, that focuses on progress in five priority areas:

1. Services and systems that work for carers
2. Employment and financial wellbeing
3. Supporting young carers
4. Recognising and supporting carers in the wider community and society
5. Building research and evidence to improve outcomes for carers

2.7 The success of the strategy will be measured through a delivery plan that will set out key priorities, actions and outcomes. The priorities will be delivered through a partnership approach that ensures all aspects of commissioning and health and social care policy that affect the population of Medway and impact on the role of adult and young carers are considered.

2.8 The strategy sets out the how we aim to support both adult and young carers in Medway and the people they care for, to live full, active lives. To live independently for as long as possible and to play a full part in their local communities. We will aim to recognise and value carers in a timely manner in different health, social care or community settings and to ensure they are listened to, treated with respect, valued and supported appropriately.

3. Advice and Analysis

3.1 A clear accountability and governance structure will be put in place to drive the strategy forward using the Council’s and CCG governance structure. This is a joint strategy and will be approved by the Cabinet. The overall responsibility for improvement in this area of work for Medway Council will rest with the Portfolio Holder for Adult Services.
3.2 A performance framework will be put in place to measure whole system benefit. A comprehensive joint delivery plan will set out how the priorities will be delivered to include performance indicators, outcome measures and key milestones. Baseline data will be established and targets set to enable us to measure success. For example we will consider a percentage increase in the number of carers reporting that they feel they have been appropriately supported (carers’ satisfaction survey). Other Council targets will be considered to monitor progress and strengthen the Council’s commitment to carers.

3.3 Comprehensive analysis has identified a range of opportunities that will contribute significantly to the delivery of the key strategic priorities within the strategy. Collaborative working across health and social care and high quality targeted commissioning has the potential to significantly improve outcomes for carers. Any new policy guidance and emerging strategies such as the forthcoming green paper on social care for adults, will be reviewed and considered as part of the delivery plan.

3.4 During the development of the strategy the Council and Medway CCG commissioned a new carers’ service for both adults and young people in Medway, funded through the Better Care Fund. The service, provided by Carers FIRST, commenced in January 2019 and forms part of the Voluntary Community Sector (VCS) ‘Better together’ Consortium contract. Other services forming part of the contract include infrastructure and volunteer brokerage (MVA), Healthwatch Medway (Engage Kent), Citizens Advice Medway and Local Welfare Provision, and the visually impaired service (Kent Association for the Blind). All providers are working collaboratively to identify and support carers.

3.5 Carers FIRST provides a joined up information, advice and support service for both adult and young carers that support the council to meet its statutory obligation of delivering a young carer’s assessment and carers’ support payments. The service provides early intervention and identification of carers, supporting a reduction of the number of carers entering into the health and social care system unnecessarily. A Carer’s Coordinator is placed in Medway Maritime Hospital to support carers when a cared for person is admitted or discharged from hospital.

3.6 Medway Council led on the joint commissioning of the Medway Wellbeing Navigator service that commenced in October 2018. The service identifies and supports carers in the primary care setting and will signpost carers to appropriate services. Link workers are placed in Medway Hospital and in GP practices and work closely across health and social care.

3.7 Identifying and supporting young carers and young adult carers (16-25) is a key focus area that will determine success of the strategy. A collaborative approach will be adopted across health and children and adult social care services. Strong partnership working will be established between the young carer’s service provider (Carers FIRST), Early Help, School Nursing and the Child Health Team. There is also a commitment to embedding more sustainable support into schools via programmes such as Personal, Social, Health and Economic (PSHE) education and the Young Carers in Schools Programme.
3.8 A review of respite care, day care, supportive Extra Care housing and Shared Lives will be carried out to determine the offer available for carers and the cared-for person. It will also determine how new technologies and direct payments can be used more flexibly to support carers. We will ensure there is sufficient provision of care within a community setting to support individuals with complex needs, such as adults of working age with a learning or physical disability. The aim is to prevent people becoming dependent on more long term and costly care services. For example when an older parent carer looking after an adult child with a learning disability, is no longer able to carry on with their caring role, appropriate support has already been put in place.

3.9 A Diversity Impact Assessment has been drafted and no adverse impacts have been identified as a result of delivering the Carers’ Strategy.

4. **Risk Management**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priorities to be addressed through commissioned services are not met</td>
<td>Commissioned services fail to deliver on the objectives around carers set out in service specifications</td>
<td>Commissioners will hold regular performance monitoring meetings to ensure risk and issues are identified and addressed</td>
<td>D2</td>
</tr>
<tr>
<td>Lack of capacity within the organisation to deliver the changes required</td>
<td>Risk that the organisation will lack the capacity to deliver the actions required from services across the organisation (adult and children’s social care)</td>
<td>Ensure that the strategy aligns with improvement programmes across the council</td>
<td>C2</td>
</tr>
<tr>
<td>Strategy could fail to keep pace with dynamic change</td>
<td>The scale and rate of change within health and social care could lead to the strategy becoming out of date</td>
<td>Delivery plan will be realistic and reviewed and updated annually</td>
<td>D3</td>
</tr>
</tbody>
</table>

5. **Consultation**

5.1 Consultation has been led by partnership commissioning as part of the Medway Carers’ Board. This group brings together all relevant partners including adult and parent carers, commissioners, health and social care, public health and a range of voluntary community sector organisations. A range of focus groups were set up involving carers and partners with a particular focus on understanding the needs of adult and young carers. The views of young carers were obtained through community voluntary groups specifically working with young carers to ensure their voice was heard. The aim was to ensure the most effective solutions were identified and well supported.

5.2 The Carers Partnership will carry out further consultation with young carers through the Carers FIRST young carers’ steering group. This will ensure that
the actions within the delivery plan are representative of the way in which young carers want to be supported. As further progress is made on updating Medway Council’s Children and Young People’s Plan, consultation with young carers will augment our efforts to ensure that the voice of young carers in Medway is heard.

5.3 Through consultation it has been determined that the strategy must be deliverable at a local level and that priorities need to be realistic and deliverable within allocated budgets, taking into consideration the legal requirements put on Medway Council to provide high quality, flexible and effective support services for carers in Medway. The Council has used the feedback from consultation alongside findings from a wider review, to establish six key priorities, important for both adult and young carers in Medway.

5.4 To establish a final draft strategy, further engagement has taken place with Medway Adult Social Care, Public Health and Medway CCG. The Carers Partnership have also commented on the draft and were keen to stress that the strategy must communicate how priorities will be addressed. The draft strategy has also been presented at Children and Adults Divisional Management Team and Corporate Management Team. Further Engagement will take place to ensure the development of a robust delivery action plan that supports the strategy.

5.5 The Medway Joint Carers’ Strategy will need to go through the approval and governance processes with the Council. The timetable includes:

- Health and Adult Social Care Overview and Scrutiny Committee - March 2019
- Health and Wellbeing Board - April 2019
- Cabinet June 2019

6. Financial Implications

6.1 Updating the Carers Strategy has no direct resource implications.

7. Legal Implications

7.1 The Care Act 2014 and Children and Families Act 2014 gives local authorities in England a legal responsibility to assess the needs of carers, support their eligible needs, promote their wellbeing and personalised support.

8. Recommendation

8.1 The Committee is asked to comment on the Medway Joint Carers’ Strategy, provide feedback to improve the content and delivery of the strategy outcomes and note the timetable for approval, as set out in paragraph 5.5 of the report.

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Appendices

Appendix 1 - Draft Medway Joint Carers’ Strategy

Background Papers

None.
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Medway Joint Carers Strategy

Championing Carers of Medway

Created in Partnership with Medway Carers and Stakeholders

2019 - 2024
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Foreword
As a Council, we have long recognised the essential contribution that carers make to maintain and improve the health and wellbeing of Medway residents. Supporting Medway carers to continue to undertake this valuable role, is key to maintaining a balanced and person centred health and care environment.

Over the past few years, local authorities and Clinical Commissioning Groups have been presented with a range of new and different challenges. This has led to the development of new and innovative models of care. One key theme shared by many of these new models, is an emphasis on the role of carers to support people being discharged from hospital and to live independently in their own homes.

Carers provide a more personalised approach to care because they are experts by experience. They know the person they care for better than any health and social care professional. The support they give ensures the cared for individual receives appropriate input at the right time, in the right place when required.

This strategy has been co-produced with carers and key partners and reflects their views. It will demonstrate Medway’s commitment to carers. It describes the manner in which we will continue to find new ways of making sure carers are valued and receive the recognition and support they deserve.

Strategic Summary
This strategy describes the actions that Medway health and social care commissioners working with key stakeholders from provider organisations and the voluntary sector will take over the next five years to ensure that carers across Medway are identified and supported to access services to meet their needs.

The Care Act 2014¹ and Children and Families Act 2014² placed a legal duty on Local Authorities in England to assess and identify the eligible needs of carers. Local authorities must offer personalised support to carers which promotes and improves their wellbeing. The NHS has also pledged its support to carers. In 2014 NHS England’s published its Commitment to Carers³. This document set out the priorities and actions the NHS had identified to address the physical and mental health impact that acting as a carer can have on individuals. The implementation of these NHS ambitions is set out in the NHS Five Year Forward View 2014⁴ and the recently published NHS Long Term Plan⁵. The NHS Long Term Plan builds on the previous NHS policies for carers. It does however contain a number of new pledges that require the NHS to ensure that carers are full partners in the way the NHS delivers Care.

The 2011 census⁶ found there were six million unpaid carers in England and Wales. The number of carers continues to grow with 166,363 young carers aged under 18 years old. There are over 25,000 identified carers in Medway⁷, however the actual true number of those providing unpaid care, is likely to be much higher. People who

¹ Care Act 2014
² The Children and Families Act 2014
³ NHS England’s Commitment to Carers 2014
⁵ NHS Long Term Plan
⁶ Census 2011
⁷ Her Majesty’s Treasury Public Expenditure Statistical Analyses 2015
provide care often do not know they are entitled to support. They care for their partner, sibling, relative or friends out of love, duty, or devotion. This strategy will examine national and local data sources to help identify those people who are giving so much to the population of Medway.

The strategy provides insight into the significant amounts of unpaid care provided in Medway and how this helps those they care for to remain healthy and independent for as long as possible. It describes the carers support services in place across Medway and examines how supporting carers, is not just about delivering services, but about providing support, information and advice that recognises the valuable contribution that carers make, while helping them to manage their own needs.

The strategy has been co-created with a range of partners and stakeholders including statutory, community and voluntary sector organisations and in consultation with carers. It reflects the key priorities set out in the National Carers Action Plan 2018-2020: Supporting Carers Today⁸. This action plan focuses on five priority areas:

- Services and systems that work for carers
- Employment and financial wellbeing
- Supporting young carers
- Recognising and supporting carers in the wider community and society
- Building research and evidence to improve outcomes for carers

The strategy is designed to influence all health and social care services and non-statutory services delivered within the wider community, to ensure they understand and respond to the needs of carers.

The Medway Joint Carers' Strategy has six key priorities:

1. Identification and recognition of all carers in Medway
2. Provision of good quality Information, advice, guidance and support
3. Ensure carers access and are involved in in assessment and support planning
4. High quality carers support services
5. Support to maintain physical, emotional health and wellbeing
6. Respecting the expertise that carers have

The success of the strategy will be determined through a delivery plan that will set out priorities, actions and measurable outcomes. The priorities will be delivered through a partnership approach that ensures all aspects of commissioning, health and social care policy that affect carers in Medway are considered.

Introduction
People, both within Medway and across the UK, are on average living much longer. Unfortunately for many, living longer is associated with a poorer quality of life as a result of experiencing chronic complex long term health conditions. This means the number of people requiring care and support is continuing to rise. This has resulted in an increasing number of people taking on a caring role at some point in their lives.

Unpaid carers in the UK make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS. Carers save the health and social care system £132 billion pounds per year. Medway carers alone contribute £540 million a year\(^9\) to the local health and social care system. However, to make this contribution, carers often make great sacrifices to support the people they look after. If a small percentage of people in Medway were unable to continue caring, the economic impact would be significant.

Caring can be rewarding and fulfilling. Carers form strong foundations in their communities. However, the impact on them can be insufficiently recognised or valued. This is because carers do not often recognise themselves as carers and consequently do not access support services. This means the contribution they make to their communities is not easily measured.

**The Vision**

Medway Council has worked closely with The Medway Carers Partnership and key representatives from different organisations and carers to develop the following vision:

> Medway Council, key partners and stakeholders across health and social care and the voluntary community sector will work in partnership with carers, making sure carers of all ages from all parts of the community are identified, valued and supported to have a quality life of their own.

The Medway Carers strategy sets out how we aim to support carers in Medway and the person they care for, to live full, active lives, to live independently for as long as possible, and to play a full part in their local communities. We will aim to recognise and value carers in a timely manner in different health, social care or community settings and to ensure they are treated with respect, valued and supported.

The success of implementing this strategy lies firmly in a collaborative and joined up approach which brings together carers, health and social care professionals, and the voluntary sector.

**Legislation and Policy context**

The Care Act 2014 came into effect on 1st April 2015, replacing the existing laws surrounding the support for carers and giving local authorities a legal duty to understand better their role in supporting carers. It made it easier for local authorities and partners to have a wider focus on the whole population in need of care, rather than just those with eligible needs. The new statutory principle of individual wellbeing underpins the Act and is the driving force behind care and support. This support includes promoting carer well-being as well as bringing in new reforms that embed and extend personalisation in social care.

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\(^9\) Carer UK State of Caring 2015
New duties for local authorities:

- Local authorities must assess a carer’s need for support
- Duty to provide a support plan to eligible carers and to carry out an assessment to ensure appropriate support is provided when a caring role is having a significant effect on their wellbeing
- Local authorities must provide, or arrange the provision of services, which will prevent or delay the need for care and support
- Local authorities must establish and maintain the provision of information and advice about care services and how to access them

The Children & Families Act came into effect on 1st April 2014 giving local authorities a duty to give young carers the right to a carer’s assessment and to have their eligible needs met. In addition to this, local authorities have a duty to provide parent carers with an assessment of their needs. There is a statutory requirement for local authorities to collaborate, cooperate and integrate services such as health, housing, and welfare and employment services.

In 2014, NHS England published the Five Year Forward View and NHS England’s Commitment to Carers. These documents highlighted the important role that carers play to assist the NHS. The NHS promised to support the wellbeing of the carer, recognise and respect their role and to involve carers in discussions about the person they care for. There was a promise to share information with carers and provide flexible care wherever possible and signpost to the relevant services. The NHS Five Year Forward View commits the NHS to find new ways to support carers, to build on the new rights created by the Care Act.

As part of the NHS Long Term Plan, 2019, the NHS commits further to identifying and supporting carers. Particularly those from vulnerable communities. The NHS will encourage the national adoption of carer’s passports, which will help to identify someone as a carer. Quality marks for carer-friendly GP practices, will help carers identify GP services that can accommodate their needs. The NHS also wants to help carers understand the out-of-hours options available to them and make sure that appropriate back-up support is in place for when they need it in an emergency.

Local Strategic Context

The population of Medway is approximately 278,000 and is estimated to grow to approximately 330,000 by 2035 with over 21 per cent of Medway’s population aged 65 or over. As the population of Medway grows and more people live longer, people living with long term health and social care needs are increasing and therefore so are the number of unpaid carers and the hours they provide care.

- 28,012 people have a common mental health disorder
- 10,459 people have alcohol dependency problems
- 4250 working age adults have a learning disability, this is anticipated to increase by 4,440 by 2025
- 2,858 people have dementia age 65+. This is forecasted to increase to 5,195 by 2035 (81 per cent)

The strategy supports the priorities set out in a range of strategic plans including Medway’s Council Plan 2016/17 - 2020/21, which describes how the council will
provide the best possible services for residents and how it wants to support Medway’s people to realise their potential. This includes ensuring that older and disabled people are supported to live independently and communities are healthy and active.

Medway Council’s Adult Social Care Strategy, ‘Getting Better Together’, states “We will support the people of Medway to live full, active lives; to live independently for as long as possible, and to play a full part in their local communities”. Adult Social Care in Medway works in a strength based way using the ‘Three Conversation’ approach to deliver a more person centred approach to care and support, making best use of a person’s strengths before considering the use of traditional social care service provision.

The vision of the Medway Health and Wellbeing Strategy is that the lives of all people in Medway ‘will be as full, meaningful and healthy as possible’. This will be achieved through the following themes: give every child a good start, enable our older population to live independently and well, prevent early death and increase years of healthy life, improve mental and physical health and well-being and reduce health inequalities.

It is recognised the important role carers play in supporting new models of care. The Medway Model is a joined up approach between NHS Medway and Medway Council that delivers the provision of out-of-hospital services and care in the community. It brings together a range of clinical services, health and social care expertise, and the voluntary and community sector to provide more ‘joined up’ ways of working. This supports a personalised and holistic approach to care that helps people to live independently in their own homes and stay connected to their communities.

The NHS, social care and public health in Kent and Medway are also working together to develop a sustainability and transformation partnership (STP). This will radically transform the health and wellbeing of people in Kent and Medway. It will determine the quality of care people receive by ensuring services are delivered across Kent and Medway in more joined up ways.

**Who is a carer**

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness or disability relies on their support. Unpaid carers are the largest source of care and support to older people, disabled people and others with care and support needs. Without this support, the needs of the cared-for would likely escalate and lead them to become more reliant on more expensive packages of care and support.

Carers can be anyone of any age and can be from a diverse range of backgrounds either social or economic, disabled or suffering from long term illness themselves. Yet carers often don’t recognise themselves as carers, instead referring to themselves as someone’s parent, husband or wife, son or daughter, or a friend or neighbour, who is supporting a loved one or friend.

Young carers may be providing inappropriate care for their age which can impact on their health and wellbeing and their ability to learn, attend school and build and maintain relationships with their peers through a healthy social life. Through the transition years young adult carers are more likely to suffer from financial hardship.
and difficulties with educational commitments and access to employment due to their caring responsibilities than their peers.

Some carers seldom come into contact with services or do not traditionally identify members of their communities as carers, such as those from some ethnic and travelling communities. We need to consider how we engage and support carers from the military, lesbian, gay, bisexual and transgender (LGBT) community groups by ensuring that services are accessible and promoted appropriately.

Some carers looking after someone who has complex needs may require a range of specific support; someone who is terminally ill or suffering with mental health issues, substance misuse or dementia. Older carers may be experiencing health issues themselves and need adequate home care support for the person they care for. This is especially true of parent carers looking after someone with learning disabilities and physical disabilities. Some carers known as ‘Sandwich Carers’ maybe caring for an elderly relative alongside raising children and going to work.

According to the Census 2011:
- 6.5 million people in the UK are carers
- Over 1.6 million carers provide more than 50 hours of caring a week
- 1.2 million people in England aged 65 are providing unpaid care to a disabled, seriously ill or older relative or friend
- 166,363 young carers are aged under 18 years old

Carers UK predict that there will be a 40 per cent rise in the number of carers needed by 2037, resulting in an estimated nine million carers nationally.

**About Carers in Medway**

There is currently no central registration to allow us to determine the level of unpaid care provided by Medway residents. However, we do know that the number of carers in Medway is increasing and the majority of them are in the working age group. The number of unpaid carers in Medway is predicted to increase to 35,000 by 2037.

According to the Census in 2011:
- Over 25,000 people living in Medway were providing some form of unpaid care accounting for 9.5 per cent of the total population
- One sixth of carers are recorded as such by their general practice
- Over three-quarters of carers are aged over 50 with the largest group of carers being women aged 55-59
- Carers aged under the age of 18 account for less than 2% of all identified carers
- There are an estimated 661 children and young people in the age range 0 - 15 and 1,632 in the 16 - 24 age range providing unpaid care in Medway

At the end of the financial year 2017/18 Medway Council were aware of 1594 carers. 987 of these carers were supported through information & advice or provided with a direct payment and 510 carers received an assessments or a review. In 2018, the Medway carers’ service (Carers FIRST), supported over 3800 carers with information and advice. Just under 900 carers were provided with 1-1 wellbeing support and 530 referrals were made to specialist services. The young carers’
service (IMAGO) received 99 referrals and completed over 100 young carers’ assessments.

**What Carers Say**
Caring can have a significant impact on health. Many carers report to having suffered mental or physical ill health as a result of caring. They say that they feel tired, depressed and stressed. Carers who have reached breaking point as a result of caring are twice as likely to say that they are socially isolated because they have lost touch with friends and family. Many carers described being close to breaking point, desperate for some time to themselves, to sleep and see friends and family. When asked what would make the most difference to improving their health and wellbeing they said that regular breaks from caring was the most important thing.

Many young carers say they have not told anyone about their caring role. It is only when a young carer comes into contact with a health or social care professional or community carer services do they realise that they are carer. Young carers say they feel invisible and often in distress, with up to 40 per cent reporting mental health problems arising from their experience of caring.

Every year, Carers UK undertakes a “State of Caring” report\(^\text{10}\) to collect evidence on a range of issues affecting carers’ lives in the UK. In 2017, the survey identified that:

- Eight in ten carers have felt lonely or socially isolated as a result of their caring responsibilities
- 61 per cent of carers reported that their physical health had deteriorated as a result of caring
- 70 per cent of carers had said they have suffered mental ill health
- 40 per cent of carers stated that they had not had a day off in a year
- 90 per cent of carers feel that their health has been affected by their caring role

**Services for Medway Carers**
Adult Social Care in Medway offers assessments for any carer who cares for a Medway resident. This enables the council to determine the level of need for a carer and establish whether they are eligible for additional support from adult social care. Where a carer has eligible needs, a ‘Carers Support Plan’ will detail the support to be provided, either through personalised budget such a direct payment or through commissioned services for the person they care for. This may include respite, day opportunities or sitting services. The direct payment can be used flexibly and in a way that supports the carer to have a break and maintain their caring role. Carers have put their direct payment towards things like a short break, a washing machine if they wash the cared for persons clothes, massage or reflexology treatments, gardening, or driving lessons. Where appropriate, carers are signposted to support from the carers support service who will determine eligibility for a Carer’s Support Payment.

Medway Council and Medway CCG have jointly commissioned a carers’ support service for adult and young carers. The service forms part of the Medway Voluntary

\(^{10}\) Carers UK, State of Caring report
Community Sector (VCS) ‘Better Together’ Consortium, working in partnership to provide a joined up approach to supporting Medway residents. A key theme of the work they deliver is about identifying and supporting carers.

The carers’ service (Carers FIRST), supports carers at any stage of their caring journey; from a recent diagnosis, through to end of life. The support continues to be available following the death of the cared for person, until the carer no longer requires the support:

- Access to information, advice, and guidance to ensure carers receive a range of support in a timely and flexible manner.
- Support for carers to plan for all stages of their caring role, ensuring that carers know their rights and the options available to them.
- Community support networks and group activities including peer mentoring, community advocacy and access to online support networks.
- Work across health and social care and workplaces and hospitals to raise awareness of issues facing carers and awareness of support services.
- Work alongside the Medway Wellbeing Navigator Service and community link workers to ensure carers are identified and registered on GP systems.
- A carers’ coordinator, placed in Medway Maritime Hospital ensures carers are supported when the cared for person is admitted or discharged from hospital.
- A carers support payment or support is provided as an urgent response to carers who are not in receipt of financial support through the local authority.

The young carers service (Carers FIRST), makes sure young carers are supported to have a young carer’s assessment. The service works closely with health and social care to make sure that the person needing care has proper support in place that does not rely on the young person. The service helps to reduce the long term impact on young carers’ development, by ensuring they have access to a range of community and school-based activities.

The Medway Wellbeing Navigator Service has link workers positioned in GP practices and the hospital. GPs and other frontline staff refer patients to a link worker who then provides a face to face conversation with that person. Link workers will ensure the carer is registered on GP systems and signpost carers to appropriate services. This includes services provided by the voluntary and community sector, public health or housing. They support carers with social, emotional or practical needs to find solutions that will help them to improve their health and wellbeing.

**Priorities**

The development of the strategy involved extensive consultation with carers and stakeholders to establish six priorities that are important for both adult and young carers in Medway. The strategy must be deliverable at a local level and priorities need to be realistic and deliverable within allocated budgets, taking into consideration the legal requirements put on Medway Council to provide high quality and effective support services for carers in Medway.

1. **Identification and recognition of all carers in Medway**

   Identifying a carer at the start of their caring role is essential to the carer receiving appropriate information advice and guidance when they need it. Only a small
proportion of carers in Medway are known to services so we need to improve the way in which carers are identified to make sure they receive appropriate support.

Health and social care services, community services and hospitals are often the first point of contact for carers seeking help and advice. We will ensure commissioned carers’ services work closely with services to help to identify and register carers. We will also consider how to support the introduction of “carer passports” and the development of ‘carer friendly’ GP practices and workplaces.

Young carers need to be identified as soon as possible to ensure that they are not undertaking inappropriate caring roles and are aware of their entitlement to a young carer’s assessment or adult carer’s assessment where appropriate.

1. Identification and Recognition of all Carers in Medway

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<tr>
<th>Priority</th>
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<th>How are we going to achieve this</th>
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<tbody>
<tr>
<td>1.1.</td>
<td>Health and social care professionals are able to recognise and identify carers</td>
<td>A highly skilled health and social care workforce, able to effectively recognise and identify carers, understand carers’ issues and provide appropriate information and support to help them in their caring role</td>
</tr>
<tr>
<td>1.2.</td>
<td>Medway employers support employees with their caring role</td>
<td>Carers are identified and supported with flexible working, support and advice that enables carers to carry out their caring duties while remaining in the workplace</td>
</tr>
<tr>
<td>1.3.</td>
<td>Carers are identified through hospital discharge or within a primary care setting</td>
<td>Primary care and hospital staff are able to identify carers when presenting with the person they care for or when the person they care for is admitted or discharged from hospital</td>
</tr>
<tr>
<td>1.4.</td>
<td>Identify ‘hidden carers’ and carers looking after someone with complex needs</td>
<td>Carers from hard to reach groups or looking after people with complex health issues e.g. dementia or a terminally ill person, are identified and better supported in their caring role</td>
</tr>
<tr>
<td>1.5.</td>
<td>Increase the number of young carers identified and supported</td>
<td>Young carers are identified before or when the assessment for the cared-for person takes place and made aware of their entitlement to a young carer’s assessment and support services</td>
</tr>
</tbody>
</table>
2. Provide good quality information, advice, guidance and support to carers

Carers need reliable, good quality information and advice to support them to provide good quality care while maintaining their own health and wellbeing. We will improve the digital access to information and support by continuing to develop a digitally accessible and up to date, directory of preventative and community services.

We will ensure all carers are aware of their eligibility to a carer's assessment, a carer’s health check with their GP and a free annual flu vaccination. We will better support carers who are looking after someone with complex needs such as dementia or a mental health condition and ensure the needs of older carers are improved by providing appropriate information and support for their needs.

### 2. Provide Good Quality Information, Advice, Guidance and Support to Carers

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<tr>
<td>2.1.</td>
<td>Good quality Information and advice is provided by professionals.</td>
<td>Carers have access to high quality information and advice that is available in appropriate and accessible formats including a digitally online directory of services</td>
</tr>
<tr>
<td>2.2.</td>
<td>Provision of financial, legal and advocacy advice and information</td>
<td>Carers have access to a wide range of information to support them with financial issues</td>
</tr>
<tr>
<td>2.3.</td>
<td>Carers are better supported with their caring role</td>
<td>Carers are supported to self-care and manage in their caring role. Carers looking after someone with complex needs e.g. dementia or terminally ill, feel better supported</td>
</tr>
<tr>
<td>2.4.</td>
<td>Carers have opportunities to adopt new skills to support them in the workplace and education</td>
<td>More carers are supported to reach their educational or employment goals/attainment through high quality information and advice</td>
</tr>
</tbody>
</table>

### 3. Carers have access and involvement in assessment and support planning

A statutory carer’s assessment helps to determine whether a carer is eligible for additional support. Health professionals need to know how to refer or signpost carers to services through clear processes and pathways so that assessments can happen in a timely manner. Once the eligible needs have been determined, appropriate support needs to be agreed with the carer and reviewed regularly.

Young carers need to be supported through a young carer’s assessment or adult carer’s assessment where appropriate to ensure that they have appropriate support in place and are not undertaking inappropriate caring roles.
Carers will be supported to be more involved in the assessment and support planning for the person they care for. Health professionals will ask the person with health needs, at the first point of contact whether and how they would like their family or friends to be involved in discussions and decisions about their care and support.\(^{11}\)

### 3. Access and involvement in assessment and support planning

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<tbody>
<tr>
<td>3.1. Carers are consulted on the care and treatment of the person they care for</td>
<td>Carers feel recognised, respected and involved in the care planning of the person they care for</td>
<td>Health and social care professionals understand the importance of including carers in any assessment of the person they care for</td>
</tr>
<tr>
<td>3.2. Carers are aware of their entitlement to an assessment and regular reviews</td>
<td>Carers are better informed of their entitlement to a carer’s assessment and are reviewed and assessed in their caring role to determine a carer’s support needs.</td>
<td>Awareness training for health professionals and improved processes are in place to ensure carers are reviewed when the person they care for is reviewed</td>
</tr>
<tr>
<td>3.3. Carers are included in the assessment process of the cared-for person</td>
<td>Carers are recognised for the experts they are, and able to input into assessment and progress meetings for the person they care for</td>
<td>Adult Social Care use a strength based approach that ensures that the carer has input into assessments and reviews where appropriate</td>
</tr>
<tr>
<td>3.4. Young carers are consulted with about the care and support or treatment plans for the cared-for person</td>
<td>Young carers are considered in the context of the whole family and not in isolation.</td>
<td>Professionals use a strength based approach that ensures that the young carer has input into the adult assessments and reviews using a whole family approach</td>
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### 4. High quality carers’ support services

Carers need high quality carers’ support services delivered in a timely manner. Access to respite can sometimes be complicated to obtain so we need to consider alternatives to residential respite, offering increased value for money and flexibility. Carers want a simpler process for accessing and managing direct payments and buying services, so we will review respite and day care services and explore new and innovative ways of supporting both carers and the cared for to manage direct payments.

\(^{11}\)National Institute for Care Excellence\[https://www.nice.org.uk/guidance/ng86/chapter/recommendations#co-production-and-enabling-people-to-make-decisions\]
NICE guidance of Dementia Management, outlines how carers of people with dementia should have access to comprehensive range of respite and short-break services that meet the needs of both the carer and the person with dementia.\(^\text{12}\) We will review service provision and ensure that carers are aware of the options available to them locally.

It is difficult for carers to access out of hours support in times of crisis. Health professionals need to have “contingency planning” conversations with carers to help carers understand the services available in times of crisis and emergencies. Carers will also be made aware of how community equipment and the use of assistive technology can support both the carer and the cared for to live independently and help a carer to have a life alongside caring.

Young carers will be supported to develop a life outside of caring through a range of school and community activities that ensure they are supported to reach their full potential through opportunities for education, training and employment.

### 4. High quality carers’ support services

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<tr>
<td>4.1. Carers receive a high quality statutory carer’s assessment</td>
<td>An increase in the number of carers receiving a carers assessment and provided with appropriate support</td>
<td>Awareness training on current legislation and available respite and support services</td>
</tr>
<tr>
<td>4.2. Carers have access to crisis support and ‘out of hours’ emergency details</td>
<td>Carers feel the burden and anxiety that caring causes is reduced especially at a time of crisis and are appropriately signposted in case of emergency</td>
<td>Services supporting carers to provide information and support on crisis planning. GPs to have ‘contingency planning conversations’ with carers</td>
</tr>
<tr>
<td>4.3. Carers can identify as a carer in an emergency</td>
<td>Carers feel confident that should something happen to them the person that they care for will be safe and cared for</td>
<td>Development and promotion of an emergency card that provides details of the cared-for person</td>
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<tr>
<td>4.4. Support groups for carers looking after someone with complex needs</td>
<td>Carers feel better supported to care for a terminally ill person and someone with complex needs; dementia, substance misuse, mental health issues</td>
<td>Training and support for carers looking after someone with complex needs including end of life.</td>
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<tr>
<td>4.5. Develop the carers’ offer within the community for respite care</td>
<td>Carers and the cared for person have more choice over the type of support they receive and are able to use their direct payments more flexibly to meet their needs</td>
<td>A review of respite and day care to develop the offer of respite care and the use of direct payments</td>
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</table>

\(^\text{12}\) National Institute for Care Excellence

https://pathways.nice.org.uk/pathways/dementia#path=view%3A/pathways/dementia/dementia-management.xml&content=view-quality-statement%3Aquality-statements-respite-services-for-carers
| 4.6. | The provision of young carer services and activities | Young carers are supported to have a life outside of caring and are supported to engage with their peers through the provision of activities and initiatives that support young carers | The young carers’ service (Carers FIRST) to work with schools and community groups to deliver activities |
| 4.7. | Young carers are provided with education and work opportunities | More young carers are reaching their educational attainment levels to enable them to fulfil their full potential. | The young carers service (carers FIRST) to work with Medway Council, schools, colleges and universities to support young carers to access education and employment opportunities |

## 5. Carers are supported to maintain their emotional and physical health

Carers often put the needs of the person they care for before their own needs and therefore more likely to experience poor physical and mental health. Carers will be supported to self-manage and maintain their own emotional wellbeing and physical health, while continuing in their caring role. We will ensure frontline staff are aware of how to support carers to access a range of community activities and public health initiatives, including stop smoking services, weight management, and community peer support groups.

Community link workers will also support carers to make positive choices to promote good health and emotional wellbeing. These include many non-medical schemes such as walking groups, arts groups and lunch clubs or schemes that offer assistance to obtain advice for issues such as housing, benefits or debt management.

### 5. Carers are supported to maintain their emotional and physical health

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<td>5.1. Carers are considered at health and care reviews for the cared for person</td>
<td>More carers are offered support to maintain their health and wellbeing when coming into contact with health professionals</td>
<td>GPs to hold and maintain a carers’ register and use appropriate systems to register and signpost carers to information and advice</td>
</tr>
<tr>
<td>5.2. Carers are offered flexible GP appointments</td>
<td>Carers are able to maintain their own health and wellbeing through regular health checks and free flu vaccinations</td>
<td>GPs to hold and maintain a carers’ register and ensure carers have access to convenient appointment times and regular health checks</td>
</tr>
<tr>
<td>5.3. Provision of training and advice to support carers in their caring role</td>
<td>Carers have access to advice and training to help with their caring role: First aid training, Moving and Handling, Specific conditions</td>
<td>Carers services and health professionals will provide or signpost carers to support and training</td>
</tr>
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</table>
Carers are supported to look after their own mental health and wellbeing. Carers feel less socially isolated and more connected to friends and the community. Carers are better informed of how equipment and care technology can support them in their caring role.

5.5. All carers are supported to maintain their health and wellbeing. An increase in young carers and young adult carers who feel supported to maintain their health and well-being. Young carers service to provide advice and support to ensure young carers are supported and signposted to appropriate services.

6. Respect for the expertise that carers have
Carers want to be recognised by health and social care professionals as the experts they are. They want to be included and listened to in decisions that affect those that they care for, and want to be respected and valued for the knowledge they have around a person's care needs. Young carers, where appropriate also need to be included in adult conversations and decision making processes.

Carers need to be better informed of the treatment, medication and clinical needs of the cared for person, to support them in their caring role. They need to be better supported to deal with a person’s care needs in a crisis and at end of life.

Carers will continue to be represented on key strategic groups across health and social care, such as Medway Carers Partnership and Healthwatch forums. This will ensure that the ‘voice’ of the carer and young carer is heard when planning health and social care services.

### 6. Respect for the expertise carers have

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<tr>
<td>6.1. Carers are listened to when discussing the needs of the person they care for</td>
<td>Carers feel respected and valued for the care they provide</td>
<td>Awareness training for professionals so that they consider input from carers when the needs of the person they care for are assessed</td>
</tr>
<tr>
<td>6.2. Carers are represented at strategic health meetings</td>
<td>Carers ‘voice’ is heard and the expertise they have is shared across health and social care and community organisations</td>
<td>Ensure carers are represented on • Medway Carers Partnership • Healthwatch forums • Health consultations</td>
</tr>
<tr>
<td>6.3. Carers are provided with information on the care needs of the ‘care for’ person</td>
<td>Carer are better supported to look after the person they care for and are more informed of their medical needs • Medication and side effects • Crisis management • Prognosis/end of life</td>
<td>Health professions will make sure carers receive information and advice to support them in their caring role</td>
</tr>
</tbody>
</table>
6.4. Young carers are considered and included in discussions and decision making process of the cared for person. Young carers are involved in the development of support services and feel valued for the input into decision making processes, where appropriate, including end of life, awareness training for professionals so that the young carer is considered and involved in the assessment and reviews of the person they care for.

Delivering the Strategy
The strategy is the result of work done through the Medway Carers’ Partnership that brings together all relevant partners including young, adult and parent carers, commissioners, health and social care, public health and a range of voluntary community groups. Achieving the vision and priorities set out in the strategy will require a continuation of the strong partnership and collaborative working that is already being delivered in Medway. This will enable all aspects of commissioning, health and social care policy and other factors that affect the population of Medway and impact on the role of carers to be considered.

A delivery plan will be developed and any new policy guidance and emerging strategies will be reviewed and considered. The Medway Carers’ Partnership will plan consultations with carers to allow an annual review of the strategy, capturing the successes against the strategy and informing areas of further development for consideration.
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Carers UK: Valuing Carers 2015

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www.medwayjsna.info

Kent & Medway Sustainable Transformation Plan

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NICE Guidance
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NHS Five Year Forward View

NHS England’s Commitment to Carers

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https://www.longtermplan.nhs.uk/

Public Health Profiles: Adult Social Care
fingertips.phe.org.uk
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

14 MARCH 2019

SCRUTINY OF THE COUNCIL’S TRANSFORMATION PROGRAMME

Report from: Ian Sutherland - Director of People - Children and Adults’ Services
Richard Hicks – Deputy Chief Executive and Director of Regeneration, Culture, Environment and Transformation

Author: Jackie Brown, Head of Children & Adults’ Transformation

Summary
This report provides an update on the Adult Social Care Transformation programme and outlines the 2018/19 Transformation Projects.

1. Budget and Policy Framework

1.1 The Transformation Programme supports each of the Council’s strategic priorities by making the Council more efficient and effective, however the particular strategic priority for the Transformation Programme is:

*Deliver value for money and improved services through transformation, alternative delivery models and new ways of working.*

1.2 The Transformation Programme also supports the Council Plan ambitions:

“*make it quicker and easier for customers to access our services online, to suit their lifestyles and expectations, while delivering value for money*”

and

“*older and disabled people living independently in their homes.*”

1.3 The Business Support Overview and Scrutiny Committee has within its remit scrutiny of the Council’s transformation programme.

1.4 At its meeting on 5 July 2018, the Business Support O and S Committee received an update on the Transformation programme, outlining the 2018/19 Transformation Projects, and providing a roadmap for the journey to a smart
The Committee agreed to recommend that each Overview and Scrutiny Committee should receive an update on the transformation programme - as it relates to their terms of reference.

1.5 This was discussed at the Health & Social Care O and S agenda planning meeting on 2 August and it was agreed to recommend that a report be added to the work programme.

2. Background

2.1 In the spring of 2016 Medway Council commissioned a diagnostic assessment of Adult Services that identified a total of £3.9M of savings that could be delivered over a three-year period. Following the diagnostic, the *Getting Better Together Programme* was established in October 2016 to deliver the service improvements and savings identified.

2.2 In December 2017, a review was undertaken by *Glenesk Operations Excellence Ltd* to provide assurance that planned savings were being delivered and to propose additional work to meet increased savings requirements that contribute to the Council’s funding gap in 2018/19 and beyond.

2.3 The outcomes of the review and the proposed way forward were presented to the Adult Social Care Improvement Board on 4 January 2018. Glenesk’s Programme Management Office (PMO) identified opportunities within a single, comprehensive programme of work, to bring alternative savings into scope, increasing the value delivered by the current scope and by revisiting areas of the original Diagnostic Assessment.

2.4 A programme team was established to progress the savings at pace, led by the Service and reporting to the *Adults Improvement Board*.

2.5 This plan was developed alongside the Assistant Director for Transformation to ensure that opportunities for digital transformation are incorporated into the programme, to maximise the overall savings opportunities.

2.6 The full programme is now managed internally. The Head of Children and Adults Transformation, managed by the Assistant Director Transformation, works closely with Children and Adults Directorate Management Team and it’s Heads of Service.

2.7 A full update on the transformation programme is attached at Appendix 1.

3. Advice and analysis

3.1 Diversity Impact Assessments are carried out for individual transformation projects where appropriate.

4. Risk management

4.1 The Senior Responsible Officers in Adult Social Care and the Head of Children and Adults Transformation manage the risks and issues within their individual projects, escalating appropriately to both the Assistant Director, Adult Social Care and the Assistant Director, Transformation.
4.2 Risks are monitored at both the Transformation Board and the Adult Social Care Improvement Programme Board.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
</tr>
</thead>
</table>
| Savings targets not achieved  | Adult Social Care Transformation projects do not achieve the required savings targets, which will put pressure on revenue budgets | Both the Adult Social Care Improvement and Transformation programme boards closely monitor the programme; all risks and issues are escalated to them | C2          

5. Financial implications

5.1 The Adult Social Care Transformation Programme was originally required to deliver a total of £3.9M over a three-year period.

5.2 The budget for 2017/18 had a savings target of £1.289m from the original total of £3.9m.

5.3 The budget for 2018/19 had a savings target of £1.867m from the original total of £3.9m.

5.3.1 In addition, as part of the 2018/19 budget build process there was a commitment to save an additional £659k of digital savings which made the total savings to be delivered in 2018/19 £2.526m.

5.4 The 2019/20 budget assumes savings of £765k which is the remainder of the original £3.9m savings target. Furthermore, there was a stretch target of £248k added in as part of the budget build process for 2019/20.

5.4.1 Therefore the total required savings for 2019/20 is £1.013m.

5.5 The total savings that will have been delivered by the end of 2019/20 is £4.828m.

6. Legal implications

6.1 There are no specific legal implications arising from this report.

6.2 Any future transformation projects that have legal implications will be passed to the legal department for specialist advice before being taken forward for action.

7. Recommendations

7.1 The Committee is asked to consider the report and the project update report (Appendix 1).
Lead officer contact

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Appendices

None.

Background papers

None.
1. Introduction

1.1 This report provides an update on the Adult Social Care Transformation programme and outlines the 18/19 projects.

2. Programme Highlights from Previous Quarter

- With the Head of Children & Adults Transformation reporting to the Assistant Director, Transformation, the programme is now being managed as a single corporate programme across C&A, RCET and BSD allowing the sharing of resources and expertise. However, to ensure the strong links remain with the Children & Adults directorate, the Head of C&A Transformation has a ‘dotted line’ of report to the Director of People – Children & Adults.
- New Adult Social Care (ASC) Response Centre designed with input from all internal stakeholders
- Benefits of Office 365 being fully utilised in the management of projects
- List of Dashboard reports agreed with data being populated using PowerBI and Frameworki configuration
- New Shared Lives section of the Medway.gov.uk website launched resulting in a significant increase in traffic.
- Staff awareness event for “Shared Lives” held.
- Introduction of mobile working for Front Line staff.

3. Progress by Project

3.1 Three Conversations Model of Social Work Practice

3.1.1 Overview - The Three Conversations (3CM) model of Social Work is an innovative approach which focusses on an individual’s strengths and assets when evaluating how to help them address their social challenges. The model has been demonstrated in trials to produce improved outcomes for Service Users and also reduced costs by meeting needs with fewer commissioned services.

3.1.2 Progress – The Transformation team provides support with the implementation of the 3CM programme.

3.1.3 The 3CM implementation consists of the 4 specific, intrinsically linked, projects, listed below, which are being managed in parallel to ensure the full model is achieved.

- Adult Social Care Restructure
- Response Centre
• Assessment Forms/Framework configuration
• Performance Dashboards and performance management cycle

3.2 Adult Social Care Restructure

3.2.1 In September 2017 Adult Social Care was reorganised - moving away from specialist, user-group specific services to generic locality-based teams. The reorganisation aimed to align the service with NHS partners whilst deploying staff flexibly to avoid duplication and maximise impact. It also sought to optimise strength-based practice by the adoption of the Three Conversations model.

3.2.2 Although the new service was well established, generally stable and mostly working well, a number of operational issues emerged and a review of the service took place between June and September 2018, with the objective that by March 2019 the service would be ‘working sustainably, with the right tools, delivering strengths based practice’.

3.2.3 The review considered what additional front-line capacity would be required to manage workloads; ensuring that referrals are dealt with in the required time scales and waiting lists are avoided.

3.2.4 A new approach to managing initial contacts was also trialed through the introduction of a “Response Centre”. The benefits of this approach were demonstrated through the trial, but identified that it would require additional front line capacity to run sustainably.

3.2.5 The review also took account of efficiencies that will be achieved through mobile working and streamlining assessment and support plan documentation.

3.2.6 The review concluded that 10 additional front line staff would be required in order to manage existing ASC work demands. This increase in capacity has been achieved following a more recent restructure, by reducing the overall amount of operational management capacity, meaning that the changes have been delivered within the current budget envelope.

3.2.7 The new structure is now in place, with a defined timeline to achieve specific elements of the restructure in parallel with other strands of work of the 3CM model.

3.3 Response Centre

3.3.1 The Response Centre supports the implementation of the 3CM by better signposting Service Users to the most appropriate service that meets their needs, internal or external, whilst promoting maximum independence.

3.3.2 This will result in reduced client waiting times, fewer case handovers so less repetition for our Service Users and increased qualified practitioner time for those cases which require it.
3.3.3 The Transformation team have assisted with the formation of the new response centre and have provided project management support throughout the delivery of the project.

3.3.4 The Customer Contact and Business Administration Support Service (BASS) underwent a service review in 18/19 which resulted in the merger of the two services to form the new Customer and Business Support Service (CABS).

3.3.5 This changed the customer contact model within ASC. The new CABS model is now aligned to supporting ASC in a more effective way by combining the contact and administration tasks into a single team.

3.3.6 This provides the potential for further upskilling of the CABS team in the future to allow them to deal with simple issues before service users even reach the response centre.

3.3.7 In consultation with the Adult Social Care and CABS services, a business process was developed to reflect the proposed model and a detailed project plan was produced to achieve milestones.

3.3.8 Necessary changes have been made to Frameworki and appropriate training provided.

3.3.9 The Response Centre 'went live' on 11th February 2019.

3.3.10 Ongoing reviews and monitoring will take place to ensure it is working effectively.

3.4 Assessment Forms/Frameworki configuration

3.4.1 A project team consisting of frontline practitioners, Performance & Intelligence, C&A Systems, Ops Managers and the Head of Locality Services is in place to streamline the long-term assessment and support plan documentation, ensuring that the forms support the 3CM model and enable the necessary performance data to be collected.

3.4.2 New forms/workflows in Frameworki are in development, ensuring adequate User Acceptance Testing takes place and robust training is provided.

3.4.3 The new forms/processes will 'Go Live' at the beginning of the new financial year to align with the 19/20 statutory returns.

3.5 Performance Dashboards

3.5.1 The Children & Adults Systems team, RCET BI team and ICT have worked together to ‘connect’ PowerBI (a business analytics tool) to Frameworki.

3.5.2 The first dashboard theme was agreed and the dashboard has been developed directly from Frameworki using PowerBI.
3.5.3 The first iteration of this dashboard was presented initially to the Assistant Director, ASC and Heads of Service for review. The second iteration will be passed to Operations Managers for review, validation and comment.

3.5.4 Once approved, the dashboards will be used as part of Adult Social Care’s continuous improvement cycle.

3.5.5 The next theme of dashboards produced in PowerBI will be linked to the Response Centre

3.6 Targeted Reviews

3.6.1 Overview – The service recognises that there may be cases where Service Users could be supported in a less restrictive and more independent way. While the Three Conversations approach will address this requirement once it is operating at scale, in the interim period there is a tactical opportunity to undertake independence focussed reviews to improve outcomes and reduce the level of commissioned support if this is appropriate.

3.6.2 Progress – A small team has been implemented, whose role is to focus on the Targeted Reviews. The team work closely with internal colleagues and providers to ensure that the most appropriate support is provided to Service Users.

3.6.3 Weekly Targeted Review monitoring meetings, chaired by the Assistant Director, Adult Social Care are taking place. These meetings provide focus and appropriate challenge.

3.6.4 The Adult Social Care teams continue to identify clients that are deemed suitable for the Targeted Review process.

3.7 Respite

3.7.1 Overview – The service has identified an underutilisation of its block purchased Respite provision and the use of some spot provision for this purpose. Not all provision is suitable for all service users and there are a range of prices being paid in the local market.

3.7.2 Progress – A respite provision strategy has been drafted and will be taken through the necessary governance process to gain approval.

3.7.3 In addition, to free up Social Workers time, respite placements will be commissioned by the Adults Access to Resources Team.

3.8 Extra Care

3.8.1 Overview – New Extra Care capacity has become available in the local market. This provides local residents with an opportunity to remain independent in their own homes who may otherwise have faced the prospect of a Residential Home placement.
3.8.2 **Progress** – The Rogallo Place facility opened in August 2018 and 33 Service Users have moved into the property.

3.8.3 The Atlas Place facility, which was due to open in November was unfortunately delayed, and is now due to open on 6th March.

3.8.4 As at 15th February, 14 Service Users have been identified to move into Atlas Place and two service users will move in each day, from the date it opens.

3.9 **Shared Lives**

3.9.1 **Overview** – The Shared Lives scheme supports adults with learning disabilities who are unable to live independently. The scheme matches someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs. The expansion of the Shared Lives Service is planned to provide improved outcomes for service users at reduced cost.

3.9.2 **Progress** – A specialist provider, Shared Lives Plus, has been commissioned to lead the project. The project is overseen by the Adult Social Care Head of Locality Services and the Head of C&A Transformation will be joining the project group to provide further support and appropriate challenge.

3.9.3 A range of activities/initiatives have taken place including:

- New web pages developed and launched on 30 October 2018
- A Social media and marketing tactical plan is in place
- Staff awareness event for Medway Council employees held on 6 December 2018
- Shared Lives carers to be offered a £500 payment/incentive for each new Shared Lives carer they recruit that is successfully approved by the scheme
- Processes and documentation refined following the ‘health check’ of the service undertaken
- A PATH event took place in January 2019 which included Councillors, senior officers, shared lives carers and service users, raising the profile, sharing the development and value of the service

3.9.4 Furthermore:

- Stakeholder and public engagement events are to take place throughout Medway during January & February 2019
- Radio advertising started late January 2019
3.9.5 There has been significant increase in traffic through the new website throughout November & December.

3.9.6 20 new carer enquiries, leading to 2 having started the assessment process and 7 at the initial visit stage.

3.9.7 There have been some challenges in delivering the project which are being addressed and regular reporting meetings are being held with all teams involved present.

3.10 Homecare

3.10.1 Overview – The current Homecare contracts end in April 2020. Work is underway to deliver an outcomes-focussed, locality-based delivery model which will align with the principals of strengths-based practice. No savings are directly attributed to this project but the recommissioning exercise will enable the effective functioning of the 3 Conversations model at scale.

3.10.2 Progress – A test for change project relating to the voluntary and community sector delivery of non-personal care has run for the last six months. Whilst referrals were limited, positive individual outcomes have been achieved.

3.10.3 Evaluation of the project is underway with recommendations around the delivery of these services on a long term basis to follow. Feedback from providers about the current payment structure and the adoption of a basket of hours approach will be used during the development of the new service.

3.10.4 A series of consultation activity will take place in early 2019. This will include professional, provider and service user engagement.

3.10.5 Commissioning activity will progress throughout 2019.

3.11 Mobile Working

3.11.1 Over 400 Microsoft Surface Pros have been rolled out across the Children and Adults directorate. The device includes a sim card, which enables it to be used without the need for Wi-Fi thereby providing greater flexibility and responsiveness.

3.11.2 The use of these devices enable front-line staff to access case management records while in people’s homes, residential/nursing care homes, libraries or other locations across Medway and the UK either to view information or input directly to the live electronic record.

3.11.3 The implementation of mobile working reduces duplication of work and provides a far better service to some of our most vulnerable residents.

3.11.4 Feedback from users has been positive:
‘It has saved invaluable time by accessing case notes/ previous documents/contacts by when asked questions, I have been able to answer straight away and not wait until back in the office.’

‘Based on my experience using the Surface Pro it streamlines processes and enables the user to utilise time more efficiently and effectively whilst improving the ability to provide a better quality of service and customer experience.

In real terms this means increased productivity, better quality output, less printing, a more effective way of working, increased flexibility, a reduction in stress, staff empowerment and the ability to go above and beyond to make a difference.’

Service User experience has also been positive

Using the tablet enabled a Service User with a visual impairment being able to sign his assessment due to the ability to expand the screen

A 97 year old was delighted with the opportunity to sign his assessment electronically using the tablet and pen
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
14 MARCH 2019
COUNCIL PLAN PERFORMANCE MONITORING REPORT
QUARTER 3 2018/19

Report coordinated by: Phil Watts, Chief Finance Officer
Contributors: Children and Adults – Directorate Management Team

Summary
Medway’s Council Plan 2016/21 sets out the Council’s three priorities. This report summarises how the Council performed in quarter 3 2018/19 on the delivery of the priority relevant for this committee: Supporting Medway’s people to realise their potential.

1. Budget and Policy Framework
1.1 The Council Plan 2016/21 was agreed at Full Council in February 2016. It sets out the Council’s three priorities and three ways of working which aim to deliver these priorities.

2. Background
2.1 This report sets out the performance summary against the Council priority relevant for this committee: Supporting Medway’s people to realise their potential. It focuses on where we have achieved or exceeded our targets, and how we are tackling underperformance.

2.2 Detailed performance information and supporting explanation relating to the 10 HASC measures can be found in Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee summary.

3. Council priorities and ways of working
3.1 This section summarises the three ways of working which apply across all services, and the 13 programmes which support our priorities and outcomes. The priorities and outcomes that fall under the remit of this Committee are shown below (non shaded). Detailed progress reports on these programmes can be found in Appendix 1.
## Ways of Working

**Finding the best digital innovation and using it to meet residents’ needs**

**Working in partnership where this benefits our residents**

### Priorities

<table>
<thead>
<tr>
<th>Medway: A Place to be proud of</th>
<th>Maximising regeneration and economic growth</th>
<th>Supporting Medway’s people to realise their potential</th>
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<tbody>
<tr>
<td><strong>Outcome:</strong> A clean and green environment</td>
<td><strong>Outcome:</strong> A strong diversified economy</td>
<td><strong>Outcome:</strong> Healthy and active communities</td>
</tr>
<tr>
<td>1 Public realm and street scene</td>
<td>4 Business investment</td>
<td>9 Improving everyone’s health and reducing inequalities</td>
</tr>
<tr>
<td>2 Replacing Medway’s street lights</td>
<td><strong>Outcome:</strong> Residents with jobs and skills</td>
<td><strong>Outcome:</strong> Resilient families</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Medway on the map</td>
<td>5 Jobs, skills and employability</td>
<td>10 Together we can – Children’s services</td>
</tr>
<tr>
<td>3 Medway: a great place to live, work, learn and visit</td>
<td><strong>Outcome:</strong> Preventing homelessness</td>
<td>11 The best start in life</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Preventing homelessness</td>
<td><strong>Outcome:</strong> Medway on the map</td>
<td><strong>Outcome:</strong> Older and disabled people living independently in their homes</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Delivering new homes to meet the needs of Medway’s residents</td>
<td><strong>Outcome:</strong> All children achieving their potential in schools</td>
<td><strong>Outcome:</strong> Improve support for vulnerable adults by working with partners and communities</td>
</tr>
<tr>
<td>7 Delivering new homes to meet the needs of Medway’s residents</td>
<td><strong>Outcome:</strong> Getting around Medway</td>
<td><strong>Outcome:</strong> Raising aspiration and ambition</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Tackle congestion hotspots by transport and public realm improvements</td>
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</table>

Shaded areas fall under the remit of other overview and scrutiny committees.
4. Summary of performance

4.1 There are 10 Council Plan measures for this priority:

5. Risk management

5.1 Implementation of a performance management framework allows the Council to evidence how successful it is in achieving against its stated objectives, and for residents it provides genuine accountability on how successfully the council is administering its resources.

5.2 The risk of inaccurate data being reported to Members is minimised through authorisation by Directorate and Corporate Management Teams. Assurance can therefore be placed on the accuracy of data used to assess performance.

5.3 By reporting to Members, the risk of poor performance not being identified or addressed is minimised.

6. Financial and legal implications

6.1 There are no direct finance or legal implications arising from this report.

7. Recommendation

7.1 It is recommended that the Committee considers the Quarter 3 performance of the measures of success used to monitor progress against the Council’s priorities.

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Telephone 01634 332472  E-mail: lesley.jones@medway.gov.uk

Appendices
Appendix 1 - Health and Adult Social Care Overview and Scrutiny Committee summary

Background papers
Council Plan 2016/21
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COUNCIL PRIORITY: SUPPORTING MEDWAY’S PEOPLE TO REALISE THEIR POTENTIAL.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Performance: Quarter 3 2018/19

Key

<table>
<thead>
<tr>
<th>Significantly below target (&gt;5%)</th>
<th>Slightly below target (&lt;5%)</th>
<th>met or exceeded target</th>
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</thead>
<tbody>
<tr>
<td>Improved</td>
<td>Worsened</td>
<td>Static</td>
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<tr>
<td>Data only, no target</td>
<td>N/A – data not available</td>
<td>Short trend – since last quarter</td>
</tr>
<tr>
<td>Benchmarking – compares favourably with national performance or standards</td>
<td>Yes compares favourably</td>
<td>No does not compare favourably</td>
</tr>
</tbody>
</table>

Council Plan Measures: Summary Performance

There are 10 measures of success which fall under the remit of this Committee.

### Improved performance

- 70% (7 out of 10) improved long term (average of previous 4 quarters)
- 50% (5 out of 10) improved short term (since last quarter)
Highlights

- Local Government Association proposal submitted to be local authority trailblazer site.
- Medway League achieved the highest weight loss on record for 15 week season in Man vs Fat Football League
- Medway first digital stop smoking service (online advisor, text service, mobile app)

Measures in target (green)

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
<th>Name</th>
<th>Long trend</th>
<th>Short trend</th>
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<tbody>
<tr>
<td>PH22</td>
<td>✔️</td>
<td>Healthy Settings programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCOF 2Cii</td>
<td>✔️</td>
<td>Delayed transfers of care from hospital and those which are attributable to adult social care, per 100,000 population</td>
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<td></td>
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<tr>
<td>ASCOF 2A(1)</td>
<td>✔️</td>
<td>Permanent admissions to care homes per 100,000 pop – 18-64</td>
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<tr>
<td>PH10</td>
<td>✔️</td>
<td>Percentage of people completing an adult weight management service who have reduced their cardiovascular risk</td>
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<tr>
<td>ASCOF 2A(2)</td>
<td>✔️</td>
<td>Permanent admissions to care homes, per 100,000 pop – 65+</td>
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Measures slightly below target (amber)

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<th>Name</th>
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<th>Short trend</th>
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<tbody>
<tr>
<td>ASCGBT001</td>
<td>❑</td>
<td>% of Long term packages that are placements</td>
<td></td>
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Measures significantly below target (red)

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<tr>
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<th>Short trend</th>
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<tbody>
<tr>
<td>ASCOF 1G (n)</td>
<td>◻</td>
<td>Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family</td>
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<td>ASCOF 1H</td>
<td>◻</td>
<td>Proportion of adults in contact with secondary mental health services who live independently, with or without support</td>
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<td>ASCOF 1C(2i)</td>
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<td>Percentage of clients receiving a direct payment for their social care service</td>
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<tr>
<td>ASCOF 3B</td>
<td>◻</td>
<td>ASCOF 3B Overall satisfaction of carers with social services</td>
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Benchmarking

<table>
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<tr>
<th>Council Plan Measure – Compares favourably with national performance?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>ASCOF 1C(2i) Percentage of clients receiving a direct payment for their social care service</td>
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<tr>
<td>ASCOF 1H Proportion of adults in contact with secondary mental health services who live independently, with or without support</td>
<td>✔️</td>
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Council Plan Outcome:
Healthy and active communities

Programme: Improving everyone’s health and reducing inequalities

**Council Plan Measures: Performance**

<table>
<thead>
<tr>
<th>PH10</th>
<th>Percentage of people completing an adult weight management service who have reduced their cardiovascular risk</th>
<th>Aim to Maximise</th>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Value</td>
<td>Value</td>
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<tr>
<td>Q2 2018/19</td>
<td>73.9%</td>
<td>Q3 2018/19: 75.3%</td>
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</tbody>
</table>

**Comments and Actions**

Data shows 335 out of a total of 445 clients have decreased their cardiovascular risk. These clients who have attended the weight Management or Exercise Referral programmes, have increased their physical activity levels, lost weight, reduced their blood pressure or cholesterol levels, which has enabled an improvement in their cardiovascular health.

<table>
<thead>
<tr>
<th>PH22</th>
<th>Healthy Settings programme</th>
<th>Aim to Maximise</th>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Q2 2018/19</td>
<td>120</td>
<td>Q3 2018/19: 51</td>
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**Comments**

The workplace health programme currently has 46 organisations working towards the completion of the Medway Workplace Wellbeing Award (MWWA). Five organisations have completed the MWWA or equivalent scheme (e.g. wellbeing charter). This takes the total engaged businesses of the programme to 51. A further 75 organisations are linked with the workplace health programme and receive unstructured support. This takes the quarter 3 overall employee reach to 23,742, for the 126 programme connected business. Notable new additions to the programme this quarter include Basepoint and Royal British Legion Industries.
Council Plan Outcome: Older and disabled people living independently in their homes

Programme: Improve support for vulnerable adults by working with partners and communities

Council Plan Measures: Performance

<table>
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<tr>
<th>ASCGBT001</th>
<th>% of Long term packages that are placements</th>
<th>Aim to Minimise</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td><strong>Target</strong></td>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>Q2 2018/19 30%</td>
<td>28%</td>
<td>▲</td>
</tr>
</tbody>
</table>

Comments
The proportion of long term services that are placements remains static at 30%. At the end of December the number of clients receiving long term services has decreased by 1 compared to September 2018, whereas the number of placements has risen by 3. There is no benchmarking data for this measure.

<table>
<thead>
<tr>
<th>ASCOF 1C(2i)</th>
<th>Percentage of clients receiving a direct payment for their social care service</th>
<th>Aim to Maximise</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td><strong>Target</strong></td>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>Q2 2018/19 29.3%</td>
<td>32%</td>
<td>▼</td>
</tr>
</tbody>
</table>

Comments
There has been a small rise in the proportion of ongoing clients receiving a direct payment. Currently 561 clients are receiving Direct payments, an increase of one from September.

Benchmarking
99% of our long term community services are already delivered via a personal budget, which is higher than the 89.7% national figure.

Medway remains above the latest National performance of 28.5% and close to the statistical neighbour outturn of 30%, in regards of direct payments.

Actions
The ongoing roll out of direct payment prepaid cards, which started in December, will simplify the process making the service more attractive to clients and is expected to improve the uptake. Direct Payments are also, now, the preferred method of purchasing spot contract services.
### ASCOF 1G (n)

Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Target</th>
<th>Status</th>
<th>Long Trend</th>
<th>Short Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2018/19</td>
<td>59%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 2018/19</td>
<td>58%</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments

There has been a small drop in the proportion of reviewed learning disabled adults who are recorded as being in settled accommodation. Currently Medway is behind the national level of 76%. Work is underway within the service to ensure that an accommodation status is recorded and that reviews have been undertaken for all clients. It is expected that completion of these actions will increase performance by the end of the year to around 70%. Following a deep dive it has been shown that our ability to make large changes in the short term is limited due to the numbers of applicable clients in residential and nursing homes. Whilst the service only places small numbers of new clients, from this group in residential and nursing homes each year, to hit the target about 30 existing clients would need to move from residential and nursing homes to alternative accommodation types.

58% represents 306 clients.

### ASCOF 1H

Proportion of adults in contact with secondary mental health services who live independently, with or without support

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Target</th>
<th>Status</th>
<th>Long Trend</th>
<th>Short Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018/19</td>
<td>66%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2 2018/19</td>
<td>66%</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments

Data is published to October 2018. The percentage of clients living independently has remained static. Whilst performance is below target it is significantly better than the 57% national outturn and stronger than last year’s 61%.

A deep dive is being undertaken to explore the underlying issues and investigate potential actions to improve performance, although it should be noted that the Council does not have detailed data on the cohort of adults in contact with secondary mental health services, as these services are provided by KMPT.
### ASCOF 2A(1)

<table>
<thead>
<tr>
<th>Permanent admissions to care homes per 100,000 pop – 18-64</th>
<th>Aim to Minimise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2018/19</td>
<td>Value</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Q3 2018/19</td>
<td>4.1</td>
</tr>
</tbody>
</table>

#### Comments

It is normal practice to redact numbers less than 5 so as to reduce the risk of identification. As such, there were between 1 and 4 admissions in the 18-64 age group, however it is usual for this figure to increase as placements are recorded and post-dated. For the quarter there has been 1.2 admissions per 100,000, compared to a target of 2.75, for the quarter. This brings the year to date total to 11 admissions per 100,000 population. This means the year-end target, of 11 admissions per 100,000 (4 times 2.75) has been reached and any further admission from this age group will put the service over target. Based on current rate of placements, a year-end outturn of 14.7 per 100,000 population is expected.

#### Benchmarking

Nationally the benchmark is 14 per 100,000 and for our statistical neighbours the figure is 13.6.

#### Actions

All placement activity is thoroughly scrutinised by the Service to ensure the best outcome for that client. A project to increase the number of shared lives placements as an alternative to residential/nursing care is underway.

### ASCOF 2A(2)

<table>
<thead>
<tr>
<th>Permanent admissions to care homes, per 100,000 pop – 65+</th>
<th>Aim to Minimise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2018/19</td>
<td>Value</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Q3 2018/19</td>
<td>199.7</td>
</tr>
</tbody>
</table>

#### Comments

So far in quarter 3 there have been 48 admissions in the 65+ age group, however, it is usual for this figure to increase as placements are recorded after the close of the quarter. This brings the year to date total to 440.8 per 100,000 population. This is below the annualised target of 600 per 100,000. Based on the current rate of placements a year end outturn of 587.7 admissions per 100k population is expected. This is below target, although slightly higher than last year. Currently 192 clients have been admitted. Our target of 600 per 100,000 population represents a total of 261 admissions. At the end of December 2017 there had been 190 admissions.

#### Benchmarking

The National rate of admissions is 585.6, very close to Medway's projected year end figure. Medway is likely to be below its statistical neighbours who currently admit 618.1 people per 100,000 population.
### ASCOF 2Cii

<table>
<thead>
<tr>
<th></th>
<th>Delayed transfers of care from hospital and those which are attributable to adult social care, per 100,000 population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AIM TO</td>
<td>VALUE</td>
</tr>
<tr>
<td>Q2 2018/19</td>
<td>Minimise</td>
<td>1.4</td>
</tr>
<tr>
<td>Q3 2018/19</td>
<td></td>
<td>1.5</td>
</tr>
</tbody>
</table>

### Comments

Data is available to October 2018. The strong performance on Delayed Transfers of Care continues. Medway has 1.5 delays per 100,000 population that are attributable to Adult Social Care, which is fractionally higher than the Q2 figure of 1.4. Total delays also rose by 0.1 between September and October, from 3.4 to 3.5.

![Graph showing DToC per 100,000](image)

### ASCOF 3B

<table>
<thead>
<tr>
<th></th>
<th>ASCOF 3B Overall satisfaction of carers with social services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AIM TO</td>
<td>VALUE</td>
</tr>
<tr>
<td>2016/17</td>
<td>Maximise</td>
<td>34.7%</td>
</tr>
<tr>
<td>2018/19</td>
<td></td>
<td>40% (provisional)</td>
</tr>
</tbody>
</table>

### Comments

(biennial survey)

Field work and data collection has been completed. Data, with national and regional benchmarking, becomes available in the summer. Early, provisional data shows that there is likely to be a stronger result than two years ago with around 40% of carers saying that they are satisfied. Whilst the challenging target of 44% may not be hit, early indication is that there has been an improvement in performance.
Social isolation

Actions

The Men in Sheds programme works to address social isolation and mental wellbeing in men, with a focus on those out of work or retired. The programme is based at the Sunlight Centre in Gillingham but is open to the whole of Medway.

- There are 207 members, with 64 sessions held in the last quarter. Sessions include a peer led men’s health session, fabrication, guitar sessions and green living sessions.
- Improvements in wellbeing are demonstrated after attending the shed, with a 38% reduction in those experiencing low wellbeing after attending a shed.
- Qualitative case studies demonstrate the shed is supporting men to become less isolated, learn new skills, improve their mental wellbeing and supporting them to feel a sense of purpose in life.

An overview and scrutiny Task Group review on social isolation is complete. Findings and recommendations were noted at the Health and Adult Social Care Overview and Scrutiny Committee meeting in December and were presented to Cabinet in January.

The report makes 23 specific recommendations, with key themes identified in the review including the need to:

1. Further increase awareness of support available to reduce social isolation in Medway, including a public communications campaign.
2. Train front line Council staff to be able to recognise people that may be isolated and be able to signpost them to support.
3. Continue to develop social prescribing programmes that reduce social isolation.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
14 MARCH 2019
WORK PROGRAMME

Report from: Perry Holmes, Chief Legal Officer
Author: Jon Pitt, Democratic Services Officer

Summary
This report advises Members of the current work programme for discussion in the light of latest priorities, issues and circumstances, giving Members the opportunity to shape and direct the Committee’s activities.

1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, Part 4 paragraph 21.1 (xv) General Terms of Reference, each overview and scrutiny committee has the responsibility for setting its own work programme.

2. Background

2.1 Appendix 1 to this report sets out the existing work programme for the Committee.

3. Agenda planning meeting

3.1 Members will be aware that Overview and Scrutiny Committees hold agenda planning meetings on a regular basis. An agenda planning meeting was held on 25 February 2019. It was agreed at this meeting to recommend that further update reports from Medway NHS Foundation Trust and Kent and Medway NHS and Social Care Partnership Trust (KMPT) should be added to the Work Programme for the Committee to receive further updates early in the new municipal year. These reports have, therefore, been added to the draft Work Programme with the date of consideration by the Committee listed as to be determined.

3.2 At the January 2019 meeting of the Committee it was requested that Members be given the opportunity to visit one of KMPTs existing hubs in Maidstone or Ashford. KMPT has subsequently proposed that this visit should be to Ashford. Following discussion at the agenda planning meeting, it is proposed that this visit takes place in the summer / autumn to enable any new Members of the Committee, following the Medway Council elections in May 2019, to participate in the visit.
3.3 The draft 2019/20 Committee Work Programme is attached as Appendix 1.

4. **Forward Plan**

4.1 The latest Forward Plan of forthcoming Cabinet decisions was published on 22 February 2019.

4.2 The following items listed on the forward plan relate to the terms of reference of this Committee. The Committee is asked to identify any items it may wish to consider as pre-decision scrutiny (where dates permit).

<table>
<thead>
<tr>
<th>Cabinet date</th>
<th>Title</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 June 2019</td>
<td><strong>Carers Strategy</strong></td>
<td>Due for consideration by the Committee at the 14 March meeting</td>
</tr>
<tr>
<td></td>
<td><em>This report will seek approval to the Carers Strategy following initial consideration by the Health and Adult Social Care Overview and Scrutiny Committee on 14 March 2018 and the Health and Wellbeing Board on 16 April 2019.</em></td>
<td></td>
</tr>
</tbody>
</table>

5. **Financial and Legal Implications**

5.1 There are no specific financial or legal implications arising from this report.

6. **Recommendations**

6.1 Members are asked to:

   a) Consider whether any changes need to be made to the work programme attached at Appendix 1.

   b) Agree the changes to the Committee’s work programme, as set out in paragraph 3 above.

**Lead officer contact**

Jon Pitt, Democratic Services Officer  
Telephone: 01634 332715  Email: jon.pitt@medway.gov.uk

**Appendices**

Appendix 1 - The Committee’s Work Programme

**Background papers:**

None.
# Work Programme

## Health and Adult Social Care Overview and Scrutiny Committee

<table>
<thead>
<tr>
<th>Item</th>
<th>Work type</th>
<th>Responsible officer</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18 JUNE 2019 (Date TBC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South East Coast Ambulance (SECAmb) Trust Update</td>
<td>Scrutiny of External Organisations</td>
<td>Chief Executive, SECAmb</td>
<td>To receive an update on work being undertaken to improve the service following publication of the latest Care Quality Commission (CQC) inspection report</td>
</tr>
<tr>
<td>All Age Eating Disorder Service Information Items</td>
<td></td>
<td>Director of People - Children and Adults Services / Deputy Managing Director Medway NHS CCG / NELFT</td>
<td>To receive an update on the service following the commencement of service delivery by a new provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20 AUGUST 2019 (Date TBC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Social Care Complaints and Compliments Report Performance report</td>
<td>Director of People - Children and Adults Services</td>
<td>To scrutinise information on the number, type and other information on adult social care complaints received during the period April 2018 - March 2019</td>
<td></td>
</tr>
<tr>
<td>Quarter 4 and Year End Council Plan Performance report Performance report</td>
<td>Director of People - Children and Adult Services</td>
<td>To scrutinise performance against Council plan monitoring in relation to indicators that fall within the remit of this committee</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Work type</td>
<td>Responsible officer</td>
<td>Objectives</td>
</tr>
<tr>
<td>------</td>
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<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>15 OCTOBER 2019 (Date TBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 1 Council Plan Performance and Risk Register Review report</td>
<td>Performance report</td>
<td>Director of Children and Adult Services</td>
<td>To scrutinise the performance against council plan monitoring in relation to indicators that fall within the remit of this Committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Work type</th>
<th>Responsible officer</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 DECEMBER 2019 (Date TBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 2 Council Plan Performance and Risk Register Review Report</td>
<td>Performance report</td>
<td>Director of Children and Adult Services</td>
<td>To scrutinise the performance against council plan monitoring in relation to indicators that fall within the remit of this Committee</td>
</tr>
<tr>
<td>Draft Capital and Revenue Budget</td>
<td>Pre-decision scrutiny</td>
<td>Chief Finance Officer</td>
<td>To scrutinise the draft Capital and Revenue Budgets for 2017/18</td>
</tr>
<tr>
<td>Kent and Medway Adult Safeguarding (KMSAB) Annual Report</td>
<td>Scrutiny of External Organisations</td>
<td>Independent Safeguarding Chairman</td>
<td>To receive the Annual KMSAB report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Work type</th>
<th>Responsible officer</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 JANUARY 2020 (Date TBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Work type</th>
<th>Responsible officer</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 MARCH 2020 (Date TBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 3 Council Plan Performance and Risk Register Review Report</td>
<td>Performance report</td>
<td>Director of Children and Adult Services</td>
<td>To scrutinise the performance against council plan monitoring in relation to indicators that fall within the remit of this Committee</td>
</tr>
<tr>
<td>Item</td>
<td>Work type</td>
<td>Responsible officer</td>
<td>Objectives</td>
</tr>
<tr>
<td>------</td>
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<td>------------</td>
</tr>
<tr>
<td>Suicide Prevention Update</td>
<td>Information Items</td>
<td>Director of Public Health</td>
<td>To receive an update on suicide prevention work in Medway</td>
</tr>
<tr>
<td>Ensuring a Good Pregnancy – How to Raise Awareness</td>
<td>Information Items</td>
<td>Director of Public Health</td>
<td>To be provided with and overview of awareness raising undertaken in this area</td>
</tr>
<tr>
<td>Britton Farm Mall, Gillingham</td>
<td>Health Service Substantial Variations</td>
<td>Chief Executive, KMPT</td>
<td>To receive an update on the proposal to relocate some KMPT mental health services to Britton Farm</td>
</tr>
<tr>
<td>Annual Public Health Report</td>
<td>Performance report</td>
<td>Director of Public Health</td>
<td>To scrutinise the Annual Public Health report ahead of consideration by Cabinet</td>
</tr>
<tr>
<td>Medway NHS CCG Operational Plan</td>
<td>Scrutiny of External Organisations</td>
<td>Deputy Managing Director, Medway NHS CCG</td>
<td>To comment on the Plan and its delivery</td>
</tr>
<tr>
<td>Medway NHS Foundation Trust (MFT) Update</td>
<td>Scrutiny of External Organisations</td>
<td>Chief Executive, MFT</td>
<td>To receive an update on the improvement journey of the Trust</td>
</tr>
<tr>
<td>Kent and Medway NHS Social Care Partnership Trust (KMPT)</td>
<td>Scrutiny of External Organisations</td>
<td>Chief Executive, KMPT</td>
<td>To scrutinise an update on acute mental health bed provision and the wider work of the Trust.</td>
</tr>
</tbody>
</table>

**Work completed in 2018/2019:**

**June 2018**

- Kent and Medway NHS Strategic Commissioner
- Council Plan Performance Monitoring Report Quarter 4 and End of Year 2017/18
- Medway NHS Foundation Trust (MFT) Update
- Kent and Medway NHS and Social Care Partnership Trust (KMPT) Update
- Improving Access to General Practice
- Three Conversations Briefing
- Work Programme
August 2018

- Member Item - Proposed Closure of the Sunlight Centre GP Surgery
- Member Item - GP Provision On The Hoo Peninsula
- Community Services Re-Procurement: Consultation on Key Changes
- South East Coast Ambulance Service Update
- Kent and Medway Patient Transport Services - Performance Update
- Adult Social Care - Annual Complaints and Compliments Report April 2017 to March 2018
- Medway Integrated Urgent Care Redesign
- Draft Joint Health and Wellbeing Strategy
- Petitions
- Work Programme

October 2018

- Medway Health and Wellbeing Board: Review of Progress
- RVS Older Persons Centre
- Sunlight Centre Surgery and Twydall Branch Surgery Proposal Update
- Transforming Health and Care in East Kent
- Medway NHS Foundation Trust (MFT) Update
- Single Pathology Service for Kent and Medway
- Kent and Medway Strategic Commissioner Update
- Medway Adult Mental Health Strategy 2018 to 2023
- Director of Public Health Annual Report 2017-18
- Council Plan Performance Monitoring Report Quarter 1 2018/19
- Work programme

December 2018

- All Age Eating Disorder Service Update
- Draft Capital and Revenue Budget 2019/20
- Task Group Draft Report: The Impact of Social Isolation in Medway
- Petitions
- Council Plan Performance Monitoring Report - Quarter 2 2018/19
- Work Programme

January 2019

- Attendance of the Portfolio Holder for Adults' Services
- Kent and Medway Safeguarding Adults Board (KMSAB) - Annual Report 2017-18
- Proposed Development of the Health Service or Variation in Provision of Health Service - Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Primary Care in Medway Update
- Petitions
- Adult Community Health Services Re-Procurement: Report From 2018 Patient and Public Engagement
- Work programme