Health and Adult Social Care Overview and Scrutiny Committee

A meeting of the committee will be held on:

Date: Thursday, 12 March 2020
Time: 6.30pm
Venue: Meeting Room 9 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

Membership: Councillors Wildey (Chairman), Purdy (Vice-Chairman), Adeoye, Ahmed, Aldous, Barrett, Bhutia, McDonald, Murray, Price, Chrissy Stamp, Thompson and Mrs Elizabeth Turpin

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 16 January 2020.

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.

Attendance of the Portfolio Holder for Adults' Services

This report details the areas covered by the Portfolio Holder for Adults' Services which fall within the remit of this Committee.

South East Coast Ambulance Service Update

This report updates the committee on the South East Coast Ambulance Service Foundation Trust, with a focus on key developments since the Committee was last updated in June 2019. These key areas include: CQC reporting, award of the NHS 111 CAS contract, performance and performance recovery, and key senior appointments.

Proposed Development of the Health Service or Variation of the Health Service - Frank Lloyd Centre, Sittingbourne

This paper has been provided to update the Committee on the inpatient service provided at the Frank Lloyd unit, following the last report in October 2019.

The Frank Lloyd Unit is a Continuing Health Care unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) is commissioned by all Kent & Medway CCGs to provide this service. The unit provides highly specialist care and treatment for patients at a very advanced stage of their dementia, who have a range of complex needs including behaviours that challenge.

All Age Eating Disorder Service Update

The Committee has asked for a further update on the Eating Disorder Service following consideration of a report and presentation at the June 2019 meeting.

Eating disorders continues to be a serious, often persistent, mental health disorders associated with high levels of impairment to everyday functioning and development, and a high burden on families and carers. They can be associated with life-long physical, psychological, educational and social impairment and in some cases can be fatal.
The Social Isolation Task Group report considered the impact of social isolation and loneliness in Medway. It made a number of recommendations for actions that the Council and other organisations could take to reduce social isolation locally.

The attached progress report summarises progress against each of the review’s recommendations.

Medway’s Council Plan 2016/21 sets out the Council’s three priorities. This report and appendices summarise how we performed in Q3 2019/20 on the delivery relevant for this committee: Supporting Medway’s people to realise their potential. In accordance with the Council’s Risk Management Strategy, this report also presents the Q3 2019/20 review of the strategic risk relevant to this Committee.

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: 3 March 2020

For more information, visit: http://www.medway.gov.uk/thecouncilanddemocracy/reportingonmeetingsguidance.aspx
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Medway Council
Meeting of Health and Adult Social Care Overview and
Scrutiny Committee
Thursday, 16 January 2020
6.30pm to 11.45pm

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), Adeoye, Ahmed, Aldous, Barrett, Bhutia, Curry, Murray, Prenter, Price, Thompson and Mrs Elizabeth Turpin

Co-opted members without voting rights
Margaret Cane (Healthwatch Medway CIC Representative)

Substitutes: Councillors: Prenter for McDonald; Curry for Chrissy Stamp

In Attendance: Stuart Jeffery, Deputy Managing Director, NHS Medway Clinical Commissioning Group
Chris McKenzie, Assistant Director - Adult Social Care
Jon Pitt, Democratic Services Officer
Ian Sutherland, Director of People - Children and Adults Services
James Williams, Director of Public Health
Clive Bassant, Millbrook Healthcare
Rebecca Brad, Workforce Programme Director, Kent and Medway STP
Lorraine Foster, Programe Lead - Partnership Commissioning
Anil Gupta, DMC Healthcare
Dr Ravi Gupta, DMC Healthcare
Lisa Keslake, Director of Strategic Planning and Development, STP
Nadeem Moghal, DMC Healthcare
Ailsa Ogilvie, Chief Nurse, East Kent CCGs
Simon Perks, Director of System Transformation, Kent and Medway STP
Lydia Rice, Millbrook Healthcare
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs
Jacqueline Shicluna, Lawyer (Adults)
Michelle Snook, Integrated Transformation Manager for Neurodevelopmental Conditions, Kent County Council
Deborah Stuart-Angus, Independent Chair of the Kent and Medway Safeguarding Adults Board
563 Apologies for absence

Apologies for absence were received from Councillor Dan McDonald with Councillor Mark Prenter substituting and from Councillor Chrissy Stamp with Councillor Simon Curry substituting.

564 Record of meeting

The record of the Committee meeting held on 15 October 2019 was agreed and signed by the Chairman as a correct record.

565 Urgent matters by reason of special circumstances

There were none.

566 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Cllr Price declared an interest in agenda item number 5 as he was the Chair of the Board of Trustees of the Sunlight Development Trust, which owned the building that the Sunlight Centre GP surgery was located in. Cllr Price left the room during brief discussion of GP surgery reconfiguration. He otherwise remained in the room.

Other interests

Cllr Ahmed declared an interest in agenda item 7 as she worked in the office of one of the Medway MPs who had submitted a letter in relation to proposals, as referenced in appendix 2 of the report. Cllr Ahmed confirmed that she was approaching this discussion with an open mind and did not consider herself to be pre-determined. Cllr Ahmed remained in the room during discussion of the item.
Gillingham and Chatham GP Surgery Proposals Update and Response to Patient Concerns

Discussion

The report included a summary of patient concerns that had been sent to the Chairman of the Committee by Ms Zi Fincham. These related to GP Services provided by DMC Healthcare at Medway GP surgeries the Sunlight Centre, Balmoral Gardens, the Pentagon, St Mary’s Island, Twydall and Kings Family Practice. It was explained that the Committee could not consider individual patient complaints and that these should be submitted to the provider or NHS Medway Clinical Commissioning Group (CCG). The Committee was, however, able to ask the CCG for a response if patient experience suggested that acceptable standards of patient care may not be being met.

The Director of Primary Care Transformation at the CCG reminded the Committee that it had previously been advised that the CCG was considering the rationalisation of five GP surgery sites to three as part of a contract review. It had since been agreed that the five sites would be maintained. The Committee had considered that the proposals amounted to a substantial variation to the health service in Medway, therefore any further review of the configuration would be presented to the Committee. There were currently no plans for any such reconfiguration.

Since Ms Fincham had submitted complaints in August 2019, the CCG had received a further eight complaints about services at these surgeries. The complaints related to GP access, telephone access, repeat prescriptions and prescription reviews. The response to these was managed in line with CCG and NHS England complaints policies. All patient complaints had been considered as part of an action plan agreed with the provider, DMC Healthcare and progress was monitored via KPIs. DMC had been asked to undertake audits in relation to referrals, access to GPs, length of time to answer phones and prescriptions. DMC had been asked to undertake further public engagement and work with Patient Participation Groups (PPGs).

Ms Fincham addressed the Committee. She asked for an apology from the Chairman of the Committee and from the Clinical Chair of the CCG for the way in which her complaints had been dealt with. Miss Fincham said she had been advised that the CCG was not responsible and told to complain to NHS England who had advised her to complain to the CCG. She said that patients were still waiting two weeks for appointments and it was very difficult to get an appointment. There were still difficulties relating to prescription processing and repeat prescriptions. Ms Fincham was concerned that her patient records were being centralised without her permission and that unauthorised persons would be able to access them. She also considered that public engagement had not been transparent. Ms Fincham then left the meeting and did not return.

Maggie Cane from Healthwatch Medway addressed the Committee. Healthwatch had received some complaints that related to the issues outlined by the CCG. GP access was still a concern and some apps were not currently
allowing patients to make GP appointment bookings. There had been an improvement in comments made on NHS choices and in friends and family tests in relation to the surgeries. Ms Cane was the Independent Chair of the Patient Participation Group for the five surgeries. Additional Members were being recruited and meetings held across all surgery locations.

The Director said that outstanding issues were being addressed. It was recognised that DMC had taken on demanding surgeries. Ms Fincham had been advised that she should refer back to the CCG or escalate to the Ombudsman if she remained concerned but to date, this had not happened.

DMC representatives stated that they did not sell patient data. No data was shared outside the NHS and appropriate data sharing arrangements were in place. DMC had taken over the five sites on 1 April 2019 and had recognised that they would be challenging, with it being anticipated that sustained improvement would take two to three years. It had successfully turned around another practice that it had previously taken over, resulting in a good Care Quality Commission (CQC) rating. A recent visit by the CQC had recognised that medicines management was being dealt with effectively. Only one negative comment had been received in relation to this visit to the Sunlight Centre.

DMC currently had dependency on locum GPs and had a clear strategy to recruit locally to address this. DMC was appointing community psychiatric nurses. This was not required but it had taken the decision to invest in this area. An issue with how medicines had been dispensed by a local pharmacy had been addressed.

Members of the Committee made comments and asked questions as follows:

Visit to DMC – Some Councillors had met DMC management and staff in November. This had been positive and the Councillors had felt listened to. Poor communication was the main concern identified with ward Councillors having not previously been told about developments. It was suggested that the surgeries consider production of a monthly newsletter and that it would also have been helpful for details of performance auditing undertaken to have been included in the report. The Committee was advised that the PPG had agreed that a newsletter would be produced and displayed in each surgery. Performance data was available and would be shared with the Committee. Only two people had attended a recent meeting of the PPG. Work was being undertaken to increase future attendance and ensure that meetings were fully accessible.

Patient Participation Groups – It was asked whether each surgery had an independent PPG and how the PPGs considered complaints. The Committee was advised that each of the surgeries had a PPG Chair. There were plans to hold meetings at a range of times and locations and that the possibility of video conferencing would be explored. The groups were actively trying to recruit new members. Further details on the PPGs would be provided to the Committee.
Gillingham North surgeries – It was sometimes necessary for patients to attend another practice but local transport limitations could make this difficult. DMC had produced a leaflet to advise about local transport to get to their surgeries but the Sunlight Centre had not been included. The reliance on locum GPs and workforce issues were also highlighted. The Deputy Managing Director of the CCG had made some trial bus trips to and from Gillingham to see how good local transport links were. Results of this had been variable with there being a need to improve some local links. DMC had been able to recruit a physician associate.

Healthy lifestyles – In response to a question about how patients were encouraged to adopt healthy lifestyles, the Committee was advised that social prescribing was being developed. There would be significant links to interventions to address negative lifestyles and providing advice to patients. This would require reviewing data and considering how to target and engage particular groups. It was acknowledged that there was a need to undertake more prevention work in primary care.

Physician Associates – It was asked how more people would be encouraged to undertake the Physician Associate programme available at local universities and how it was funded. The CCG was working with local organisations through a group led by the Council. This was looking at how to target schools and industry to encourage participation in the programme as well as promoting other routes of entry into the medical profession. The Associate programme was university based with students undertaking rotating GP placements. The programme was self-funded by students. DMC had taken on four students from the programme and was developing strong links with the local universities, such as working with the Parkinson’s Association and research groups.

Decision

The Committee considered the update provided and thanked Ms Fincham for highlighting her concerns.

568 Dermatology Services

Discussion

DMC Healthcare had taken on the contract for the North Kent Dermatology service during a period when the service had been struggling. In relation to the cancer pathway, performance against the two week wait target had been particularly poor during the final two months that Medway Foundation Trust had been the provider. DMC had inherited a significant backlog of patients waiting for appointments. The vast majority of this backlog had now been seen and the patients who had not yet been seen had been contacted. Work had been undertaken to make the dermatology service less fragile with review meetings between NHS Medway CCG and DMC Healthcare taking place monthly. Overall waiting times for non-urgent patients had been reduced and the number of complaints had reduced to minimal levels.
The volume of phone calls from patients had reduced and the two week wait target for urgent referrals was now being met. Full data reporting was now in place and tele-dermatology clinics were being provided. This enabled patients to receive a diagnosis from images and therefore to be diagnosed within 3 days, quicker than would otherwise be possible. 600 patients had gone through tele-diagnosis with 65% of these having been diagnosed from photos and discharged back to their GP.

Members of the Committee made comments and asked questions as follows:

**Tele-diagnosis** - A personal experience of the service, where it had not been possible for a tele diagnosis to be made, was highlighted and concern raised about the length of time it had then taken to see a consultant. DMC representatives said that there had been initial difficulties with quality of photos and that these had been addressed. There was a national shortage of dermatologists. Work continued to reduce the number of patients waiting. Reducing waits was challenging in the context of the high number of referrals received since DMC had taken on the Dermatology Service. Over the next few months it was anticipated that patient waiting times for appointments would be reduced.

**Appointment Waiting Times** – In response to a question about how waiting figures were calculated, it was reiterated that the two week wait performance had improved. Data for November 2019 showed that 95.8% of these referrals were seen within two weeks. 14 patients were not seen within 14 days. All of these patients had been offered an appointment within the 14 day timeframe but had been unable to attend. These patients were rebooked for the next available slot.

**Patient Engagement** – Feedback was requested on the DMC Healthcare facilitated patient engagement event held on 3 December. The event had taken place in Gillingham with eight attendees. This was disappointing given that the event had taken place in the evening and had been promoted. A presentation had been given on the issues facing the Dermatology Service and how these had been overcome. More engaging methods of obtaining patient feedback were being established.

**Referral Statistics** – The report stated that the service had received over 10,500 new referrals since April 2019 with 83% of patients waiting less than 18 weeks and 50% of all patients referred having had an appointment. It was questioned what had happened to the patients not seen. The Committee was advised that DMC had focused on ensuring that the cancer pathway was working effectively. It had faced administrative difficulties as it had been provided no data in relation to some of the patients transferred and it had not been known whether patients had previously been sent an appointment by Medway Foundation Trust. A review had been undertaken of all the transferred patients with two thirds of the backlog having been resolved. The remaining patients now had a plan in place. These were all routine rather than urgent cases.
Decision

The Committee noted and commented on the report and agreed that an update on the Dermatology Service be added to the Work Programme for consideration at a future meeting.

569 Development of Single Kent and Medway Clinical Commissioning Group

Discussion

Ahead of the report being introduced a comment was made highlighting dissatisfaction with it. It was highlighted that there were references to engagement with voluntary and community organisations and to letters from MPs, who had not supported the proposals, but that details had not been provided. It was also suggested that the consultation that had been undertaken in relation to the Kent and Medway Stroke Review could not be considered to have been successful in the context of ongoing Judicial Reviews and Medway’s referral of the decision to the Secretary of State for Health.

The Director of System Transformation at the Kent and Medway STP introduced the report. It was explained that stakeholder engagement, including with the voluntary and community sector, had been undertaken and would continue during the process of establishing the single Clinical Commissioning Group (CCG). The lack of information on this in the report was an omission. NHS England had approved, subject to a number of conditions, establishment of a single CCG. These included a requirement to appoint an Accountable Officer and a Chief Financial Officer. The process of appointing clinical members of the governing body was underway with a Clinical Chair having been appointed. The key purpose of establishing a single CCG was to support development of Integrated Care Providers and the development of Primary Care Networks to enable care to be delivered as close to home as possible. The Council was a key stakeholder of the Integrated Care Partnership in Medway with the Chief Executive being Chair of one of its committees. The single CCG was due to go live on 1 April.

Members of the Committee made comments and asked questions as follows:

Engagement, collaboration and savings – It was suggested that levels of engagement were low because the proposals were not meaningful for patients and that the need for financial savings required more joint working. It was considered that the papers presented did not adequately set out the impact of the changes and that improvement plans were being motivated by a need to make savings rather than by a need to improve services. The savings figure of £190million quoted was significant. It was questioned whether the savings already made in the last few years were considered to have had an impact. The Director said that the purpose of the report was to highlight the proposals and that it was not intended as a public facing engagement document. In 2016, there had been a deficit of £450 million. The fact that it had now reduced to £190million was significant. There was no evidence available to suggest that savings made so far had led to reduced service quality although it was not clear
whether the changes proposed would completely eliminate the deficit. It was anticipated that a single CCG would be able to more effectively support primary care providers and the Primary Care Networks that would be fundamental to improving local care and reducing the pressure on hospitals. It was acknowledged that engagement activity needed to be strengthened and the new CCG would consider how to achieve this.

**Existing CCG Deficits** – With reference to six out of eight Kent and Medway CCGs currently being in deficit, it was asked what the impact of this would be on the single CCG. Assurance was given that the current deficits of other CCGs would not have a detrimental impact on Medway post-merger. Medway was one of the CCGs not in deficit. There was a commitment to ensuring that all areas received a fair share of resources. Commissioning would in future focus more on outcomes and there may be a need to reallocate resources in the longer term.

**GP Support for proposals and future reporting** – It was asked whether the 75% of GPs who had supported the proposals broadly came from areas that faced similar issues, such as being in areas of deprivation. The Committee was advised that the figure was the average across the existing eight CCG areas. Support within each CCG area had been relatively high. Specific reasons that GPs voted against the proposals were not available but in general, there had been concerns about loss of localism and a loss of connection with primary care commissioning. Assurance had been given that local support would remain. No pattern had been seen in relation to deprivation. In response to a question about how the Committee would receive reports in the future, the new CCG would have the same reporting responsibilities as the outgoing CCG. As service provision would involve more commissioner and provider collaboration it could be that a greater range of organisations would attend the Committee in relation to a specific issue e.g. mental health.

**Timescales for Improvements** – In response to a question about how long it was likely to take before improvements were realised, the Committee was advised that progress was already being made but that it was hard to indicate when the new arrangements could lead to improvements. The Medway and Swale Integrated Care Partnership was developing key work strands and building relationships with the Council and providers. Work was taking place to ensure that outcomes were compatible with the Joint Strategic Needs Assessment. The seven Primary Care Networks that comprised groups of GP practices in Medway would collaborate on improving the health of the local population and to share resources, knowledge and support.

**Public engagement, Stroke Review and Inequalities** – Concerns were expressed about the proposals and consultation previously undertaken in relation to the Kent and Medway Stroke Review, with it being suggested that this had been flawed. The manner in which the consultation had been undertaken and that parameters appeared to have changed meant that there was a lack of confidence in other public engagement and consultation activity. Concerns were also expressed that a single CCG might not be able to focus effectively on reducing inequalities in Medway.
The Director considered that reasonably good stakeholder engagement had been undertaken as part of the process supporting the establishment of the single CCG but it was acknowledged that it would always be possible to do more. There was a need to find different and more effective ways of working together and it was considered that without this, even the availability of unlimited resource would not facilitate significant improvement. It was noted that health inequalities persisted after several years of the current system and it was considered that a single CCG could be better placed to address these. There was a need to use data more effectively and to focus on design of services that focused on improving health outcomes of the population as a whole. The whole health system would share responsibility for improving health outcomes compared to the current situation where only the CCG had this responsibility. It was hoped that greater confidence could be built with the Committee in relation to what the establishment of a single CCG was trying to achieve.

Further reservations were expressed about the development of a single CCG.

Decision

The Committee noted and commented on the report and looked forward to working with and holding the single CCG to account in the future.

570 Kent and Medway Wheelchair Service

Discussion

There had been ongoing steady improvement in performance of the Wheelchair service, with waiting lists for equipment provision and repairs continuing to reduce. It was anticipated that the 18 week standard for children’s wheelchair waits would be achieved in the current month. A good quality service was being delivered but it was acknowledged that further work was required in some areas. The provision of personal wheelchair budgets was being rolled out.

It was questioned why the target for achieving the 18 week wait for children and adults was 92% rather than higher. The Committee was advised that 92% was a national target for children’s wheelchairs. There was no national target for adults so it had been decided to use the same 92% figure locally as for children’s. Notwithstanding the targets, the aim was for all service users to receive the highest quality service.

In relation to a question about repair times and provision of spare parts, the source of parts varied. Some were provided in-house while more specialist bespoke parts came from external manufacturers. It was asked how waiting times were measured. The waiting times recorded an episode of care from first referral until case closure through provision of new equipment or adjustments to the current equipment having been completed.
In response to a question about whether those being provided personal budgets had to arrange their own maintenance, it was agreed that information about this would be provided to the Committee following the meeting.

It was requested that further details be provided about a service user engagement event that had taken place in spring as well as the work of the Service Improvement Board. The provider had held three events which had being more about providing information and collecting user feedback. A detailed user engagement programme was being developed with there being an aim of developing small focus groups. Monthly meetings also took place with a regional wheelchair users group. A mapping exercise for stakeholder engagement was being undertaken and a communications plan would be subsequently developed.

Decision

The Committee noted and commented on the report and requested that a written progress update be provided to the Committee.

571 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2018-19

Discussion

The Director of People – Children and Adults said that Members had sometimes expressed concern that being part of a Kent and Medway Board could lessen the focus on Medway. Assurance was given that the Independent Chair had strong awareness of Medway specific issues and that she worked closely with the Assistant Director, Adult Social, who was Deputy Chair of the Board. Both Chair and Deputy Chair engaged actively with the local adult safeguarding executive to ensure close working.

The Independent Chair of the Board introduced the Safeguarding Board Annual report. The Board was a strategic body responsible for setting the direction of adult safeguarding in Medway and Kent. It had an annual budget of £261,000. An easy read summary of the report had also been produced. Responsibilities of the Board included challenging partners in relation to effectiveness and quality; undertaking safeguarding adult reviews and; delivering learning following completion. Board priorities had included raising awareness of exploitation, isolation, loneliness, abuse and neglect. Key achievements had included development of a new quality assurance and assessment framework; review and update of key safeguarding policies; training of 661 multi-agency operational staff across Medway and Kent and; design of a training and evaluation framework.

The Board had produced more accessible information for families and monitored a range of complex action plans. It had co-produced, with Medway’s self-advocacy group, some easy read versions of a user guide and had led an adults safeguarding awareness campaign, the theme of which was loneliness and exploitation. This had culminated in the delivery of a number of public...
information days. A Communications and Engagement group had been established with a Business and Development officer employed to progress this work. This would include more intensive working with the voluntary sector and inter-faith groups.

There had been 1387 safeguarding concerns raised in Medway in 2018/19, which was higher than the previous year. 700 of these were investigated under a Section 42 safeguarding enquiry or other enquiry, an increase of 43% from the previous year. These increases were attributed to improved systems and resource management and the development of the Three Conversations approach. Abuse in Medway health trusts and care homes was below the national average. The most common type of abuse nationally was neglect with the Kent and Medway figure for self-neglect being 26%, below the national average. The national figure for the percentage of safeguarding interventions that saw risk of abuse reduced or removed by a safeguarding intervention was 89%. Medway’s figure was 82%, an increase of 8% from the previous year.

Members of the Committee made comments and asked questions as follows:

**Safeguarding Training** – It was questioned whether the provision of safeguarding training by care homes was compulsory as only one home out of three that a Councillor volunteered in had offered it to them. The Independent Chair said that safeguarding training had to be provided and this should be being checked as part of Care Quality Commission (CQC) inspections. The Assistant Director – Adult Social Care said that the Council had resource that worked on quality assurance with care and domiciliary care providers. Work undertaken between inspections checked paperwork and ensured that training was being undertaken. Any concerns in relation to specific homes could be reported for investigation. Meetings with the CQC regional lead took place quarterly. The Assistant Director chaired the Medway Quality Surveillance group and attended the Kent and Medway group to ensure that intelligence on the quality of providers was joined up.

**Abuse in Care Homes** – It was asked what could be done to prevent abuse in care homes and whether safeguarding arrangements were considered as part of the commissioning process. The Assistant Director said that a range of quality information, including safeguarding, was considered as part of the commissioning process and that the Quality Surveillance Group included representation from the brokerage team. The Independent Chair said that there was a need to encourage the regulator to strengthen the inspection regime. The provision of training was important but this did not guarantee that systems and cultures would change and there were insufficient resources available to train everyone.

**Transitions Projects** – With reference to a local project for 16-25 year olds leaving care, it was asked how such projects were viewed. The Independent Chair said that transitions projects were valued but that there were not enough of them. There was a connection between transition, available support and suicide rates with young care leavers not always being identified and therefore not receiving the support that they needed. Agencies needed to work together.
effectively to develop plans to effectively support this cohort. The Director of People added that the transition from children’s to adult services was being considered by the Children’s Safeguarding Partnership. A protocol was in place to ensure effective working with adult safeguarding. It had also been requested that the Police, via the Medway Task Force, consider the issue. The Director of Public Health was leading on work to look at how to enhance support for care leavers in relation to their health needs.

Outcome of closed enquiries – It was asked whether there were any differences between the locations of alleged abuse and the locations of incidents that were subsequently found to have actually occurred. The most common location for abuse to occur was in the victim’s own home. A briefing would be provided to the Committee to show outcomes by location.

Care Home Practice – It was asked whether any work had been done to look at care home practice and the impact of low wages and long working hours. The Independent Chair said that while the Safeguarding Board was not a provider, it did work with the Council to measure quality and the impact of projects. Good management and strong leadership were key to homes performing well. The Assistant Director said that where concerns were identified, work would be undertaken with the home, owners and management to agree a clear action plan that would improve quality.

Decision

The Committee noted the Annual Report and made comments for these to be referred to the Health and Wellbeing Board when it considers the Annual Report.

572 Kent and Medway Five Year Plan

Discussion

The Committee agreed that the press and public be excluded from the meeting during the consideration of the exempt material relating to agenda items 10 and 11 because consideration of these matters in public would disclose information falling within one or more categories of exempt information contained in Schedule 12A of the Local Government Act 1972 as specified in agenda items 10 and 11 and, in all the circumstances of the case, the Committee considered that the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

The NHS Long Term plan had been published in January 2019 with all local health systems being required to produce a local Five Year Plan in response. The Five Year Plan had not yet been published and discussion with health and wellbeing boards had been delayed due to the General Election. The Plan was a technical document but a shorter summary version would be produced. Four public engagement events had been held within the four Integrated Care Partnerships (ICPs), including the Medway and Swale ICP. ICPs would be responsible for translating the Plan into local delivery through the annual
operational planning process. In the future there would be more focus on the overall health of the population and less focus on individual services and health conditions.

A number of topics were discussed including the stroke and vascular reconfiguration, the primary care workforce, health inequalities in areas of deprivation and acute mental health provision.

Concerns were raised about the potential impact on Medway of the Five Year Plan covering Kent and Medway, rather than it being Medway specific. Concern was also raised that the Plan was a long term strategic document rather than focusing on the more immediate future.

Decision

The Committee considered and commented on the Draft Five Year Plan.

573 Kent and Medway Neurodevelopmental Pathway

Discussion

The proposals aimed to improve and enhance specialist services for those with autism and Attention Deficit Hyperactivity Disorder (ADHD). Services would be enhanced and improved with there being no service reduction. Existing services for autism were not compliant with legislation and NICE guidelines and were therefore not meeting the needs of the local population. Patient experience was poor with there being increased clinical risk and risk of deterioration in health where conditions were not managed effectively.

In relation to autism, there was currently no pre-diagnosis or post-diagnosis provision in Medway and no pre-diagnostic support for ADHD. Patients being assessed and treated currently had to travel to London. Kent had undertaken engagement work with health professionals and the public to consider how provision might be developed and similar engagement was planned for Medway. A Kent and Medway Complex Autism Service had been piloted. This was helping to avoid the needs of patients escalating, through the provision of locally based community services. The proposals had been supported by NHS Medway Clinical Commissioning Group’s Commissioning Committee and were deemed to be the most appropriate way forward.

Members of the Committee made comments and asked questions as follows:

Diagnosis of Patients – It was suggested that patients currently had to travel too far for services and that waiting times were too long. The Committee was advised that a number of innovations were being considered in relation to diagnosis. A pilot was currently taking place in Kent. Services could be provided quicker at lower cost and without reduction in quality. It was agreed that local provision was needed.
Finances – It was confirmed that the service cost of £2.87 million contained in the report was the annual cost for one year in Kent and Medway. In response to a question about service redesign, Members were told that although there would be pathway redesign, the substantive parts of it would not be changed. Assessment and diagnosis would be made available locally with services being co-designed and produced.

Availability of Providers – In response to a question about availability of providers and staff, there had been some market testing in Kent, including a pre-procurement market engagement event. Multiple providers had attended and there had been significant interest. Providers were starting to upskill their workforce with there being a number of locally accessible providers. An existing provider currently commissioned to provide autism services in Kent was also able to provide ADHD related services.

Substantial Variation, timescales and transition – It was suggested that such a change to a health service would normally be a substantial variation, whether a reduction or as in this case, an increase in provision. However, in this case it would be appropriate for the Committee to consider not determining the proposals to be substantial in order to ensure that service improvement could take place at pace in the context of patients facing lengthy waits to receive a diagnosis. It was asked how quickly the changes could be made and whether there would be a transition plan for those moving from children’s to adult services. It was also suggested that increased investment in children’s services would be beneficial. The Committee was advised that should Medway and Kent both agree that the proposals did not amount to a substantial variation, the new service should be in place by March 2020.

Work was being undertaken to monitor and develop priority criteria for children waiting for services and similar work would be undertaken in relation to adults. A report to consider how to address a backlog had been submitted to the CCG Commissioning Committee in the autumn. The backlog had risen due to a number of new patients being identified having increased in the last two years from two a month to six a month. Additional funding had been agreed to clear the backlog. This backlog related to ADHD with there currently being no backlog for autism assessment. It was considered that contract performance and management would be easier once a local, rather than a London based provider, was delivering services. There had already been substantial investment in neurodevelopmental pathways, including for under 11’s and 11 to 18’s. However, some people with autism / ADHD did not present for diagnosis until they were adults.

Decision

The Committee:

i) Determined that the proposals did not amount to a substantial variation to the health service in Medway.
Considered and agreed the outline proposal for engagement/consultation as detailed in section 5 of Appendix 1 of the report.

574 Draft Capital and Revenue Budget 2020/21

Discussion

The Chief Finance Officer advised that the process of developing the 2020/21 Council budget had begun in September 2019, with consideration of the Medium Term Financial Strategy (MTFS) by Cabinet. The MTFS had identified a gap of £5.956 million. Portfolio Holders and officers had been working together on proposals to address this deficit and savings identified would be included in the final budget to be presented to Cabinet in February. It was not anticipated that there would be any additional grant that would significantly change the Council's budgetary position.

It was questioned how achievable the savings required in the Children and Adults directorate were in view of the pressures faced and the continuing national strain on social care. The Director People – Children and Adults acknowledged that there was significant pressure in the directorate regarding children’s services. Following recent publication of the Commissioner’s report on ways forward for Medway Children’s Services, substantial investment in Children’s Services had been agreed with Members. It was anticipated that this would lead to improved service quality.

Medway had been one of 32 local authorities required to develop a deficit plan in relation to the Dedicated Schools Grant, due to overspend. In relation to Special Educational Needs and Disability (SEND) provision, Ofsted and the Care Quality Commission had indicated there being a need to continue working with the education sector to improve inclusion. Growth in demand for Adult Social Care impacted on performance. Whilst there was currently a good supply, work was taking place with residential, nursing and domiciliary care providers to ensure this continued. The Assistant Director – Adult Social Care said that the MTFS had accounted for growing demand for adult social care services. £1.5 million of savings had already been identified with there being a £4 million pressure for 2020/21.

It was asked whether there was concern about the provider market locally. The Assistant Director said there had not been significant handing back of contracts by providers and that levels in Medway were lower than elsewhere. The local homecare market was strong with a rep Procurement exercise having been undertaken ahead of a new framework going live from April 2020. While there was good supply of nursing and residential care there were challenges in relation to nursing dementia provision. Work was being undertaken with the provider to bring forward additional provision.

Concern was expressed about rising demand for services and fragility associated with the continual need to make savings, including the required savings in public health in the context of new health plans having a specific
Health and Adult Social Care Overview and Scrutiny Committee, 16 January 2020

focus on prevention. The Director of Public Health said that the NHS would be putting resources into prevention. It was not yet known how much Public Health funding would be available for 2020/21 but nationally there was an expectation of an average increase of 5.1%. The NHS had already provided nearly £0.5 million for preventative programmes across Kent and Medway and NHS Medway Clinical Commissioning Group had also provided additional resource. There were currently sufficient resources available to deliver core public health services.

A question was asked about how Council budgets accounted for the impact of environmental factors on public health. The Chief Finance Officer said that the increase in the Public Health Grant for 2020/21 had been expected to be £800,000 when the MTFS had been produced but was now expected to be £430,000. The Director of Public Health said that £1 million of European funding had been secured for Social Prescribing and that work was taking place with Medway CCG to deliver additional wellbeing navigation. Environmental considerations that would help to mitigate against future negative impacts needed to be factored into commissioning processes.

Decision

The Committee:

i) Noted that Cabinet has instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2020/21 and beyond.

ii) Commented on the proposals outlined in the draft capital and revenue budgets in so far as they relate to the services within the remit of this committee for this to be fed back to the Business Support Overview and Scrutiny Committee in January.

575 Council Plan Performance Monitoring Report and Risk Register Review - Quarter 2 2019/20

Discussion

Members of the Committee made comments and asked questions as follows:

Information for the Committee - In relation to indicators ASCOF 1G and ASCOF 1H (Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family and Proportion of adults in contact with secondary mental health services who live independently, with or without support) it was suggested that the performance of these indicators could have been discussed at Business Support O&S. The Assistant Director, Adult Social Care said that further detail could be provided and that deep dives had been undertaken in relation to some indicators. There had also been work to understand performance relating to the indicators, Percentage of long term packages that are placements and Percentage of clients receiving direct payment for social care. The Director of People –
Children and Adults added that inter-directorate work was being undertaken to consider the relationship between health, housing and care. It was suggested that a report on these areas could be added to the Committee’s Work Programme.

**Percentage of Adults with Learning Disability Living in own Home** – It was referenced that there was a significant difference in performance for this indicator between national level and the south east. While south east performance was better than nationally, Medway’s performance was below that of the south east. The Assistant Director – Adult Social Care said that sustained long term action was required to address performance for this indicator. It was difficult for people already in nursing and residential care to be supported to become more independent and to live in their own homes. Ensuring that those transitioning from children’s to adult services received effective support was one way to help address this. The Shared Lives initiative was also helping but the number of people participating in it was relatively small. Resources were being put into the service and it was being marketed.

**Direct Payments** – Disappointment was expressed that the uptake of direct payments had not been higher. The Committee was informed that targeted work was being undertaken to try to increase uptake. The experience of people who had opted for direct payments was very good. Discussion of this was proposed at the Committee’s next agenda planning meeting with a view to a report being added to the Committee Work Programme.

**Decision**

The Committee:

i) Considered Q2 2019/20 performance against the measures used to monitor progress against the Council’s priorities.

ii) Noted the amended Strategic Risk Register as set out in Appendix 2.

576 **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) Noted a further report on the Frank Lloyd Centre, Sittingbourne, may need to be considered by the Committee at the March 2020 meeting.
iii) Noted that, subject to publication dates, the outcome of a Care Quality Commission inspection of Medway Foundation Trust may need to be considered by the Committee at the March 2020 meeting.

Chairman

Date:

Jon Pitt, Democratic Services Officer

Telephone: 01634 332715
Email: democratic.services@medway.gov.uk

This record is available on our website – www.medway.gov.uk
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 or OSI 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 (i.e. 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 or a person with whom you are living as if you were a married couple or 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 to the Code;

iv) any outside body or group specified in Schedule Two to 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.

Last updated: February 2020
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
12 MARCH 2020
ATTENDANCE OF THE PORTFOLIO HOLDER
FOR ADULTS’ SERVICES

Report presented by Councillor David Brake, Portfolio Holder – Adults’ Services

Authors: Ian Sutherland, Director of People - Children and Adults’ Services
Chris McKenzie, Assistant Director - Adult Social Care
James Williams, Director of Public Health

Summary
This report details the areas covered by the Portfolio Holder for Adults’ Services which fall within the remit of this Committee.

1. Background
1.1 The areas within the terms of reference of this Overview and Scrutiny Committee covered by the Portfolio Holder for Adults’ Services include:

- Community Care
- Adults’ Mental Health and Disability Services (including Learning and Physical Disabilities)
- Older People
- Public Health – Lead Member, including Health and Wellbeing Boards
- Adults’ Partnership Commissioning (25+) and Better Care Fund
- Health and Health Partnerships

This links directly to the Council’s strategic plan priorities outlined in the Council Plan.¹

¹ https://www.medway.gov.uk/downloads/file/2145/council_plan_2017-18
2. Community Care

2.1 The Council provides community care services in a range of ways. These can be summarised as the provision of:

- Information and advice
- Assessment of social care needs
- Support planning
- Direct provision of support services
- Commissioning of support services from external organisations
- Provision of equipment and home adaptations
- Ongoing monitoring of quality and service review

2.2 Adult Social Care and Health Teams work across three localities in Medway following a restructure in late 2017. This has allowed for greater integration between services and coordination of care with a range of clients across all client cohorts, that is, older people, adults with mental health issues and adults with disabilities (including learning and physical disabilities). These three localities are:

- Locality 1: Rainham & Gillingham
- Locality 2: Chatham & Walderslade
- Locality 3: Strood, Rochester & Hoo

2.3 One of our most important statutory responsibilities is Adult Safeguarding, and in 2018/19, we received 1387 safeguarding concerns, and investigated 700 of these as section 42 safeguarding enquiries.

2.4 We have developed our first Local Account (appendix one), which is an annual review of Adult Social Care that we have produced to inform people living in Medway about the services we offer, our key achievements and priorities for the service. It explains how much we spend on Adult Social Care, what we spend money on, what we are doing to support Medway’s residents and how we are progressing against our six strategic priorities.

2.5 We have been identified in a recent issue of “The MJ” management journal for local authority business as one of the 15 highest performing councils in the country for Adult Social Care for being able to achieve greater than average outcomes from a less than average spend. This means that residents who use social care services are receiving better outcomes and the councils are making best use of public funds. We are committed to providing high quality services to help support our residents. We are investing in areas which help people maintain their independence and live longer in their own homes with support from their local community.
3. **Adults’ Mental Health and Disability Services (including Learning and Physical Disabilities)**

3.1 Better healthcare and support has meant that more children with very complex needs are living to adulthood. The number of adults with a moderate or severe learning disability and hence likely to be in receipt of services aged 18-64 is predicted to increase by 7.9% by 2035. Life expectancy continues to rise, with a predicted increase of 37% of people with a moderate or severe learning disability in Medway who are over 65, against an expected national increase of 32.6% by 2035.

3.2 Work is being undertaken as part of the Transforming Care Programme to support people with learning disability and autism who are currently placed in NHS Assessment and Treatment Units to be supported in the community in less restrictive settings.

3.3 In order to better manage our duty to assess people who are in crisis and may need to be detained under the Mental Health Act (1983) we have established a small, specialist team of AMHPs (Approved Mental Health Professionals) from January 2019. We also employ additional AMHPs who work in the locality teams, in order to provide additional capacity as part of the AMHP rota.

3.4 Medway’s Community Mental Health Support Team (CSOT) supports service users with mental health problems who live in their own homes in the community. This includes early intervention, with the aim of preventing people from developing significant mental health issues and supporting those who have more complex needs to recover and remain well. The team currently supports approximately 104 service users each year. The duration of support varies according to each individual need and type of intervention, but the range of involvement is between a week and several years.

3.5 The Community Resource Centre at 147 Nelson Road, Gillingham provides centre based support to adults with social care needs in relation to their Mental Health. We are currently consulting on options for the future of this service.

3.6 As at 31/03/2019 the Council was supporting 604 people with a primary support reason of learning disability and of these 557 are aged between 18-64. 71.2% live in their own home and 195 use Direct Payments to purchase their own support for example by employing their own personal assistants (PAs). This helps each individual to have greater control over the way that they live their lives.

3.7 Users of Direct Payments receive support from the Council’s Self-Directed Support Team. In addition to providing general information and advice, the service assists people with employer related issues such as recruitment and payroll. During 2019 a prepaid card system was introduced which will make it easier for service users to access funds, as there will be no need for them to set up a dedicated bank account in order to receive Direct Payments.
3.8 The Council undertakes adaptations, via the Disabled Facilities Grant Scheme, to enable disabled people to access the facilities within their homes. Examples include - ramps, stair lifts and level access showers.

3.9 The Council’s Deaf Services team support people who are Deaf, hard of hearing or have a dual sensory impairment. Staff are skilled in communicating in British Sign Language (BSL) and Deaf Blind Sign Language. Services include:

- Information and advice (e.g. welfare rights, housing, employment, access to services)
- Specialist assessment
- Equipment recommendations and loans
- Support with accessing interpreters
- Voluntary registration as Deaf or hard of hearing
- Awareness raising and staff training

3.10 Services for visually impaired people are provided via a Council contract with Kent Association for the Blind. This includes:

- Information and advice
- Specialist assessment and initial emotional support (e.g. for people with newly diagnosed eye conditions)
- Rehabilitation and Mobility Training
- Equipment recommendation and loans
- Support with accessing low vision aids
- Support with accessing computer training and IT equipment
- Voluntary registration and Severely Sight Impaired (Blind) and Sight Impaired (Partially Sighted)
- Support with accessing employment, training and leisure opportunities

3.11 The Shared Lives Service offers the opportunity for clients with a learning disability, older people with dementia, mental ill health or young people transitioning from children’s services to live in a home in the community as part of a family. This is a very cost-effective service that is significantly less expensive than a supported living placement and achieves great outcomes for service users. The service is currently running a project to expand its approved carer base. As at 31st December 2019, the service has 35 shared lives carers, supporting 22 service users in a long-term placement, 19 receiving respite and 21 being supported in day care.

3.12 In the last year working with Medway Clinical Commissioning Group we have developed joint Medway health and social care strategies for Learning Disabilities and Mental Health.

3.13 The Adult Mental Health Strategy that was approved by the Council’s Cabinet on 20 November 2018 sets out our vision for improving outcomes for people with mental health problems in Medway. This strategy sets out how Medway Clinical Commissioning Group, Medway Council and other key partners, will
transform the way we deliver mental health support and intervention in an integrated and holistic way.

3.14 The Learning Disability Strategy 2019-2024 sets out how we will ensure that people with learning disabilities are identified and supported to access the services that meet their needs and deliver better outcomes. The strategy has been created in partnership with a Learning Disability working group of people with lived experience and other stakeholders.

4. Older People

4.1 In line with most parts of the country, the older population of Medway is set to increase significantly in coming years. The most notable forecasted rise will be in people aged over 85 – a rise of 85% between 2015 and 2030.

4.2 In Medway the number of people aged 85 and over with dementia is projected to more than double by 2035. The Dementia Strategy highlights that 63% of people with Dementia currently live in their own homes.

Over 65s predicted to have dementia, by age group projected to 2030

<table>
<thead>
<tr>
<th>Age group</th>
<th>2017</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>% Change 2017-35</th>
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<tr>
<td>65-69</td>
<td>171</td>
<td>162</td>
<td>187</td>
<td>217</td>
<td>224</td>
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<td>70-74</td>
<td>329</td>
<td>364</td>
<td>332</td>
<td>381</td>
<td>447</td>
<td>35.9%</td>
</tr>
<tr>
<td>75-79</td>
<td>467</td>
<td>526</td>
<td>695</td>
<td>636</td>
<td>742</td>
<td>58.9%</td>
</tr>
<tr>
<td>80-84</td>
<td>670</td>
<td>751</td>
<td>869</td>
<td>1,164</td>
<td>1,080</td>
<td>61.2%</td>
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<tr>
<td>85-89</td>
<td>683</td>
<td>722</td>
<td>878</td>
<td>1,072</td>
<td>1,428</td>
<td>109.1%</td>
</tr>
<tr>
<td>90 and over</td>
<td>539</td>
<td>597</td>
<td>745</td>
<td>980</td>
<td>1,275</td>
<td>136.5%</td>
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<tr>
<td>Total aged 65+</td>
<td>2,858</td>
<td>3,123</td>
<td>3,705</td>
<td>4,448</td>
<td>5,195</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

Source: POPPI. Crown copyright 2016. Figures may not sum due to rounding

4.3 As numbers of older people increase the number of people living with long term health conditions is also projected to increase by about 1,000 in Medway, over the next five years.

4.4 This rise in the number of older people within the local population is likely to lead to further increases in demand for health and social care services and adult safeguarding activity, as well as an increase in the prevalence of social isolation.

4.5 As at 31st March 2019, the Council were supporting 966 older people (65+) to live in their own homes with a package of care – a reduction from 994 in 2017/18 and 1068 in 2016/17.

4.6 As at 31st March 2019, the Council were supporting 559 older people to live in care/nursing homes – a reduction from 576 the previous year.
4.7 These reductions in the number of people requiring long term care and support have been achieved despite the demographic growth highlighted earlier.

4.8 This has been achieved as a result of the use of a strengths based approach to social care, called “3 conversations”. This focuses on achieving goals agreed with service users and helping them to regain independence and to make the best use of their own resources, including the support of their own family, and community resources.

4.9 This approach aims to support people to be as independent as possible and, thereby, reduces their need for adult social care service input. Conversation 1 is designed to explore a person’s needs and connect them to personal, family and community forms of support. At this stage there is often the potential to offer people information and advice that enables them to meet their own needs. Conversation 2 seeks to support people in a crisis, with short term interventions designed to reduce levels of need. Conversation 3 focuses on long term outcomes and planning, built around what a good life looks like to the individual and how best to mobilise the resources needed and the community assets available.

5. Public Health – Lead Member, including Health and Wellbeing Boards

5.1 As Chair of the Health and Wellbeing Board, I was pleased with latest annual report from the Director of Public Health entitled ‘Healthy Minds, Healthy People: Wellbeing across the life course Medway’. We have been awarded Time to Change Hub status which is working to end mental health stigma in Medway and officers have signed up to focus in on this within the workplace. The report sets out a number of recommendations to improve partnership working and collaboration between organisations working in Medway and to build community resilience. I have asked officers to take these forward to build on our good work in this area.

Medway Stop Smoking Service

5.2 The national ambition is to reduce smoking prevalence to 12% or less by 2022. This is supported locally through tobacco control and stop smoking initiatives. This objective is currently on track with smoking prevalence in Medway having recently reduced from 17.6% (2017) to 14.7% (2018), which is the lowest since records began and are now in line with the England average of 14.4%. The targeted work in specific groups such as routine and manual workers are now at 23.9% and maternal smoking rates are also at record low levels, with smoking at time of delivery recorded as 14.8% in the last quarter.

5.3 The Stop Smoking service has an annual target to achieve 1,258 successful 4 week quits 2019/20. The service is on track to achieve this. In 2018/19, Medway had more successful quitters proportionately than the England and 19 other South East local authorities averages. This consistent performance is as a result of a wide range of individual projects and targeted interventions.
These include the following: specialist targeted work to support women to stop smoking during pregnancy, a high street shop location in Chatham providing instant free support, support at the Medway Maritime hospital trust and specialist advisors in a wide range of GP surgeries, and Pharmacies across Medway. The service now also offer 3 types of digital interventions such as text, mobile app and online advisor appointments to smokers. Work is also carried out in conjunction with Trading Standards to reduce the availability of illicit tobacco.

NHS Health Checks

5.4 Medway Council has a statutory responsibility to provide the NHS Health Check service to the eligible population (40-74 year olds). The team deliver this target by coordinating the health check programme in primary care, training the staff involved and funding their activity. The Public Health team also deliver a community outreach service, with the ambition of increasing uptake from groups who do not routinely attend GP surgeries.

5.5 The team achieved the 2018/19 annual target of 6,485 check, with 7,815 completed. Performance in 2019/20 is currently on target with 5,735 checks delivered by quarter 3.

5.6 Medway Council secured a significant European Intereg investment to build on the existing social prescribing work. Recruitment is currently underway to recruit new link workers who will be supporting older people to be less socially isolated across Medway. This service builds on some excellent work with commissioned partners working across the system, to deliver the 5 year social prescribing plan ambitions that has been co-produced by Public Health and Medway CCG colleagues. This programme of work is creating a large amount of partnership working with the voluntary sector organisation including the partnership with Medway Voluntary Action to produce a directory of community services. The Simply Connect system went live in December 2019 and already listed over 900 community activities that residents can access and be referred to.

5.7 The Better Medway Together Chatty Bench Tour visited a number of different locations that included Chatham, Hoo, Rainham and Strood. It consisted of using a wooden bench that was commissioned from Men in Sheds. The bench was a metaphor / a prop and prompt to start a conversation and raise awareness of the impact on health and wellbeing of loneliness and social isolation. In total, 320 people were spoken to and offered advice on stopping smoking, nutrition and health checks. There has been engagement with Arriva bus company to explore the introduction of the ‘Chatty Buses’ initiative. This is in response to the National Loneliness Strategy to help raise awareness of social isolation and loneliness. Arriva staff will also be offered training around raising awareness of loneliness and social isolation. Recent engagement with businesses and partners has included inputs to staff at the National Grid, RBLI, Carers First, Age UK Medway, and Megan CIC, on the impact on health and wellbeing of loneliness and social isolation.
5.8 Public Health also provides and commission a number of other services including:

- 0-19 Child Health service
- Healthy environment
- Dietary intake
- Men in Sheds
- Oral Health promotion
- Physical activity
- Sexual health promotion
- Supporting healthy weight
- Tackling harm caused by alcohol & other substance misuse
- Workforce Development
- Workplace health

6. Adults’ Partnership Commissioning (25+) and Better Care Fund

6.1 Adult Partnership Commissioning work closely with Medway Clinical Commissioning Group (CCG) colleagues, to ensure health and social care services are fully integrated. The wide range of projects are either funded from the Better Care Fund, Medway Council social care budget or Medway CCG central NHS budget.

6.2 The Better Care Fund (BCF) is a national initiative which requires the creation of a pooled budget for the commissioning of integrated health and social care services effective from April 2015. The initiative is targeted to progress the integration of services as determined at a local level. Whilst local areas are required to manage a pooled fund for the delivery of restructured services, the fund represents primarily existing investment.

6.3 The BCF is underpinned by a legal agreement under Section 75 of the 2006 NHS Act (a s75 agreement). It is the responsibility of Adult Partnership Commissioning to ensure the s75 is in place.

6.4 The team manages various contracts that help facilitate the discharge from hospital and admission avoidance. These including Intermediate Care and Home First.

6.5 Throughout the course of this year a range of projects have been commissioned or commenced by the Adult Partnership Commissioning team including:

6.5.1 Support To Live At Home service

This service has recently been commissioned to replace our existing domiciliary care framework from April 2020 and will provide homecare and support to people in their own home and to those living in the five Medway extra care schemes.
‘Support To Live At Home’ places emphasis on maintaining and improving health and wellbeing, through enablement based care practices, enabling people to live as independently as possible. The design of the service coordinates care provided by local care workers, in a cohesive way with health and social care teams, utilising community assets to provide person centred care and support.

6.5.2 **Medway Integrated Community Equipment Service (MICES)**

The spectrum of community equipment is vast and plays a vital role in the wider health and social care community. It is essential in supporting people of all ages, with a range of disabilities, and it helps them to live safely and independently in their own home.

Equipment can help to reduce social isolation. It can improve a person’s quality of life and help them to retain their dignity. This is especially true at the end of life. Equipment helps to reduce crisis admissions into high cost services and helps to avoid unnecessary stay in hospital or the need to admit people to a care home.

6.5.3 **Homecare Bridging service**

Hospital discharge services were further strengthened for winter 2018/19 and winter 2019/20 through the commissioning of a Home Care Bridging Service. This enables people to be discharged home with a package of support, whilst their long-term care arrangements are being made.

6.5.4 **Discharge to Assess Pilot**

This initiative that started in January 2020 is testing a new discharge pathway for patients who are unable to immediately go home and require, for hospital discharge, a residential/nursing bed to assess their longer term needs and eligibility for health or social care funding support.

6.5.5 **24 Hour Care at Home model**

The intention of this pilot, which started in January 2020, is to support people who have night-time support needs to return home from hospital, instead of being admitted to a residential or nursing care home.

The 24 Hour Care at Home model provides intensive care and support over an initial 72-hour assessment period, which can be extended for up to two weeks. This provides the patient, following an acute episode of care in hospital, the opportunity to have a holistic Health and Social Care Assessment in their own home environment.

6.6 The team have also led on the co-production of our new Carers Strategy.

6.7 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 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.

7. Health and Health Partnerships

7.1 As Lead Member for Health, I am pleased with the progress we have made this year in encouraging an integrated approach in the planning and delivery of health and social care services.

7.2 Medway Council has provided specialist data intelligence and public health input that has contributed to the development of the five year Strategy Delivery Plan for the health and care system in Kent and Medway, which aims to support everyone in Kent and Medway to have a great quality life by giving them high-quality care.

7.3 We have continued to work with health partners to support the development of an Integrated Care System (ICS) for Kent and Medway, and the Integrated Care Partnership (ICP) for Medway and Swale.

7.4 During 2019/20 work has continued to integrate local services. Following a successful pilot in Rainham last year, Integrated Locality Reviews (ILR) have now been rolled out across Medway. This approach ensures that social care staff work jointly with GPs and other NHS colleagues to ensure the best outcomes are achieved for people with complex, long term health conditions.

7.5 A key Adult Social Care service is the provision of integrated discharge planning for people who have had a period of hospitalisation. This is provided through the Integrated Discharge Team (IDT) based at Medway Maritime Hospital.

7.6 Medway Council staff work as part of a multi-disciplinary team to assess the needs of people who are medically fit to leave hospital and plan appropriate services to enable them to do this, including packages of support within the home, telecare and care home placements.

7.7 The Home First and the Intermediate Care contracts have created a pathway for people who no longer need to be in hospital but need further short-term support and rehabilitation. Discharge to Assess beds have also been commissioned at Nelson Court. These services have ensured more timely discharges and has resulted in low numbers of delayed discharges from Medway Hospital.

7.8 These services have helped to ensure that Medway has one of the lowest rates of delayed hospital discharges in the country.
7.9 The average number of Delayed Transfers of Care (DTOC) in Medway, during 2018/19, was 4.7 days per 100,000 population, of which 1.8 days were directly attributable to the Council. This compared with a national average of 10.3 DTOC days per 100,000 population, with 3.9 days attributable to Councils nationally.

7.10 Medway has maintained positive levels of performance through 2019/20, with the published data from October 2019 giving figures of 5.7 days of which 4.7 were attributable to the NHS, 0.9 to Medway Council and 0.1 attributable to both the NHS and the Council.

7.11 I recently visited the hospital and it was great to see, in person, the effective discharge arrangements and all the dedicated hard work that our Integrated Discharge Team has committed to ensuring that this has been a great success.

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Appendices

Appendix 1 - Medway Adults’ Service Local Account 2019/20

Background documents

None.
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Contents

Introduction ................................................................................................. 1
Our Vision ............................................................................................... 2
Key Facts and Figures ............................................................................ 3
How we spend our money ....................................................................... 4
Our Key Challenges ................................................................................ 5
How will Adult Social Care Support you? ............................................ 6
Our work and what we do ................................................................... 9
How are we doing? ................................................................................. 17
Progress against our strategic priorities .............................................. 18
What’s Next ............................................................................................ 21
We are pleased to publish our Local Account for Medway Council Adult Social Care for April 2019 – March 2020. The Local Account is an annual review of Adult Social Care that we have produced to inform people living in Medway about the services we offer, our key achievements and priorities for the service. It explains how much we spend on Adult Social Care, what we spend money on and what we are doing to support Medway’s residents.

In 2016 we published our Adult Social Care Strategy, “Getting Better Together”, which set out our vision and key strategic aims between 2016 and 2020.

Medway’s vision for Adult Social Care is:

*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.*

This vision is supported by six strategic priorities – Prevention, Personalisation, Partnership, Integration, innovation and Safeguarding and this Local Account includes a summary of our key achievements against each of these priorities.

Since the publication of “Getting Better Together” we have been working hard with partners to transform our approach to Adult Social Care, and this Local Account lets you know how what we have done to ensure that adults with support needs are protected and are able to live full and valued lives.

We have achieved a significant amount through our transformation programme in recent years however there is still much to do. We will be developing our next Adult Social Care Strategy in the coming year, and we are keen to hear from any individuals or groups who would like to work with us to develop the new strategy.
Our Vision

Medway’s vision for Adult Social Care is:

**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.**

Medway Council works closely with partners across the full range of health services, including Public Health, and within the community and voluntary sector to ensure we deliver the best outcomes for our residents. Our vision for adult social care supports the delivery of our Council Plan priorities, in particular ‘Supporting Medway’s people to realise their potential’; ‘Older and disabled people living independently’; and ‘Healthy and active communities’.

Our Values

**Best value**

We will make the best use of resources to get maximum value for the people of Medway.

**Quality**

We will make sure that people receive appropriate, high quality support, that meets theirs needs in a way that is timely and safe.

![Image](image_url)

**Co-production and Partnerships**

We will ensure that everything we do is developed through the participation of people who use services, and their carers, including the design, monitoring and evaluation of services. We will work with other key stakeholders to ensure that everything we do is designed and delivered in partnership.

**Personalisation**

We will ensure we focus on the needs of individuals to achieve best outcomes in a way that support choice and control and ensures a personalised approach to safeguarding.
Medway has 199,201 adults (aged over 18)

Medway has a growing older population similar to England overall.

Many older people are enjoying longer and healthier lives, which is to be celebrated.

We have received 515 Mental Health Act Assessment referrals

3674 people provided with long term care & support of which 2533 were supported in their home & 1141 supported in a care or nursing home

Projections to 2020 suggest that the number of people in Medway aged 65 & over will increase by 29% to 46,900 & the number of people over 85 will grow by 34% to 5,500. This growth in the older population will inevitably require substantial change in the delivery of health & care services.

Received 1390 safeguarding concerns and undertook 750 safeguarding enquiries

1375 adults are known carers (March 2019)

1748 hospital discharges supported

1972 people helped with short term support to maximise their independence

581 Deprivation of Liberty Safeguards (DOLS) Assessments
The Adult Social Care budget for 2019/20 is £67 million. The chart below sets out how we spend this money:
Our Key Challenges

We continue to face a number of significant challenges:

- **Demographic Pressures** - The population is living longer with increasing complex needs.
- **Uncertainty** of long term funding of Adult Social Care.
- **Changes to the way** Health Services are organised across Kent and Medway – with the establishment of an Integrated Care System and the NHS 10 year plan.
- **The need to** ensure a sustainable market of providers that can meet the needs of the population.

### Population projections for Medway’s over 65 population

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<td>5,600</td>
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<td>5,700</td>
<td>11.8%</td>
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<tr>
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<td>49,000</td>
<td>9.9%</td>
<td>6,000</td>
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<td>6,100</td>
<td>19.6%</td>
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</table>

*Source: ONS population projections for local authorities*
How will Adult Social Care support you?

ADULT SOCIAL CARE LOCALITY TEAMS

There are three Locality teams in Medway comprising Social Workers, Nurse qualified practitioners, Occupational Therapists and Social Care Officers who deliver our statutory responsibilities under the Care Act 2014.

This includes early help and prevention and enablement support to help individuals to regain and maintain independence, with the aim of preventing, reducing or delaying the need for ongoing long term social care support.

Long Term Support takes many forms - packages of care, day care, supported living, respite care, residential and nursing care and support for carers. Most individuals are supported through a personal budget which is often taken as a Direct Payment which offers more choice & control.

The locality teams are aligned with GP and Community Health Services, which means that we work in a joined up way with other local services, to ensure we all work together to help people to achieve better outcomes.
How will Adult Social Care support you?

3 CONVERSATIONS – A STRENGTHS BASED APPROACH

Adult Social Care have adopted a strengths based practice model using a conversations approach. This focuses on helping people to achieve the things that are important to them by listening carefully to what is important to them. This approach helps people to maintain independence, and will consider how a range of community resources can support people in the community.

Our Occupational Therapists support individuals to maintain independence through enablement and the provision of equipment. The Council undertakes adaptations, via the Disabled Facilities Grant Scheme, to support people to remain in their own homes, through a range of significant adaptations, for example, ramps, stair lifts and level access showers.
How will Adult Social Care support you?

ADULT SAFEGUARDING

Safeguarding Adults at Risk
Abuse can happen anywhere including at home, in care homes, at hospital or in public. It could be a single act, or can take place over a long period of time. Some adults are more at risk of abuse than others as they are not able to protect themselves from abuse. This could be because they are elderly, disabled or rely on others to meet their care needs.

How to raise a safeguarding concern:
Report adult protection concerns during the day on 01634 334466 from 08:30 to 17:00.
Emergency outside of normal hours call anytime on 03000 419191
Or visit our website to find out more information or to complete an adult safeguarding alert form.
SHARED LIVES

Shared Lives is support for an adult who can’t live on their own. Hosts share their home, family and community life. People supported in Shared Lives learn new skills, take part in more activities, make new friends and become more independent. Through sharing a life together both people’s lives become enriched.

All sorts of people can benefit from the support of a Shared Lives carer, particularly those with a learning disability, older people with dementia, people with mental ill health, people leaving hospital or who have a long term health condition and young people in transition to adult services.

Maximising independence and wellbeing is central to the Shared Lives ethos. Our carers support people to develop life skills such as literacy, money management, cooking, use of public transport and day-to-day living skills. Although for some people, the aim is to maintain their skills and help manage the things they find difficult to do without help.

I’d like to share my life – what should I do next?

We are looking for more shared lives hosts, who want to welcome someone into your home, give them your support and share your everyday life. You will receive a fee for the support you provide, up to £2000 per month and will receive comprehensive training, so you don’t need any formal qualifications or previous experience. What you do need is a caring attitude and personal qualities like warmth, kindness, patience and energy.

People wishing to use the service and potential carers are carefully matched to ensure a successful relationship.

For further information visit our website via the following link:
Become a Shared Lives Carer

Or give us a call on: 01634 337100

We have also produced a video that tells the story of a number of our shared lives families. You can see the video via the following link:
Medway Shared Lives video
Daniel was referred to Shared Lives at the age of 17. Unfortunately, Daniel had been unable to communicate his needs and wishes and was struggling to develop his independence. This had a significant impact on his relationship with his family, ultimately Daniel and his family realised he needed to move away from the home and into somewhere with specialist support.

Daniel describes the support he received from Julie and Andrew, “it was emotional support, TLC; to be cared for when a lot of rubbish has happened to you. Living with my carers has helped me to mature and to deal with difficult things, such as family relationships. They helped me find myself; they helped me enjoy life; prioritise things and get the most out of life. Julie taught me, ‘work hard then play hard’. They gave me so much encouragement and support.”

Daniel went on to say, “Shared Lives wasn’t just for my sake. It helped my whole family. It saved my relationship with my family. I went in to fix things. It prepared me for going back home. We are so much more of a happy family now. It is something I will always be grateful for. We used to argue all the time and I mean, all the time. Now we can argue, and all is ok the next day.”

Describing what he’s learned from the Shared Lives experience, Daniel says “I’m just happier, more stable and feel like I’ve got my feet on the ground now.”

Daniel lived in his Shared Lives placement for just under 2 years before choosing to return to live with his family while he saves for a deposit for his own flat.
Our work and what we do

SENSORY SERVICES

Visually Impaired Service

Kent Association for the blind provide support that includes:

• Information and advice
• Specialist assessment and initial emotional support (e.g. for people with newly diagnosed eye conditions)
• Rehabilitation and Mobility Training
• Equipment recommendation and loans
• Support with accessing low vision aids
• Support with access computer training and IT equipment
• Voluntary registration and Severely Sight Impaired (Blind) and Sight Impaired (Partially Sighted)
• Support with accessing employment, training and leisure opportunities

Deaf Services

Medway's Deaf Services Team support the Deaf, hard of hearing or deafblind residents of Medway. We focus on maintaining and promoting independence. We provide a range of services including:

• Statutory specialist assessments if you're deaf, hard of hearing or deafblind.
• Support for welfare rights, housing and employment issues.
• Equipment recommendations and equipment loans.
• Supporting with use of interpreters and equal access to services.
• Voluntary registration as deaf or hard of hearing.
• Educating colleagues and external agencies about hearing issues.
• Raising awareness of the barriers that deaf and deafblind people face.
• A drop-in service available twice a week:

Referrals can be made by the person, family, friend of professionals.

We currently support 75 clients in total and our drop in session last year was used 275 times.
Our work and what we do

SUPPORT FOR PEOPLE WHO HAVE BEEN IN HOSPITAL

We offer a range of services, some of which are commissioned jointly with health to support people when they are discharged from hospital.

The Integrated Discharge Team assess the needs of people who are medically fit to leave hospital and plan appropriate services to enable them to do this, including packages of support within the home, telecare and care home placements.

The Intermediate Care service supports people in the early stages of recovery from an acute episode of illness through rehabilitation, enablement and mutually agreed goals. The aim is to help people return to their own home after a period of support in a community bed.

A key part of our Intermediate Care Service is Home First which supports people back to their own home after a stay in hospital.

This may include a package of care and or appropriate aids and small pieces of equipment to support during recovery. This is put in place for a short period initially but will be reviewed and reduced, increased, or removed in line with your needs.

Delayed Transfers of Care

A strong partnership approach and investment in a range of impactful and innovative services has helped Medway to achieve and sustain some of the lowest rates of delayed transfers of care in the country.

The average number of Delayed Transfers of Care (DTOC) in Medway, during 2018/19, was 6.5 days per 100,000 population, of which 1.6 days were directly attributable to Medway Council. This compared with a national average of 14.2 DTOC days per 100,000 population, with 3.1 days attributable to Councils.
Our work and what we do

COMMUNITY SUPPORT SERVICES

WALT & wHoo Cares are community interest companies based in the ME5 and ME1 areas of Medway. Their aims are to reduce social isolation and to establish innovative and creative models of support for vulnerable people and their carers.

This is achieved through recruiting local volunteers (community support) and matching them with individuals who require support. These volunteers provide a range of services including befriending (telephone & face to face); transport to appointments; introducing people to the existing services in their local area and providing support to access, if required.

The overall aim is to reduce manage and health and social care needs; reduce the need for care and support through early intervention and delay the development of long term support needs and the associated costs to the health and care system over all.

Support for Carers
Those who provide regular care to an adult, friend or family member are entitled to a carer’s assessment to find out if they could get support as a carer. They can get help as a carer if their physical or mental health is deteriorating or is at risk of deteriorating.

There are many possible outcomes and options of support depending on what is identified through the assessment. This could include signposting to carer organisations; services for the cared for person or a Direct Payment for the carer.

An adult carers assessment can be requested by telephoning 01634 334466 or emailing ss.accessandinfo@medway.gov.uk.
Our work and what we do

**Medway Community Support Outreach Team:**
The Medway Community Support Outreach Team (CSOT) offers a need’s led, flexible and responsive provision, to service users who need support because of their Mental Health. The CSOT operates 7 days a week, 365 days of the year including evening, weekends and bank holidays at times and days that is best suited to the individual.

The team’s key aims are to help people to:

- Improve their quality of life.
- Develop, improve and maintain daily living skills
- Increase their self-confidence and self-esteem
- Reduce the need for residential care, acute care provision
- Promote overall wellbeing, equality and social inclusion
- Support service users to rebuild and maintain family and social networks to prevent social isolation.

**Community Resource Centre**
The Community Resource Centre at 147 Nelson Road, Gillingham provides centre based support six days a week to adults who have social care needs in relation to their mental health. The Centre works with approximately 60 people at any time on both a short term basis providing enablement following an acute episode of poor health and long term basis for people who require sustained support.

We are currently consulting on the future plans for this service and would like to hear from people as part of our consultation which can be accessed via the link below until 5th March 2020:
[147 Nelson Road consultation](#)
Our work and what we do

Birling Ave – Short Breaks Service

Birling Ave Short Breaks Service is a 7 bedded detached house in Rainham, which offers home from home respite breaks for adults with learning disabilities.

Registered with the Care Quality Commission with a current rating of “Good” – the service has been supporting the people of Medway for 20 years.

Each individual receives an allocation of respite nights per year, which can be booked, similar to a hotel bookings system. 24 hour support is provided at the service, as well as full board and a range of activities, both in house and in the community. The service benefits from comfortable bedrooms with TV and WIFI, a large well maintained garden and support from a small and dedicated team throughout the individuals break.

We support people who have moderate – severe learning disabilities and autism, as well as additional health needs including epilepsy & diabetes & specialist diets. We are able to support individuals to manage and administer their medications.

The benefits of the service are a break for both the carer and the individual. Regular breaks support the carer to continue in their caring role for longer and the individual benefits from a home from home supported break with many social opportunities. The service also supports individuals to maximise their independence providing support with budgeting, cooking and making choices.

The service is currently supporting 81 families across Medway as well as providing support in emergency “one off” situations. This includes support for individuals whose main carer is unwell or in hospital, those in a safeguarding situation or a person who is awaiting a new placement to be sourced.
Our work and what we do

**Direct Payments** are monetary payments made by a local authority to individuals who want greater flexibility and control over how we meet some or all of their eligible care and support needs.

The self-directed support (SDS) team are responsible for supporting individuals through the direct payment process.

Our SDS team works with people, their carers and their families to make informed choices about what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

As a result of the support planning process the SDS team empower individuals to secure a bespoke package of care via a direct payment. Through conversations with individuals the team are able to identify gaps in the provider market or community and work with providers and the community to develop a wider selection of resources. Direct Payments give individuals greater choice and control, enabling them to advocate for themselves.

850 social care customers are in receipt of a four weekly direct payment to meet their eligible needs 480 parents of disabled children are in receipt of an annual direct payment to be used for short breaks.
How are we doing?

Complaints and Compliments
Between April 2018 – March 2019 we received 105 complaints. Some of the main reasons for complaint included:
• Financial
• Communication issues
• Delays
We received 18 compliments between April 2018 – March 2019. Some of the main reasons for the compliments included:
• Dedicated Social Workers going the extra mile
• Caring and professional Social Workers
• Help with financial and independent living advice

Leading the way in Adult Social Care
We have been identified as one of the highest performing councils in the country for Adult Social Care for being able to achieve greater than average outcomes from a less than average spend. This means that residents who use social care services are receiving better outcomes and the councils are making best use of public funds. We are committed to providing high quality services to help support our residents. We are investing in areas which help people maintain their independence and live longer in their own homes with support from their local community.

Adult Safeguarding
1387 safeguarding concerns were raised in 2018/2019 compared to 1281 concerns raised in 2017/2018, which is an increase of 8.3%. This can be seen as a reflection on the work in raising awareness of safeguarding, one of the three objectives of the Kent and Medway Safeguarding Adults Board in its strategy for 2018-2021.
Of those concerns, 700 were investigated under a Section 42 safeguarding enquiry or other enquiry, an increase of 43% from the 2017/2018 figure of 491 enquiries.

There has been a decrease in the number of cases where risk was removed, from 48% in 2017/2018 to 28% in 2018/2019, an increase in risks that were reduced, from 43% in 2017/2018 to 55% in 2018/2019, and therefore an increase in cases where risk remains from 8% in 2017/18 to 17% in 2018/19.
Progress against our strategic priorities

Our Adult Social Care Strategy included six strategic priorities – Prevention, Personalisation, Partnership, Integration, innovation and Safeguarding. We have summarised our achievements against each of our strategic priorities in the last year below:

Prevention

• Information, advice and advocacy support in the **community** is now commissioned to form part of our Voluntary Community Sector Consortium arrangements. As part of these arrangements Medway Voluntary Action have developed a directory of voluntary and community organisations here: Voluntary Sector Directory

• Our equipment service is being recommissioned to ensure we maximise the use of equipment to support people to maintain their independence.

• We have reviewed our support for carers, and co-produced a new Carers strategy, to ensure the Council meets it’s statutory requirements to support carers, whilst valuing the amount of unpaid care they provide and understand the impact that caring can have on a carer’s health and wellbeing.

• We support a higher proportion of people with enablement than the national average – which means that more people benefit from short term support to help them to maximise their independence

Personalisation

• We have introduced the pre-paid card scheme which makes it easier for service users to receive direct payments

• We have developed locality teams, which support all people in a geographical location from initial contact, early help and prevention and onto receiving long term support.

• We have introduced “3 conversations” as a way of ensuring that people are supported in a way that is personal to them. By seeking to understand what is important to each individual we can better connect them to appropriate personalised support
Progress against our strategic priorities

Innovation

- We have increased the use of digital technology to support people to remain in their own homes, and we are piloting the use of new technology.
- We have introduced mobile working technology across the whole of Adult Social Care, and redesigned our recording systems with more proportionate forms. This is helping our staff to be able to spend more time with residents in the community.
- We are also in the process of upgrading our electronic social care system to improve functionality and capability.
- We have invested in growing our Shared Lives service as an innovative and cost effective way of supporting people in the community to achieve great outcomes.

Participation & Partnerships

- We have begun to review our partnership arrangements, formalising the support for boards and engagement with the wider client groups. We have engaged client groups in the development of key adult social care strategies.
- Our Community Support Outreach Team have supported those with mental health conditions gain or maintain employment and we are introducing a number of new initiatives to support disabled people and those with mental health needs into paid employment.
- We have supported WALT and wHooCares to establish innovative and creative models of support for vulnerable people and their carers.
- We have worked with Housing colleagues to develop further options for those requiring extra care housing. We now have a total of five schemes in Medway which has increased the opportunity for people to remain independent in their community.
We continue to support the work of the Kent and Medway Safeguarding Adults Board (KMSAB) as a statutory partner to the board. The Assistant Director for Adult Social Care in Medway is the Vice-chair of the Board.

The board has produced an annual report, which sets out the strategic priorities for the board, and the key achievements in the last year. The report can be found via the following link: KMSAB annual report

The Medway Adult Safeguarding Executive Group continues to ensure a specific focus on the priorities for safeguarding adults in Medway.

Adults continue to be fully involved when a safeguarding concern is raised. They are asked what they want their outcomes to be and they inform any action taken where possible.
What’s next?

We hope that you have found our local account to be useful. This is the first time we have produced a local account in Medway, and we would welcome any views on what you think of it and what we could do to improve it in the future.

We are also starting to plan the development of our next Adult Social Care strategy, to replace our current strategy that runs out this year. We are interested to hear from people about what we should include in our next strategy.

If you have any views or feedback on any of the above, please let us know your views by contacting Healthwatch using any of the following methods; Website www.healthwatchmedway.com, Email: enquiries@healthwatchmedway.com Freephone number 0800 136656 or Text on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face. Postal address: 5A New Road Avenue Chatham ME4 6BB.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
12 MARCH 2020

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Report from: Tracy Stocker, Associate Director of Operations, SECAmb
Author: Ray Savage, Strategy & Partnerships Manager, SECAmb

Summary

This report updates the committee on the South East Coast Ambulance Service Foundation Trust (SECAmb), with a focus on key developments since the Committee was last updated in June 2019. These key areas include: CQC reporting, award of the NHS 111 CAS contract, performance and performance recovery, and key senior appointments.

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 The Trust (SECAmb) during the past few years has been inspected by the Care Quality Commission (CQC). Initially in 2017 the published report recommended that the Trust be placed into ‘special measures’. Subsequent inspections (2018 & 2019) acknowledged the progress made in addressing the concerns noted resulting in the recommendation that the Trust can come out of ‘special measures’ and a rating of ‘good’ overall was recorded.

2.2 The Trust has appointed a substantive Chief Executive Officer and Director of Human Resources & Organisational Development. A restructure within the Operational Directorate saw a number of senior appointments, adding strength and resilience to this directorate.
2.3 Following a competitive tendering process the Trust was awarded the NHS 111 Clinical Assessment Service contract for Kent and Sussex, commencing April 2020. While the contract has been awarded to SECAmb, the Trust will be working in partnership with IC24 in the delivery of the new service from April for the next 5 years.

2.4 Following the Demand and Capacity review during 2017-19, the identification of a funding gap resulted in additional investment into the Trust and a programme of delivery involving the recruitment of additional front-line staff and the procurement of additional ambulances.

2.5 Improvements have been made in both 999 and 111 performance with a gradual reduction in 111 to 999 calls and improvements made for both in call answering. The Trust has one of the better C2 performance achievements when compared with other ambulance services in England.

3. CQC

3.1 In 2017, the Trust was placed into special measures resulting in an improvement trajectory being designed. The following year, 2018, the CQC revisited the Trust and in their report, published in November 2018, they acknowledged that significant improvements had been made. The Committee was updated on this in June 2019.

3.2 It was following the CQC visits of 2019 and the published report in August that the Trust was formally rated as ‘Good’ overall and it’s Urgent and Emergency Care service rated as ‘Outstanding’ overall, including ‘Outstanding for Caring. This also saw the Trust exit special measures. Appendix 1.

3.3 Acting Chief Executive Dr Fionna Moore said: “This positive report is testament to the huge amount of work that has been ongoing at SECAmb for the past couple of years. I am delighted, but not surprised, that staff have been recognised for the fantastic care they provide to patients and pleased that the big improvements we have made as a Trust during the past couple of years have been acknowledged.”

3.4 Each of the CQC domain areas – safe, effective, caring, responsive and well-led, were rated as ‘Good’ individually. The Trust’s 111 service was also rated as ‘Good’. It was equally heartening to see many areas of good and outstanding practice within the Trust, recognised by the CQC in their report.

3.5 Throughout the report the CQC spoke positively about aspects of the service provided by the Trust, including:

3.5.1 Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs.

3.5.2 A strong visible person-centred culture and that staff were highly motivated.

3.5.3 The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
3.5.4 There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs.

3.5.5 Staff were supported following traumatic experiences and events.

3.5.6 Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation.

3.5.7 Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care.

3.5.8 The service promoted equality and diversity in daily work and provided opportunities for career development.

3.5.9 Whilst the Trust recognises that there are areas where more work needs to be it welcomed the recognition of the significant amount of work that had been undertaken since 2017 and is committed to focusing on improvements going forward.

4. Executive Leadership Development

4.1 On 1st September 2019, Philip Astle joined the Trust as Chief Executive Officer (CEO), replacing Dr Fionna Moore who acted into the CEO role following the departure of Darren Mochrie in April 2019. Fionna returned to her substantive role as the Trust’s medical Director.

4.2 Prior to joining South Central Ambulance Service in 2016 as Chief Operating Officer, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan and his final role as Chief Operating Officer of the Army Training and Recruiting Agency.

4.3 Ali Mohammed has recently been appointed (January 2020) as the Trust’s substantive Director of HR & Organisational Development. Ali is a successful NHS HR leader and has worked previously at a number of large Trusts, including Barts and Great Ormond Street. He replaces interim Director Paul Renshaw.

5. Operational Restructure

5.1 As a part of the ongoing Operational Leadership review, the following appointments have recently been made:

5.1.1 Emma Williams joined the Trust in September 2019 as the Deputy Director of Operations, reporting directly to Joe Garcia – Executive Director of Operations.

5.1.2 Mark Eley and Tracy Stocker have both been appointed as Associate Directors of Operations covering the East and West, Operational areas (Tracy covering East and Mark covering the West) reporting into Emma Williams.
5.1.3 Ian Shaw appointed as the Associate Director of Resilience and John O’ Sullivan appointed as the Associate Director for Contact Centres and Integrated Care reporting into Joe Garcia.

6. **111 Clinical Assessment Service**

6.1 It was announced in August 2019 by NHS Commissioners in Kent, Medway and Sussex that the Trust had been awarded a contract to provide the new NHS 111 Clinical Assessment Service (CAS) for 5 years from April 2020.

6.2 Work had already been progressing within the Trust to provide clinical support for patients in both the 999 and 111 operations centres.

6.3 A key part of the new 111 service contract is the development of the Clinical Assessment Service which will enable patients to have access to a wider range of health care professionals, such as GP’s, Paramedics, Nurses and Pharmacists.

6.4 Access to a broader range of clinical support will be provided either through clinicians based in the contact/operational centres as well as virtually.

6.5 Whilst the contract has been awarded to SECAmb, the Trust will be working in partnership with Integrated Care 24 (IC24) to deliver the new 111 CAS across Kent & Medway as well as Sussex.

6.6 A significant benefit of the Trust being awarded the 111 CAS contract is the continued relationship between the 999 and 111 service and the opportunity, working with IC24 to further develop a seamless service provision of urgent and emergency care across Kent, Medway, and Sussex, to patients through the continued development of the workforce as well as an integrated telephony system.

7. **Workforce**

7.1 The Trust has continued to make progress in the recruitment of staff and is on track to deliver the targeted increase of those working in frontline roles by 605 whole time equivalents from 1808 to 2413 by March 2021.

7.2 Whilst this is good progress, the Trust faces a challenge to its continuous recruitment of the paramedic workforce in light of the developing Primary Care Networks (PCN) which has already started to impact on SECAmb.

7.3 Maintaining skill mix is also a challenge for the Trust and whilst the Medway Operating Unit is at full establishment the ongoing risk of losing experienced paramedics is a constant threat in creating a skill mix imbalance.

7.4 Shift Patterns – a review of all front-line staffing rotas was carried out, with new rotas introduced during 2019 to align staffing levels to demand profiles.

7.5 During 2019, the Trust also took delivery of 117 new ambulances to support the increasing front-line staffing numbers.
7.6 SECAmb utilise approved Private Ambulance Providers across the Trust, including in the Medway Operating Unit to ensure resilience and meet demand profiles.

8. Performance Overview

8.1 The continued recruitment programme in the Emergency Operations Centres has resulted in an overall improvement in call answer time for 999 calls with the Trust performing at a mean response to call answering of '2' seconds (January 2020) and a 99th percentile of '17' seconds. Appendix 2

8.2 Performance for the Trust continues to remain challenged particularly in achieving its C1 (life threatening illnesses or injuries) mean response time of seven minutes and thirty-six seconds, and 90th percentile of thirteen minutes and fifty-nine seconds (January 2020). The Ambulance Response Programme (ARP) target is seven minutes for ‘mean’ and 15 minutes for the 90th percentile. Appendix 3

8.3 C2 (emergency calls) performance has improved throughout the year with the Trust achieving a mean response time of eighteen minutes and six seconds along with a 90th percentile of thirty-four minutes and ten seconds. The ‘mean’ and 90th percentile targets are ‘eighteen’ and ‘forty’ minutes respectively. Appendix 4

8.4 For C3 (urgent calls) and C4 (less urgent calls), the Trust remains challenged and is performing below the national Ambulance Response Programme targets. Appendix 4 & 5

8.5 Out of total activity (999 calls and ambulance responses), 37.1% were either telephone triaged or treated at scene, with 62.9% being conveyed either to a hospital Emergency Department or an alternative destination.

8.6 Performance across Medway continues to be strong and improves on the Trust’s overall mean response times for both C1 and C2, with Medway’s performance of five minutes and fifty-nine seconds for C1 mean responses, as well as sixteen minutes and five seconds for C2 mean responses. Appendix 6

8.7 The recent BBC investigation into C2 ambulance service response times highlighted the challenge that services in England are facing with increasing demand. SECAmb were reported as having one of the best C2 response times. Appendix 7

8.8 Performance in the Trust’s 111 service continues at a sustained level of 77% - 81% August 2019 to December 2019 (calls answered within sixty seconds).

8.9 For the same period improvements have been made in the call abandonment rate resulting in 3% for December 2019. Previous months had reached 3.8% (October 2019).

8.10 December 2019 saw the anticipated seasonal increase of calls (92,173) compared to November 2019 (78,017).
8.11 Work continues in validating non-emergency (C3 and C4) interim dispositions resulting in 92% of these calls being validated of which over two-thirds received a downgraded disposition.

8.12 Ambulance referrals continue to fall with 15.1% recorded for December 2019, a reduction from 16.9% in October 2019.

8.13 Referrals to an emergency department also continued to fall to 9.5% (December 2019) from 10.2% (October 2019).

8.14 Work continues in the development of the CAS and its support to the wider system with 36.3% ‘Consult and Complete’ for December (calls transferred to a clinician with no further action required).

9. Hospital Handover Delays

9.1 A programme of work began in 2017 with the overall aim of reducing hours lost due to handover delays. A dedicated Programme Director is leading this system wide programme.

9.2 The programme covers 18 sites (12 acute hospitals) across Kent & Medway, Surrey and Sussex.

9.3 An Ambulance Handover Task and Finish Steering Group is in place and is chaired by an Acute Trust Chief Executive. Membership also includes representatives from NHSE and NHSI, lead commissioners, CCG’s, two acute hospital Chief Operating Officers, SECAmb and an Emergency Care Intensive Support Team (ECIST) advisor.

9.4 Some of the key developments have been:

9.4.1 Direct access for ambulance crews to non-emergency department areas e.g. Same Day Emergency Care (SDEC) and Ambulatory Care, as well as Surgical Assessment Units.

9.4.2 Dedicated handover nursing staff.

9.4.3 Front door streaming.

9.4.4 Automated daily reports on the previous day’s handover delay performance.

9.4.5 Detailed monthly reports are provided to all acute Trusts and SECAmb Operating Units, giving granular detail on handover and crew to clear performance for individual hospitals.

9.4.6 Access to SECAmb’s live Power BI dashboard, to inform key hospital staff of ambulances on route, ambulances waiting to handover, as well as live performance information and activity trends and predicted numbers of conveyance.

9.5 Comparing January 2020 with the same period for 2019 for ambulance conveyances, Sussex hospitals showed a 2.9% increase (12,478 to 12,835),
Surrey hospitals a 3.6% increase (10,533 to 10,916), and Kent hospitals a 3.3% increase (16,050 to 16,579).

9.6 The average daily conveyance into Medway for January 2020 (118), represents a 5% increase over January 2019 (112), and a 10% increase over January 2018 (107).

9.7 The Trust showed a 7% decrease in hours lost due to ambulance turnaround across the three counties.

9.8 While Kent hospitals had a collective decrease of 10% hours lost (2,482 to 2,224) both Maidstone and Medway hospitals showed an increase of 34% and 8% respectively.

9.9 SECAmb, Medway Maritime Hospital and Medway CCG, have monthly liaison meetings to review the hours lost, procedures pertaining to handover, as well as agreeing key actions to reduce ambulance handover delays, review community pathways, and ambulance crew turnaround. Appendix 8

9.10 A ‘joint live conveyance review’ was recently carried out at Medway hospital where a team consisting of SECAmb, Medway Community Healthcare (MCH) and Emergency Department staff as well as a GP, interviewed ambulance crews following their handover of the patient, following an agreed set of questions to identify if an opportunity to have left the patient in the community existed, or existed but access was restrictive, or whether support was sought from other services e.g. patients GP etc.

9.11 These reviews have already provided rich learning where they have previously been conducted. The results of the recent Medway review are soon to be published following a verbal update at the Local Accident and Emergency Delivery Board (LAEDB) on the 24th February 2020 and will feed into the Ambulance Liaison Meetings, and the Urgent care Operational Group (UCOG).

10. Clinical Education

10.1 On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on their website on 29 August 2019.

10.2 The results of this visit unfortunately showed that the Trust had made ‘insufficient progress’ in two of the three areas inspected, specifically:

10.2.1 How much progress have leaders made in ensuring that the provider is meeting all the requirements of a successful apprenticeship provision?

10.2.2 What progress have leaders and managers made in ensuring that apprentices benefit from high quality training that leads to positive outcomes for apprentices?

10.3 These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as
the commitment of the teaching staff has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.

10.4 The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks but unfortunately, there is still a great deal of work to be done.

10.5 In response, the Trust Board have implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director and David Hammond, Finance Director. The project consists of two phases.

10.5.1 The initial phase (phase 1) addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust’s Clinical Education function to the needs of the whole organisation.

10.5.2 Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

10.5.3 Progress updates have been shared with our Lead Commissioner for dissemination across the system.

11. Electronic Patient Clinical Report (ePCR) and Service Finder

11.1 During 2019 the Trust rolled out the electronic version of the patient clinical record (ePCR). Previously crews were required to complete an A3 form that captured relevant patient details from which a copy was given to the hospital at the point of patient handover.

11.2 ePCR is accessed via an iPad.

11.3 The version of ePCR that the Trust is using has been developed by the Trust’s Computer Aided Dispatch (CAD) supplier, Cleric, enabling ePCR to fully integrate with the CAD.

11.4 Medway currently has one of the Trust’s highest compliance rates with 93%.

11.5 With the introduction of the ‘Service Finder’ app, ambulance crews can now search when on scene with a patient, for available supportive community services that can respond to the patients’ needs e.g. community falls teams; instances where a conveyance to Emergency Department is not required.

12. Make Ready Centre

12.1 The concept of the Make Ready Centres (MRC) was initially identified in the Carter Review as the most efficient system for vehicle processing and
SECAmb opened its first MRC in 2012 at Paddock Wood. Since then there have been 5 more with the most recent one nearing completion in Brighton.

12.2 Currently the Trust operates its ambulances from the main site at Star Mill Lane in Chatham, a site that in recent years has become too small for today’s requirements.

12.3 It is the intention of the Trust to build a new MRC in the Medway area. This concept is currently being further developed.

12.4 The area of Medway and Swale is also supported from 2 existing ambulance stations in Sittingbourne and Sheppey.

12.5 The Trust has also committed to redevelop its Sheppey site.

13. Finance

13.1 The Trust recorded a deficit in September of £0.5m. This was as planned.

13.2 Cost improvements of £0.5m were delivered in the month, £0.5m lower than planned. The full year target is £8.6m.

13.3 The Trust’s Use of Resources Risk Rating (UoRR) for August is 3, in line with plan.

13.4 The Trust faces significant financial risks in 2019/20, the main ones being:

13.4.1 Achievement of contractual income if activity demand and performance trajectories are not met.

13.4.2 Ability to meet the demanding resourcing plans for both 999 and 111, with potential premium costs to ensure delivery of performance trajectories.

13.4.3 Delivery of cost improvements that are essential to ensure financial balance.

13.5 The Finance Team continues to work with budget holders and service leads to mitigate risks as far as possible.

13.6 Provider Sustainability Funding (PSF) of £1.8m is planned to be received this financial year, which is contingent on the Trust achieving its control total. The first and second quarter (£0.6m) has been achieved.

13.7 The financial position is closely monitored through the Finance & Investment Committee, a subcommittee of the Board.

14. Risk management

14.1 There are no specific risk implications for Medway Council arising directly from the contents of this report.
15. Legal and Financial implications

15.1 There are no specific financial or legal implications for Medway Council arising directly from the contents of the report.

16. Recommendations

16.1 The Committee is asked to note and comment on the update provided.

Lead officer contact

Ray Savage, Strategy and Partnerships Manager, SECAmb

Appendices

Appendix 1 – SECAmb Care Quality Commission (CQC) ratings
Appendix 2 – Ambulance services call answer times January 2020
Appendix 3 – Ambulance services Category 1 response times
Appendix 4 – Ambulance services Category 2 and 3 response times
Appendix 5 – Ambulance services Category 4 response times
Appendix 6 – Ambulance services response times across Kent and Medway
Appendix 7 – Ambulances services percentage of Category 2 incidents with a response time of over 60 minutes
Appendix 8 – SECAmb crew turnarounds

Background papers

None.
### Appendix 1 - SECAmb Care Quality Commission (CQC) ratings

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### Appendix 2 - Ambulance services call answer times January 2020

#### Call Answer Times (seconds)

**January 2020**

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Aspiring to be better today and even better tomorrow
Appendix 3 – Ambulance services Category 1 response times

Cat 1 Response Times

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Appendix 4 – Ambulance services Category 2 and 3 response times

Cat 2 & 3 Response Times

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## Appendix 5 – Ambulance services Category 4 response times

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<td>03:03:56</td>
</tr>
<tr>
<td>8 East Midlands</td>
<td>01:26:06</td>
<td>03:02:12</td>
</tr>
<tr>
<td>9 South Western</td>
<td>01:27:22</td>
<td>03:30:29</td>
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</tr>
<tr>
<td>11 South East Coast</td>
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</table>

### Appendix 6 – Ambulance response times across Kent and Medway

<table>
<thead>
<tr>
<th>Time Period: Month</th>
<th>A25 Cat 1 Mean Response Time</th>
<th>A25 Cat 1 90th Centile Time</th>
<th>A26 Cat 1 Mean Response Time</th>
<th>A26 Cat 1 90th Centile Time</th>
<th>A31 Cat 2 Mean Response Time</th>
<th>A31 Cat 2 90th Centile Time</th>
<th>A32 Cat 2 Mean Response Time</th>
<th>A32 Cat 2 90th Centile Time</th>
<th>A35 Cat 3 Mean Response Time</th>
<th>A35 Cat 3 90th Centile Time</th>
<th>A38 Cat 4 Mean Response Time</th>
<th>A38 Cat 4 90th Centile Time</th>
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<tbody>
<tr>
<td>Jan-20</td>
<td>00:07:01</td>
<td>00:14:17</td>
<td>00:17:25</td>
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<td>00:21:15</td>
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<tr>
<td>NHS Ashford CCG</td>
<td>00:07:01</td>
<td>00:14:17</td>
<td>00:17:25</td>
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<td>00:30:09</td>
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<td>00:47:34</td>
<td>00:14:46</td>
<td>00:21:15</td>
<td>00:27:23</td>
<td>00:34:43</td>
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<tr>
<td>NHS Canterbury and Coastal CCG</td>
<td>00:09:19</td>
<td>00:17:25</td>
<td>00:21:41</td>
<td>00:30:09</td>
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<td>00:47:34</td>
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<td>00:21:15</td>
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<td>00:22:19</td>
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<td>00:21:05</td>
<td>00:27:23</td>
<td>00:34:43</td>
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<tr>
<td>NHS Swale CCG</td>
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<tr>
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<td>00:20:10</td>
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<tr>
<td>NHS West Kent CCG</td>
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<td>00:21:41</td>
<td>00:27:56</td>
<td>00:35:10</td>
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<td>00:47:38</td>
<td>00:53:52</td>
<td>00:14:46</td>
<td>00:21:05</td>
<td>00:27:23</td>
<td>00:34:43</td>
</tr>
<tr>
<td>Kent &amp; Medway STP</td>
<td>00:07:32</td>
<td>00:14:15</td>
<td>00:18:35</td>
<td>00:24:50</td>
<td>00:31:64</td>
<td>00:37:78</td>
<td>00:42:92</td>
<td>00:49:06</td>
<td>00:13:50</td>
<td>00:20:10</td>
<td>00:26:24</td>
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</tr>
<tr>
<td>SECamb commissioned Totals**</td>
<td>00:07:36</td>
<td>00:13:59</td>
<td>00:18:06</td>
<td>00:24:20</td>
<td>00:31:10</td>
<td>00:37:24</td>
<td>00:42:38</td>
<td>00:49:52</td>
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<td>00:20:10</td>
<td>00:26:24</td>
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<tr>
<td>England average (from AQI data set)**</td>
<td>00:07:08</td>
<td>00:12:30</td>
<td>00:18:05</td>
<td>00:24:55</td>
<td>00:31:30</td>
<td>00:37:45</td>
<td>00:42:59</td>
<td>00:49:13</td>
<td>00:13:50</td>
<td>00:20:10</td>
<td>00:26:24</td>
<td>00:32:38</td>
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</tbody>
</table>
Appendix 7 – Ambulances services percentage of Category 2 incidents with a response time of over 60 minutes

One in 16 calls takes over an hour to arrive

Percentage of category 2 incidents with a response time of over 60 minutes, by regional ambulance service*

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>12.8%</td>
</tr>
<tr>
<td>South West</td>
<td>10.1%</td>
</tr>
<tr>
<td>North West</td>
<td>8.1%</td>
</tr>
<tr>
<td>North East</td>
<td>6.1%</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>4.6%</td>
</tr>
<tr>
<td>London</td>
<td>3.4%</td>
</tr>
<tr>
<td>South Central</td>
<td>2.2%</td>
</tr>
<tr>
<td>Southeast Coast</td>
<td>1.7%</td>
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</table>

England average: 6.32%

*West Mids & East of England ambulance services did not provide data

Source: BBC Research
Appendix 8 - SECAmb crew turnarounds

**SECAmb**

```
<table>
<thead>
<tr>
<th>Total Hours Lost &gt;30 minutes (Turn-around)</th>
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<tbody>
<tr>
<td>2017-18 Year</td>
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<tr>
<td>2000</td>
</tr>
</tbody>
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**Medway Hospital**

```
<table>
<thead>
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<th>Total Hours Lost &gt;30 minutes (Turn-around)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18 Year</td>
</tr>
<tr>
<td>2000</td>
</tr>
</tbody>
</table>
```
<table>
<thead>
<tr>
<th>Jan-20</th>
<th>Total Patient Transports</th>
<th>Total Turnaround Hrs Lost (over 30min) hh.h</th>
<th>Average Handover Time (mins)</th>
<th>Average Wrap up Time (mins)</th>
<th>Total Amb Hrs Lost (over 30min) per journey h.hh</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Harvey Hospital</td>
<td>3451</td>
<td>654.4</td>
<td>23.45</td>
<td>16.75</td>
<td>0.190</td>
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<tr>
<td>Medway Maritime Hospital</td>
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<td>575.9</td>
<td>20.75</td>
<td>15.33</td>
<td>0.158</td>
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<tr>
<td>Darent Valley Hospital</td>
<td>2148</td>
<td>297.7</td>
<td>20.77</td>
<td>16.10</td>
<td>0.139</td>
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<tr>
<td>Tunbridge Wells Hospital</td>
<td>2533</td>
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<td>18.08</td>
<td>16.20</td>
<td>0.108</td>
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<tr>
<td>Queen Elizabeth Queen Mother Hospital</td>
<td>3141</td>
<td>262.3</td>
<td>16.25</td>
<td>16.12</td>
<td>0.083</td>
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<tr>
<td>Maidstone Hospital</td>
<td>1463</td>
<td>137.4</td>
<td>15.84</td>
<td>17.03</td>
<td>0.094</td>
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</table>
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
12 MARCH 2020

PROPOSED DEVELOPMENT OF THE HEALTH SERVICE
OR VARIATION OF THE HEALTH SERVICE –
FRANK LLOYD CENTRE, SITTINGBOURNE

Report from: Adam Wickings, Deputy Managing Director, NHS
West Kent Clinical Commissioning Group

Author: Jacqueline Pryke, Commissioning Manager for
Mental Health, NHS West Kent Clinical
Commissioning Group

Summary

This paper has been provided to update the Committee on the inpatient service
provided at the Frank Lloyd unit, following the last report in October 2019.

The Frank Lloyd Unit is a Continuing Health Care unit located on the
Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust
(KMPT) is commissioned by all Kent & Medway CCGs to provide this service.
The unit provides highly specialist care and treatment for patients at a very
advanced stage of their dementia, who have a range of complex needs including
behaviours that challenge.

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 On 19 September, the Kent Health Overview and Scrutiny Committee
determined that the proposals amounted to a substantial development of or
variation in the provision of health services in the local authority’s area. This
followed that Committee having been notified that NHS England considered
the changes to be significant and that it had been agreed that full public consultation would be undertaken. Should the Medway Health and Adult Social Care Overview and Scrutiny Committee also determine that the proposals amount to a substantial development or variation, the matter will need to be reported to the Kent and Medway NHS Joint Overview and Scrutiny Committee.

2.2 The report at Appendix 1 and completed substantial variation template (Appendix 2) provides details of the proposals.

3. Risk management

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
</tr>
</thead>
</table>
| 1. Safe staffing levels in the Frank Lloyd Unit                      | As the number of patients decrease (currently there is 1 patient in FLU) and staff are redeployed/leave there is a risk of running the service with safe staffing levels to maintain a the standard of care | KMPT are contractually obligated to provide safe levels of staff until the last patient is appropriately relocated to the community.  
All KMPT staff are being redeployed throughout KMPT services.  
CCG & KMPT staff is meeting on 25th February to discuss how we assure the regulator we have carried out a due process before the unit is empty. |
| 2. Gap in service provision                                           | Developing a new enhanced community model of care is unlikely to be in place before all patients in FLU are found suitable, safe community placements | Continuing Healthcare Teams (CHC) are and will continue to provide enhanced care support for each individual according to their needs i.e. extra staffing for 1-1 support until a new model of care is in place.  
The family of the remaining patient at FLU discuss their loved ones individual needs in a 1-1 session with the CHC teams and have agreed the move to a suitable home. |
3. Closure of inpatient beds | Sustainability in market to absorb closure of inpatient beds | It is recognised that there will still be a requirement to have inpatient beds for some people with advanced dementia and behaviours that challenge, however due to the success of supporting people in the community, evidenced by the number of patients that have moved from FLU and not required re-admission, this number is vastly reduced.

The new model in outline proposes some small number of Acute Dementia “hubs” into which the most challenging patients can be admitted.

The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes where less complex patients might be cared for.

4. Consultation

4.1 It is proposed that a formal public consultation is undertaken in relation to the proposals.

5. Financial implications

5.1 There are no financial implications to Medway Council directly arising from the contents of this report.

6. Legal implications

6.1 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 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.

6.2 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.

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

https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-
delivering-service-change-v6-1.pdf

6.4 The guidance states that broadly speaking, service change is any change to
the provision of NHS services which involves a shift in the way front line
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.

6.5 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 at Appendix 2 to
this paper.

6.6 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. In this case, the NHS is proposing that public consultation is
undertaken.

7. **Recommendations**

7.1 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 appendices 1
and 2.

ii) In consideration of the CCG assessment that the proposal does represent
a substantial development of, or variation to, the health service, to
determine whether it considers the proposals to amount to a substantial
development of or variation to the health service in Medway.

iii) Agree a date to receive a further update, noting that should the Committee
deed the proposals to amount to a substantial development or variation,
the matter will need to be considered by the Kent and Medway NHS Joint
Overview and Scrutiny Committee.
Lead officer contact
Jacqueline Pryke, Commissioning Manager for Mental Health, NHS West Kent Clinical Commissioning Group

Appendices
Appendix 1 – Update report on the Frank Lloyd Unit
Appendix 2 – Completed Substantial Variation Template

Background Papers
None.
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Review of the Service for patients with dementia and complex needs currently provided within the Frank Lloyd Unit, Sittingbourne

1. Introduction

This paper has been provided to update HASC on the proposals for the service provided at the Frank Lloyd unit, since the last update provided in October 2019.

The Frank Lloyd Unit (FLU) is a Continuing Health Care (CHC) unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) are commissioned by Kent & Medway Clinical Commissioning Groups (CCG’s) to provide this service. The unit provides highly specialist care and treatment for patients at a very advanced stage of their dementia, who have a range of complex needs including behaviours that challenge. All these persons meet and are paid for through the CHC funding. The unit provides a person centred approach, using dementia care mapping to respond appropriately and flexibly to specific, individual needs. The unit is accessed by all CCGs in Kent and Medway within the NHS Standard Contract. The unit was originally made up of two wards of 20 beds, 30 of which were commissioned on a block basis at a cost of circa £3.029m per annum. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however the unit ceased taking cost per case patients in 2016.

2. National picture

Dementia currently affects more than 900,000 people nationally and this number is predicted to rise as the UK’s population continues to age and grow. 39% of people living with dementia over 65 are living in care homes (either residential care or nursing homes) and 61% are living in the community (Prince, M et al, 2014)1.

The National Dementia Strategy2 explains the vision for the future. The ambition is to put local people at the heart of our services, helping people to stay well and independent in their own homes, in care homes or in nursing homes in their communities and avoid being admitted to hospital.

The national profile is to provide services for patients as close to their home as possible, whether that is in a domestic setting, nursing or residential home. The Department of Health published an issues paper for the commissioning of home care as part of the consultation process for the National Dementia Strategy (2009)3 this sets out the elements of specialist home care that need to be considered by commissioners, particularly in the context of

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1 Dementia UK: Update Second Edition report produced by King’s College London and the London School of Economics for the Alzheimer’s Society.
personalisation and self-directed support. Social care in England is undergoing an immense cultural change in the way specialist support is provided. The National Dementia Strategy sees the implementation of ‘Putting People First’ transformation agenda, which outlines a personalised system, available to all, focused on prevention, early intervention, enablement, and high quality personally tailored services (HM Government, 2007)^4.

3. Local care

As the population grows, and more people live with long-term conditions and the predicted number of people living with dementia increases, the demands on our services are changing and increasing. Services are not necessarily designed for today’s or future needs, and it is becoming more challenging to keep up with rising costs.

There are approximately 1.8 million people living in Kent and Medway, the number of people living here is predicted to rise by almost a quarter by 2031 and is higher than the average across England. This is because local people are living for longer and because people are moving into the area. While it is good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

Evidence shows that providing care for people living with dementia, who may also need additional care and support, is better provided care in their usual place of residence within a community environment. Co-ordinating their individual health and social care needs, enables patients, their families and carers to cope better with the illness. It is recognised though, that there will continue to be a small number of people who have highly complex needs, meet the Continuing Care NHS criteria and will require specialist placements in residential or nursing homes.

4. Review of Services provided for CHC eligible patients with dementia and complex needs:

The service provided at the Frank Lloyd unit was originally commissioned as a short term inpatient unit for people with dementia and complex needs, which aimed to settle patients with the use of behaviour care plans and dementia mapping and then discharge them back to a community home or care/nursing home. However historic data shows that when CHC patients were admitted to FLU they were unlikely to be discharged again, even when they became physically frail and at end of life. This means that the unit was operating out of scope and at significant cost, providing and enhanced service for patients that could have been suitably looked after in the community.

Over the last two years the Frank Lloyd Unit has been the subject of discussion between the Continuing Healthcare Assessors, provider and commissioners to consider the best options for delivering care to patients who meet CHC criteria for dementia and complex needs and it was agreed that the CHC assessors should work on a model that focused on supporting people to be discharged back into a community environment in line with the Dementia Care Strategy.

CHC teams worked with patients and their family or carers to choose homes that best meet the needs of the person with a focus on keeping people in their usual place of residence.

As this model of care evolved CHC assessors were able to support patients to remain in their care homes with an enhanced care package around them with support from community services. This has prevented the need for any new admissions to FLU therefore there have been no new admissions to the inpatient service since 2017.

We have now moved from a service where people were admitted and frequently remained there until the end of their life, to one where they were admitted, stabilised and discharged back into the community, to the current model of care where the majority of people are able to remain in the community home with additional support. Please note that this was the original clinical commissioned purpose for FLU, as a short term intervention unit.

Since Jan 2018 there have been eighteen successful discharges from FLU from all CCG’s to a range of care homes and nursing homes within Kent & Medway (listed below) that care for individuals with dementia and complex needs*; these homes have a mix of RMNs and RGNs so staff has the skill set and registration to look after patients with dementia and complex needs as well as physical frailty. They provide a homely environment and have activities you would expect to see in a care home. There have been no ‘out of area’ placements, for clarification and definition purposes out of area placements are defined as homes that geographically sit outside of Kent & Medway

- Darland House, Gillingham
- St Anselms, Deal
- Tunbridge Wells Care Centre
- Abbotsleigh Mews, Sidcup
- Newington Court Care Home, Sittingbourne
- Elvy Court Care Home, Sittingbourne
- Mayflower Care Centre, Gravesend
- Hazelwood Care Home, Longfield
- Applecroft Care Home, Dover
- Betsy Clara Care Home, Maidstone
- Newington Court Care Home, Sittingbourne
- Creedy House Care Home, New Romney
- Larchmere Nursing Home, Cranbrook
- Warren Lodge, Ashford
- Acacia House Nursing home, Tenterden

("please note this is not an exhaustive list of current homes that would be suitable).

As an enhanced community service model is further developed it is expected that more care homes will be able to look after this client group without the need for an inpatient admission. Data is currently being collated to scope the future demand for this service as part of the development of the new model and will be provided once completed; however the evidence to date provided above indicates that a community model has been very successful. Wider consideration needs to be given to people with dementia that would not meet the CHC criteria as part of the new model development. We also recognise that for a very small cohort of patients, an inpatient unit will be clinically appropriate and the new service model will take this into consideration as part of the project.
5. Update of service provided at Frank Lloyd Unit & next steps

The FLU project group was unfortunately stalled from Oct 2019 – Jan 2020 due to Internal staffing issues, as well as the general election and the need to go into Purdah until December 2019.

Currently there is one patient remaining in the unit and when appropriate and in collaboration with their family they will be transferred to an identified care home placement. We have been notified that a bed is now available and it is anticipated that this move to the home will take place soon.

After this the inpatient service will be 'mothballed' as these developments have enabled the local NHS to consider better use of the funding that is currently being used for the inpatient service.

The proposal is to develop an enhanced community service to provide support to current and additional care homes in the community which will both support transition into the home as well as responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia. The new model in outline proposes a small number of Acute Dementia “hubs” into which the most challenging patients can be admitted. The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes where patients with less complex needs patients might be cared for. Achieving this kind of transformation in a challenging environment is not an easy task but we are working together with the NHS and social services, with other public, private and voluntary sector providers of care and families and carers to ensure best possible outcomes for local people in the future.

The original NHSE Gateway review was postponed as more evidence was needed on developing a new model of care. It is anticipated that pre-engagement with stakeholders on the new model of care will be concluded by April 2020; it will then be presented to NHSE Gateway review with a view to moving to full consultation and engagement in May 2020 to consult on the development of the new enhanced community model.

Local engagement with Swale residents will be undertaken to consider the future use of the Frank Lloyd building.
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:

Kent and Medway CCGs,
Adam Wickings | NHS West Kent CCG
Deputy Managing Director
WK CCG (and MNWK CCGs)
Email: adamwickings@nhs.net

Current/prospective Provider(s):

Kent and Medway Partnership Trust (KMPT)

Outline of proposal with reasons:

This paper has been written by the West Kent CCG, (on behalf of Kent and Medway commissioners) on the proposed changes to the model of care for dementia patients with complex needs currently delivered in the Frank Lloyd Unit (FLU).

Frank Lloyd Unit is a 40 bedded older person’s inpatient unit operated by Kent & Medway Partnership Trust in Sittingbourne for people with complex dementia with behaviours that challenge who are eligible for NHS Continuing Healthcare. The unit is accessed by all CCGs in Kent and Medway within the NHS Standard Contract. The unit is made up of two wards of 20 beds, 30 of which are commissioned on a block basis at a cost of £3.029m plus £567k rent. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however the unit ceased taking cost per case patients in 2016.

Nationally, the trend over recent years has been for mental health trusts to withdraw from the provision of NHS continuing health care as this is no longer viewed as their core business. In Kent, the majority of individuals with dementia and who are eligible for NHS Continuing Healthcare receive their care in more homely nursing home environment in the independent sector.
In Kent and Medway there has been a pro-active approach to repatriate people to more homely environments closer to home, with a focus on keeping people in their usual place of residence, avoiding any unnecessary hospital admissions in order to minimise disruption.

Since April 2017, Continuing Health Care assessors have successfully repatriated patients with complex dementia and behaviours that challenge from Frank Lloyd Unit to a community care homes within Kent & Medway.

All patient transfers to date have been successful in supporting patients within a community home; there have been no readmissions from this patient group.

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.

The original NHSE Gateway review was postponed as more evidence was needed on developing a new model of care. It is anticipated that pre-engagement and consultation with stakeholders on the new model of care will take place from April 2020; it will then be presented to NHSE Gateway review with a view to moving to full consultation and engagement in May/June 2020 to consult on the development of the new enhanced community model.

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 programme supports a number of key themes in the JHWBS, ie:

- Supporting our older people to live independently and well
- Delivering excellent care closer to home
- Reducing social isolation and allowing older people to access support from families and carers
- Allowing mental health needs to be treated alongside physical needs.
- Preventing ill health by helping people to stay well
- Delivering excellent care, closer to home, by connecting the care from the NHS, social care, community and voluntary organisations
- Giving local people right support to look after themselves when diagnosed with a condition
- Intervening earlier, before people need to go to hospital
4. **Alignment with Kent and Medway Sustainability and Transformation Plans.**

It aligns with the STP ambition to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital.

- improve the health and wellbeing of local people
- deliver high-quality, joined-up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can’t deliver the caring ethos of the NHS and social care
- better meet people’s needs within the funding we have available
- build health and care services that are sustainable for years to come

5. **Please provide evidence that the proposal meets the Government’s 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

It was acknowledged that there had been insufficient engagement with regards to the discussions around the future of the FLU service. The CCG’s addressed this by putting in a project lead in June 2019 to co-ordinate this work.

Between mid-May and early August 2019, NEL engagement staff designed, planned and carried out community engagement with people living with dementia, their families, carers and voluntary sector volunteers and staff. The purpose of this community engagement was both to renew and establish contact with voluntary and community sector organisations providing community-based support to people living with dementia and their carers, and to collect views on existing support services and any additional needs or perceived ‘gaps’ in community-based services and activities. Collected views will inform the basis of patient and public involvement in the potential development of service specifications for future community dementia support services, specifically innovative intensive support services that might be developed for people living with moderate to severe dementia and their carers.
Commissioners & KMPT senior staff held a pre-consultation engagement session with families of the relatives remaining at FLU on August 27th, to discuss these proposals for redesigning the service currently provided at FLU and provide families with an opportunity to influence the proposed new model of care, focusing particularly how it might affect them directly.

Healthwatch were also invited to attend the engagement meeting, as they had previously met with carers in Dec 2018. Healthwatch are also key members of the project group.

Individual 1-1 sessions were also arranged during a two week period from 29th August – 12th September with families to meet with Continuing Healthcare staff so that they could discuss in detail the individual needs of their loved ones and options of future placements that were suitable for them.

Mental Health Action Groups (MHAGs) have also been provided with a briefing update on the proposals for the redesign of the service.

The feedback from the pre-consultation activity will be built into the design of the final proposals for consultation and into the design of the consultation activity itself. We would welcome Committee Members’ views and feedback on our consultation plans and will share these once they have been developed.

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

Patient choice will be improved by increasing access to community services with the aim of delivering care as close to home as possible. Patient choice will also be improved from a quality perspective, through the delivery of modern, fit for purpose estate, providing a high quality experience for patients. Patient choice will continue to be taken into account when accessing services, wherever possible, as well as ensuring that the needs of the patient are met.

The aim is to keep people in their local communities for as long as possible and prevent unnecessary hospital admissions that separate people from the networks that work to keep them well. It also enables them to receive quick psychiatric treatment and care. This provides people a real choice and helps reduce the risk of matters escalating to the use of the Mental Health Act to enforce treatment.

Taking this approach means we can also reduce the amount of time people stay in hospital which means more beds will be available when they are needed. It also means that families and carers will feel more supported as people using the services will not be in hospital unnecessarily or will be admitted for a reduced period of time.

Work is also being planned to enhance and modernise acute and community services as well as the development of the provision of alternatives to psychiatric hospital admissions with real ‘least restrictive options’, i.e. safe alternatives to hospital.
**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?

The proposed enhanced community model of care is in line with the direction of travel for Dementia care to provide treatment as close to home as possible and in the least restrictive environment, in line with the National Dementia Strategy. The proposed model of care will be designed to keep community services at the heart of service delivery; ensuring care is provided as close to patients’ homes as possible.

There are good practice examples of similar models of care that are being looked at (DoH Living Well with Dementia: A good practice compendium – an assets approach 2011) which include:

- NHS West Kent Dementia Crisis Support Service
- LINK worker training, Gloucestershire
- STAR Toolkit, Cornwall: Reducing medication in care homes
- Quality Improvement in 'the lived 'experience for people with Dementia living in Care Homes
- Yorks and Humber: Anti-Psychotic Medication Reviews in Care Homes – Kirklees
- Dorset Healthcare University Trust service specification for OPMH intermediate care service for dementia

This is in line with the recommendations in the Five Year Forward View for Mental Health which recognises the need to address capacity in the community and reduce the over reliance on hospital services.

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

These proposals have received, and continue to, receive support from the Kent and Medway CCGs at all stages of the process and KMPT and the CCGs are working in full partnership to achieve successful implementation of the final proposals.

A joint project group has been established with representation from all CCGs across Kent and Medway. Kent County Council is also represented. The CCGs and KMPT are working jointly to develop proposals for consultation on the proposals and to ensure the impacts are monitored going forward.
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).

Continuing Healthcare have taken a proactive approach to the management of patients in the unit and as challenging needs subside, patients go to more homely environments in care homes (nursing) closer to home and the unit is no longer seen as a ‘home for life’. This has resulted in an ongoing decline in patient numbers as described above.

The position was discussed at length by representatives from all commissioners and the senior team from KMPT, the negotiations concluded that KMPT were unlikely to be in a position to reduce their cost base further, the layout of the ward, along with the requirements to staff to a certain level under NHS safer staffing rules prohibited the Trust from making any significant changes to its operating model. In addition, the commissioners present felt the activity levels would continue to remain low, and in some cases were confident of reducing them further. This questioned the long term viability of the Trust providing the service in its current form and therefore required a change of approach from the system.

The unit cost of Frank Lloyd means that that the service is under-used and does not represent good value for money. It also does not support the strategic direction of travel which aims to deliver more care in the community, closer to home. It is also not very accessible for families in some of the CCG areas, particularly in East Kent.

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 (i.e. changes to travel or times of the day)?

Services will not be withdrawn from patients, but will be delivered in a community setting, as an enhanced dementia service rather than as an inpatient service.

Some people will always need specialist and intensive care that can – and
should – only be available in hospital. It is believed that the number of commissioned inpatient beds currently available in the system (outside of FLU) has the capacity to address this need along with the new model which in outline proposes some small number of Acute Dementia “hubs” into which the most complex patients can be admitted. The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes by responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia. This model is in place successfully elsewhere in the country.

It is the aim that carers will experience a positive change in the way they access services through reduced travel times by placing people closer to home in their local community.

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 Frank Lloyd unit provided bed provision for patients with complex needs across Kent & Medway. Whilst the new model of care will be across Kent & Medway, demographic projections will be taken into consideration in the development of the consultation on the new model of care to identify locations of proposed ‘Dementia Hubs’.

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?

A full range of impact assessments will be undertaken prior to public consultation to ensure the services are meeting the needs of all individuals.

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’?

It is not anticipated that the redesigned service will increase demand and the programme is being driven by a desire to deliver a modern, quality service.

There are no current plans to make efficiency savings from the redesign of
services, but to reinvest and use the funding more efficiently and effectively to develop an enhanced community.

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

No additional infrastructure is required to support the redesigned service. There will be a positive impact on access as more care is delivered closer to home.

11. **Is there any other information you feel the Committee should consider?**

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

We consider this proposal to be a substantial variation that will require public consultation

The Kent HOSC have recommended that this is a substantial variation (Sept 2019) to the health service in Kent.
Summary

The Committee has asked for a further update on the Eating Disorder Service following consideration of a report and presentation at the June 2019 meeting.

Eating disorders continues to be a serious, often persistent, mental health disorders associated with high levels of impairment to everyday functioning and development, and a high burden on families and carers. They can be associated with life-long physical, psychological, educational and social impairment and in some cases can be fatal.

1. Budget and Policy Framework

1.1 The NHS Long Term Plan (2019) renewed the national commitment to improve and widen access to care for children and adults needing mental health support. This included boosting investment over the next five years.

1.2 The NHS is on track to deliver the new waiting time standards for eating disorder services by 2020/21. Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, the extra investment will allow maintenance of the delivery of the 95% standard beyond 2020/21.

1.3 As noted in previous updates, the Medway Local Transformation Plan (LTP) for Children’s and Young People’s Mental Health 2015/16 to 2020/21 sets out a shared commitment and priorities towards achieving a brighter future for all children and young people’s emotional and mental health and wellbeing.
1.4 Medway’s Mental Health Adult Strategy 2018-2023 also states a commitment to “improve the mental health and wellbeing outcomes for the people of Medway and ensure that there is excellent quality, safe, supportive, easily accessible and cost effective care for people with a mental health condition or who are at risk of developing one.”

1.5 Both the LTP plan and MH Adult strategy include developments for supporting children, young people, adults and their families when experiencing eating disorders.

2. Background

2.1 Since 1 September 2017 Medway and Kent Clinical Commissioning Groups (CCGs) procured a service to deliver high quality, evidence based, early intervention and specialist treatment to service users with suspected or diagnosed eating disorder.

2.2 The service is required to achieve the national access standard for children and young people with an eating disorder. The national requirement is that by 2020/21, 95% of children and young people will access NICE concordant treatment within four weeks for routine cases, and within one week in urgent cases.

2.3 The All Age Eating Disorder Service continues to routinely offer:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders.
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality.
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment.
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families.
- A seamless service with no transition at 18 years old.
- Staff have a greater breadth of skills and expertise for eating disorders – rather than generic mental health teams delivering this service.

2.4 The referral process is via single telephone number for all referrals (Tel: 0800 300 1980). The minimum age for referrals to this service is 8 years old.

2.5 The Kent and Medway eating disorders service is based at The Courtyard in Maidstone, but all patients will be seen in their locality areas across Kent & Medway.
3. **Governance**

3.1 The mobilisation process was managed through a robust project governance structure that includes key stakeholders from the three CCG systems (East, North and West), and service user representatives. This has now moved into a governance and monitoring phase.

3.2 The governance is now focussed on performance and contract management of the service which is monitored at regular quality and performance meetings. These arrangements have been dovetailed with similar arrangements for the new Children and Young People’s mental health service which commenced on 1 September 2017.

4. **Delivery of service transformation**

4.1 The current clinical model and pathway for the all age eating disorder service in Kent and Medway started its development in April 2018 and began operating in October 2018. Since then the process of transformation has included the development of evidence-based care pathways, robust systems, efficient processes and innovative technology.

5. **Performance and Waiting Times**

5.1 **Referrals:** Medway data April 2019 - Dec 2019

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Medway Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of referrals</td>
<td>26</td>
<td>32</td>
<td>34</td>
<td>92</td>
</tr>
<tr>
<td>Number of re-referrals within 6 months</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Number of accepted referrals</td>
<td>17</td>
<td>22</td>
<td>19</td>
<td>58</td>
</tr>
<tr>
<td>Number of referrals not accepted</td>
<td>9</td>
<td>9</td>
<td>12</td>
<td>30*</td>
</tr>
</tbody>
</table>

*Referrals not accepted are signposted to the correct service route including Community Mental Health Teams, Improving Access to Psychological Therapies (IAPT) and school services.

Main sources of referrals across all ages include General Practice, internal child and adolescent team, carers and self.

Medway referrals have represented just under 10% (9.8%) of all referrals between April – Dec 2019 into the service across Kent and Medway (Fig.1). Total referrals across all ages in Kent and Medway 761.

5.2 Total contract cost is approximately £2.6 million proportionate between the current 8 CCG areas. Medway CCG contributes from adults and children’s mental health budgets.
5.3 **Current Medway case load** (Breakdown of patients seen by month quarter and by age)

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Total (April - Dec 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total caseload</td>
<td>121</td>
<td>129</td>
<td>127</td>
<td>377</td>
</tr>
<tr>
<td>Age: 5 to 19yrs</td>
<td>34%</td>
<td>43%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Age: 19 to 64yrs</td>
<td>66%</td>
<td>57%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>No. discharge from service</td>
<td>33</td>
<td>28</td>
<td>20</td>
<td>81</td>
</tr>
</tbody>
</table>

Approx. 97% of caseload are female with 3% males.

Between April and Dec 2019, the DNA rate has varied between 10-14%.

5.4 **Referral to Assessment (RTA) and Referral to Treatment (RTT)**

5.4.1 At the point of assessment, treatment will commence for all patients that are accepted within the EDS service. Assessments for children and young people are completed within 4 weeks (non-urgent) or 7 days (urgent). Currently there are fewer than 5 children or Young People waiting to be seen.

5.4.2 Adults are seen within 8 weeks to start assessment and treatment. There are currently 16 Adults (Feb 2020) in Medway who are waiting to be seen.

5.4.3 Once a referral is received by an AAEDS (All Age Eating Disorder Service) administrator via the EDS Single Point of Access, it is screened as appropriate for service. This referral is then screened by AAEDS clinicians who are allocated for Duty cover, this is screened the same working day. All referrals into the service are triaged over the telephone by the AAEDS duty clinician where information is gathered to inform decision making and a risk assessment is completed. Referrals are then screened as routine, urgent or emergency. Emergency referrals are to be seen within 72 hours and urgent referrals within one week. AAEDS are working towards seeing routine referrals within 4 weeks.
5.4.4 AAEDS use the MARSIPAN risk assessment tool and the Junior MARSIPAN risk assessment tool when screening referrals into the service. There are factors that determine urgency of referral based on these risk assessments. These include BMI (adults) and Weight for Height (children), rate of weight loss, physical health observations including heart rate and blood pressure, suicide risk or deliberate self-harm. All of these factors help to determine the risk identified at referral to then aid appropriate assessment time with the service.

5.4.5 AAEDS have strong collaborative links with MYPWS (Medway Young Person’s Wellbeing Service). Should AAEDS need to refer a young person to MYPWS then this is facilitated through the Kent and Medway Single Point of Access Team. MYPWS can also refer a young person into AAEDS through the same route. In the instance of a young person being under the care of both AAEDS and MYPWS then there is collaborative working between the two teams.

5.4.6. AAEDS have attended MYPWS team meeting to ensure working relationships are maintained and to share our referral criteria. AAEDS also provide consultation to MYPWS should they require any advice on managing disordered eating presentations or query if a young person would meet criteria for AAEDS support.

5.5 Crisis support access

5.5.1 The Kent and Medway crisis team continue to support all young people who are referred and require crisis support. There are good links and work collaboratively with the Crisis team.

5.5.2 For adults who are presenting in crisis or attend A and E, they are seen by KMPT psych liaison, with whom we also link in and work collaboratively in order to support the person’s Eating Disorder needs.

5.6 Waiting times and inpatient numbers

5.6.1 At any given point in time, 8-10 children and 10-12 adults from Kent and Medway are in beds. Currently there are no new admissions for Medway children or adults (Feb 2020). Referral rates generally across Kent and Medway continue to be higher than predicted and also very complex. This is having an impact on the level of early intervention work NELFT is able to do.

5.6.2 Based on national data there is a rise in hospital admissions for both adults and children which correlates with the increase in referrals. Some reports indicate nationally that bed admissions for under 19s had doubled between 2011 and 2018 (7,260 - 16,023).

5.6.3 Inpatient care:
- **Woodlands Unit, Staplehurst**: A non-specialist general adolescent unit, for Kent and Medway. Recently transferred to NELFT.
- **Brighton Elysium Healthcare**: Child and Adolescent outpatient clinic providing treatment for children and young people aged 3 to 17 years with emotional, behavioural and mental health difficulties.
• **Rhodes Wood Elysium**: specialising in treating children and young people who are diagnosed with an eating disorder and require inpatient / residential, day-care or outpatient care.

• **Priory Huntercombe**: Huntercombe Hospital Maidenhead is a Tier 4 Child and Adolescent Mental Health (CAMHS) hospital for young people aged 12 to 18 years.

• **Ellern Mede**: Ellern Mede Eating Disorder Services are a specialist provider of intensive inpatient and outpatient treatment for children and young people.

5.6.4 **Day care facility:**

**South London and the Maudsley**, an Intensive Treatment Programme and National Service.

5.7 **Discharge arrangements as previously reported remains as below:**

All service users have an individualised care plan which includes discharge. If appropriate and with consent this will be shared with family/carers. NELFT liaises with other professionals involved to ensure they are aware of any plans.

5.7.1 Often service users do not need additional follow up by any other source. In such a case, a detailed discharge letter will be sent to GP and service user. For those that may require follow up by a GP or other professional, NELFT will arrange a discharge phone call/meeting with a plan.

5.7.2 Reasons for follow up would include ensuring weight is maintained for a period of time. More severely ill patients may attend the SEED clinic for a period before discharge for stabilisation.

5.7.3 The SEED clinic is for Severe and Enduring Eating Disorders. Patients will attend typically once a month for physical observations, discussions on meal planning and general eating disorders support. When stable they will be discharged with a plan as per above.

5.7.4 A family/carers group is available than can be attended on an ongoing basis. We have had requests for families to attend post discharge and this can be considered if suitable.

5.7.5 All patients have a discharge plan prior to discharge that includes meeting ongoing care needs and a relapse plan.

5.7.6 81 patients were discharged from the service between Apr 2019 and Dec 2019.

6. **Publicising the service**

6.1 Links with GPs is continued to be ensured by the CCG clinical lead, who sits on the monitoring board for the Eating Disorder Service and advises on approaches and messaging.

6.2 NELFT works alongside BEAT, a national charity for Eating Disorders which offers support and advice, and which produces high quality leaflets. The group
is advertised to NELFT’s service users and they in turn promote NELFT’s service at their groups.

6.3 A number of methods are still being used to communicate the service including:

- Service leaflets to advertise support available
- Communication to and through GP surgeries
- Eating Disorder awareness week communication through social media and online channels e.g. blogs
- Awareness raising through tipping the balance and GP’s

7. **Peer Review of Kent and Medway All Age Eating Disorder Service**

7.1 The Quality Network for Community Children (QNCC) & Adolescent Mental Health Services (CAMHS) undertook a comprehensive review in October 2019 to benchmark the Kent and Medway All Age Eating Disorder Service against QNCC Service Standards.

7.2 A visiting team spent a day speaking to staff and parents/carers about the service. This followed a self-review from local staff to gather a comprehensive review. The main purpose was to provoke detailed discussions on areas the service wished to target for improvement. The full report is attached as Appendix 1 and summary is given on pages 3-10.

AAED Service was scored as below against the service standards:

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Met Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral and Access</td>
<td>100%</td>
</tr>
<tr>
<td>Assessment and Care Planning</td>
<td>88%</td>
</tr>
<tr>
<td>Care and Intervention</td>
<td>89%</td>
</tr>
<tr>
<td>Information, Consent and Confidentiality</td>
<td>92%</td>
</tr>
<tr>
<td>Rights and Safeguarding</td>
<td>100%</td>
</tr>
<tr>
<td>Transfer of Care</td>
<td>96%</td>
</tr>
<tr>
<td>Multi-agency Working</td>
<td>95%</td>
</tr>
<tr>
<td>Staffing and Training</td>
<td>93%</td>
</tr>
<tr>
<td>Location, Environment and Facilities</td>
<td>94%</td>
</tr>
<tr>
<td>Commissioning</td>
<td>100%</td>
</tr>
</tbody>
</table>

7.3 A number of recommendations were made which could benefit the service operation and patients experience. Highlighted areas have been taken forward as areas for service development.

8. **Future Developments**

8.1 Additional funding identified through the NHS Long Term Plan, and further detailed in the Mental Health Implementation Plan and Mental Health Investment Standard presents an opportunity for future service development.

8.2 Current discussions between Commissioners and providers have been exploring the areas below:
- Continued support to meet the national Access and Waiting Time Standard for Children and Young People with an Eating Disorder and for adults.
- Introducing or expanding intensive day care and intensive home-based eating disorder treatment.
- Early Intervention possibilities, such as FREED.
- Digital opportunities.
- Embedding support into physical health.
- Peer support opportunities.

8.3 Physical Health check Nurses

Medway CCG will be commissioning three nurses to work directly with GP practices. The nurses will support practices in completing physical health checks for people on the Serious Mental Health (SMI) register in Medway as well as carry Dementia care reviews. The nurses will be hosted by Medway Community Health Care (MCH) but be based in GP practices.

8.4 Recruitment is currently underway, and we expect the nurses to be in post April/May 2020. This will help ensure that people on the SMI register receive support for their physical health earlier and are signposted to other services as necessary.

9. Risk management

9.1 As with all clinical services there are always particular risks inherent and such, are detailed in contract and service specifications agreed at time of procurement.

9.2 Oversight by the performance management group across CCG’s (and as one from April 2020) ensure contractual arrangements are met and funding is allocated in a timely and effective process. These meetings are required as part of their NHS contract to provide assurances around performance and quality to the CCG.

10. Funding

10.1 The NHS Long Term Plan, published on 7 January 2019, commits to grow investment in mental health services faster than the overall NHS budget. This will create a new ring-fenced investment fund worth at least £2.3 billion a year by 2023/24. Further to this, the NHS made a commitment that funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending.

10.2 Consolidated financial profiles for LTP and NHS Long Terms Plan released in the NHS Mental Health implementation Plan 2019/20 – 2023/24 provide an indicative breakdown of investment levels to be expected through CCG’s and Central / transformation workstreams.
11. **Financial Implications**

11.1 There are no financial implications to Medway Council arising from the contents of this report.

12. **Legal Implications**

12.1 The reduction of inequalities in access and outcomes is central to the whole transformation work programme. In Medway, it has been ensured that LTP plans detailed under the Equality Act 2010 are taken into account with regard to reducing health inequalities and duties under the Health and Social Care Act 2012.

12.2 NHS England is committed to developing access and waiting time standards in mental health services across the whole life course. The NHS Constitution standard, Access and Waiting Time directorate details standards for waiting times for patients. NHS England publish standards of access targets for CCG’s and across the Strategic Transformation Partnership footprints.

12.3 The LTP programme has been considered by Medway’s Health and Wellbeing Board and NHS England through monitoring and review of the publicly available agreed Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing.

13. **Recommendation**

13.1 It is recommended that the Committee notes and comments on the update provided.

**Lead officer contacts**

Sharon Dosanjh, Head of Mental Health Commissioning, NHS Medway CCG sharondosanjh@nhs.net

Emma Block Partnership Commissioning Programme Lead for Children and Young Peoples Mental Health and Emotional Wellbeing emma.block@medway.gov.uk

**Appendices**

Appendix 1 – CAMHS Quality Network for Community CAMHS Report Kent and Medway All Age Eating Disorder Service

**Background papers**

None.
# Contents

- Introduction .................................................................................................................. 3
- The visiting team .......................................................................................................... 3
- Reviewers’ Summary .................................................................................................... 5
- Referral and Access ....................................................................................................... 11
- Assessment and Care Planning .................................................................................... 12
- Care and Intervention .................................................................................................. 13
- Information, Consent and Confidentiality ..................................................................... 15
- Rights and Safeguarding ............................................................................................... 17
- Transfer of Care ........................................................................................................... 18
- Multi-Agency Working ................................................................................................ 19
- Staffing and Training ................................................................................................... 20
- Location, Environment and Facilities ........................................................................... 22
- Commissioning ............................................................................................................ 24
- Summary of Scores ...................................................................................................... 25
- Appendix 1: QNCC Annual Cycle ............................................................................... 26
- Appendix 2: Team Profile ............................................................................................ 27
- Appendix 3: The Review Booklet ................................................................................ 30
- Appendix 4: QNCC-ED Action Planning Guide ........................................................... 43
- Appendix 5: QNCC-ED Action Planning Form ............................................................. 44
Introduction

Background to QNCC
The Quality Network for Community CAMHS was established in 2005 with initial funding from the Department of Health and the Gatsby Charitable Foundation. QNCC forms part of the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI).

Participating teams rate themselves against the ten sections of the QNCC Service Standards via an annual process of self and peer review. This model aims to facilitate incremental improvements in service quality.

The Peer Review – 03 October 2019

The service took part in a comprehensive review looking at all ten sections of the service standards.

A visiting team spent one day at the service speaking to staff, young people and parents/carers about the service. This followed a self-review where local staff rated themselves against the standards. The review cycle is described in Appendix 1.

The visiting team

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<th>Name</th>
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<tr>
<td>Arun Das</td>
<td>Deputy Programme Manager</td>
<td>QNCC</td>
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<tr>
<td>Dr Shereen Haffejee</td>
<td>Consultant Child and Adolescent Psychiatrist</td>
<td>Surreywide Eating Disorder Service for Children and Young People</td>
</tr>
<tr>
<td>Joanna Holliday</td>
<td>Consultant Clinical Psychologist &amp; Joint Clinical Lead</td>
<td>Oxfordshire and Buckinghamshire Child &amp; Adolescent Eating Disorder Service</td>
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Information was collected through various interviews containing a combination of open and closed questions. The main purpose of the focused review was to provoke more detailed discussion on areas the service wished to target for improvements and establish some action points for the future.
### Interviewees/schedules

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### About this report

This report summarises the review findings and highlights areas of good practice and areas for improvement. The main body of the report details the key issues arising from the self and peer-review discussions, and the numerical summary of scores achieved. The cell containing the overall score for the standard is colour-coded using a ‘traffic-light system,’ to allow priorities for improvement to be identified:

- **Less than 65% compliance**
- **65 - 84% compliance**
- **85-100% compliance**

### Who should see the report?

Reports are sent to the QNCC link person for each team and should be disseminated to all team members. We recommend that teams share their QNCC report with their commissioners. Teams may also wish to share their report with their Trust’s Chief Executive, service users and partner agencies.

### Statement of limitations

The main value of being a member of QNCC is the taking part. This report summarises the views of the service staff, service-users and the peer-review team about the service’s performance against the QNCC standards. The findings presented here should be viewed in the context of the range and number of staff interviewed and the small number of patients or parents/carers interviewed. This report is not a definitive statement of performance in any of the areas covered by the QNCC standards. Such judgements could only be made by a much more detailed process than that used by the QNCC network.

If you have any queries about any aspect of this report, please contact:

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Reviewers’ Summary

This summary is intended to highlight key issues discussed on the review visit. QNCC reviews in this cycle deliberately focused on the standards that did not score very highly during the self-review, therefore the majority of this report centres on those areas that most need to be improved. A definitive list of all criteria, stating whether they were met, partly met, or unmet, can be found in Appendix 3 and any assessment of this service’s quality should take this list into account. The following is a summary of the reviewers’ feedback, taken after their interviews with staff, young people and parents/carers:

Overall view:
The Kent and Medway All Age Eating Disorder Service began operating in October 2018. The service is expected to cover the entire Kent area and has a number of hubs located in Tunbridge Wells, Folkstone, Canterbury, Dartford Maidstone and Ashford. The service is one of few all age eating disorder services established across England and has had to consider having a staff team that is appropriate to working with the needs of all age groups.

One strength for this service is having the generic CAMHS team in the same building as the All Age Eating Disorders Team. This has allowed for the teams to share information and support one another including joint assessments, shared resources and shared training. The generic CAMHS team suggested that the joint working arrangements could be enhanced through joint training on specific areas and sharing materials that can improve how the staff from both teams work with young people. One suggestion would be for both teams to have an away day where training can be delivered by both teams to support one another’s learning and making decisions on how the two teams work together in the future i.e. defining the difference and key responsibilities in managing young people from each team.

One challenge for this service is that only some young people are managed through a care plan framework. One suggestion would be for young people to be managed through a care plan framework which allows for a better consistency across the staff team in how they work with young people and their families. This would also allow for the information from the care plan to be transferred into information to be provided to the young person and their parents/carers either through a letter or email which summarises developments in their care plan.
Feedback on the review:
We would like to thank the host team for welcoming us to Kent and Medway All Age eating Disorder Service and for their hospitality. Staff were open, honest, and keen to reflect on and develop their current practices. Staff were fully engaged in the review process and we hope the process was constructive and useful for them. We would like to thank the multi-agency partners for sharing their views in our multi-agency discussion. We would also like to thank the parents/carers who contributed to our feedback, and shared their views and experiences. Unfortunately, we were not able to speak to gather any feedback, views and experiences from young people.

Main Strengths:
Referral and Access
- Parents/carers reported that they received enough information prior to their first appointment. They knew what to expect and who they would be meeting with.
- Parents/carers stated that they did not have to wait too long for their first appointment.

Assessment and Care planning
- Parents/carers reported being able to receive their first appointment after five days from the referral.

Care and Intervention
- Staff provided a parent only session at the start of treatment to think about how parents/carers can support their children to look after themselves.
- Parents/carers reported that they are usually able to see the same member of staff for appointments. Having consistency with the same clinician is helpful.

Information, Consent and Confidentiality
- Parents/carers thought that the information received from the service was clear and easy to understand.
- Parents/carers felt that information about the right to refuse treatment is clearly explained to them.

Rights and Safeguarding
- Parents/carers had a good understanding of Gillick competency.
- Parents/carers felt that their complaints would be taken seriously.

Staffing and Training
• Parents/carers stated that the staff are approachable.
• The service has done really well to set-up a service that is fully recruited to and able to provide an all-age service.
• The team make good use of the MARSIPAN protocols.
• There is good use of outcome measures by the service.

Location, Environment and Facilities
• Having the generic CAMHS team in the same building can be very beneficial to the Eating Disorder Service (EDS) team, including joint assessments, shared resources and shared training.
• A Phlebotomist is available to the EDS and the generic CAMHS team.
• Toys are stored in a cupboard and cleaned after each use.

Main Challenges and Advice:

Referral and Access
• Some parents/carers did not recall receiving an appointment letter prior to the first appointment. It may be helpful for the parent/carer to receive an email with the information if there is not enough time before the first appointment.

Assessment and Care planning
• Parents/carers stated that they were not involved in the development of a care plan for their child.
• Care plans could be developed and shared with the parent/carers in writing or by email. It would be recommended that all young people have a written care plan which would allow for a clear framework to work with alongside parents/carer and with young people.

Care and Intervention
• Parents/carers reported that they have not been asked/ surveyed on whether they are happy with the service being received.

Information, Consent and Confidentiality
• Parents/carers would like to have more written information regarding diagnosis and treatment, and the difference between the EDS and the Generic CAMHS team and what is being offered.
• The service could think about co-producing materials with young people and parents/ carers and also to discuss what young people and parents/carers would like to receive i.e. letters about progress.
• The service would benefit from having better communication with parents/carers and young people, to ensure they are provided with
sufficient information and are happy with the service/treatment being delivered.

Rights and Safeguarding
- Parents/carers did not have good awareness of confidentiality and its limitations, ensure this is explained in the initial meeting or as part of Welcome Packs.
- Parents/carers stated that they have not been informed about advocacy services, ensure this is explained in the initial meeting or as part of Welcome Packs.

Staffing and Training
- The multi-agency partners mentioned that it can be difficult to determine the difference between disordered eating and eating disorders.
- Multi-agency partners stated there are blurred lines between the needs of a patient as to whether they should be accessing services from the eating disorder service in supporting a young person with other co-morbid difficulties.
- Multi-agency partners would like to have more training i.e. understanding ARFID, and weight-for-height calculations. Staff turnover means that staff may not all have had the training.
- The generic CAMHS team would like a joint team away day to allow for shared training and resources i.e. what patients should be expecting from each team in terms of their care.
- The staff team are currently enough for just a young person service, there is a need for increased staffing numbers to meet the demand as an all age eating disorder service.

Location, Environment and Facilities
- Parents/carers reported that the Canterbury location can be quite busy with a range of people with mental health conditions and eating disorders.
- The Maidstone location can be quite busy with a range of cases for the all age EDS and the generic CAMHS team.
- Parents/carers stated that the service relies on parents/carers to have a lot of flexibility in their working schedules to be able to attend appointments.
- The waiting area can be quite busy for both generic CAMHS and all age EDS cases.
- The clinic rooms and the waiting room and communal spaces appeared to be quite bland and quite clinical.
- A radio in the waiting room can be beneficial.
- The clinic room needs a paper sheet for the bed and a screen for privacy.
• The generic CAMHS team stated that it can often be difficult to book rooms in the building as the space is shared by both teams.
• It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the ED team do manage this well by using another exit path if there a patient requiring urgent medical attention.

Summary of Multi Agency Discussion:

Agency Represented: Integrated Team Manager for Generic CAMHS Team

Successes
- Having both the ED team and the Generic CAMHS teams located in the same building. This means that information/cases can be shared well between the two teams.
- The team will work jointly with the generic CAMHS team to complete assessments. This means they can filter cases to the appropriate team.
- The team have a SPA which allows for referrals to be filtered to the appropriate service.
- The EDS have provided training to the generic CAMHS team on the MARSIPAN and the weight for height monitoring.
- The team are considered to be quite good at communicating with the generic CAMHS team.
- The two teams share a phlebotomist on-site, which has really supported how both teams are able to work with the young people.
- The EDS team are able to successfully cover the demands of the large geographic area in Kent.

Challenges
- Room bookings can be quite difficult, as both teams are trying to book out the rooms for appointments.
- The difference between eating disorder and disordered eating can become quite blurred. It can be difficult to work out who is responsible for managing a case with these presentations.
- It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the EDS team do manage this well by using another exit path if there a patient needing urgent medical attention.
- It is sometimes unclear about who (ED team or Generic CAMHS team) does the physical monitoring of eating disorder patients.
- There is a need for more clarity on managing patients who are losing weight in the context of an anxiety disorder.
- The service has a large geographical area to cover which can be challenging to meet the demands of the area, particularly as there are a large number of grammar schools.

Next Steps
- More training from the Eating disorder team i.e. MARISPAN, weight for height (calculating and flags), going through a meal plan as an early intervention prior to referral to Eating Disorder Service.
- More online resources for young people and parents/carers.
- More resources on the shared drive could help the generic CAMHS team to be able to refer to information for young people and their families.
- More understanding of managing cases of ARFID would be very beneficial.
- The trust does well to support weight management and staff wellbeing. Perhaps there could be something delivered by the EDS team to support staff wellbeing.

**Agency Represented: Mental Health Worker (Generic CAMHS)**

**Successes**

- EDS and the generic CAMHS teams share resources through a shared drive.
- Sharing an office is quite helpful, so the teams can have some discussions.
- The team are really friendly and easy to approach.

**Challenges**

- Young people and their families can get quite confused about the difference between generic CAMHS and the eating disorder service. They sometimes come in for appointments and are unsure of who they are coming in to see.
- The waiting area can get quite busy as it is shared with generic CAMHS and all age EDS patients.
- Parking can be an issue for patients. They will often need to use public transport or park off-site. They can also request parking spaces.

**Next Steps**

- More information on the pathway for eating disorders
- Getting a better understanding of the differences between disordered eating and eating disorders. Having a joint away day to get an overview of how the two teams work and also some training delivered to all staff.
# Referral and Access

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## Areas of Achievement

- Parents/carers reported that they received enough information prior to their first appointment and knew what to expect and who they would be meeting.
- Parents/carers stated that they did not have to wait too long for their first appointment.

## Areas for Improvement

- Some parents/carers felt it would be helpful to know what would happen for young people who struggle with uncertainty.

## Comments from Parents – Areas of Achievement

### Parents

- We received some information and a phone call about the service and what it offers. We thought this was the right amount of information.
- The information we received prior to the first appointment meant that we knew what to expect and who we would be meeting with.
- We only had to wait 5 days for our first appointment. We were told it would take 5 days.
- We felt we’re able to phone the CEDS team at any time if we had any questions.
- The team were very flexible with appointment times, they helped to decrease missing school and the dietitian could offer phone appointments to reduce travel.
- We were able to see a psychiatrist and be referred to CAHMS very quickly.

## Comments from Parents – Areas for Improvement

### Parents

- Some of us felt it would be helpful to know what would happen for patients who struggle with uncertainty.
### Assessment and Care Planning

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**Areas of Achievement**

- Parents/carer reported being able to receive their first appointment after 5 days from the referral.

**Areas for Improvement**

- Some parents/carer did not recall receiving an appointment letter prior to the first appointment. It may be helpful for the parent/carer to receive an email with the information if there is not enough time before the first appointment.
- Parents/carer stated that they were not aware of not involved in the development of a care plan for their child.

**Comments from Parents/Carers – Areas of Achievement**

- We didn’t have to repeat the information we provided to different agencies, which was helpful.

**Comments from Parents/Carers – Areas for Improvement**

- We did not see or know of and were not involved in the development of a care plan.
- We would appreciate a separate appointment with and without Parents/Carers initially.
Care and Intervention

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**Areas of Achievement**

- Staff provided a parent only session at the start of treatment to think about how parents/carers can they can help their children to look after themselves.
- Parents/carers reported that they are usually able to see the same member of staff for appointments. Having consistency with the same clinician was helpful.

**Areas for Improvement**

- Care plans could be developed and shared with the parent/carers in writing or by email.
- Parents/carers reported that they have not had a review of whether they are happy with the service being received.

**Comments from Parents/Carers – Areas of Achievement**

- Staff provided a parent only session early on in treatment to think about how we can help our children to look after themselves. This helped me feel like things were going to be okay.
- We are usually able to see the same member of staff for appointments. Having consistency with the same clinician was helpful.
- We are able to let staff know if we are unhappy with how things are going with the therapist or keyworker.
- Our child feels physically safe and has a clear understanding that treatment will take time

**Comments from Parents/Carers – Areas for Improvement**

- We did not receive any information about treatments or side effects of medication for our children and as such have not been presented with treatment options except in crisis.
- Since changing to phone appointments, the dietitians are not dealing directly with young people and as a result we feel our children are less compliant with treatment plans.

**Following on from the consultation period, the service responded that:**
Dietitians do offer face to face appointments.
• We do not find the staff being separated by specialties to be helpful.
• Young people can only be assigned one therapist in CAHMS or CEDS which we find concerning.  

**Following on from the consultation period, the service responded that:**
This is not the case as young people can access multiple staff. They can only access one therapy at any one time, they can access other therapeutic interventions at the same time.
Information, Consent and Confidentiality

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**Areas of Achievement**

- Parents/carers thought that the Information received from the service was clear and easy to understand.
- Parents/carers felt that information about the right to refuse treatment is clearly explained to them.

**Areas for Improvement**

- Parents/carers would like to receive written information regarding the treatment their child will receive.
- Parents/carers would like to have more written information regarding diagnosis and treatment, and the difference between the EDS and the Generic CAMHS team and what is being offered.
- The service could think about getting young people and parents/carers involved in designing materials and also to discuss what young people and parents/carers would like to receive i.e. letters about progress.
- The service would benefit from having better communication with parents/carers and young people.
- It would be recommended that all young people have a written care plan which would allow for a clear framework to work with alongside parents/carers and with young people.

**Comments from Parents/Carers – Areas of Achievement**

- We thought that the Information received from the service was clear and easy to understand. Some of our CPA reports were either late or were not found.
- We feel that information about the right to refuse treatment is clearly explained to us.
- Staff always verbally ask for our /our children’s agreement to be treated.
• A service leaflet would be useful describing the interface between CAHMS and CEDS.
• We are concerned that there was not a written treatment agreement document to sign.
• We would like to receive more information on sharing information and confidentiality to be provided.
Rights and Safeguarding

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<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

**Areas of Achievement**
- Parents/carers had a good understanding of Gillick competency.
- Parents/carers felt that their complaints would be taken seriously.

**Areas for Improvement**
- Parents/carers did not have good awareness of confidentiality and its limitations.
- Parents/carers stated that they have not been informed about advocacy services.

**Comments from Parents/Carers – Areas of Achievement**
- We feel that staff treat us and our children with dignity and respect.
- We definitely feel listened to and staff are always friendly and approachable.
- We feel that complaints would be taken seriously.

**Comments from Parents/Carers – Areas for Improvement**
- Staff have not explained to us about advocacy services.
## Transfer of Care

<table>
<thead>
<tr>
<th>Standard</th>
<th>Total no. of criteria examined</th>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met</th>
<th>Don't Know</th>
<th>N/A</th>
<th>% Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>100</td>
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<td>2</td>
<td>15</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>92</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Total</td>
<td>29</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>96</td>
</tr>
</tbody>
</table>

### Areas of Achievement

- None stated

### Areas for Improvement

- Some parents/carers were unclear on the discharge process

### Comments from Parents/Carers – Areas of Achievement

- Staff have informed of us a provisional timeframe leading up to our child leaving the service

### Comments from Parents/Carers – Areas for Improvement

- We are not sure what happens once our children are discharged from the service
# Multi-Agency Working

<table>
<thead>
<tr>
<th>Standard</th>
<th>Total no. of criteria examined</th>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met</th>
<th>Don't Know</th>
<th>N/A</th>
<th>% Met</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>13</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
<td>0</td>
<td>0</td>
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<td>100</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
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<td><strong>95</strong></td>
</tr>
</tbody>
</table>

### Areas of Achievement

- None Stated

### Areas for Improvement

- None Stated

### Comments from Parents/Carers – Areas of Achievement

- None Stated

### Comments from Parents/Carers – Areas for Improvement

- None Stated
### Staffing and Training

<table>
<thead>
<tr>
<th>Standard</th>
<th>Total no. of criteria examined</th>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met</th>
<th>Don't Know</th>
<th>N/A</th>
<th>% Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>27</td>
<td>26</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>98</td>
</tr>
<tr>
<td>2</td>
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<td>27</td>
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<td>91</td>
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<td>3</td>
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<td>0</td>
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<td>81</td>
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<tr>
<td>Total</td>
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<td>58</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>93</td>
</tr>
</tbody>
</table>

### Areas of Achievement

- Parents/carers stated that the staff are approachable.
- The service has done really well to set-up a service that is fully recruited to and able to provide an all-age service.
- The team make good use of the MARSIPAN protocols.
- There is good use of outcome measures by the service.

### Areas for Improvement

- Parents/carers felt that the service does not do enough joined-up working and clinicians work quite separately. Seeing different people for different aspects of the care.

**Following on from the consultation period, the service responded that:**

- All cases are discussed in various forums e.g. MDT and supervision. We acknowledge that this could be shared better such as via care plans.
- The multi-agency partners mentioned that it can be difficult to determine the difference between disordered eating and eating disorders.
- Multi-agency partners stated there are blurred lines between the needs of a patient between eating disorder and their other mental health conditions.
- Multi-agency partners would like to have more training on understanding ARFID, weight-for-height calculations. Staff turnover means that staff may not all have had the training.
- The generic CAMHS team would like a joint team away day to allow for shared training and resources i.e. what patients should be expecting from each team in terms of their care.
- The staff team are currently enough for just a young person service, there is a need for increased staffing numbers to meet the demands for the number of referrals.

### Comments from Parents/Carers – Areas of Achievement

- None Stated
<table>
<thead>
<tr>
<th>Comments from Parents/Carers – Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None Stated</td>
</tr>
</tbody>
</table>
### Location, Environment and Facilities

<table>
<thead>
<tr>
<th>Standard</th>
<th>Total no. of criteria examined</th>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met</th>
<th>Don't Know</th>
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<td>8</td>
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<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>94</td>
</tr>
</tbody>
</table>

### Areas of Achievement

- Having the generic CAMHS team in the same building can be very beneficial to the EDS team, including joint assessments, shared resources and shared training.
- A Phlebotomist is available to both the EDS and the generic CAMHS team.
- Toys are stored in a cupboard and cleaned after each use.

### Areas for Improvement

- Parents/carers reported that the Canterbury location can be quite busy with a range of people with mental health conditions and eating disorder.
- The Maidstone location can be quite busy with a range of cases for the all age EDS and the generic CAMHS team.
- Parents/carers stated that the service relies on parents/carers to have a lot of flexibility in their working schedules to be able to attend appointments.
- The waiting area can be quite busy for both generic CAMHS and all age EDS cases.
- The clinic rooms and the waiting room and communal spaces appeared to be quite bland and quite clinical.
- A radio in the waiting room can be beneficial.
- The clinic room needs a paper sheet for the bed and a screen for privacy.
- The generic CAMHS team stated that it can often be difficult to book rooms in the building as the space is shared by both teams.
- Room bookings can be quite difficult, as both the generic and ED teams are trying to book out the rooms for appointments.
- It can be quite distressing for young people accessing the generic CAMHS service to see some severely unwell patients. However, the ED team do manage this well by using another exit path for a patient needing urgent medical attention.

### Comments from Parents/Carers – Areas of Achievement

- None Stated
<table>
<thead>
<tr>
<th>Comments from Parents/Carers – Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The environment is not the most pleasant place to be, however we have always been made to feel comfortable.</td>
</tr>
<tr>
<td>• The unit relies on us not working or having flexible hours</td>
</tr>
</tbody>
</table>
## Commissioning

<table>
<thead>
<tr>
<th>Standard</th>
<th>Total no. of criteria examined</th>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met</th>
<th>Don't Know</th>
<th>N/A</th>
<th>% Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
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<tr>
<td>2</td>
<td>4</td>
<td>4</td>
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<td>0</td>
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<tr>
<td>3</td>
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<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
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<td>0</td>
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<td>100</td>
</tr>
</tbody>
</table>

### Areas of Achievement
- None Stated

### Areas for Improvement
- None Stated

### Comments from Parents/Carers – Areas of Achievement
- None Stated

### Comments from Parents/Carers – Areas for Improvement
- None Stated
## Summary of Scores

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Met Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral and Access</td>
<td>12 (100%)</td>
</tr>
<tr>
<td>Assessment and Care Planning</td>
<td>27 (88%)</td>
</tr>
<tr>
<td>Care and Intervention</td>
<td>24 (89%)</td>
</tr>
<tr>
<td>Information, Consent and Confidentiality</td>
<td>21 (92%)</td>
</tr>
<tr>
<td>Rights and Safeguarding</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Transfer of Care</td>
<td>21 (96%)</td>
</tr>
<tr>
<td>Multi-Agency Working</td>
<td>19 (95%)</td>
</tr>
<tr>
<td>Staffing and Training</td>
<td>58 (93%)</td>
</tr>
<tr>
<td>Location, Environment and Facilities</td>
<td>23 (94%)</td>
</tr>
<tr>
<td>Commissioning</td>
<td>10 (100%)</td>
</tr>
</tbody>
</table>
Appendix 1: QNCC Annual Cycle

The QNCC cycle
The network combines the audit cycle with the benefits of a peer-support network. Standards are agreed each year and then applied through a process of self-review, and external peer-review where members visit each other’s services. The peer-review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate. The results are fed back in local and national reports and action is taken to address any development needs that have been identified. The process is ongoing rather than a single iteration.

QNCC Annual Cycle

The review process
The review process has two phases: a) the completion of a self-review questionnaire which was sent out to all member services and b) an external peer-review

Self-review
The self-review questionnaire is essentially a checklist of QNCC standards against which services rate themselves, supplemented with more exploratory items to encourage discussion around achievements and areas for improvement. The self-review process helps staff in a service to prepare for the external peer-review and become familiar with the standards.
### Appendix 2: Team Profile

The following information has been provided by the team:

<table>
<thead>
<tr>
<th>CAMHS Team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Name:</strong></td>
<td>Kent and Medway All Age Eating Disorder Service</td>
</tr>
<tr>
<td><strong>Team Name:</strong></td>
<td>AAEDS</td>
</tr>
<tr>
<td><strong>Contextual Information:</strong> E.g. plans to relocate, merge, threat of closure, or any other significant info reviewers should know about prior to the visit</td>
<td>Service was commissioned on the 1st September 2017. The service was fully operational from April 2018 after a consultation period. Most staff came from either the previous adult service or the child services. We work across a wide geographical area.</td>
</tr>
<tr>
<td>What is the total population (child and adult) served by your team? (e.g. 187,000)</td>
<td>1846500</td>
</tr>
<tr>
<td>What is the total number of whole time equivalent (WTE) clinical staff in your team?</td>
<td>20</td>
</tr>
<tr>
<td>Number of whole time equivalent (WTE) clinical staff per 100,000 total population</td>
<td>1.1</td>
</tr>
<tr>
<td>What is the number of whole time equivalent (WTE) professions within your team?</td>
<td>16</td>
</tr>
</tbody>
</table>
| Which evidence-based interventions are the team trained in?               | Family Therapy AN  
Dialectical Behavioural Therapy  
MANTRA  
Family Therapy  
Multifamily therapy |
<p>| What is the number of whole time equivalent (WTE) administrative staff in your team? | 3.3                                                              |
| What is the total caseload for your team? (active cases only)             | 550                                                              |
| From which sources do you receive most of your referrals? (e.g. GPs, school nurses, social services) | GP's                                                             |
| Proportion of referrals accepted in last 6 months                         | 85                                                               |
| For your team within the last 6 months: Please state the average waiting time for routine assessments in weeks | 3                                                                |
| For your team within the last 6 months: Please state the average waiting time for treatment in weeks (from the point of referral) | 3                                                                |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>For your team within the last 6 months: What is the total percentage of missed appointments (Did Not Attends) in this period?</td>
<td>12</td>
</tr>
<tr>
<td>For your team within the last 6 months: What is the total percentage of cancelled appointments in this period?</td>
<td>5</td>
</tr>
<tr>
<td>For your team within the last 6 months: How many cases were closed/discharged in this period? (including transition to adult services)</td>
<td>512</td>
</tr>
<tr>
<td>For your team within the last 6 months: How many clients disengaged with your service in this period (i.e. before planned discharge)</td>
<td>0</td>
</tr>
<tr>
<td>Does your team experience difficulties accessing inpatient CAMHS beds?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have an inpatient CAMH service in your locality?</td>
<td>Yes</td>
</tr>
<tr>
<td>For your team within the last 6 months: How many cases were referred to in-patient CAMHS in this period?</td>
<td>14</td>
</tr>
<tr>
<td>How many of these referrals to in-patient CAMHS were accepted (i.e. admitted)?</td>
<td>14</td>
</tr>
<tr>
<td>How many of these accepted referrals were out of area?</td>
<td>12</td>
</tr>
<tr>
<td>What are the primary reasons for referred cases not being admitted to in-patient CAMHS? (e.g. insufficient beds, cases do not meet admission criteria)</td>
<td>None</td>
</tr>
<tr>
<td>What happens to young people who are referred but not admitted to in-patient CAMHS? (e.g. admitted to day-patient service, managed within community CAMHS; admitted to paediatric or adult ward)</td>
<td>Managed within the community We also currently have 9 at the intensive day program run by CEDS at SLAM We do not have a day program locally within Kent</td>
</tr>
<tr>
<td>Are there other CAMHS teams locally who are serving the same population? E.g. A crisis team, an LD CAMHS team etc</td>
<td>Crisis team Locality Teams</td>
</tr>
<tr>
<td>Is your service a member of CYP IAPT?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is your service a member of CORC?</td>
<td>No</td>
</tr>
<tr>
<td>Does your team use CAPA?</td>
<td>No</td>
</tr>
<tr>
<td>When was your last CQC inspection?</td>
<td>2019</td>
</tr>
<tr>
<td>How many hours of training have you delivered to partner agencies in the past 6 months? (please give details of the training)</td>
<td>Approx. 15 hours We completed to paediatric wards, schools and partner agencies such as insight.</td>
</tr>
<tr>
<td>Main strengths:</td>
<td>Good team with a high level of expertise and skill. Team have a lot of experience. Able to recruit with minimal difficulties to most</td>
</tr>
</tbody>
</table>
professions. Staff all have evidence-based training

| Main challenges:                          | High level of referral  
|                                          | Working across age span needs more training and expertise.  
|                                          | No day service in area  
|                                          | Due to the high levels of referrals and urgency we are less able to do early intervention. |

**ADDITIONAL INFORMATION:** Please use the space opposite if you have any more information to add.

Please note that's some of the figures above relate to the whole pathway and not child/YP specific. I have requested specific under 18 data from our performance team for review. The whole time clinician is across the service not CAMHS. I have not included psychiatrists within this but can talk this through at the review.
Appendix 3: The Review Booklet

The following booklet contains complete data and comments made during the self- and peer-reviews.

**Partly Met Criteria**

**Assessment and Care Planning**

<table>
<thead>
<tr>
<th>Number</th>
<th>Rating</th>
<th>Standard and Criteria</th>
<th>Self Review Comments</th>
<th>Peer Review Comments</th>
</tr>
</thead>
</table>
| 2.3.1  | 2      | For planned assessments the team sends letters in advance to young people that include:  
- The name and designation of the professional they will see;  
- An explanation of the assessment process;  
- Information on who can accompany them; How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there | We are in the process of updating standard letters, so the relevant information is included (especially information regarding assessment of basic physical checks blood pressure, weight, height and wearing suitable clothing for this). | The appointment letter does not include who the young person will be. Recommendation: Can include a brief description in the letter that the service is a multi-disciplinary team and perhaps include a brief description of the roles within the team. |
<p>| 2.4.1d | 1      | The involvement of siblings and other | We invite any members of the family | The team were not sure they routinely |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Code</th>
<th>Description</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.1e</td>
<td>1</td>
<td>If the outcome of the assessment is an offer of treatment/intervention, goals are agreed in collaboration with young people and their parents/carers and are written down and scored using appropriate goal tracking measures. For example, Goal Based Outcomes to form a baseline measure of goal progress at assessment.</td>
<td>The team do not currently ensure goals are formally tracked. Recommendation: The team will need to consider how they can work on tracking goals more formally.</td>
</tr>
<tr>
<td>2.5.1b</td>
<td>2</td>
<td>The young person's level of functioning and communication needs and the impact of physical emotional components to ED always recorded.</td>
<td>The team does consider this standard in terms of the young person’s neurodevelopmental needs i.e. ASD etc.</td>
</tr>
<tr>
<td>2.6.1</td>
<td>1</td>
<td>Every young person has a written care plan, reflecting their individual needs and preferences. Session progress notes would indicate that these factors have been considered as they arise in the treatment process.</td>
<td>The team have a care plan for each individual at assessment and then filled out on RiO. The care plan tab is then added to the letter. Recommendation: The care plan tab</td>
</tr>
</tbody>
</table>
can be transferred to the letter and then young people could be asked to sign their care plan letter. This will ensure that young people and their families receive clear communication from the service on a regular basis. Administrators could flag up cases that are coming up to 5-6 months in treatment. The team can then review the case and determine the next course of action i.e. run another set of ROMS or change the treatment. A case can then be taken off the care plan if it is no longer required.

| 2.6.2 | 1 | The team reviews and updates care plans according to clinical need or at a minimum frequency that complies with College Centre for Quality Improvement specialist standards. Guidance: In line with the AWT standard, the care plan will be reviewed at 4 weeks and at least every 3 months thereafter. | Cases are regularly discussed in supervision, MDT and RIO notes updated accordingly. |
| 2.7.1 | 1 | The practitioner develops the care plan collaboratively with the young As far as NICE recommended treatments are indicated this is |
2.7.2 The young people and their parents/carers (with young person consent) are offered a copy of the care plan and the opportunity to review this. Care plans are contained in the assessment letters and as treatment progresses this is updated in casenotes and shared in sessions.

2.7.3 Wherever an element of intervention detailed in the care plan does not take place, reasons for this are recorded in the case notes and discussed with the young person and their parents/carers. Wherever possible this would be taken into account e.g. if FTAN contraindicated, YP would be offered CBTE or adolescent focussed psychotherapy as per NICE recommended guidelines. The team will need to ensure this information is formally recorded that they have recorded the reasons in case notes and also discussed with the young person and their parents/carers.

### Care and Intervention

<table>
<thead>
<tr>
<th>Number</th>
<th>Rating</th>
<th>Standard and Criteria</th>
<th>Self Review Comments</th>
<th>Peer Review Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.8</td>
<td>1</td>
<td>Growth, pubertal and bone density monitoring is offered to young people at risk of long term complications of their eating disorder and if action is required, there is a formalised way of following this up</td>
<td>Growth and bone density is monitored. No formalised follow up however we refer and follow up by referring to paediatric endocrinologist. We hope to develop this further with our newly appointed paediatrician.</td>
<td>The paediatrician and dietician have been asked to put together some guidance on understanding growth and bone density data. The team are planning to develop this so that it is systematically monitored and followed</td>
</tr>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td><strong>3.1.10</strong></td>
<td>1</td>
<td>The service has a protocol for review of treatment response and change in treatment approach or alternatives offered if no response</td>
<td>SOP has protocol for no response.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If there is not response it is a raised with the MDT.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.2.2</strong></td>
<td>2</td>
<td>Young people and their parents/carers are provided with information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention</td>
<td>Staff discuss evidence base when starting treatment.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>There is no formalised leaflet to include this information at present. Staff will discuss this information verbally. Recommendation: Leaflets would support the young person and their family members to be informed when they are making decisions and understand the interventions fully. A pack could be provided at assessment to ensure parents/carers have this information and also the information about being a carer/registering as a carer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.4.1</strong></td>
<td>1</td>
<td>All young people have a documented diagnosis if appropriate and a clinical formulation</td>
<td>We are working on developing this further through staff training and our standard operating procedures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The diagnosis is currently not made without a GP. Recommendation: The MDT meeting would help to support the young person to make a diagnosis with a psychiatrist or psychologist present. The formulation can be</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4.2 | 1 | Treatment for common comorbid problems is available within CEDS | Treatment for mild comorbid problems in available in CEDS. More severe difficulties are referred to CAMHS and we co-work. | The service is able to work closely with the CAMHS team to provide a joint assessment and provide treatment for common comorbid problems. Recommendation: If there is a pre-existing condition prior to their ED condition, this can be treated by the CAMHS team prior to being treated by the All Age ED service. |

3.4.3 | 1 | Paediatric care for both acute and chronic aspects of routine CEDS management include liaison with paediatric specialities and community services as needed | This is being developed further for chronic ill health. | The team are thinking about how they provide this for osteoporosis |

3.6.2 | 3 | Young people representatives and parents/carers attend and contribute to local and service level meetings and committees and are actively involved in service development | In development with our new assistant psychologist to assist with. | This has been offered at a basic level. The team are waiting for the assistant psychologist to develop this further so that it is more locality based. There is a participation worker who is able to...
Information, Consent and Confidentiality

<table>
<thead>
<tr>
<th>Number</th>
<th>Rating</th>
<th>Standard and Criteria</th>
<th>Self Review Comments</th>
<th>Peer Review Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.7</td>
<td>2</td>
<td>Information designed for young people and parents/carers is written with the participation of young people and parents/carers</td>
<td>Moving forwards, we would like to provide this in written documentation. We do have families who have come back to the parent carer group to support other families and carers.</td>
<td></td>
</tr>
<tr>
<td>4.1.8</td>
<td>3</td>
<td>CEDS facilitate initiatives in which young people receive information about the service from young people who have previously accessed the service</td>
<td>This is due to start in the MFT group in October 2019.</td>
<td></td>
</tr>
<tr>
<td>4.1.9</td>
<td>3</td>
<td>Young people are supported to complete their CYP mental health information passport. Passport guidance can be found here: <a href="https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-information-passport-template.docx">https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/cyp-information-passport-template.docx</a></td>
<td>We are aiming to introduce this into the service for the relevant young people.</td>
<td>Used when the team feel it is required i.e. with young people with ASD diagnosis.</td>
</tr>
</tbody>
</table>
Confidentiality and its limits are explained to the young person and parents/carers at the first assessment, both verbally and in writing.

Confidentiality is explained verbally at assessments.

There is a leaflet available now which were not embedded at the time of the self-review. Staff are expected to tick a box on RIO to state that the leaflet has been handed out to the young person and their parent/carer.

<table>
<thead>
<tr>
<th>Number</th>
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<th>Peer Review Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.2</td>
<td>2</td>
<td>Young people are referred to a unit that is as accessible as possible so that contact with home and family is maintained</td>
<td>Inpatient beds are managed by NHS England through the crisis team. Efforts are made to ensure the young person is placed as close to home as possible. However clinical need and availability of beds will take priority.</td>
<td>The service works within the limitations set out by the bed managers (NHS England / SLAM). Where possible, the team will try their best to make suggestions about the placement of a young person i.e. ease of access for parents/carers or if an admission is not working for them.</td>
</tr>
<tr>
<td>6.4.6</td>
<td>2</td>
<td>Joint reviews of young people's needs are held with adult services (e.g. using the CPA) and the young person to ensure that effective handover of care takes place</td>
<td>If the young person who has turned 18 requires treatment with an adult community mental health team alongside our service then joint reviews will be arranged. As an all age service we would not need to</td>
<td></td>
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</tbody>
</table>

Transfer of Care
handover eating disorder care as this would continue with the service past their 18th birthday.

**Staffing and Training**

<table>
<thead>
<tr>
<th>Number</th>
<th>Rating</th>
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<th>Peer Review Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2.1</td>
<td>2</td>
<td>There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service</td>
<td>Current capacity and demand review taking place.</td>
<td>There have been some challenges to recruiting into vacant posts. There is capacity and demand review taking place. The team are trying to fill posts as much as possible. Recommendation: Preceptorship posts for nursing and psychology roles may be beneficial.</td>
</tr>
<tr>
<td>8.2.5</td>
<td>2</td>
<td>Young people are involved in and influence the recruitment of new staff</td>
<td>Our participation envoy is in process of organising this (AP)</td>
<td>There is a process conducted through NELFT. The team are able to put forward young people to be trained for interviewing. Recommendation: Young people can help to design questions.</td>
</tr>
<tr>
<td>8.4.4</td>
<td>3</td>
<td>Clinical staff appraisals include feedback from young people and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Level</td>
<td>Description</td>
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</tr>
<tr>
<td>8.6.5</td>
<td>3</td>
<td>There is a commitment and financial support to enable staff to contribute to multi-centre clinical audit or research</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>All staff in service Clinical audit trained.</td>
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<tr>
<td></td>
<td></td>
<td>There are efforts being made by the service’s audit team to put together the data for an audit. The team’s dietitian is also conduction an audit.</td>
<td></td>
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</tr>
<tr>
<td>8.6.6</td>
<td>2</td>
<td>A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum</td>
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<td></td>
<td></td>
<td>DBT/AWT.</td>
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<tr>
<td></td>
<td></td>
<td>There are efforts being made by the service’s audit team to put together the data for an audit. The team’s dietitian is also conduction an audit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.6.7</td>
<td>3</td>
<td>The team, young people and parents/carers are involved in identifying priority audit topics in line with national and local priorities and young person feedback</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>As above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>There are efforts being made by the service’s audit team to put together the data for an audit. The team’s dietitian is also conduction an audit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.7.7</td>
<td>2</td>
<td>Skills to respond to special needs, including sensory impairments, learning disabilities and developmental disorders</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Through core trainings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.7.11</td>
<td>1</td>
<td>Recognising and communicating with young people with special needs, e.g. cognitive impairment or learning disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Through core trainings.</td>
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<tr>
<td>8.7.14</td>
<td>2</td>
<td>Carer awareness, family inclusive</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The team are working on developing</td>
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</tbody>
</table>
practice and social systems, including carers' rights in relation to confidentiality

this area further. Recommendation: Registering the parents/carer as a carer with the GP so they can be prioritised.

8.7.15 2 Young people, parents/carers and staff members are involved in devising and delivering training face-to-face

Recovered families attend carers group and MFT.

### Location, Environment and Facilities

<table>
<thead>
<tr>
<th>Number</th>
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<th>Peer Review Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.2</td>
<td>3</td>
<td>Young people and their parents/carers are able to use young person orientated waiting areas dedicated for the sole use of CEDS</td>
<td>Waiting rooms are shared with CAMHS and All Age ED Service Users.</td>
<td>The area is shared with CAMHS and All Age ED Service Users. This means that there can be adults in the waiting rooms waiting for their appointments. Young people and their families are escorted from reception to the meeting rooms.</td>
</tr>
<tr>
<td>9.3.2</td>
<td>2</td>
<td>CEDS centres are securely separated from adult services</td>
<td>Adults who use the ED service also use the waiting room.</td>
<td></td>
</tr>
<tr>
<td>9.3.3</td>
<td>1</td>
<td>When consultation takes place in a</td>
<td>Staff generally use NELFT sites which</td>
<td></td>
</tr>
<tr>
<td>new setting, staff carry out a risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation</td>
<td>have risk assessments but if not, they complete a risk assessment.</td>
<td></td>
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</tr>
<tr>
<td>Number</td>
<td>Rating</td>
<td>Standard and Criteria</td>
<td>Self Review Comments</td>
<td>Peer Review Comments</td>
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</tr>
<tr>
<td>7.2.2</td>
<td>1</td>
<td>The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence</td>
<td></td>
<td>The team should have an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence</td>
</tr>
</tbody>
</table>
## Appendix 4 – QNCC-ED Action Planning Guide

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify area for improvement</td>
<td>Who needs to be involved/informed and how?</td>
<td>Sources of support/information to develop plan</td>
<td>Human, financial and time resources you may need</td>
<td>Lead for each section and Deadlines</td>
</tr>
<tr>
<td>Identify and record the area for improvement.</td>
<td>Think about all those who may be affected by the action taken and how you aim to communicate with those involved.</td>
<td>Write in here any initiatives you can tap into – e.g. other trusts, national organisations</td>
<td>Write in the resources you think you may need</td>
<td>You can organise this section to suit the project</td>
</tr>
<tr>
<td>Before naming the identified area that you wish to target for change you may wish to consult with:</td>
<td>Who needs to be actively involved? Record name and contact details.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local QNCC-ED report findings</td>
<td>Who do you simply need to keep informed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the staff team</td>
<td>How do you aim to maintain communication?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• service users</td>
<td>At what time points will you need to communicate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• other relevant agencies, if appropriate.</td>
<td></td>
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</tr>
</tbody>
</table>

| | | | What funds will be required? | Project target (describe) & name of person responsible: |
| | | | How many hours a week or month will be required from staff in order to implement the action plan? | Date |

147  
147
Appendix 5 – QNCC-ED Action Planning Form

Please photocopy and complete for each targeted improvement – then return to QNCC-ED within one month.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify area for improvement</td>
<td>Who needs to be involved/informed and how?</td>
<td>Sources of support/information to develop plan</td>
<td>Human, financial and time resources you may need</td>
<td>Lead for each section and Deadlines</td>
</tr>
</tbody>
</table>
Summary

In January 2019, the Social Isolation Task Group review entitled ‘The Impact of Social Isolation in Medway’ was agreed by Cabinet. Prior to publication, this report had been presented to and considered by, the Health and Adult Social Care Overview and Scrutiny Committee in December 2018 and the Health and Wellbeing Board in February 2019.

The Task Group report considered the impact of social isolation and loneliness in Medway. It made a number of recommendations for actions that the Council and other organisations could take to reduce social isolation locally.

The Committee was provided a briefing note during Summer 2019 to provide an update on each of the review’s recommendations. It was requested that a further update be presented to the Committee after six months.

The attached progress report (Appendix 1) summarises progress against each of the review’s recommendations.

1. Budget and Policy Framework

1.1 Under Chapter 4 of the Constitution (Part 5 – Overview and Scrutiny Rules - paragraph 21.1 (xvii)), each overview and scrutiny committee has the responsibility to appoint time limited Task Groups to undertake in-depth reviews. The overall programme of reviews is agreed each year by the Business Support Overview and Scrutiny Committee. Review findings and recommendations are presented to the Council, Leader and Cabinet as appropriate. The review topic, ‘The Impact of Social Isolation in Medway’ falls within the remit of the Health and Adult Social Care Overview and Scrutiny
Committee. The report recommendations are also relevant to the work of the Health and Wellbeing Board.

1.2 The recommendations arising from the review are consistent with the Council’s Policy Framework.

2. Background

2.1 On 30 November 2017 the Business Support Overview and Scrutiny Committee identified a number of topics for the undertaking of in-depth scrutiny reviews, one of which was Social Isolation. The Task Group commenced its work in May 2018.

2.2 The Membership of the Task Group included Councillors Purdy (Chairman), Aldous, McDonald, Price and Wildey.

2.3 The findings of the Task Group were first reported to the Health and Adult Social Care Overview and Scrutiny Committee in December 2018. The report was presented to Cabinet in January 2019, with Cabinet having accepted all the recommendations. In February 2019, the report was also considered by the Health and Wellbeing Board.

2.4 The attached progress report (Appendix 1) provides an update on the progress made against the recommendations of the review thus far. This follows an update that was provided to the Committee as a briefing note in summer 2019.

3. Conclusions and Recommendations of the Social Isolation Task Group

3.1 The conclusions of the task group are outlined in the Social Isolation Task Group report, which is included as a background paper. The Task Group made 23 recommendations, spanning a range of areas, which can be seen in Appendix 1.

4. Progress against task group recommendations

4.1 There has been further work undertaken in relation to implementation of the report recommendations. This section provides a highlight of the major achievements to date:

- The A Better Medway Campaign continued to achieve an array of media coverage, including KMTV and Radio Kent. The ‘Chatty Bench’ tour generated the best performing posts on the A Better Medway social media pages. Currently 640 pledges have been made by individuals to reduce social isolation in Medway.
- The Medway Social Prescribing Network will go live in March 2020.
- The ‘Simply Connect’ Medway database currently offers 1000+ activities to help reduce loneliness and social isolation. The database will form a key resource to support the launch in March of the Medway Social Prescribing offer.
- The ongoing social isolation awareness training workshops have been expanded to support more agencies in Medway. To date 115 people have received the training, including A Better Medway Champions.
4.2 Further updates on the progress against the recommendations are included in the ongoing action plan at Appendix 1.

5. **Risk management**

5.1 There are no risks directly arising from the report. The impact of the recommendations contained in Appendix 1 are focused on helping to reduce social isolation in Medway and, as such, no risks are identified to delivery.

6. **Financial implications**

6.1 There are no direct financial implications arising from this update report.

7. **Legal implications**

7.1 There are no legal implications arising from this update report.

8. **Recommendation**

8.1 The Committee is asked to note the progress made against the Task Group recommendations.

**Lead officer contacts**

Colin Thomson, Consultant in Public Health  
Telephone: 01634 332633 Email: colin.thompson@medway.gov.uk

**Appendixes**

Appendix 1 – Social Isolation Task Group Progress Report

**Background papers**

Social Isolation Task Group Report  
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### Recommendations of the Social Isolation Task Group – ‘The Impact of Social Isolation in Medway’

<table>
<thead>
<tr>
<th>Recommendation No.</th>
<th>Text of Recommendation</th>
<th>Update July 2019</th>
<th>Update March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>That Cabinet asks the Chief Finance Officer to investigate how Council Tax and benefit related correspondence could be utilised to send out information about social isolation and to work with Public Health and Voluntary Sector Partners to identify what information could be provided.</td>
<td>The opportunity to include a link to the online “Staying Connected” Booklet as part of Council corporate communications in the autumn is being scoped by finance. This booklet outlines services and support for over 55s who may be lonely or isolated.</td>
<td>An awareness and information leaflet has been produced for inclusion with all council tax correspondence. Due to the cost of producing the volume of leaflets, this information will be scheduled for the 2021 correspondence.</td>
</tr>
<tr>
<td>2</td>
<td>That Cabinet requests that Bereavement Services consider how to engage, with appropriate sensitivity, with individuals observed to repeatedly visit Medway cemeteries alone, in order to establish whether the person feels isolated or lonely and if so, to signpost them to appropriate services, for example those in the Staying Connected resource.</td>
<td>Bereavement services staff have attended social isolation training and evaluation shows staff have increased knowledge of services available and how to signpost people to support. Bereavement services have updated their website to include the Staying Connected booklet. Staying Connected booklets are now available at Medway crematorium and at Council owned cemeteries.</td>
<td>At the Crematorium, work is ongoing to reduce social isolation. This includes supplying literature and advice for the bereaved and attendees. We also, when seeing people at reception have a policy of offering both verbal and signposting help and assistance to reduce the risk of social isolation.</td>
</tr>
<tr>
<td>Recommendation No.</td>
<td>Text of Recommendation</td>
<td>Update July 2019</td>
<td>Update March 2020</td>
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<tr>
<td>3</td>
<td>That Cabinet requests that Housing Management / Strategic Housing: i) Works with contractor Mears and MHS Homes to further develop community involvement activities within social housing developments in Medway which aim to promote community connectedness and reduce isolation.</td>
<td>i) Reducing loneliness and social isolation is addressed at ongoing meetings with contractors Mears and MHS Homes. This includes awareness of support available across Medway. MHS Homes are also a member of the Medway Social Isolation Network.</td>
<td>i) Mears and Housing officers frequently visit tenants and identify tenants in social isolation. Work is underway to develop a referral process with the tenancy support team. Mears to meet with Public Health to look at additional workforce awareness and signposting as part of Mears toolbox talk sessions. Medway Community Team are supporting Mears at community events, including Big Lunch; Bake Off; Queens Birthday Celebrations, and community events that promote meaningful connections and prevent social isolation and loneliness. Work is ongoing with the Kent Engagement Group (KEG) looking at, and tackling the issue of the stigma of social housing and social isolation. Optivo have developed a survey to better understand and tackle the stigma associated with social housing across providers and local authorities in Kent and Medway. Optivo are funding the survey which will capture post code data. KEG Members have been invited to share information at the June meeting about what their individual organisations are undertaking to tackle stigma.</td>
</tr>
<tr>
<td>Recommendation No.</td>
<td>Text of Recommendation</td>
<td>Update July 2019</td>
<td>Update March 2020</td>
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<tr>
<td>3</td>
<td>ii) Investigates the feasibility of people living in sheltered housing, who are not otherwise visited by friends or relatives on a regular basis, receiving regular weekend visits, linking up with the voluntary sector.</td>
<td>ii) An item is scheduled for the September social isolation network to look at housing and isolation and identify opportunities for partners to work more closely together.</td>
<td>ii) Sheltered Schemes are providing a range of social activities. These include coffee mornings, social clubs and inter-scheme activities. Marlborough House offers a dementia support group, and the local Primary school at Woodchurch House visit the scheme weekly and run intergenerational activities with tenants. St Marks Church attends the scheme once a month. The Community Development Team have held mix-mingle events at Medway’s sheltered schemes to reduce loneliness and social isolation of residents. This enables the tenant to build social connections in their local communities, and actively engage in social events as well as educational and cultural activities. Adult Education have held successful taster sessions at Medway’s sheltered schemes; these include Tai Chi, Ukulele, and Water Colour Painting. Age UK Medway have partnered to promote services and support including Befriending schemes. Signposting takes place at all events to promote the significant work being undertaken across Medway and strengthen communication between the Council and local organisations to reduce loneliness and social isolation.</td>
</tr>
<tr>
<td>Recommendation No.</td>
<td>Text of Recommendation</td>
<td>Update July 2019</td>
<td>Update March 2020</td>
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<tr>
<td>3</td>
<td>iii) Investigates the possibility of establishing a Homeshare scheme in Medway.</td>
<td>iii) A meeting is taking place with a provider of a Homeshare scheme in Medway in August to explore opportunities and benefits that a similar scheme in Medway could provide.</td>
<td>iii) There is ongoing work through the Medway Housing Management team investigating the feasibility of a homeshare scheme in Medway.</td>
</tr>
<tr>
<td>4</td>
<td>That Cabinet requests that Public Health further investigates the ‘Chatty Café Scheme’ and other similar schemes, including the Places of Welcome Scheme run by the Diocese of Rochester, with a view to encouraging cafes in Medway to participate and to consider whether local venues could be encouraged to offer a similar service.</td>
<td>Criteria for a Medway “Talkative Tables” scheme are in development, and it is planned to consult partners in the social isolation network on these in the autumn. A range of voluntary sector organisations also run schemes across Medway aimed at encouraging conversations e.g. dementia cafes and the rural café bus in HOO (delivered by Action in Rural Kent).</td>
<td>Discussions have taken place with agencies including the Integrated Care Partnership (Medway / Swale) to look at expanding Chatty Cafés in Medway. A key operating principles document has been drafted, and early discussions are taking place with partners to investigate how we create A Better Medway Together venues in Medway. A new Chatty Café has been opened in the Rochester Adult Education Centre. Jaspers Café is offering a range of activities, and ongoing conversations are taking place to expand and make this a successful community resource and increase the social connections offered.</td>
</tr>
<tr>
<td>Recommendation No.</td>
<td>Text of Recommendation</td>
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<tr>
<td>5</td>
<td>That Cabinet requests that Partnership Commissioning investigates the possibility of the Council supporting widening the offer of Community Interest Companies in Medway, such as Walderslade Together and Hoo Peninsula Cares, to enable similar provision for other parts of Medway.</td>
<td>An evaluation of the outcomes of wHoo Cares and Walderslade Together, as part of the development of a wider social prescribing initiative is currently being undertaken. The outcome of this work will inform how best to take forward initiatives like this across Medway.</td>
<td>An evaluation of Walderslade Together and wHoo Cares has been concluded. Officers are considering the outcomes and how these should inform any further provision for other parts of Medway.</td>
</tr>
<tr>
<td>6</td>
<td>That Cabinet requests that Partnership Commissioning, in conjunction with local voluntary sector organisations, investigates existing volunteer databases and investigates the need for and feasibility of establishing a Medway database of volunteers, if a suitable existing database cannot be identified.</td>
<td>Medway Voluntary Action currently hosts a database for both voluntary groups and potential volunteers in Medway. The “VC direct” database has over 900 voluntary sector groups listed. The Medway Volunteer Network, helps and advises interested people to volunteering opportunities across Medway <a href="http://www.medwayvoluntaryaction.org.uk/Volunteering-Volunteers">http://www.medwayvoluntaryaction.org.uk/Volunteering-Volunteers</a></td>
<td>The Simply Connect Medway Website was launched in November 2019. It provides a searchable online database of organisations and activities in Medway. This is accessible by all front-line staff, including those supporting Social Prescribing. <a href="https://medway.simplyconnect.uk/">https://medway.simplyconnect.uk/</a> Residents are also encouraged to directly access the directory. Anyone who can’t access the database electronically can be supported over the phone (01634 812850) to access the full information service and help.</td>
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<td>Text of Recommendation</td>
<td>Update July 2019</td>
<td>Update March 2020</td>
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<td>7</td>
<td>That Cabinet requests that Departmental Management Teams consider appointing a lead champion for reducing social isolation and promoting community connectedness for each service area, particularly frontline services and that, led by Public Health, this group of officers meet as a task and finish group.</td>
<td>Lead champions have been recruited for service areas across the Council. A new social isolation training session has been developed in 2019 and is being delivered, and over thirty lead champions from across the Council have been trained to date. Evaluation forms demonstrate that the training is improving awareness of social isolation and knowledge about what support is available for residents and how to signpost people to it. Leads are sharing information with their teams through team meetings and other forums.</td>
<td>Champions continue to operate across the council, and work with Public Health to reduce loneliness and social isolation. This work has been supported by service managers who continue to make this an important issue at divisional and team meetings. This has led to a demand to attend team meetings, and deliver bespoke workshops in support of service teams. Public Health is continuing to develop a suite of awareness raising sessions in response to directorate needs.</td>
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<td>Text of Recommendation</td>
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<td>8</td>
<td>That Cabinet requests that Social Isolation Awareness training is delivered to key frontline staff and that training is offered to Members as part of the Councillor induction process following the next Medway Council elections in May 2019. See update for action 7. In addition, Public Health induction was provided for Councillors in June 2019 with an overview of public health topics including social isolation. Options for a bespoke social isolation training session for Councillors as part of the ongoing member development programme are being discussed with Member Services for later in the year.</td>
<td>A loneliness and social isolation training session was developed, delivered and evaluated through 2019. Following the review, a broader range of training modules have been developed. This builds on raising awareness, and provides front line staff with the knowledge, skills, confidence and tools to help reduce loneliness and social isolation in Medway. The workshops have been offered to partner agencies across Medway. To date 115 people have attended the training courses. Further dates have been scheduled for 2020, and these will include bespoke awareness training for Young Carers and Learning Disabled groups and support agencies.</td>
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<td>That the Procurement and Partnership Commissioning Teams give consideration to how the Council’s procurement and commissioning arrangements could encourage organisations tendering for Council and jointly commissioned services to ensure that their staff and models of service delivery contribute to the reduction of social isolation. Procurement and Partnership Commissioning teams have awarded procurements which address social isolation. Work is ongoing to make all bidders aware of signposting literature (e.g. Staying Connected) and spreading the message through all procurement activities.</td>
<td>Work is ongoing to make all bidders aware of signposting literature (e.g. Staying Connected) and spreading the message through all procurement activities.</td>
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| 10                 | That information on the impact of Social Isolation and Loneliness be collected as follows:  
  i) Via a question relating to social isolation / loneliness to be included in the annual staff survey.  
  ii) That opportunities to include the impact of social isolation and loneliness within impact assessments carried out in relation to Council policies be explored  
| i) The June 2019 staff survey included a question related to social isolation, by asking staff if they feel they have opportunities to connect with colleagues. The question asked colleagues to score how much they agreed or disagreed with the following statement: “I feel part of the Council family and have good opportunities to connect with other colleagues”. The results will be reviewed and any opportunities for action identified.  
  ii) Scoping work is underway looking at best practice and how this is incorporated in impact assessments in other areas.  | i) An update will be provided at the meeting  
  ii) HR are ensuring policies support potential social isolation at work. These are aimed at internal people. For example, if someone is off long term (sickness, suspension, career break etc), it’s about ensuring a Keep In Touch process and sign posting is available to support. There is an opportunity through some networks, but at this time there is only the Disabilities and carer’s network, so any further development will be later in the year. |
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<th>Recommendation No.</th>
<th>Text of Recommendation</th>
<th>Update July 2019</th>
<th>Update March 2020</th>
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<td>11</td>
<td>That future surveys of Medway residents consider including questions relating to social isolation or loneliness in order to improve data in relation to social isolation amongst population groups in Medway.</td>
<td>Questions are being drafted for inclusion in the August 2019 Medway Citizen’s Panel, to further build evidence about loneliness and isolation in Medway. Additionally, a household health and wellbeing survey is under development, which is it is anticipated will be implemented in the near future. This will include questions in relation to social isolation.</td>
<td>A digital survey was sent to all members of the Medway Citizens’ Panel in September 2019. Of the 317 members to whom the survey was sent, 223 completed and submitted the questionnaire. Respondents gave their views about Medway’s definitions of social isolation and loneliness; awareness of the A Better Medway Together campaign; and the best approaches to tackling social isolation and loneliness. The results have been shared with Public Health who will use them to inform their future work.</td>
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<td>That Cabinet: i) Agrees to designate the Cabinet Member for Adults’ Services as a Medway Social Isolation Ambassador, who will take the lead in representing the Council at external events and functions relevant to social isolation and loneliness and would promote action to raise awareness of the issues and actions necessary to help tackle social isolation</td>
<td>Councillor Brake is fulfilling the role of Social Isolation Ambassador as part of his portfolio for Adults’ Services. Councillor Brake took part in an interview with BBC Radio Kent in June 2019 to discuss social isolation and promote the launch of Medway’s campaign to tackle loneliness and isolation in Medway “A Better Medway – Together”.</td>
<td>Cabinet Member David Brake has been significantly involved in the ongoing campaign. This recently included interviews and media briefings and joining Public Health staff on the successful ‘Chatty Bench’ tour.</td>
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<td>Text of Recommendation</td>
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<td>and loneliness in Medway and promote community connectedness. ii) Acknowledges that in addition to the appointment of a Medway Social Isolation Ambassador, all Councillors should play a wider community role in helping to identify socially isolated or lonely people and signposting them to appropriate sources of advice and support.</td>
<td>An awareness and information workshop has been developed, and working with Member Services over timing, it is planned to deliver this to Councillors in the future.</td>
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<td>That Cabinet requests that the Health and Wellbeing Board and the Health and Adult Social Care Overview and Scrutiny Committee both have an active role in monitoring implementation of the recommendations of the Task Group.</td>
<td>A six month progress monitoring report will be presented/provided to both of these Boards/Committees.</td>
<td>This progress report will be presented at the Committee and, if requested, will also be presented to the Health and Wellbeing Board.</td>
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<td>14</td>
<td>That Cabinet:</td>
<td>i) The Medway ‘Connect Well’ Website was launched in June 2019. It is a searchable online database of organisations and activities in Medway, administered by Medway Voluntary Action (MVA). <a href="https://www.connectwellmedway.org.uk/">https://www.connectwellmedway.org.uk/</a> People who aren’t able to access it electronically can be supported over the phone by MVA to access the information. Medway Council have additionally secured some European funding to launch a new social prescribing service that specifically supports socially isolated older people (over the age of 65) to become less socially isolated. This programme will see three new link workers employed, and over the three-year programme they aim to support over 1,000 people living in Medway.</td>
<td>The ‘Simply Connect’ Medway directory continues to grow and support people to connect to their community. <a href="https://medway.simplyconnect.uk/">https://medway.simplyconnect.uk/</a> Three Link Workers and an ‘Asset Mapping’ officer have been recruited and the social prescribing work will begin in March 2020.</td>
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<td>ii) Emphasises the importance of ensuring that adequate provision is made for people who are unable or unwilling to access information via the internet e.g. if an online directory of services is developed.</td>
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<td>iii) Requests that consideration be given with regard to whether any in-kind, non-</td>
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The Medway Social Prescribing Network was also formed in December 2018, which is made
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<th>Recommendation No.</th>
<th>Text of Recommendation</th>
<th>Update July 2019</th>
<th>Update March 2020</th>
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<td>financial support could be provided to local voluntary organisations where their activities or planned activities directly contribute to reducing social isolation or loneliness in Medway up of a range of voluntary, public, health and academic sector partners. This network aims to support the coordination and ongoing development of the six social prescribing schemes happening across Medway. The network is also in place to support the development of the wider system dependencies that need to be in place to have a fully functioning social prescribing system. One of these system dependencies is the Connect Well Medway Directory of Services described above, with the ambition of providing a single portal for residents to find local activities. These activities have been through a self-validated quality assurance process, before being registered on the system. The range of activities includes physical activity, arts and a wide range of other social groups, mainly provided by the voluntary and community sector. These activities provide a wide opportunities for people that are socially isolated to participate in. The system has an inbuilt referral system that allows</td>
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<td>individuals to self-refer to services or health and social care professionals to refer to activities and track the output of those referrals.</td>
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<td>ii) The Medway ‘Connect Well’ Website offers people online support. Additional telephone support is offered to people who are unable or unwilling to access information electronically.</td>
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<td>The Council are supporting voluntary sector organisations to raise awareness of their services/support that contributes to reducing isolation.</td>
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<td>For example, through the “A Better Medway – Together” social media campaign to tackle isolation in Medway, third sector partners’ are offered the opportunity to promote their services/activities through A Better Medway’s communications channels, and through inclusion in the “Staying Connected” guide. Support is also offered through the social</td>
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| 15 | That the Communications and Marketing team investigates the following, subject to resources being available:  
   i) Undertaking a public campaign focusing on actions individuals and communities can take to promote community connectedness and contribute to reducing isolation and loneliness.  
   ii) Promotion of activities and events run by local organisations that aim to reduce social isolation and loneliness and connect | A new social media campaign to tackle isolation and loneliness in Medway was launched in June 2019 (loneliness awareness week). The campaign is called “A Better Medway – Together”.  
   https://www.medway.gov.uk/community  
The campaign focuses on:  
   • Supporting the community to make more connections with others by asking people to make a pledge to connect with others. Pledges can be made by individuals or organisations, for example, pledges could include saying hello to your elderly neighbour, hosting a coffee morning or volunteering at a community event. | Campaign update – A Better Medway Together – The Chatty Bench Tour.  
Our A Better Medway Together campaign saw the launch of The Chatty Bench Tour on 28 October. The bench, made by Men in Sheds, visited 10 locations across Medway, which included high-streets, libraries, shopping centres and sports centres. The activity was another strand in the campaign to tackle social isolation and loneliness in Medway, helping raise awareness of the support that’s available.  
The bench achieved an array of media coverage, including KMTV and BBC Radio Kent to highlight the launch (which included and interview with Public Health Portfolio holder Cllr David Brake), while Medway messenger attached the first leg of the tour at Chatham Library for a great follow-up piece (achieving prominent positioning on the Kent Online homepage) along with print coverage.  
A Better Medway Together Chatty Bench Tour  
https://www.kentonline.co.uk/medway/news/chatty-bench-project-launched-to-tackle-loneliness-215154 |
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<th>Text of Recommendation</th>
<th>Update July 2019</th>
<th>Update March 2020</th>
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<td>• Raising awareness of</td>
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<td>The tour also generated the best performing posts on our A Better Medway social media posts. This included a Facebook ad video featuring the Public Health Project Officer (one of several live bench videos which were issued during the tour). This generated over 10k views against a reach of 14,232 (a very high engagement rate).</td>
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<td>activities, services and</td>
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<td>In total, the Chatty Bench Tour helped signpost 320 people directly to support services across Medway to reduce the loneliness and social isolation they were feeling. It further provided awareness raising messages, and information, guidance and advice to the passing footfall.</td>
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<td>support in Medway that</td>
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<td>Currently 640 pledges have been made to support the reduction of loneliness and social isolation in Medway.</td>
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<td>residents can access to</td>
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<td>connect with others and</td>
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<td>reduce loneliness, including featuring at least one activity or service weekly on social media where residents can connect with others.</td>
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<td>• 85 pledges have been made in the first month of the campaign.</td>
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<td>• An example of one pledge was Great Lines Parkrun, whose pledge was to ask those attending Parkrun during loneliness awareness week to: a) say hello to someone new at Parkrun or b) bring someone new along to Parkrun.</td>
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<td>• The A Better Medway – Together campaign is performing well on social media. For example, the campaign launch post received almost 4,000 social media impressions (number of times the post was displayed on users’</td>
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<td>That Cabinet requests that Public Health ensures / continues to ensure that copies of the 'Staying Connected' booklet are available in key locations, such as libraries, cemeteries / funeral directors and that consideration is given to producing a version of the booklet aimed at younger adults.</td>
<td>Staying Connected booklets are distributed to a range of locations including libraries, sport centres, crematoriums and to people in their homes through Kent Fire and Rescue Safe and Well visits. Over 750 physical booklets have been distributed during 2019. Distribution has taken place through a range of public engagement events (Focus on days; Pensioner forum; and Medway Mile). The booklets are also available at a range of locations across Medway, for example libraries, council offices and crematoriums.</td>
<td>Over 2,500 Staying Connected booklets have been distributed since April 2019. Kent Fire and Rescue continue to use the Staying Connected resource as part of their ongoing home visits. The review and evaluation of the Staying Connected booklet was concluded in August 2019. Consideration is being given to the content of a new booklet, to compliment the Simply Connect Medway directory and offer a wider support publication for Medway.</td>
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<td>The booklets have further been distributed to people in their own homes who may be isolated through Kent Fire and Rescue’s safe and well home visits. The booklets can also be downloaded from the A Better Medway website.</td>
<td>A review of the Staying Connected Guide was completed in July 2019 with the help of Kent University. It is planned that future versions of the staying connected booklet will be expanded to list opportunities for a wider age range of people to reduce loneliness and social isolation in Medway.</td>
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<td>That Cabinet requests that the Council takes opportunities to engage with central Government’s work on reducing social isolation and loneliness in Medway, including opportunities to highlight key issues and good practice in Medway.</td>
<td>Medway continues to engage with the national work around loneliness, for example linking the launch of the A Better Medway Together Campaign to the national Loneliness Awareness Week. The pensioners’ information and advice fair, hosted by MP Tracey Crouch, was also attended and Staying Connected promoted.</td>
<td>The Council recently fed into the Department for Digital, Culture, Media and Sport first Loneliness Annual Report 2020. The Loneliness Annual Report calls for everyone to play their part in helping to reduce loneliness, to make it OK to talk about loneliness and to support society to accept the issue. The cohesive approach the Council is taking, including working with partner agencies and the public is already delivering for Medway.</td>
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<td>That Cabinet requests that Medway Ethnic Minority Forum [now Medway Diversity Forum] be invited to join the Social Isolation Network with a view to discussing ways in which social isolation and loneliness can be addressed amongst BAME (Black, Asian and Minority Ethnic) communities.</td>
<td>Medway Diversity Forum are a member of the Medway Social Isolation Network.</td>
<td>The current work programme has been reviewed around awareness raising and community reach. We are developing a focused piece of work to engage with BAME groups. This work will inform and influence the support and signposting around loneliness and social isolation.</td>
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<td>That Cabinet recommends that: i) Arriva be invited to join the Social Isolation Network with a view to discussing the part it can play in helping to address social isolation and loneliness in Medway. ii) Consideration is given in relation to how the Villager community transport scheme</td>
<td>Arriva have been invited to engage with and attend the Medway Social Isolation Network meetings. A discussion with Arriva will take place to investigate initiatives such as introducing ‘Chatty Buses’ routes. Arriva staff will be invited to attend the loneliness and social isolation training module, to further raise awareness of the issues with staff. This is ongoing and a discussion with Norse is planned to progress this recommendation. An initial meeting was held with transport to discuss this recommendation and it was felt that routine bus routes may provide more opportunities for</td>
<td>Public Health and Arriva have met, and ongoing discussions are taking place on how we can work together. This will include through our Health Workplace initiative, and access to the ongoing training workshops. Public Health and Arriva are working together on a pilot intergenerational project. It is planned that in March 2020 through collaboration with the Medway Social Isolation Network, Arriva, and Medway Primary Schools to run the first intergenerational ‘Chatty-Bus’ in Medway. Medway Mobility, Villager, and supported bus services continue to provide services to residents that enable them to get out and access vital services.</td>
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<td>That Cabinet requests that evidence around the role of technology in reducing social isolation is reviewed and opportunities explored for a pilot within Adult Social Care / Public Health.</td>
<td>Cabinet has recently approved the Carers’ Strategy and action plan, which includes consideration of social isolation. Partnership Commissioning are working with colleagues to ensure opportunities are explored to embed social isolation throughout their work. This will include offering opportunities, where appropriate, to pilot technological advancements that may reduce social isolation. The use of Wider use of Telecare and Telehealth and technology solutions are also being considered. Partnership working between Adult Social Care and Public Health will look at opportunities to attract funding to expand the use of technology.</td>
<td>The Carers Strategy Implementation Plan includes specific focus on supporting carers and reducing loneliness and social isolation.</td>
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<td>That Cabinet commends the significant amount of work to address social isolation and loneliness already taking place across the Council and requests that consideration is given as to how the need to address these challenges could be taken into account as part of departmental service plans.</td>
<td>The Business Intelligence team are undertaking work to explore opportunities to embed social isolation within service plans and induction.</td>
<td><strong>Highways</strong> – have adopted a phased top down roll out for staff to complete the corporate loneliness and social isolation awareness training offered by Public Health. Over the next 18 months all managers and team leaders will attend. <strong>Environmental Services</strong> – are working with Public Health on the residents who have requested an assisted collection. An initial contact is made with a Community Warden for a suitable location for the collection. Wardens are also able to alert agencies to potential issues of social isolation. Public Health are using the data to produce thematic maps to inform the work on reducing loneliness and social isolation in Medway. Community Wardens are further undertaking work to reduce the impact of social isolation. This includes working in the ‘Luton Project’ with Arches Local; Men in Sheds; A Better Medway Healthy Walks; and working on the stray dog and Canine Code, as a dog is often the only companion a person has. As part of the ‘Mayfair Project’, a street party was organised with residents encouraged to come together and make connections. <strong>Library Services</strong> - The Library Service has an increasingly major role to play within Medway in helping to reduce social isolation and loneliness. The Home Library Service is expanding with currently over 200 customers. The volunteer</td>
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supported service delivers books for residents that, for whatever reason are housebound. This vital service provides regular social contact and is making a big impact on the wellbeing of potentially isolated residents.

The Community Mobile Library visits isolated communities on a two-weekly timetable. The service offers social connections and conversation that are an important contribution to reducing loneliness and social isolation.

To underline the value of this offer Libraries are currently pulling together the results of a Generic Social Outcomes survey, this will help us understand the impact on residents.

Some useful feedback below.

Question – How does receiving the Home Library Service make you feel?

- Better – some social interaction
- I’d be lost without it
- It makes me happy and keeps me in contact with the community
- As if we are cared about

Groups and Activities - The Library Service runs and host regular activities for residents. These include book groups, coffee morning, knitting groups, as well as events for parents and their children, in the form of
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<th>Text of Recommendation</th>
<th>Update July 2019</th>
<th>Update March 2020</th>
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<td>That the voluntary sector in Medway be encouraged to continue working with the Council to reduce social isolation, for example by attending the Social Isolation Network and supporting the Government Strategy and public campaigns</td>
<td>The Medway Social Isolation Network (MSIN) meets regularly and is well attended. The network is engaged with over 30 local organisations. A Medway social isolation newsletter for professionals has been introduced in 2019 and three newsletters have been produced</td>
<td>The Medway Social Isolation Network has set its meeting dates for 2020. It will continue to monitor and both the Medway report on Social Isolation, and the Government Strategy on Loneliness. Public Health will continue to work in partnership with the Medway Social Isolation Network in the production of the social isolation newsletter.</td>
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<td>Text of Recommendation</td>
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| 23                 | That Cabinet requests that the Social Isolation Network reviews the national strategy against actions taking place in Medway and identifies any gaps for possible actions to be further investigated by the Council / partners. | In January 2019 the Medway social isolation network reviewed the action plan against the national strategy. The action plan was felt to be fit for purpose in light of the national strategy and no additional gaps/actions were identified by partners. | The Medway Social Isolation Network responded to the recent first year review of the Government Strategy. It supports the Loneliness Annual Report 2020, and the next future big areas of focus:  
- The need for more information and communication about loneliness and the activities which are available to reduce it.  
- The need for further policies targeted at tackling children and young people’s loneliness. Young people report struggling with loneliness more than any other group.  
- The need to tackle loneliness through place – strengthening community infrastructure and assets, and growing people’s sense of belonging.  
The recent work and focus on reducing loneliness and social isolation in Medway undertaken by Medway Public Health and partners, was cited as an exemplar of good practice against the National Loneliness Strategy (2018) by the Medway Social Isolation Network. |
Summary

Medway’s Council Plan 2016/21 sets out the Council’s three priorities. This report and appendices summarise how we performed in Q3 2019/20 in relation to the priority relevant for this committee: Supporting Medway’s people to realise their potential. In accordance with the Council’s Risk Management Strategy, this report also presents the Q3 2019/20 review of the strategic risk relevant to this Committee.

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.

1.2 Risk management is an integral part of good governance. The Council recognises that it has a responsibility to identify and manage the barriers to achieve its strategic objectives and enhance the value of services it provides to the community. The Cabinet as a whole has responsibility to ensure the effective operation of risk management in the Council. The Strategic Risk Register ensures that all relevant key risks are recorded and mitigating actions are monitored. The Strategic Risk Register is reviewed on a quarterly basis and presented alongside Council Plan Performance Monitoring to support informed decision making.

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. This report also sets out the latest review of the strategic risks relevant to this Committee together with mitigation in place to minimise impact and likelihood.

2.2 Detailed performance information and supporting explanation relating to the 9 HASC measures can be found in Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee summary.
2.3 Risk owners have reviewed and updated their risks which have subsequently been reviewed and agreed by the Strategic Risk Management Group (SRMG) on 13 January 2020.

2.4 The following changes to the current residual risk scores relevant to all committees were proposed:

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 25</td>
<td>Non-delivery of Transformation in Adult Social Care (relevant to this committee)</td>
<td>EII (from CII)</td>
</tr>
<tr>
<td>SR 33</td>
<td>Impact of welfare reform (relevant to all committees)</td>
<td>EIII (from DIII)</td>
</tr>
<tr>
<td>SR 34</td>
<td>Successful delivery of the corporate transformation programme (relevant to all committees)</td>
<td>EIII (from DII)</td>
</tr>
</tbody>
</table>

2.5 These changes have meant that the three risks above have met their target residual risk scores and therefore it was requested to Cabinet on 03 March 2020 that they be removed from the strategic register. An update as to that outcome will be provided at this meeting.

2.6 The revised Strategic Risk Register can be found in Appendix 2.

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

**Giving value for money**
- Finding the best digital innovation and using it to meet residents’ needs
- Working in partnership where this benefits our residents

## Priorities

**Medway:**
- A Place to be proud of
  - Maximising regeneration and economic growth
  - Support Medway’s people to realise their potential

### Medway: A Place to be proud of

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public realm and street scene</td>
</tr>
<tr>
<td>2</td>
<td>Replacing Medway’s street lights</td>
</tr>
<tr>
<td>3</td>
<td>Medway: a great place to live, work, learn and visit</td>
</tr>
</tbody>
</table>

### Maximising Regeneration and Economic Growth

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Business investment</td>
</tr>
<tr>
<td>5</td>
<td>Jobs, skills and employability</td>
</tr>
<tr>
<td>6</td>
<td>Preventing homelessness</td>
</tr>
</tbody>
</table>

### Supporting Medway’s People to Realise Their Potential

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Delivering new homes to meet the needs of Medway’s residents</td>
</tr>
<tr>
<td>8</td>
<td>Tackle congestion hotspots by transport and public realm improvements</td>
</tr>
<tr>
<td>9</td>
<td>Improving everyone’s health and reducing inequalities</td>
</tr>
</tbody>
</table>

Shaded areas fall under the remit of other overview and scrutiny committees.

### Outcomes

1. A clean and green environment
2. Residents with jobs and skills
3. Medway: a great place to live, work, learn and visit
4. A strong diversified economy
5. Jobs, skills and employability
6. Preventing homelessness
7. Delivering new homes to meet the needs of Medway’s residents
8. Tackle congestion hotspots by transport and public realm improvements
9. Improving everyone’s health and reducing inequalities
10. Together we can – Children’s services
11. The best start in life
12. Improve support for vulnerable adults by working with partners and communities
13. All children achieving their potential in schools
14. Getting around Medway
15. Raising aspiration and ambition
4. **Summary of performance**

4.1 There are 9 Council Plan measures for this priority.

4.2 **Improved performance**
- 67% (6 out of 9) improved long term (average of previous 4 quarters)
- 78% (7 out of 9) improved short term (since last quarter)

5. **Risk management**

5.1 Implementation of a performance management and risk 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. 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. By reporting to Members, the risk of poor performance not being identified or addressed is minimised.

5.2 The Risk Management process helps the Council understand, evaluate and take action on all their risks. It supports effective decision making, identification of priorities and objectives and increases the probability of success by making the most of opportunities and reducing the likelihood of failure. The Council’s Risk Management Strategy incorporates and:

- Promotes a common understanding of risk;
- Outlines roles and responsibilities across the Council;
- Proposes a methodology that identifies and manages risk in accordance with best practice thereby seeking to prevent injury, damage and loss.

6. **Financial and legal implications**

6.1 There are no direct finance or legal implications arising from this report.
7. **Recommendation**

7.1 Members are asked to consider the Q3 2019/20 performance against the measures used to monitor progress against the Council’s priorities, and to note the amended strategic risk register as set out in Appendix 2.

**Lead officer contact**

Lesley Jones, Corporate strategy, performance and improvement officer  
Telephone: 01634 332472  E-mail: lesley.jones@medway.gov.uk

**Appendices**

Appendix 1 - Health and Adult Social Care Overview and Scrutiny Committee summary.

Appendix 2 - Q3 2019/20 Strategic Risk Register

**Background papers**

https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MId=4138&Ver=4
This page is intentionally left blank
Council Priority: PEOPLE
Supporting Medway’s people to realise their potential

HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
Performance: Quarter 3 2019/20

Key

<table>
<thead>
<tr>
<th>Significantly below target (&gt;5%)</th>
<th>Slightly below target (&lt;5%)</th>
<th>Met or exceeded target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>worsened</td>
<td>= static</td>
</tr>
<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>
<tr>
<td></td>
<td></td>
<td>= similar performance</td>
</tr>
</tbody>
</table>

Council Plan Measures: Summary Performance
There are 9 Council Plan measures for this priority.

Improved performance
- 67% (6 out of 9) improved long term (average of previous 4 quarters)
- 78% (7 out of 9) improved short term (since last quarter)
Measures in target (green)

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH10</td>
<td>✓</td>
<td>Percentage of people completing an adult weight management service who have reduced their cardiovascular risk</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>
</tr>
<tr>
<td>ASCOF 2A(2)</td>
<td>✓</td>
<td>Permanent admissions to care homes, per 100,000 pop – 65+</td>
</tr>
<tr>
<td>ASCOF 2A(1)</td>
<td>✓</td>
<td>Permanent admissions to care homes per 100,000 pop – 18-64</td>
</tr>
</tbody>
</table>

Measures slightly below target (amber)

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCGBT001</td>
<td>△</td>
<td>% of Long term packages that are placements</td>
</tr>
</tbody>
</table>

Measures significantly below target (red)

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOF 1C(2i)</td>
<td>◊</td>
<td>Percentage of clients receiving a direct payment for their social care service</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>PH26</td>
<td>◊</td>
<td>Healthy Settings programme</td>
</tr>
</tbody>
</table>

Strategic Risks

The quarter 3 strategic risk register is attached at Appendix 2. The register shows all strategic risks together with mitigation in place to minimise impact and likelihood. The risks pertaining solely to this council priority are shown below (full details in Appendix 2).

<table>
<thead>
<tr>
<th>Reference</th>
<th>Risk Register Page (app 2)</th>
<th>Risk</th>
<th>Owner</th>
<th>Current residual risk score</th>
<th>Definition (current score) (L-likelihood) (I-impact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR25</td>
<td>3</td>
<td>Non-delivery of Transformation in Adult Social Care</td>
<td>Director of People</td>
<td>Ell</td>
<td>L – very low I - critical</td>
</tr>
</tbody>
</table>
The following risks pertain to all priorities:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Risk Register Page (app 2)</th>
<th>Risk</th>
<th>Owner</th>
<th>Current residual risk score</th>
<th>Definition (current score) (L-likelihood) (I-impact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR02</td>
<td>6</td>
<td>Business continuity and emergency planning</td>
<td>Director of RCET</td>
<td>DII</td>
<td>L - low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - critical</td>
</tr>
<tr>
<td>SRO3B</td>
<td>8</td>
<td>Finances</td>
<td>Chief Finance Officer</td>
<td>AI</td>
<td>L – very high</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - catastrophic</td>
</tr>
<tr>
<td>SR21</td>
<td>10</td>
<td>Procurement savings – capacity and delivery</td>
<td>Chief Legal Officer</td>
<td>DII</td>
<td>L - low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - critical</td>
</tr>
<tr>
<td>SR32</td>
<td>13</td>
<td>Data and information</td>
<td>Chief Legal Officer</td>
<td>CII</td>
<td>L - significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - critical</td>
</tr>
<tr>
<td>SR33</td>
<td>15</td>
<td>Impact of welfare reform</td>
<td>Chief Finance Officer</td>
<td>EIII</td>
<td>L – very low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - marginal</td>
</tr>
<tr>
<td>SR34</td>
<td>19</td>
<td>Successful delivery of the corporate transformation programme</td>
<td>Chief Finance Officer</td>
<td>EIII</td>
<td>L – very low</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - critical</td>
</tr>
<tr>
<td>SR36</td>
<td>26</td>
<td>Alternative service delivery models</td>
<td>Chief Legal Officer, Director of RCET</td>
<td>BIII</td>
<td>L - high</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - Marginal</td>
</tr>
<tr>
<td>SR37</td>
<td>29</td>
<td>Cyber Security</td>
<td>Chief Finance Officer</td>
<td>CI</td>
<td>L - Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I - Catastrophic</td>
</tr>
</tbody>
</table>

**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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2 2019/20</td>
<td>81.7%</td>
<td>Q3 2019/20</td>
</tr>
</tbody>
</table>

Data shows 373 out of a total of 454 clients who attended a weight management service have decreased their cardiovascular risk in the last quarter. Both the Exercise referral and Tier 3 weight management programmes support people to improve their activity and lose weight, which will then have a positive effect in reducing blood pressure and cholesterol levels. Measures of
these indicators are recorded pre and post engagement with the services and are reflections of improvements in cardiovascular health.

<table>
<thead>
<tr>
<th>PH26</th>
<th>Healthy Settings programme</th>
<th>Aim to Maximise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Target</td>
</tr>
<tr>
<td>Q2 2019/20</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Q3 2019/20</td>
<td>9</td>
<td>13</td>
</tr>
</tbody>
</table>

Two organisations achieved gold accreditation during Q3, Medway CCG and South Eastern, the later having offered extensive heath checks for staff and completed the time to change pledge. A total of 8 organisations also achieved bronze award during Q3 but are not classified as completing the programme so are not counted against target. It is anticipated Q4 will see a number of these progress.

A difficulty obtaining target this quarter has been the scheduling assessments on the run up to Christmas as organisations face additional pressures.

**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>
<thead>
<tr>
<th>ASCGBT001</th>
<th>% of Long term packages that are placements</th>
<th>Aim to Minimise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Target</td>
</tr>
<tr>
<td>Q2 2019/20</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Q3 2019/20</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

The proportion of long term services that are placements has reduced to 30% This misses the target by 2 percentage points. Over the last 12 months there has been little change, with the position now at the same level as recorded in December 2018. Currently there are 840 clients in residential and Nursing homes and a total of 2810 clients receiving long term care. There are 20 (2%) fewer clients in residential and nursing homes now, than at the end of September 2018, there are slightly more clients receiving long term care (2%).

**Benchmarking**

Nationally 30% of Long term clients are in placements, the same level as in Medway. However the national trend is rising, whereas the Medway trend is falling. The graph below shows Medway compared to our Statistical neighbours, the South east and national rates.
A recent deep dive concluded that the ongoing demographic changes, in particular those relating to an aging population, will impact on the number of placements needed. Whilst there may be fluctuations it is likely to be difficult to reduce the proportion of long term packages that are placements to the target level. Increases in the numbers of over 85s and the expected significant rise (doubling) in the numbers of dementia cases over the next two decades will mean maintaining the current ratio of placements to community packages will prove challenging.

<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></td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Q2 2019/20</td>
<td>28%</td>
<td>Q3 2019/20</td>
</tr>
</tbody>
</table>

**Comments**

For the second quarter running there has been a small rise in the proportion of clients receiving a direct payment, with the percentage rising to 28.5%. This represents 561 individuals, 28 more than at the end of September. Whilst the percentage of ongoing clients with an ongoing direct payment is less than at the same point last year (0.9pp) the actual numbers are the same, 561.

**Benchmarking**

Nationally 28.3% of clients with an ongoing long term service receive a direct payment, a similar proportion to Medway. The South East average is slightly higher at 29.5%.

In Medway 99.8% of clients revive their long term services via Self Directed support. This is better than the national rate of 89%.

**Actions**

A recent deep dive has identified a range of actions that will be taken to improve performance. This includes the development of more aligned arrangements between the team that commission packages and the team that support people to use Direct Payments.
**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>ASCOF 1G (n)</th>
<th>Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family</th>
<th>Aim to Maximise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Target</td>
</tr>
<tr>
<td>Q2 2019/20</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Q3 2019/20</td>
<td>60%</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Comments**

The percentage of adults with a learning disability who live in their own home or with family and have had a review in the last 12 months has risen slightly to 60% and is below target. However, this is better than the position at the end December 2019 2018 (58%).

**Benchmarking**

Medway remains behind the national (2018/19) performance of 77.4% and the South East benchmark of 70.7% However, the gap between Medway’s performance and national performance has narrowed when comparing the 2018-19 year end outturn. The 2018-19 South East outturn shows a major decline, whereas Medway has shown an increase.

**Actions**

Work continues to ensure that accommodation status is recorded accurately and that reviews have taken place as well as taking appropriate action when necessary to ensure that LD clients are supported to be in settled accommodation, where possible.

The main focus of work to improve performance on this measure is to focus on young people transitioning to adult services, as this is the best way of maximising the number of adults with learning disabilities being supported to live in the community rather than in residential care. The number of clients transitioning into adult social care is relatively small so the impact of this approach will be seen in the long term rather than immediately.
Data is published a quarter in arrears. The proportion of mental health clients living independently has stayed static at 56%, missing the target.

Nationally the rate is 58%, as at September 2019.

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, and has limited ability to influence this result.

### Comments

In the quarter there have been 4.1 admissions per 100,000 population. This equates to seven 18-64 adults. So far this year there have been 18 admissions, which equates to 10.6 per 100,000 population. If admissions continue at this rate the target will be missed. The target equates to 22 admissions.

### Benchmarking

Nationally the benchmark is 13.9 per 100,000 and for our statistical neighbours the figure is 14.1.

### Actions

Investment in our Shared lives service continues and we have seen a 22% increase in the number of long term Shared Lives carers since the start of the year, and an increase in the number of long term placements. This service can be used as an alternative to residential care for working age adults and supports people to live in a family home in the community.
Comments
In the last quarter, there were 39 admissions of older people (65+) to residential and nursing care. This equates to 88 per 100,000 population. Whilst better than the 145 per 100,000 population target it should be remembered that this number may change as records are updated. The number of admissions so far this year totals 184, which equates to 416 per 100,000 population. This is lower than the 451 per 100,000 recorded at the end of December 2018 and is also marginally better than the target rate of 435 per 100,000 population.

So far this year 52% of admissions have been to nursing homes and 48 to residential homes. At the same point in 2018 44% of admissions were to nursing homes and 56% to residential. This represents a significant shift in the demand on services and the needs of clients.

Benchmarking
The National rate of admissions is 580, close to Medway's projected year end figure. Medway is likely to be above its statistical neighbours who currently admit 484 people per 100,000 population.

Actions
A recent deep dive examined the quality of decision making, in relation to decisions to admit residents to nursing care homes, due to the recent significant increase. The review concluded that decision making was robust in virtually all cases, and that the increase was therefore likely to be the result in the need to support residents with a higher acuity of need. This rise is not unexpected given the demographic growth projections.

Comments
Data is available to November 2019. The rate of DToC attributable to Adult social care has reduced to 1.8 per 100,000 population. This should be viewed in conjunction with the total delays outturn remaining static at 5.5.

Benchmarking
Medway remains better than the latest National average of 3.1 DToC per 100,000 and the South east average of 3.4 per 100,000.
**Actions**

This consistent performance is attributable to the ongoing work with partners, for example the success of services such as Home First and the Integrated Discharge Service that seek to maintain the independence of clients in their own homes and coordinate interagency support. Additional services have been commissioned to manage winter pressures, for example a homecare bridging service has been commissioned, which provides temporary support, whilst a long term package of care is sourced.

![Graph](image_url)

**Social isolation**

- The A Better Medway Together's Chatty Bench Tour visited a number of different locations across Medway, including Chatham, Hoo, Rainham and Strood. The chatty bench tour consisted of using a wooden bench that was commissioned from Men in Sheds (a local scheme which supports men’s mental health). The bench was a metaphor and prompt to start a conversation with members of the public. Through having these conversations awareness was raised of the impact on health and wellbeing of loneliness and social isolation. In total, 320 people were spoken to. People were offered advice on stopping smoking, nutrition and health checks.

- There has been engagement with Arriva bus company to explore the introduction of the ‘Chatty Buses’ initiative. This is in response to the National Loneliness Strategy to help raise awareness of social isolation and loneliness. Arriva staff will also be offered training around raising awareness of loneliness and social isolation.

- Loneliness and social isolation awareness and signposting workshops have been attended by 45 people. These workshops are delivered to Council staff and our support agencies and services.

- Recent engagement with businesses and partners has included inputs to staff at the National Grid, RBLI, Carers First, Age UK Medway, and Megan CIC, on the impact on health and wellbeing of loneliness and social isolation.
• Through this quarters work, we have received 80 pledges to take actions to reduce social isolation in Medway.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Page</th>
<th>Risk</th>
<th>Owner</th>
<th>Inherent Risk Score</th>
<th>Current Residual Risk Score</th>
<th>Target Residual Risk Score</th>
<th>Movement (since last qtr)</th>
<th>Definition (current score)</th>
<th>O&amp;S Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR25</td>
<td>3</td>
<td>Non-delivery of Transformation in Adult Social Care</td>
<td>Director of People – C&amp;A</td>
<td>CII</td>
<td>Ell</td>
<td>Ell</td>
<td>L – very low</td>
<td>L - critical</td>
<td>People</td>
</tr>
<tr>
<td>SR02</td>
<td>6</td>
<td>Business continuity and emergency planning</td>
<td>Director of RCET</td>
<td>C1</td>
<td>DII</td>
<td>DII</td>
<td>L - low</td>
<td>L - critical</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SRO3B</td>
<td>8</td>
<td>Finances</td>
<td>Chief Finance Officer</td>
<td>AI</td>
<td>AI</td>
<td>CIII</td>
<td>L – very high</td>
<td>L - catastrophic</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SR21</td>
<td>10</td>
<td>Procurement savings – capacity and delivery</td>
<td>Chief Legal Officer</td>
<td>All</td>
<td>DII</td>
<td>DIII</td>
<td>L - low</td>
<td>L - critical</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SR32</td>
<td>13</td>
<td>Data and information</td>
<td>Chief Legal Officer</td>
<td>BII</td>
<td>CII</td>
<td>DIII</td>
<td>L - significant</td>
<td>L - critical</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SRO3</td>
<td>15</td>
<td>Impact of welfare reform</td>
<td>Chief Finance Officer</td>
<td>CII</td>
<td>EIII</td>
<td>EIII</td>
<td>L – very low</td>
<td>L - marginal</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SR34</td>
<td>19</td>
<td>Successful delivery of the corporate transformation programme</td>
<td>Chief Finance Officer</td>
<td>BII</td>
<td>EIII</td>
<td>EIII</td>
<td>L – very low</td>
<td>L - marginal</td>
<td>All/WOW</td>
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<tr>
<td>SR35</td>
<td>23</td>
<td>Homelessness</td>
<td>AD Physical and Cultural Regeneration</td>
<td>BII</td>
<td>DII</td>
<td>DII</td>
<td>L - low</td>
<td>L - critical</td>
<td>Growth</td>
</tr>
<tr>
<td>SR36</td>
<td>26</td>
<td>Alternative service delivery models</td>
<td>Chief Legal Officer, Director of RCET</td>
<td>BII</td>
<td>BIII</td>
<td>CIII</td>
<td>L - high</td>
<td>L - Marginal</td>
<td>All/WOW</td>
</tr>
<tr>
<td>SR37</td>
<td>29</td>
<td>Cyber Security</td>
<td>Chief Finance Officer</td>
<td>CI</td>
<td>CI</td>
<td>DI</td>
<td>L - significant</td>
<td>L - Catastrophic</td>
<td>All/WOW</td>
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<tr>
<td>SR17</td>
<td>32</td>
<td>Delivering regeneration</td>
<td>Director of RCET</td>
<td>BII</td>
<td>CII</td>
<td>DII</td>
<td>L - significant</td>
<td>L - critical</td>
<td>Growth</td>
</tr>
<tr>
<td>SR26</td>
<td>37</td>
<td>Non-delivery of Children’s Services Improvement</td>
<td>Director of People – C&amp;A</td>
<td>All</td>
<td>All</td>
<td>DIII</td>
<td>L – very high</td>
<td>L - critical</td>
<td>People</td>
</tr>
<tr>
<td>SR27</td>
<td>43</td>
<td>Local Authority’s ongoing relationship with all schools and academies</td>
<td>Director of People – C&amp;A</td>
<td>BII</td>
<td>CIII</td>
<td>CIII</td>
<td>L - significant</td>
<td>L - marginal</td>
<td>People</td>
</tr>
<tr>
<td>SR39</td>
<td>45</td>
<td>Lack of resources to keep young people with SEND safe due to increasing demand and complexity of need pressures</td>
<td>Director of People – C&amp;A</td>
<td>BII</td>
<td>BII</td>
<td>DIII</td>
<td>L - high</td>
<td>L - critical</td>
<td>People</td>
</tr>
<tr>
<td>SRO9B</td>
<td>47</td>
<td>Keeping vulnerable adolescents safe</td>
<td>Director of People – C&amp;A</td>
<td>BII</td>
<td>BII</td>
<td>DIII</td>
<td>L - high</td>
<td>L - critical</td>
<td>People</td>
</tr>
</tbody>
</table>

**KEY**
- C - Council
- O&S - O&S Committee
- BS - Business Services
- WOW - Ways of Working
- HASC - High Risk Assessment Committee
- CYP - Children and Young People
Strategic Risk Profile

Likelihood:
A Very high
B High
C Significant
D Low
E Very Low
F Almost impossible

Impact:
I Catastrophic (showstopper)
II Critical
III Marginal
IV Negligible

Key
Low risk/priority
Medium risk/priority
High risk/priority
Corporate risk: SR25 Non-delivery of Transformation in Adult Social Care

<table>
<thead>
<tr>
<th>Inherent Score: CII</th>
<th>Target Residual Score: EII</th>
</tr>
</thead>
</table>

**Threat / Inherent Risk**

The local population of older people and disabled adults is increasing significantly – (source: Joint Strategic Needs Analysis, POPPI and PANSI intelligence).

The ambition of the Integrated Better Care Fund (IBCF) for 19/20 is to ensure that the proportion of delayed transfers of care attributable to Medway Council should be no more than 4%

The achievement of these ambitions represents a significant challenge to the local authority and our health partners (The Council only controls a small proportion of the system, alongside the CCG and Medway Foundation Trust). The development and delivery of the Kent and Medway Sustainability and Transformation Plan may have an impact on our ability to ensure better out of hospital care and improved integration.

There continues to be pressure on the social care market in terms of both the numbers of hospital discharges and the ability of domiciliary care providers to recruit and retain carers.

There is a risk that the changes needed across the system will take longer to implement than our current ambitions state.

The transformation of Adult Social Care will continue to require corporate support and there is a risk that a lack of organisational capacity and resilience may slow progress.

The implementation of the Care Act and changes to financial regulations in 2010 and the implementation of the Universal Credit/ ESA and Housing Benefit may impact on the level of client income that can be charged.

Providers are facing a number of financial pressures which have the potential to impact on the cost of care packages, including, the impact of sleep in charges, national minimum living wage increases and other inflationary pressures. In addition, the national transforming care programme will place pressures on the local authority as a result of the requirement for us to secure and fund local provision.

**Score**

| CII |

**Consequence**

Potentially significant increase in spend on Adult Social Care and pressure on commissioned and in-house services

Reduction in market capacity (particularly for placements) and increase in fees (commissioned care and direct payment rates)

Reduction in capacity to support wider health and care economy

Decrease in quality of care placements

Insufficient resources to undertake statutory functions

Inability to meet demand placed on social care through changes to primary care and secondary care

As the number of discharges from hospital increases this places pressure on the community equipment service, which is a pooled budget.

**Trigger**

Demographic impact.

There are national ambitions for further integration by 2020.

The implementation of the ICS across Kent and Medway, and the development of an Integrated Care Partnership for Medway and Swale.

Whilst the overall national ambition for integration remains the same, the priorities and timescales for delivery within that overall ambition may shift at a national level. There is uncertainty around national policy and budgets for Health and Social Care, with a delay in the publication of the Adult Social Care Green Paper.

Capacity planning for local care must incorporate social care and preventative services

Development of retail expansion across the Borough means that staff from domiciliary care are attracted to this industry as the rates of pay and employment conditions can be competitive.

Level of savings achieved through improvement programme lower than budgeted

**Portfolio:** Adults’ Services

**Risk Owner:** Director of People – Children And Adults Services

**Last Review:** December 2019

**Current Residual Score:** EII
We have rolled out the 3 conversations approach, which aims to prevent, reduce and delay the need for services, and there is evidence that this approach has helped to manage demand into the service.

Levels of safeguarding enquiries have increased in recent years, and this is putting pressure on resources within the service.

Significant work has been undertaken in partnership in regard to hospital discharges, significantly reducing and maintaining a reduction in the number of DTOCs.

The Transformation Programme for ASC is required to deliver in-year savings of £1.437m in FY2019/20. This is made up of £1.013m in 19/20 and the shortfall of £0.424m carried over from 18/19. Furthermore, savings of £178k in respect of Shared Lives are required. At the end of the programme a total of £5.473m will have been delivered by Adult Social Care over a three-year period.

Following a diagnostic assessment of Adults Services in the spring of 2016, a total of £3.9m savings were identified to be delivered over a three-year period. The programme has gone over its savings target.

Since this risk has achieved its target residual score, it is proposed to remove it from the Strategic Risk Register at Q4 monitoring. Monitoring will continue at directorate level.

### Mitigation

<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| SR 25.06: Managing demand and maximising use of resources and alternatives to traditional packages of care (including MICES and Home Care). | Head of Business & Intelligence | Best outcomes for people (as per their support plans) and best value for the Local Authority as statutory body and commissioner. | Ongoing | December 2019
| SR 25.07: Managing market | Head of | A safe and stable local sector of | Ongoing | December 2019 |

Across permanent admissions to residential and nursing care homes for adults we have seen a reduction both cohorts (18-64 and 65+), per 100,000 population. As well as a sustained trend in clients receiving either self-directed support or direct payments.
<table>
<thead>
<tr>
<th>SR 25.08: Ensuring quality of placements and delivery of statutory services</th>
<th>Head of Business &amp; Intelligence</th>
<th>Good quality placements that meet the needs of service users as well as the assurance of good in-house service delivery including specialist services like DOLs, mental health and...</th>
<th>Ongoing</th>
<th>December 2019</th>
<th>Regular placement monitoring is undertaken by our in-house Quality Assurance Team. Assessment is inline with statutory guidance and a robust quality assurance framework.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 25.09: Improve processes to better cope with increased service user demand and complexity as highlighted by the SEND revisit.</td>
<td>Head of Business Change (People) and ICT</td>
<td>An improved process will ensure that all service users are assessed in good time</td>
<td>Ongoing</td>
<td>December 2019</td>
<td>Work is ongoing reviewing processes and procedures throughout Adult Social Care. A Transitions Working Group has been established including representatives from Adult Social Care, Children’s Social Care, Public Health, Partnership Commissioning, Housing, Finance, Health and service users to look at the transfer from Children’s Social Care to Adults’ Social Care. Also the Business Change Team are working with Customer and Business Support, the Locality Teams and Performance and Intelligence to review call data and content, and current scripting to determine next steps in improving the process.</td>
</tr>
</tbody>
</table>

**Opportunities and the way forward**

Transformation is ongoing within the service, however as the original programme comes to a close and the original ‘Getting Better Together’ strategy, we have begun to scope a ‘what’s next’ approach to our next programme of transformation.
Corporate Risk: SR02 Business continuity and emergency planning

<table>
<thead>
<tr>
<th>Inherent Score: CI</th>
<th>Target Residual Score: DII</th>
</tr>
</thead>
</table>

**Threat / Inherent Risk**

Duties under the Civil Contingencies Act require councils to have an Emergency Plan. The Emergency Management and Response Structure may not be robust enough to respond to a major emergency. Every business activity is at risk of disruption from a variety of threats, which vary in magnitude from catastrophic through to trivial, and include pandemic flu, fire, flood, loss of utility supplies and accidental or malicious damage of assets or resources. The change of council assets / responsibilities going to either commissioned or third party contractors, Medway Norse or Medway Commercial Group also provides unique challenges to the established Roles and responsibilities during planning and response to Emergency Events.

**Current Residual Risk**

The Emergency Plan is subject to rigorous testing on a regular basis both internally and externally with the plan continually refined as a result to meet the ever-changing needs of the council and local area. An annual presentation on Business Continuity is included at a meeting of all council Service Managers. Assistant Directors are responsible for ensuring that the testing of business continuity plans has taken place. Testing to date has been completed during live incidents. The Corporate Business Continuity Plan is currently being refreshed and is aligned to the Emergency Plan.

**Score**

| CI |

**Target Residual Risk**

The Council will never be able to reduce the risk further as it is impossible to completely mitigate unforeseen adverse events. The Council needs to consistently complete hard and soft testing of its business continuity plans to ensure it achieves and maintains the DII risk scoring.

**Score**

<p>| DII |</p>
<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| SR 02.01: Continued review and develop the Council's Major Emergency Plan (MEP) including any Lessons Identified | Director of Regeneration, Culture, Environment & Transformation | Revised plan agreed by Corporate Management Team. Continued engagement with Kent Resilience Forum. Staff trained in emergency response management at all levels. A sustainable and robust on call rota in place at all levels. Existing plan in place. Programme of on-going review of COMAH plans. Emergency response operations room in place. On call rota in place covering all roles & responsibilities 24/7. | Draft plan in place. Call out arrangements in place covering all roles & responsibilities 24/7 (enhanced during LA stand down Periods). Relevant staff training during 2019. | DECEMBER 2019
Reviewed on 11 December 2019 no update required. The result of an internal audit review of the Council’s Emergency Planning arrangements was presented to the Audit Committee in June 2017; the review found the Council’s Major Emergency Plan effective with all relevant officers aware of their roles. The plan is subject to rigorous testing on a regular basis both internally and externally with the plan continually refined as a result to meet the ever-changing needs of the council and local area. The MEP has been tested during a number of Incidents during 18/19. A “Major Incident Response” report was presented to Business Support Overview and Scrutiny Committee in October 2017 and included information on the Council’s preparedness for a Major Incident including Business Continuity arrangements. Medway Councils MEP and is due for review during the 20/21 period. |
| SR 02.02: Business continuity plans completed to implement the actions | Director of Regeneration, Culture, Environment & Transformation | All services will have an up-to-date and tested Business Continuity Plan. Business Continuity Management Policy agreed. Business Continuity Management principles and training provided to divisional management teams across the Council is ongoing. Corporate Recovery Plan. IT Recovery Plan in place. | Plans tested Business Continuity Audit 2017 actions completed in 2018. | DECEMBER 2019
The ICT business continuity and recovery plan were reviewed and updated in October 2019 as part of the Council’s preparations for Brexit. At Business Support Overview and Scrutiny on the 28 November 2019, a briefing note was requested by members demonstrating the preparedness of the council in the event of Brexit. A dashboard to monitor the refresh of business continuity plans by April each year is overseen by the Strategic Risk Management Group and reported six monthly to Corporate Management Team as part of the Corporate Risk Register. Assistant Directors are |
responsible for ensuring that the testing of plans has taken place. An annual presentation on Business Continuity is included at Service Managers Meeting in September each year. Service Managers are responsible for making staff aware of their Service Business Continuity Plan and their roles and responsibilities within it. This also forms part of the induction for all new staff.

Opportunities and the way forward

No comments

<table>
<thead>
<tr>
<th>Corporate Risk: SR03B Finances</th>
<th>Risk Owner: Chief Finance Officer</th>
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<tbody>
<tr>
<td><strong>Inherent Score:</strong> AI</td>
<td><strong>Portfolio:</strong> Leader’s</td>
</tr>
<tr>
<td><strong>Target Residual Score:</strong> CIII</td>
<td><strong>Last Review:</strong> December 2019</td>
</tr>
<tr>
<td><strong>Current Residual Score:</strong> AI</td>
<td></td>
</tr>
</tbody>
</table>

**Threat / Inherent Risk**
There continues to be a major risk over the Council’s ability to deliver a balanced budget, whilst at the same time delivering good quality services to the people of Medway.
The move away from central support from Government and greater reliance on local taxation through council tax and retained business rates, whilst providing local authorities with the opportunity to benefit directly from growth, also brings with it significant risks to overall funding.  

**Score**  
AI

**Trigger**  
The years of austerity and annual reductions in central support from Government, allied to the capping of council tax increases and culminating in the introduction of the business rate retention scheme. This has been exacerbated by the demographic pressures in both adult social care and children’s care, pressures in relation to homelessness and pressures on pay and prices, not least the national living wage.  

**Consequence**  
- Very difficult decisions around funding allocation;  
- Service cuts;  
- Quality of service compromised;  
- Cutback in staffing on an already lean organisation;  
- VFM Judgement;  
- Negative local publicity;  
- Damage to reputation.  

**Current Residual Risk**  
The Council benefitted from its involvement in the Kent and Medway 100% business rate retention pilot. In spite of significant demographic pressures, it was able to increase general reserves by around £2.7m. Demographic pressures remain an issue and in addition to the usual pressures in adult social care and children’s care there is a rapidly  

**Score**  
AI

**Target Residual Risk**  
The objective of the medium term planning process is to forecast the budget ‘gap’ over a number of years, taking into account assumptions around demographic, inflationary and other pressures and projecting forward the future funding from council tax, business rates and Government grant.  

**Score**  
CIII
emerging growth in the number of pupils with SEND requiring Education, Health and Care Plans. This is a national problem and most upper tier authorities are reporting similar trends. If the Government do not act quickly and decisively, this could place an irrecoverable burden on local authority finances. The Chancellor’s recent Spending Round announcements in September 2019 offered some certainty for 2020/21 with essentially a rollover budget, together with additional resources for social care and greater flexibility over council tax. However, this still make for a very uncertain outlook beyond next year and the SEND issue in particular means that the residual risk remains at A1.

Ultimately the aim would be to get to a position where the MTFS, through robust strategic plans, presents a balanced budget year on year, to providing assurance to the Council that its financial position is secure and sustainable. There will always however be a significant residual risk, as the MTFS is based upon uncertain assumptions in respect of the Council’s tax base, the Government’s finances, demographic pressures, inflation, interest rates and the economic climate.

<table>
<thead>
<tr>
<th>Mitigation</th>
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</thead>
<tbody>
<tr>
<td>Ref: Action</td>
</tr>
<tr>
<td>SR03B.01: Need to ensure effective response to the spending review, but also lobbying for greater local powers to raise revenues</td>
</tr>
<tr>
<td>Whilst the Spending Round was helpful, it offers little certainty for 2021/22 and beyond. The deficit against the High Needs Block of the DSG still remains one of the main risks to financial sustainability, however a meeting is planned with ESFA officials towards the end of January to review our SEND deficit plan and discuss possible solutions, both local and national.</td>
</tr>
<tr>
<td>SR03B.02: Align priorities and activity of the Council to resource availability through MTFS process</td>
</tr>
</tbody>
</table>
| Reviewed Jan 2020 no update required. Cabinet was asked to agree the Medium Term Financial Strategy and Capital Strategy in September, alongside the refreshed Council Strategy, aligning the financial strategies with the Council’s corporate priorities. It identified a ‘gap’ between the budget requirement and the resources available of £6 million next year. It did however outline the Council’s broad strategy to address this, with a view to delivering a balanced budget for 2020/21. The focus will be on addressing pressures within individual services, through transformation and efficiency, but there will also need to be some reprioritisation and reallocation of resources between “
adequacy of financial planning, effective budget control, balanced budget and adequacy of reserves  

SR03B.03: Create resources for investment priorities  
Corporate Management Team  
Track funding opportunities  
Maximise capital receipts on asset disposal  
Prudential borrowing  
Revenue returns from investments and capital assets and appreciation in capital asset values  
On-going  
January 2020  
Cabinet Members have been consulted, in order to prioritise our capital aspirations, as outlined in the capital strategy. The outcome of this work will inform the refresh of the capital programme to be agreed by Council in February, allocating scarce resources to priority schemes.

SR03B.04: Delivery of digital transformation programme  
Transformation Board  
Development of high quality digital services  
Delivery of efficiency savings through enhanced processes  
High quality digital services and reduced service delivery cost  
Improved value for money in delivery of Council services  
On-going  
January 2020  
The Business Change and Digital team has now been transferred to the Chief Finance Officer, with greater emphasis being placed on the ‘benefits realisation’ element of the transformation programme.

Opportunities and the way forward
The key to improving the effectiveness of the Council’s financial planning and management is to address the uncertainty around future funding and improve the forecasting of cost pressures. Our external advisors and professional networks already provide the best available intelligence around Government expenditure plans, however the Finance Management Team have also been working closely with colleagues within the Planning and Regeneration teams, with a view to more accurately projecting future council tax and business rates. The way the accountants work with managers has subtly changed too, with financial forecasts produced more collaboratively and with a view to achieving a consistent narrative running through the quarterly monitoring and the future financial plans.
Finally, the Medium Term Financial Strategy has, as its theme, financial resilience and sustainability, with a clear focus on managing and rebuilding reserves.

Corporate Risk: SR21 Procurement savings – capacity and delivery  
Risk Owner: Chief Legal Officer  
Portfolio: Resources  
Inherent Score: All  
Target Residual Score: DIII  
Last Review: October 2019  
Current Residual Score: DII  
Trigger
- Budget pressures
- Audit reviews reveal weaknesses.
- Market inflationary pressure on prices  
Consequence
• Council does not achieve value for money.
• Damage to reputation.
• Increased costs of purchasing services.
• Not achieving cost efficiencies.
• Overspend on budget allocation.
• Failing to achieve Members’ expectations.

Current Residual Risk
The liaison between Category Management teams and services is working well, with services maintaining strong monitoring of their general savings delivery including those that are linked to procurement activity. Procurement Board maintains a member oversight of procurement and category management activity.
Cabinet and Corporate Management Team is reviewing and challenging regularly the delivery of savings against targets, including those linked to procurement activity.
The Category Management approach the Council takes is now business as usual.

Target Residual Risk
As external income sources materialise and other revenue savings are embedded the Council remains committed to a robust category management approach which is part of strong budgetary control. However, there is not the same reliance on this as a source of relieving revenue pressure.

MITIGATION

Ref: Action | Lead Officer | Desired Outcome / Expected Output | Milestones | Progress update
--- | --- | --- | --- | ---
SR 21.01: Cabinet and Corporate Management Team joint review of agreed budget savings and timetable | Chief Finance Office Chief Legal Officer | To deliver budget savings to an agreed timetable Budget quarterly monitoring | Budget out-turn | January 2020
Quarterly financial monitoring including monitoring of the delivery of proposed budget savings in the Directorates and BSD has taken place through Corporate Management Team and Cabinet, with focus on this in one to one meetings, in addition to this formal process.
Directorate Management Teams review the performance of savings delivery in year and suggest corrective action.
A good example of continued delivery by the Category Management team, under the monitoring of Procurement Board and Cabinet is the MICES (community equipment) contract (Cabinet 14 January 2020). Significant savings have been identified, whilst maintaining quality for customers of this key service.
| SR 21.02: Member chaired Procurement Board which meets regularly | Chief Finance Officer Chief Legal Officer & Category Management team | Timely delivery of procurement ensuring mobilisation of contracts and delivery of savings 
Procurement Board governance reports 
Forward Procurement Plans / Commissioning team plans | Budget savings | January 2020 | Reports to the Procurement Board specify the value of revenue savings made on each specific procurement exercise, and are reported to the council’s Finance Team to confirm in advance of formal meetings. This enables those savings to be removed from budgets. 
November 2019 had a good example with the £12 million MICES (community equipment) contract. Savings were identified as part of the process, which saw a new entrant to the market who had invested in technology to reduce unit costs. |
|---|---|---|---|---|
| SR 21.03: Regular updates to Leader and other relevant Portfolio Holders | Chief Finance Officer Chief Legal Officer Partnership Commissioning | Predicted savings that are sensible and achievable and the ability to take alternative action if under performance occurs. 
Regular savings reports to the Portfolio Holder and to the Finance team. | On-going | January 2020 | Reviewed in January 2020 no update required. 
Quarterly financial monitoring including monitoring of the delivery of proposed budget savings has taken place through Corporate Management Team and Cabinet, with focus on this in one to one meetings, in addition to this formal process. 
Partnership Commissioning have been providing regular updates to relevant portfolio holders on current procurements including MICES and SEN Transport. |
| SR 21.04: Good liaison between Category Management team and Joint Commissioning team and other Council teams | Chief Legal Officer Partnership Commissioning | Good regular engagement with teams. Regular discussions about performance and savings. 
Procurement Board reports 
Procurement Board governance report 
Updates to Cabinet/CMT 
Agreed programme of commissioning procurements | On-going | January 2020 | MICES contract is good example of Partnership Commissioning and Category Management conducting market engagement, a competitive process and driving out quality improvements and revenue savings. |
| SR 21.05: Good liaison with suppliers to continue to identify realistic savings. | Chief Legal Officer Partnership Commissioning | Good regular engagement with suppliers. Regular discussions about performance and savings. 
Contract management data | On-going | January 2020 | MICES contract included supplier engagement. |

**Opportunities and the way forward**

The Council remains open to the opportunities to share procurement resources with other Councils.
<table>
<thead>
<tr>
<th>Corporate Risk: SR32 Data and Information</th>
<th>Risk Owner: Chief Legal Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio: Resources</td>
<td></td>
</tr>
<tr>
<td>Inherent Score: BII</td>
<td>Target Residual Score: DIII</td>
</tr>
<tr>
<td>Last Review: October 2019</td>
<td>Current Residual Score: CII</td>
</tr>
</tbody>
</table>

### Threat / Inherent Risk

Our Transformation Programme involves an increased reliance on digital technology both for customers and the Council. This brings with it an increased information risk particularly regarding personal and health data.

Conversely not sharing information with partners and others minimises the Council’s ability to improve service delivery and reduce costs. There is also a duty to share information in the interests of client care (Caldicott 2 Report).

Local Authorities are required to achieve Level 2 on the Information Governance toolkit; however opportunities to improve the Council’s position with respect to the IG toolkit requirements have been identified. Failure to achieve level 2 will mean that Medway Council will lose its trusted partner status with respect to the Kent and Medway information sharing agreement.

Greater flexibility for the workforce using digital tools brings risk.

Greater availability of information from the Council brings risk.

### Current Residual Risk

The Council has a Senior Information Risk Officer (SIRO) and a Caldicott Guardian.

The Council has a Data Protection Officer.

The Council manages information risk through a Security and Information Governance Group (SIGG).

The Council has a suite of information governance policies.

The Council has information sharing agreements and protocols in place.

The Council has taken part in a “Big Data” project without any risks materialising.

Training to all officers and to Members is being rolled out successfully.

### Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Trigger</th>
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</thead>
<tbody>
<tr>
<td>BII</td>
<td>Budget pressures</td>
</tr>
<tr>
<td></td>
<td>ICO Audit reveals areas for improvement</td>
</tr>
<tr>
<td></td>
<td>Digital Strategy</td>
</tr>
<tr>
<td></td>
<td>Big Data project with academics</td>
</tr>
<tr>
<td></td>
<td>Annual information governance toolkit submission</td>
</tr>
</tbody>
</table>

### Consequence

- Data loss leads to damage to reputation.
- Not achieving cost efficiencies through Digital Strategy changes
- Failing to achieve Members’ expectations.
- Failing to find new innovations
- Failing to deliver good quality care for residents of Medway

### Target Residual Risk

<table>
<thead>
<tr>
<th>Score</th>
<th>Target Residual Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>CII</td>
<td>Human error is completely eradicated from data and information scenarios.</td>
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<tr>
<td></td>
<td>Data breaches are very rare and when it occurs corrective action is taken quickly, learning implemented and accountability for future improved performance identified.</td>
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<tr>
<td></td>
<td>Information sharing is commonplace and well managed.</td>
</tr>
<tr>
<td>DIII</td>
<td>Score</td>
</tr>
</tbody>
</table>

<p>| Score | |</p>
<table>
<thead>
<tr>
<th>Mitigation</th>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome : Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR32.01: The Council has a Senior Information Risk Owner (Chief Legal Officer) and a Caldicott Guardian (Director of Children’s and Adults Services) and in time for the General Data Protection Regulation also a Data Protection Officer (the Information Governance Manager)</td>
<td>Chief Legal Officer</td>
<td>To ensure that appropriate organisational safeguards are in place for sharing information. Information governance policies and procedures are available on the intranet. Privacy Impact Assessments (PIAs) ISAs and Standards Operating Procedures (SOPs) also exists detailing roles and responsibilities.</td>
<td>On-going</td>
<td>January 2020 Reviewed in January 2020 no update required. The Council’s policies and procedures have been reviewed with the advent of the General Data Protection Regulations (GDPR). There is a specific project focused on this work to continue to embed this important new approach to data protection, An action plan has been developed following an Internal Audit of this work.</td>
<td></td>
</tr>
<tr>
<td>SR32.02: Information Sharing Agreement (ISA) for Kent</td>
<td>Chief Legal Officer</td>
<td>Provides the basis for ISAs within Kent organisations and outside PIA, ISAs and SOPs and where appropriate Data Licence Agreements.</td>
<td>On-going</td>
<td>January 2020 Reviewed in January 2020 no update required. The Information Governance Manager is maintaining a central register of agreements.</td>
<td></td>
</tr>
<tr>
<td>SR32.03: Security and Information Governance Group</td>
<td>Chief Legal Officer</td>
<td>Providing a corporate overview of all information risk across projects and initiatives Minutes of SIGG meetings attended by representatives from Public Health, RCET and C&amp;A Departments</td>
<td>On-going</td>
<td>January 2020 Reviewed in January 2020 no update required. Regular meetings of the Council’s Security Information Governance Group are held throughout the year, and in addition a separate project group are managing the Council’s preparedness for GDPR. It is focusing on the action plan mentioned above.</td>
<td></td>
</tr>
<tr>
<td>SR32.04: Meetings between Senior Information Risk Officer and Caldicott Guardian on specific risks</td>
<td>Chief Legal Officer</td>
<td>Good regular engagement to discuss risk areas PIA, ISAs and SOPs co-signed where relevant</td>
<td>Ad hoc as and when required.</td>
<td>January 2020 Reviewed in January 2020 no update required. Liaison between the SIRO and Caldicott Guardian has taken place in relation to relevant risk areas.</td>
<td></td>
</tr>
<tr>
<td>SR32.05: New Information Governance (IG) team created to augment the Council’s response to IG</td>
<td>Chief Legal Officer</td>
<td>Improved control around IG and other related issues. FOI and SAR statistics Periodic ICO audits</td>
<td>On-going</td>
<td>January 2020 Additional recruitment has taken place and the new team is beginning to bed in and drive improvements such as in the outstanding number</td>
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</table>
Threat / Inherent Risk
A wide range of changes in Government policy under the broad banner of ‘Welfare Reform’ could have a significant impact on the Council’s resources. Some could impact directly on the Council’s resources, such as the introduction of the living wage and the 1% per annum reduction in social rents, whereas others impact adversely on the more vulnerable members of the community, which in turn increases demand for some the Council’s core services – social care, housing and revenues and benefits. It has been difficult to predict the impact these reforms have had on resources.

Target Residual Risk
The work overseen by the officer steering group, which primarily focussed on preparedness for the roll-out of Universal Credit has largely been embedded in day to day operations. The Council has focussed on the ‘assisted digital’ offer and on supporting and sign-posting people affected by these changes with personal budgeting advice.

Risk Owner: Chief Finance Officer

Corporate Risk: SR33 Impact of Welfare Reform

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<thead>
<tr>
<th>Inherent Score: CII</th>
<th>Target Residual Score: EIII</th>
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<tr>
<th>Score CII</th>
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<tr>
<th>Triggers</th>
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Since 2012 the Government has embarked upon a major programme of welfare reform, with the broad aims of encouraging people back into work and addressing a perceived ‘dependency culture’ in Britain. These measures have included:
- Changes to tax allowances and thresholds;
- Reform of benefits (eg. Universal Credit, the cap);
- Changes in eligibility for social housing;
- Introduction of the living wage;
- An influx of both identified and unidentified customers.

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<tr>
<th>Consequence</th>
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</table>
- Impact on some of the most vulnerable citizens;
- Consequent impact on demand for core council services;
- Transfer of additional responsibilities to local authorities
- Direct and indirect impacts on council staffing resources.
- Direct Impact on Rent Income Stream to HRA
- Increase in homelessness/Evictions Negative local publicity and reputational damage.
- Unidentified customers impacted by the welfare reform presenting to the Council too late to prevent homelessness

<table>
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<tr>
<th>Score EIII</th>
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<tr>
<th>Target Residual Risk</th>
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</table>
The aim of working closely with partners must be to reduce the likelihood of the reforms impacting on vulnerable people to keep the numbers affected as low as possible, but more importantly to reduce the impact on this population to a marginal level.
This can be achieved by ensuring that the right support and services are in place for vulnerable people, but this will only be
There has also been a concerted programme of awareness raising, information sharing and training for officers, Members and partners. Since this risk has achieved its target residual score, it is proposed to remove it from the Strategic Risk Register at Q4 monitoring. Effective if we have a clear and comprehensive picture of the population affected and can ensure that they are aware of and can access the services available to them.

### Mitigation

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<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 33.01: Provide direct financial support for the most vulnerable members of the community.</td>
<td>Chief Finance Officer</td>
<td>Customers are able to sustain tenancies and mortgages. Families remain resilient and less likely to need Council services. Administration of the following: • Council tax reduction scheme; • Discretionary relief scheme; • Enhanced housing benefit; • Welfare provision.</td>
<td>Reduced number of customers presenting for reasons of homelessness. Reduced KPI: rent arrears as % of rent debit.</td>
<td>January 2020 NI 156: households in temporary accommodation is within target with an improving long and short term trend. HC3: households in B&amp;B with dependent children is within target. Tenant arrears is on target and performs well in comparison with others however both long and short term trends are showing that rent arrears are increasing.</td>
</tr>
<tr>
<td>SR 33.02: Establishment of the Welfare Reform Officer Group, to take forward the conclusions of the Welfare Reform Members Task Group.</td>
<td>Chief Finance Officer</td>
<td>Working across directorates and with partners to provide a joined up approach to meeting the challenges the welfare reform poses for our customers. Establishment of a Welfare Reform Officer Group to produce and deliver an action plan in response to the findings of the Welfare Reform Members Task Group.</td>
<td>Monitor the action plan and provide six monthly update reports to BSD O&amp;S Committee.</td>
<td>January 2020 Reviewed Jan 2020 no update required. Officers last reported to the Business Support Overview and Scrutiny Committee in October 2018. The original action plan was largely delivered and the work streams have been embedded in ‘business as usual’: • Information, advice and guidance; • Roll out of Universal Credit; • Local welfare provision; • The work / skills programme.</td>
</tr>
<tr>
<td>SR 33.03: The provision of and referral to money advice services.</td>
<td>Chief Finance Officer</td>
<td>Customers have access to free and independent advice, to assist them in personal budgeting and managing debt. Specification for service provision. Consider options and commission services.</td>
<td>Number of referrals made to new service</td>
<td>January 2020 Reviewed Jan 2020 no update required. A variety of approaches used, including in-house and voluntary sector providers, however as reported last time the partnership agreement with the DWP for Universal Credit customers has been superseded by a national contract between the DWP and CAB.</td>
</tr>
</tbody>
</table>
| **SR 33.04:** Closer working with the DWP in relation to the implementation of Universal Credit. | **Publicity and sign-posting to service** | **Chief Finance Officer** | Deliver the Council’s commitments in terms of the Delivery Partnership Agreement.  
Undertake joint working arrangements with DWP.  
Undertake joint publicity and signpost UC claimants to the DWP.  
Support claimants with the online application.  
Formalise debt advice services. | **Number of joint events held with partners to promote Universal Credit Numbers using the assisted digital offer Numbers referred to debt advice services.** | **January 2020**  
Reviewed Jan 2020 no update required.  
Successful roll out of Universal Credit for families from May 2018. Delivery of debt advice and assisted digital services continues.  
Comprehensive programme of training delivered with DWP colleagues to officers, Members and other partners.  
Assisted Digital Service (ADS) now offered at hubs/libraries throughout Medway. Three trained members of the council’s Benefit staff provide Personal Budgetary Support (PBS) to customers. This is by appointment and held at Job Centre Plus office. |
| **SR 33.05:** Review of the HRA business plan to address the impact of the 1% reduction in rents and the high value subsidy figure which is being legislated in the proposed Housing Bill. | **Head of Housing** | The Council needs to have a clear understanding of future viability of HRA business plan, allowing the Council to plan effectively for the future provision of the service. | **Monitoring of Business Plan annually**  
Quarterly budget monitoring.  
O&S report on revised HRA business plan – October 2016 | **December 2019**  
The HRA Business Plan has been amended to take advantage of the Government’s decision to remove the borrowing cap on the HRA.  
In spite of the roll out of UC, tenant arrears remains under control and performing well in comparison to other similar sized landlords.  
The Government had announced that the full migration to Universal Credit will not be required until 2023, rather than the original date of 2020.  
In terms of the 1% rent reduction, the final year of four was implemented from April 2019 and the Government have confirmed that local authorities will be able to increase rents once again from April 2020 by CPI plus a maximum of 1% above this rate. The revised HRA business plan has accounted for this. |
| **SR 33.06:** Delivery of the Employment Programme | **Skills and Employability Manager** | Support long term unemployed people into sustained employment. Generate reward grant to fund activity. | **Targets set under the programme** | **DECEMBER 2019**  
Between August 2009 and January 2018, Employ Medway supported 2,150 long-term unemployed or disadvantaged local residents into work. The Work
Programme resulted in 15,946 months reduction in benefit payments with an estimated value of £9.5 million.

From January 2018, the Work Programme was superseded by the Work and Health Programme. This contract has been extremely challenging to deliver – a situation which is reflected at national level. Following an Options Analysis, and consideration at officer and member level, the decision has been taken to return the contract to the Shaw Trust, and cease in-house provision of the Employ Medway service. This is effective 18 December 2019.

| SR 33.07: Delivery of the Local Welfare Provision service | Director of Public Health | Provision of funds to people in urgent need of support, to prevent the requirement for statutory services with more significant needs and problems. | Regular reporting of how funds are used | January 2020
The Local Welfare Provision has been recommissioned. A new service started January 2019 as part of the Medway VCS ‘Better Together’ Consortium. The service is delivered by Citizen’s Advice Medway as part of the Welfare, debt and advice service Lot.

The annual allocation for Welfare payments is £40,000 and is drawn upon on a monthly basis based on activity. In the first two quarters 228 people have been supported through the service using a range of interventions and support. This includes debt advice and IAG and food vouchers. This has resulted in only 93 people requiring a payment.

Opportunities and the way forward
Use of Mosaic and Power BI to better understand the impact of the welfare reforms on the people of Medway.
Corporate Risk: SR34 successful delivery of the corporate transformation programme

Inherent Score: BII
Target Residual Score: EIII

Threat / Inherent Risk

The Council has established a corporate transformation programme designed to:

- Improve outcomes for residents
- Support culture change so the council operates effectively in the digital age
- Deliver savings and support management of demand
- Establish a sound technical platform to support digital innovation

The programme will require collaboration between all services and the transformation team which has been established to drive change, innovation and delivery of cashable savings.

There is a risk that the organisation as a whole does not have the capacity to actively participate in the programme which will put the intended outcomes, including savings which are built into the Council’s medium term financial plan, in jeopardy.

If too much focus is given to savings delivery at expense of transformational and culture change this may put delivery of sustainable change at risk.

Score
BII

Triggers

Whilst the savings attributed to the programme are relatively modest in relation to the council’s overall operating costs, the programme profile assumes delivery at pace.

Key triggers are:

- Decisions are not made to prioritise digital channels / move to digital only to enable savings to be realised
- User centred design methods are not consistently applied
- Services are not able to dedicate staff to the transformation project due to competing priorities
- Transformation work is not seen as an integral part of service business
- The council is unable to attract and retain the skillset needed to design and deliver digital innovation
- Corporate support services have too many competing priorities
- Inspection from external organisations such as OFSTED diverts resource and focus for continued periods of time.

Consequence

- Programme outcomes are not delivered
- Budget savings expectations are not fully met
- Customer expectations about online service delivery are not met impacting on satisfaction with the council and its reputation
- Customers don’t use digital channels
- Staff not given the tools to do their jobs in most efficient manner
- The opportunity is missed to benefit from data analytics to tailor services and manage demand through preventative work

Current Residual Risk

The transformation programme is on target to deliver the required savings and organisational change set out within the original scope of work. The leadership, governance and financial scrutiny have ensured the timeliness and delivery.

Score
EIII

Target Residual Risk

As the financial savings are made the overall risk of the programme reduces – we are currently in the 3rd year of a 3 year programme and therefore the risk is reducing exponentially

Score
EIII
The corporate transformation programme has been a 3 year programme, which had a capital budget of £6m and target revenue savings of £0.430m in 2016/17, £1.57m in 2017/18 and £5m in 2018/19. All target savings were achieved and the programme was formally closed on 31 March 2019. Ongoing improvements are being made as the transformation programme moves into business as usual.

Since this risk has achieved its target residual score, it is proposed to remove it from the Strategic Risk Register at Q4 monitoring.

### Mitigation

<table>
<thead>
<tr>
<th>Ref: Action</th>
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<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR34.01: Active leadership by service Assistant Director</td>
<td>Corporate Management Team</td>
<td>Business problems and issues are addressed, and service costs are reduced. Transformation activity is viewed as part of mainstream work. Appropriate priority is given to transformation work by services with resources clearly identified</td>
<td>Quarterly review by CMT</td>
<td>DECEMBER 2019 The Chief Executive, Deputy Chief Executive/Director RCET, Director Children &amp; Adults and the Assistant Director Transformation are members of the Transformation Board so take an active leadership role with the change programme.</td>
</tr>
<tr>
<td>SR34.02: Leadership development delivered through the Leadership Academy</td>
<td>Assistant Director Transformation</td>
<td>Managers demonstrate required leadership behaviours Skilled and effective leaders.</td>
<td>Academy launched May 2017</td>
<td>DECEMBER 2019 The Council’s Leadership and Digital Engagement Coordinator has now transferred to the Business Change Team to ensure leadership development is aligned with the Council’s change programme.</td>
</tr>
<tr>
<td>SR34.03: Culture change programme given sufficient priority and resources</td>
<td>Assistant Director Transformation, in consultation with the Transformation Board</td>
<td>Transformation activity is viewed as part of mainstream work. Data and customer insight are valued and used as part of service redesign</td>
<td>Culture change programme scoped and signed off by Transformation Board June 17</td>
<td>DECEMBER 2019 A number of re-organisations have been reviewed this year, including ICT, Housing and the whole of Frontline Services. Effective communication and consultation has been essential in the change of culture during these reviews.</td>
</tr>
<tr>
<td>SR34.04: Use</td>
<td>Assistant</td>
<td>Digital skills developed and retained in</td>
<td>Ongoing as</td>
<td>DECEMBER 2019</td>
</tr>
</tbody>
</table>
| Specialist recruitment agency to help us attract staff experienced in digital transformation, combined with developing internal talent through secondment programme. | Director Transformation | House Highly functioning team | Required

| Reviewed Dec 2019 no update required. | The Digital team continues to launch new online services, enabling customers to self-serve on Medway.gov.uk. Most recently, new online services to go live have included ‘Apply and pay for a blue badge’, ‘Pay for a resident parking permit’ and ‘Pay for a business parking permit’. We have successfully implemented the council’s payment system (Sage Pay) with Jadu which has allowed us to take these payments. We have also created a proof of concept to link our website system with one of our back-office systems. This will allow customers to complete a form on Medway.gov.uk and for that information to automatically go into the work queue of front line staff, in their third party system. When this proof of concept is complete, it will allow us to create more online services for some of our biggest volume contact services. We continue to review, develop and improve the council’s main online presence, medway.gov.uk. Our roadmap covers the most-used tasks on medway.gov.uk and ensures the information and transactions which the majority of customers are completing online are continuously improved. In the past three months, some of our work has included:

- creating a section to promote the Kent and Medway social worker teaching partnership, to boost recruitment of social workers in Medway.
- supporting the launch of online enrolment for adult education classes in their new system, making it easier for users to search for and book into a course.
- redesigning the A Better Medway section on Medway.gov.uk, to support their ongoing campaigns and reflect their unique sub brand.
- creating a summer landing page, pulling together useful information, advice and events for the summer months, to make it easier for customers to find and book events.
- a review of the leisure section in time for the summer holidays, to make it easier for customers to find and book a class or swimming lesson.
- implementing the Medway the place brand onto medway.gov.uk, to play our part in supporting the Medway

|
Champions.

Through Medway.gov.uk, the Digital team continues to support the council's marketing objectives. Through the news and events areas on Medway.gov.uk, we have recently promoted public health's Stoptober campaign, the Christmas pantomime, the new blue badge online service, the launch of the City of Culture bid and sporting events such as the national cycling championship.

| SR34.05: Clear transformation programme prioritises projects and resource allocation | Assistant Director Transformation | Transparent process for prioritising projects to give balanced delivery of programme outcomes. Savings targets achieved. Prioritised work programme with adequate resourcing. Business cases for any additional investment required | Service roadmap agreed. Quarterly review of relative priorities by Transformation Board | DECEMBER 2019 | A programme of projects for 20/21 was presented to transformation board in November 2019. |

| SR34.06: Decisions are made by the Transformation Board / Cabinet to prioritise digital channels / digital only to maximise benefits realisation | Assistant Director Transformation, in consultation with the Transformation Board | More expensive telephone and face to face channels are only used for complex services where customer need dictates this. Customer access strategy and assisted digital strategy | Customer access strategy agreed June 17. For each service going through the programme channel shift targets are agreed as savings are calculated | DECEMBER 2019 | Online payments: JADU has now been integrated with Sage Page to allow the Council to take online payments, which have now been implemented parking permits and planning applications. Sports Centres Review: Following feedback from customers, it is now easier to find information about each sports centre on Medway.gov.uk. Services can now also better promote information, such as closures and changes to programmes, to reduce calls into Customer Contact. Business Web Presence: Following a request for a new website, a presence has been created on Medway.gov.uk to meet our council priority of promoting Medway as a great place to work. Learning Disability Annual Health Check: A large number of young people with learning disabilities are entitled to free health checks but are not taking them up. To support the take up of this service, and a communications campaign, new learning disabilities health check pages were created on Medway.gov.uk and went live on 17 September 2019. |
Kent and Medway Social Worker Teaching Partnership: Following a request for a new website, and in line with the council’s rationalisation plan, a new presence was created on Medway.gov.uk for the Kent and Medway Social Worker Teaching Partnership. Creating a presence on Medway.gov.uk means avoiding hosting, software and domain costs.

**SR34.07: Clear communication plan in place**

| Assistant Director Transformation | High levels of customer take-up of and satisfaction with digital service delivery Communications plan | Plan agreed by Transformation Board | DECEMBER 2019

Regular updates are provided to staff via newsletters, MedSpace and the Smart Medway section of the website.

**Opportunities and the way forward**

The transformation programme has now transitioned in to a permanent Business Change Team. An ongoing programme of projects has been identified to build upon the capabilities delivered by the transformation programme. As these projects are delivered, and new ways of working become embedded in the organisation, the risk will reduce.

**Corporate Risk: SR35 Homelessness**

<table>
<thead>
<tr>
<th>Inherent Score: BII</th>
<th>Target Residual Score: DII</th>
<th>Risk Owner: Assistant Director Physical and Cultural Regeneration</th>
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<tbody>
<tr>
<td>Portfolio: Deputy Leader and Housing and Community Services</td>
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<thead>
<tr>
<th>Score</th>
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<tbody>
<tr>
<td>BII</td>
<td>• Increase in the number of households residing in temporary accommodation • Reduction in the councils ability to maximise prevention opportunities • Lack of appropriate temporary accommodation stock • Reduction in the availability of permanent affordable housing • Reductions in staffing levels to sustain levels of service</td>
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<table>
<thead>
<tr>
<th>Consequence</th>
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<tbody>
<tr>
<td>• Increasing and unsustainable overspend of allocated budget • Poorer outcomes for children and vulnerable adults • Increased legal challenge and penalty from the LGO • Reputational Damage • Failing to achieve Members’ expectations.</td>
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**Current Residual Risk Score**

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<tr>
<th>Target Residual Risk</th>
<th>Score</th>
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</table>
The Council continues to undertake a proactive approach to tackling homelessness. Issues beyond the Council’s control continue to be the dominating factor in relation to the demand placed on the service. These include; increasing rents in the private sector, reductions in the delivery of affordable housing and the impact of welfare reform initiatives.

In order to manage the overall level of risk the Council continues to develop preventative services to tackle homelessness. The risk of further increases to temporary accommodation should decrease, however this still stand to be influenced by the external factors identified within the current residual risk.

### MITIGATION

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<tr>
<th>Ref: Action</th>
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<th>Desired Outcome: Expected Output</th>
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</thead>
<tbody>
<tr>
<td>SR35.01: Increase the prevention activity undertaken including opportunities for joint working across directorates as well as with other organisations such as DWP</td>
<td>Assistant Director Physical and Cultural Regeneration/Head of Housing</td>
<td>Opportunities to prevent homelessness are maximised via service delivery and through the development of joint working/referral protocols with other services/organisations Increase in the amount of successful prevention cases Dedicated resource to tackle prevention of homelessness.</td>
<td>Monitoring throughout 2019/20 Government HCLIC quarterly returns.</td>
<td><strong>DECEMBER 2019</strong> Work continues to ensure that the Council intervenes as early as possible in people’s circumstances to prevent them from becoming homeless. The resource of the team has been reviewed to ensure that we remain compliant with statutory duties, the cost of this has been reduced but not fully met by new burdens funding, which comes to an end in 2019/20. Work continues to focus the service towards preventative activity, for the year to date there has been a reduction in approaches in comparison to the same period in 2018/19 however the service is still expecting to receive around 2500 (2648 in 2018/19) approaches for help with homelessness demonstrating that there is still considerable demand for assistance. Preventative activity remains successful with 638 cases prevented or relieved from homelessness in 2019/20 with the service aiming to undertake over 900 before the end of the year in comparison to 813 undertaken in 2018/2019. Prevention activity is monitored on a monthly basis and discussed with the Portfolio holder.</td>
</tr>
<tr>
<td>SR35.02: Increase opportunities of affordable housing supply</td>
<td>Assistant Director Physical and Cultural Regeneration/Head of Housing</td>
<td>Ensure that the need for affordable rented housing is recognised across the organisation enabling an increase in the amount of affordable homes delivered in line with the Planning Policy. Increased provision of affordable housing. Take forwards plans for the Council to</td>
<td>Monitoring throughout 2019/20 Government P1E quarterly returns.</td>
<td><strong>DECEMBER 2019</strong> Reviewed on 20 December 2019 no update required. Delivery of affordable housing remains low in comparison to demand, however the Council plan target to deliver 204 homes is currently on target to he achieved. The Strategic Housing Service continues to engage with the planning process to ensure that 25% of affordable housing is achieved on s106 sites. To</td>
</tr>
<tr>
<td>SR35.03: Establish a strategic group to assess the scale of rough sleeping in Medway and lead on the development of interventions to reduce the issue</td>
<td>Assistant Director Physical and Cultural Regeneration/Head of Housing</td>
<td>A clear, cross-sector commitment to the way that rough sleepers in the Medway area are assisted to secure alternative accommodation. Reduction to the amount of visible rough sleeping activity in the area and relating complaints and media attention. Clear strategy in place for tackling cold weather provision and associated issues.</td>
<td>Ongoing outcome reporting to be established through strategic group.</td>
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<tr>
<td>DECEMBER 2019</td>
<td>Work continues to address the needs of rough sleepers at both operational and strategic levels. A draft homelessness and rough sleeping strategy is currently being consulted on and sets out a range of actions that demonstrate how the Council intends to intervene. The service has been successful in achieving approximately £1.3m in funding from MHCLG that has allowed for more than 100 rough sleepers to be placed in to accommodation. Work continues with the sector to develop sustainable plans for support to further alleviate rough sleeping.</td>
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<tr>
<th>SR35.04: Ensure that options for the provision of temporary accommodation are transparent and reviewed in light of grant funding changes rather than subsidy to ensure that Medway is providing cost effective accommodation options.</th>
<th>Assistant Director Physical and Cultural Regeneration/Head of Housing</th>
<th>Adoption of a Dynamic Purchasing System (DPS) for the Council to secure accommodation in the Private Sector. Effective/Accurate Budget Monitoring Further increase options for lower cost TA provision. Implement a “tenancy management” type structure for management of TA — Maximising the income achieved via Housing Benefit Minimise rise in price for TA units in the private sector Emergency use only for TA Provision that is outside of usual pricing structure.</th>
<th>Monitoring throughout 2019/20 Governmen P1E quarterly returns. Budget Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECEMBER 2019</td>
<td>Reviewed on 20 December 2019 no update required. The Council’s performance in relation to households in temporary accommodation continues to be strong, with the service seeing little overall growth in the last two financial years. Income collection from temporary accommodation has improved considerably and continues to offset spending. Further proposals are being developed as to how the Council can diversify its provision of temporary accommodation to reduce the reliance on the private sector.</td>
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**Opportunities and the way forward**

Further opportunities could be explored to diversify the type of temporary accommodation needed for use by the Council. This will need capital investment, but would limit the amount of funding lost to the private sector.

Opportunities may be available to increase the amount of prevention of homelessness support offered by the Council by utilising the existing temporary...
**Corporate Risk: SR36 Alternative service delivery models**

<table>
<thead>
<tr>
<th>Inherent Score: BII</th>
<th>Target Residual Score: CIII</th>
<th>Risk Owner: Chief Legal Officer, Chief Finance Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio: Leader’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Review: October 2019</td>
<td>Current Residual Score: BIII</td>
<td></td>
</tr>
</tbody>
</table>

**Threat / Inherent Risk**
A growing number of council services are operated through alternative delivery models including outsourcing/insourcing, trusts, joint ventures, Local Authority Traded Companies, partnerships and shared services and joint commissioning.

The primary driver for entering into such models is typically to reduce costs while protecting service delivery and building resilience.

A lack of robust management of these delivery models can lead to underperformance. The new models have increased and more complex governance arrangements than traditional in-house delivery.

Weak or ineffectual oversight / management / monitoring by the council as expertise is transferred to the new delivery model.

Failures in governance that expose untreated risk.

**Score**
BII

**Triggers**
Weak options appraisals/businesses cases; opportunities overstated as commercial markets are not realised, and risks understated.

Failure to effectively manage (staffing, relationships, agreements/contracts) the transition between the council and the service delivery model.

Limited due diligence conducted on new service provider or key individuals in that provider.

Weak or unclear agreements/contract and governance arrangements.

Failure of a provider, risking failure to deliver services.

**Consequence**
- Failure to meet statutory responsibilities to residents.
- Unexpected costs from new delivery model.
- Delivery model not sustainable; responsibility for delivery of function unexpectedly transfers back to the council.
- Reputation of council damaged by activities of delivery model.
- Council or delivery model expectations not met by new arrangements.
- No option to renegotiate terms if circumstances change.
- Reduced influence / control of the council.
- Delivery model operates at a loss with deficit met from local taxation
- Failure to effectively manage the transition between the existing delivery model for SEN Transport and a new Service Delivery Model being implemented for 2018/19.

**Current Residual Risk**
All alternative delivery models are required to produce business cases that are considered at Corporate Management Team and then by Cabinet.

The performance of these models is regularly reviewed by Cabinet and scrutinised by the relevant Overview and Scrutiny Committee.

Where issues arise these can also be discussed at Corporate Management Team, where this is a standing agenda item.

**Score**
BIII

**Target Residual Risk**
Ultimately as these alternative deliver models embed, the Council will be looking for increased revenue income and higher levels of performance.

**Score**
CIII
Underperformance is identified by client side officers or Members and mitigating action is taken or expected. The effect of the action to date has been to develop a smooth transition and improve working relationships and clarify and confirm savings and consequences. This policy change has been a challenge to both parental expectations and operational processes and response.

| Mitigation                                                                 | Ref: Action                                                                 | Lead Officer                                  | Desired Outcome: Expected Output                                                                 | Milestones                                                                 | Progress update |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------─|-----------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|
|                                                                           | SR36.01: Robust options appraisals, detailed business cases prepared       | Relevant Assistant Director for each Service  | Ensure effective decision making The council only enters into arrangements that are beneficial to the service and/or budget and are sustainable | Cabinet considers all business cases prior to any alternative arrangements being agreed. | January 2020     |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           |                                                                             |                                               |                                                                                                  | The “benchmark” approach adopted by MDC and evidenced in reports to Cabinet and Scrutiny in late 2019, is now being used by MCG with a new Business Plan to be presented to Cabinet in February. |                 |
|                                                                           | SR36.02: Project management approach to implementation                     | Relevant Assistant Director for each Service  | Clear agreed milestones for implementation in agreed timescale Smooth transition into new delivery model | Ad hoc as necessary                                                       | January 2020     |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           |                                                                             |                                               |                                                                                                  | The successful transfer of waste services from Veolia to Medway Norse is good evidence of the careful project management of significant alternative delivery models. Where a risk arose around a depot site, mitigating action was taken, approved by Cabinet, to purchase a new site with temporary interim arrangements put in place. |                 |
|                                                                           | SR36.03: Communication & stakeholder management                           | Relevant Assistant Director for each Service  | Stakeholders informed / consulted Smooth transition into new delivery model                        | Ad hoc as necessary                                                       | January 2020     |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           | SR36.04: Sound legal and procurement advice on chosen delivery model       | Chief Legal Officer                          | Robust agreements / contracts with clarity over responsibilities Smooth operation of services, effective dispute resolution | Ad hoc as necessary                                                       | Ad hoc as necessary |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           | SR36.05: Robust scrutiny / oversight mechanisms to ensure clear corporate understanding | Corporate Management Team                   | Delivery model and council held accountable for quality and cost of service Council able to rely on financial information for robust financial | Ad hoc as necessary                                                       | January 2020     |
|                                                                           |                                                                             |                                               |                                                                                                  |                                                                           |                 |
|                                                                           |                                                                             |                                               |                                                                                                  | Reviewed Jan 2020 no update required. CMT has considered proposals for alternative delivery models before they are reviewed at Cabinet including |                 |
| **SR36.06: Reporting from and on delivery models with clear outcomes** | **Relevant Assistant Director for each Service** | **Effective performance management** | **Ad hoc as necessary** | **planning**
High performance
Financial resilience |
---|---|---|---|---|
the creation of the Medway Development Company Limited Overview & Scrutiny Committees have also conducted pre and post scrutiny of proposals. Regular reports of alternative delivery models are then made to Cabinet and Overview & Scrutiny Committees such as Medway Norse and Medway Commercial Group. |

| **SR36.07: Business continuity arrangements** | **Chief Finance Officer** | **Delivery model and council both have clear roles and responsibilities in the event of any business continuity incident and Continuity of service** | **Ad hoc as necessary** | **January 2020**
Reviewed Jan 2020 no update required.
Business Continuity and risk management discussions with Medway Norse and Medway Commercial Group take place at contract management meetings. |

| **SR36.08: Manage the transition between the existing delivery model for SEN Transport and a new Service Delivery Model being implemented for 2018/19.** | **Assistant Director Education and SEND** | **Transport arranged in a safe and timely way for school start in September. Cost savings delivered for academic year by consolidation of routes 2018/19. Maintenance of ongoing positive relationships with parents and providers. Service re-procured for September 2019. Transition plan for 2018/19 with clear agreed milestones. Adherence to re-procurement timelines and milestones** | **As per transition plan and procurement plan** | **September 2019**
The transition and new contract arrangements were successfully implemented on time. Further refinements will be undertaken during this term working with schools and contractors.
This action is complete and will be removed next time |

**Opportunities and the way forward:**

There are opportunities to consider further services that would fit the alternative deliver model.
Threat / Inherent Risk
As there are no mitigations that are completely effective against malware infection, we should develop a defence-in-depth strategy for the organisation. This consists of multiple layers of defence with several mitigations at each layer. This will improve resilience against malware without disrupting the productivity of services. These layers will also have multiple opportunities to detect malware, and then stop it before it causes real harm to the organisation. Accepting the fact that some will get through will help plan for the day when an attack is successful, and minimise the damage caused.
When building defences against malware, it is recommended that mitigations are developed in each of the following three layers:
Layer 1: preventing malicious code from being delivered to devices
Layer 2: preventing malicious code from being executed on devices
Layer 3: increasing resilience to infection, and to enable rapid response should an infection occur

Current Residual Risk
The council manages cyber security risk, along with general information security risk, by having robust policies and procedures in place. These policies and associated actions are audited internally and externally with the result reported to appropriate council committees. In addition, the council is accredited against the Public Service Network code of connection criteria that provides assurances that the ICT infrastructure is managed and monitored using methods commensurate with recognised good practice and the guidance issued by CESG.

The recent ICT structure has put in place a dedicated ICT Network and Cyber Security Manager. This has ensured that ICT has a senior manager responsible for security who is constantly monitoring the system for potential threats and ensuring PCN compliance. All required certifications/accreditations are in place and being constantly reviewed.

Score
DI

Triggers
- Cyber security incident leading to partial or total loss of system integrity

Consequence
- Reduced service delivery across multiple departments over extended period
- Data Leaks
- Financial loss
- Reputational damage

Score
CI

Target Residual Risk
The cyber security risk is omnipresent and only by constantly maintaining the information security environment at levels accredited by CESG (PSN CoCo certification) can the council afford a degree of confidence that all that can be done is being done to mitigate this risk.

The Council needs to consistently complete external auditing and security internal and external penetration testing on an annual basis to keep target residual risk to D1 levels.
<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 37.01 Secure configuration: Remove or disable unnecessary functionality from systems, and to quickly fix known vulnerabilities.</td>
<td>Head of ICT</td>
<td>Patch Management regime in place to treat known vulnerabilities</td>
<td>Certified PSN compliance – April 2019</td>
<td>DECEMBER 2019 ICT Network &amp; Cyber Security Manager now in post to focus on secure configurations, Network security and managing user privileges.</td>
</tr>
<tr>
<td>SR 37.02 Network security: Create and implement policies and appropriate architectural and technical responses, thereby reducing the chances of attacks succeeding</td>
<td>Head of ICT</td>
<td>Network policies in place to prevent attacks</td>
<td>Certified PSN compliance – April 2019</td>
<td></td>
</tr>
<tr>
<td>SR 37.03 Managing user privileges: All users should be provided with a reasonable (but minimal) level of system privileges and rights needed for their role. The granting of highly elevated system privileges should be carefully controlled and managed.</td>
<td>Head of ICT</td>
<td>User policies in place to ensure system privileges meet role requirements</td>
<td>Certified PSN compliance – April 2019</td>
<td></td>
</tr>
<tr>
<td>SR 37.04 User education and awareness: Users have a critical role to play in their organisation's security and so it's important that security rules and the technology provided enable users to do their job as well as help keep the organisation secure. This can be supported by a systematic delivery of awareness programmes and training that deliver security expertise as well as helping to establish a security-conscious culture</td>
<td>Head of ICT</td>
<td>Information and cyber security training available to all system users. Staff induction references cyber security risks and user responsibilities for risk treatment</td>
<td>Certified PSN compliance – April 2019</td>
<td></td>
</tr>
<tr>
<td>Bid for funds against LGA cyber security budget</td>
<td>DECEMBER 2019 The ICT Network &amp; Cyber Security Manager is working with the Senior Workforce Development officer to implement an elearning/MetaCompliance system for use education and awareness following the success of the Kent Connects funding bid.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR 37.05 Incident management: All organisations will experience security incidents at some point. Investment in establishing effective incident management policies and processes will help to improve</td>
<td>Head of ICT</td>
<td>ICT security policies in place and regularly reviewed. Any recognised cyber security incident is reported to appropriate board</td>
<td>Certified PSN compliance – April 2019</td>
<td>DECEMBER 2019 Incident management processes were tested following a potential issue with Lagan forms. The ICT Management Team worked closely with the Information Governance Team to produce a</td>
</tr>
</tbody>
</table>

**MITIGATION**
resilience, support business continuity, improve customer and stakeholder confidence and potentially reduce any impact.

| SR 37.06 Malware prevention: Malicious software, or malware is an umbrella term to cover any code or content that could have a malicious, undesirable impact on systems. Any exchange of information carries with it a degree of risk that malware might be exchanged, which could seriously impact your systems and services. The risk may be reduced by developing and implementing appropriate anti-malware policies as part of an overall 'defence in depth' approach. | Head of ICT | Policies in place to monitor and capture known malicious code. | Certified PSN compliance – April 2019 |
| DECEMBER 2019 Malware protection systems have been reviewed and found to be up to date and effective. |

| SR 37.07 Monitoring: System monitoring provides a capability that aims to detect actual or attempted attacks on systems and business services. Good monitoring is essential in order to effectively respond to attacks. In addition, monitoring allows you to ensure that systems are being used appropriately in accordance with organisational policies. Monitoring is often a key capability needed to comply with legal or regulatory requirements | Head of ICT | Security Incident and event management (SIEM) systems in place. | Certified PSN compliance – April 2019 |
| Bid for funds against LGA cyber security budget. |

| SR 37.08 Removable media controls: Removable media provide a common route for the introduction of malware and the accidental or deliberate export of sensitive data. You should be clear about the business need to use removable media and apply appropriate security controls to its use. | Head of ICT | Removable media policies in place with security controls on user devices | Certified PSN compliance – April 2019 |
### Corporate Risk: SR17 Delivering regeneration

<table>
<thead>
<tr>
<th>Inherent Score: BII</th>
<th>Target Residual Score: DII</th>
<th>Score BII</th>
<th>Trigger</th>
</tr>
</thead>
</table>

**Threat / Inherent Risk**

Medway’s regeneration plans seek to meet the needs of anticipated population growth of 50,000 people in Medway, with up to 20,000 jobs and 29,000 new homes in the next 20 plus years.

There are challenges for the provision and maintenance of effective infrastructure. Particular areas of concern are flood protection, highways, health and water capacity.

It is vital the benefits are felt by the population of Medway, so that the new jobs are not only filled by people from outside the area, and trends of commuting out are addressed.

Economic uncertainty could delay regeneration and growth, impacting on strategic decisions and inward investment.

**Risk Owner:** Director of RCET and Deputy Chief Executive

**Portfolio:** Inward Investment, Strategic Regeneration and Partnerships

**Last Review:** December 2019

**Current Residual Score:** CII

**Score**

- **Trigger**
  - The Council fails to deliver its economic, skills and infrastructure regeneration programme.
  - House/property building companies start to delay developments.
  - Potential lack of companies wanting to locate in Medway.

**Consequence**

- Regeneration projects not completed.
- Potential damage to Council’s reputation.
- Not able to meet member, government and the public’s expectations.
- Deteriorating physical and infrastructure assets.
- Investment wasted.
- Young people are not catered for in the 'new world'.
- Low skills base among some residents remains.
- Disconnect between skills and employment opportunities.
- Maintenance of low aspiration culture.
Increased commuting and pressure on transportation.
Negative impact on community cohesion.

**Current Residual Risk**
The Regeneration programme and in particular Innovation Park Medway and the flag ship water front developments are managed at Member, officer and partner level through individual boards and the projects are managed at a more operational level through officer groups and RCET DMT.
Those schemes funded through the LEP also have to adhere to a rigorous reporting process to ensure that they are on time and within budget.

**Score**
CII

**Target Residual Risk**
Failure by the Council to deliver its ambitious regeneration plans would have a critical impact in Medway, by not delivering the housing, jobs and infrastructure required for its growing population. There is little that can be done to lessen this impact and so the focus must be on reducing the likelihood of failure to a more tolerable level.

**Score**
DII

### Mitigation

<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| SR 17.01: Outline infrastructure needs identified. | Director of RCET | Identification of inward investment priorities. Progressing key regeneration sites and infrastructure plan jointly with KCC. Production of Infrastructure Delivery Plan (IDP) to support Local Plan. | Secure funding 20 year development programme Preparation of IDP to support submission of Local Plan – December 2019 | **DECEMBER 2019**
Medway’s Housing Infrastructure Fund (HIF) bid was approved by central government (MHCLG) in November 2019 £170m of secured funding will support the development of rail, road, education and ancillary infrastructure to unlock the development of up to 10,600 homes and 30,000 construction-related jobs on the peninsula.

The Council continued to progress essential design works for elements of the HIF bid whilst waiting for the overdue decision from MHCLG, so we are on track for delivery to original timescale.

Local Growth Fund (LGF) funded projects (with a combined value of over £40m) continue to make a major contribution to infrastructure delivery in Medway. £1.5m additional funds were allocated to the Innovation Park Medway project in April 2019 from LGF3b, with a final award decision expected in February 2020. Work is nearing completion in Strood Town Centre’s £9m regeneration project. Three projects – Cycling Action Plan, Civic Centre Flood Defences and Chatham Placemaking – are now fully or substantially complete.

Working in partnership with the University of Kent and Chatham Historic Dockyard Trust we are supporting the transformation of the former Police Section House at the Interface Land into the Docking...
<table>
<thead>
<tr>
<th>SR 17.02: Homes England</th>
<th>Director of RCET</th>
<th>Regeneration projects agreed with Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>(England) alerted to the impact of lack of funding and dialogue opened with External Partners.</td>
<td>Homes England confirm any funding commitment to projects and plans for their sites. Funding identified to continue regeneration.</td>
<td>Station – a cultural and creative industries hub, supporting education and workspace provision.</td>
</tr>
</tbody>
</table>

**DECEMBER 2019**

Medway’s Housing Infrastructure Fund (HIF) bid was approved by central government (MHCLG) in November 2019 £170m of secured funding will support the development of rail, road, education and other infrastructure to unlock the development of up to 10,600 homes and 30,000 construction-related jobs on the peninsula.

The Council continued to progress essential design works for elements of the HIF bid whilst waiting for the overdue decision from MHCLG, so we are on track for delivery to original timescale.

There is a dedicated External Investment Officer in the Regeneration Delivery Team, and a virtual External Investment Working Group with cross-service membership, which identifies funding opportunities and prioritises bids based on Member and strategic priorities. This is reflected in a pipeline list of projects.

<table>
<thead>
<tr>
<th>SR 17.03: Regular meetings with stakeholders including developers to lever in external funding and bring forward transformational programmes.</th>
<th>Director of RCET</th>
<th>As detailed in individual delivery plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DECEMBER 2019</strong> Medway’s Housing Infrastructure Fund (HIF) bid was approved by central government (MHCLG) in November 2019 £170m of secured funding will support the development of rail, road, education and ancillary infrastructure to unlock the development of up to 10,600 homes and 30,000 construction-related jobs on the peninsula.</td>
<td>External financial arrangements to fund transformational programmes and deliver plans that are implemented on time and to budget. Investors come forward for regeneration sites.</td>
<td>External stakeholder groups, including developers, have been established for the Future High Streets Fund Chatham projects (supported by a £150k development grant) and the High Streets Heritage Action Zone scheme, which would together deliver c. £20m of town centre / High Street improvements in Chatham and Rochester.</td>
</tr>
</tbody>
</table>

There is a dedicated External Investment Officer in the Regeneration Delivery Team, and a virtual External Investment Working Group with cross-service membership, which identifies funding opportunities and prioritises bids based on Member and strategic priorities. This is reflected in a pipeline list of projects.
<table>
<thead>
<tr>
<th>SR 17.04: Working with the Local Enterprise Partnership to attract funds to Medway.</th>
<th>Director of RCET</th>
<th>External financial arrangements to fund transformational programmes and deliver plans that are implemented on time and to budget. Create and protect long-term jobs in the private sector, and programmes which will deliver sustainable jobs. Growing Places Fund (GPF): £4.4m Rochester Riverside; £2.99m Chatham Waterfront. £650K Innovation Park Medway. £41.7m Local Growth Funding from the Local Enterprise Partnership.</th>
<th>As detailed in individual delivery plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DECEMBER 2019</strong></td>
<td>Medway has made successful bid submissions to SELEP for nine LGF projects, totalling £41.7m across four bidding rounds. This includes the April 2019 allocation of £1.5m of LGF3b funding to the Innovation Park Medway (IPM). A decision regarding full award is expected in February 2020. Medway has also successfully bid for over £8m across three rounds of Growing Places Fund (GPF) loan investment, supporting Chatham Waterfront, Rochester Riverside and the Innovation Park Medway. An additional GPF application for over £1m for Britton Farm Mall in Gillingham was submitted in October 2019, and we await next steps. Medway Council is a member of the SELEP’s Local Industrial Strategy Core Working Group, seeking to define growth priorities for the region, for approval by central government. The Local Industrial Strategy will inform future funding from central government. The funding landscape post-LGF funding remains unclear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DECEMBER 2019</strong></td>
<td>Reviewed in December 2019 no update required. Working to publication of draft Local Plan with proposed development allocations and policies to manage Medway’s growth. Strategy supported by comprehensive evidence base and assessment processes to meet tests of independent Examination. Joint work on infrastructure planning with HIF project team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR17.06: To seek additional external funding opportunities.</td>
<td>Assistant Director Physical and Cultural Regeneration</td>
<td>Ensuring Medway’s Regeneration programme is delivered. Additional funding streams identified and secured.</td>
<td>Secure funding for Council owned sites.</td>
</tr>
<tr>
<td><strong>DECEMBER 2019</strong></td>
<td>Our Design Programme to unlock up to £1.6m of Historic England funding for Chatham Intra / Heritage Quarter was submitted in draft on 6 December, and will be submitted in final form on 20 December. Command of The Heights: We have also been successful in a Heritage Fund grant increase application of £215k. This sum will bring the newly found archaeology at Riverside 1 into the public.</td>
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</tbody>
</table>
The Future High Streets Fund for Chatham continues to be progressed with a Development Grant of up to £100k. A full Business Case for up to £14m will be submitted in April 2020.

| SR17.07: Submission of a successful Business Case for Housing Infrastructure Fund (HIF) funding for the peninsula. | Assistant Director Physical and Cultural Regeneration | Delivering major infrastructure improvements to unlock the potential of the Hoo peninsula. £170m secured via a successful Business Case submission. | Business case submitted either December 2018 or March 2019 Decision 4 months post submission. | DECEMBER 2019
Medway’s Housing Infrastructure Fund (HIF) bid was approved by central government (MHCLG) in November 2019 £170m of secured funding will support the development of rail, road, education and ancillary infrastructure to unlock the development of up to 10,600 homes and 30,000 construction-related jobs on the peninsula. The Council continued to progress essential design works for elements of the HIF bid whilst waiting for the overdue decision from MHCLG, so we are on track for delivery to original timescale.

Opportunities and the way forward
The current regeneration programme is large and is being supplemented by the programme of works planned by Medway Development Company and the partnership with Norse Commercial Services. This means that the Council’s capacity is already stretched, however the Council has demonstrated its appetite for a ‘mixed economy’ of approaches to deliver regeneration and new opportunities are being explored with other partners, including private sector organisations.

<table>
<thead>
<tr>
<th>Corporate risk: SR26 Non-delivery of Children’s Services Improvement</th>
<th>Risk Owner: Director of People – Children And Adults Services</th>
<th>Portfolio: Children’s Services (Lead Member)</th>
<th>Inherent Score: All</th>
<th>Target Residual Score: DIII</th>
<th>Last Review: December 2019</th>
<th>Current Residual Score: All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat / Inherent Risk</td>
<td>Score</td>
<td>Trigger</td>
<td>Consequence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We aspire to deliver good and outstanding services that keep children and young people safe and give them the right help, at the right time in their lives. In doing this, we will show strong leadership, we will challenge performance, we will ensure the right level of resources are allocated and used efficiently, and we will build a culture of continuous reflection and improvement. However during Ofsted’s recent inspection of our services it found that we were not providing these outcomes to a satisfactory level. Our Children’s Services Improvement Action Plan has been</td>
<td>All</td>
<td>Non-delivery of appropriate and rapid enough improvement following the poor Ofsted inspection rating. The Council loses control of the service. The Commissioner, in cooperation with the DfE, agrees an alternative delivery model and structure such as Children’s Services being delivered by a neighbour</td>
<td>• The Council loses control of the service. The Commissioner, in cooperation with the DfE, agrees an alternative delivery model and structure such as Children’s Services being delivered by a neighbour</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
developed in response to the formal recommendations and improvement areas highlighted by Ofsted during their ‘Inspection of Local Authority Children’s Services (ILAC) which took place from 8 July 2019 to 26 July 2019. This action plan sets out to ensure the transformation of our social care services for children, young people and their families from inadequate, to good quality. Improving the quality of services to children so they can thrive in our community, be healthy and learn well as outlined in our Children and Young People’s Plan.

This is a key corporate priority and we are fully committed to working with our partners to deliver this plan and achieve more positive outcomes for children and young people in Medway. It is also intended to demonstrate how the Council can respond to the requirements of the Statutory Notice, issued by the Secretary of State in August 2019, which appointed a Commissioner to review and report on whether the Council has the capacity and capability to improve and sustain improvement to its services.

### Current Residual Risk
The commissioner’s report has been published, which recommends a further six months of commissioner intervention pending final decision.

### Mitigation

<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome / Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| SR26.09     | Interim Assistant Director – Children’s Social Care | Children say they and their families get the help they need at the right time, that supports them to stay safely with | Embed core social work techniques and establish Signs of Safety as a practice | December 2019
The move from the current, inadequate service to an improving service will be achieved embedding a strong and evidenced-based social work practice model (Signs of Safety). We are in the process of commissioning a whole-service training programme to start in February. This is being part- |
<table>
<thead>
<tr>
<th>Framework</th>
<th>Evidence of Purposeful Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Quality and Timeliness of Assessments</td>
<td></td>
</tr>
<tr>
<td>Improve Response to Risk Associated with Neglect, Domestic Abuse and Exploitation</td>
<td></td>
</tr>
<tr>
<td>Improve Tracking of PLO and Proceedings to Achieve Timely Legal Outcomes to Support Plans, with No Unnecessary Delay</td>
<td></td>
</tr>
<tr>
<td>Improve Permanency Planning for All Children in Care</td>
<td></td>
</tr>
<tr>
<td>Improve Access to Health, Education, Accommodation and Training for Care Leavers</td>
<td></td>
</tr>
<tr>
<td>Ensure Fostering Service is Funded by Our Teaching Partnership with Kent. The MOSAIC Upgrade Will Facilitate Case-Recording in Line with Signs of Safety as Practice Model.</td>
<td></td>
</tr>
</tbody>
</table>

If they need to live away from their family, they have carers who can offer them a safe, stable and supportive home. Young people leaving care say they have a choice of places to live, they can access training or education and know where to go for help and advice about their physical and mental health.
<table>
<thead>
<tr>
<th>SR26.10 Capability and capacity of our workforce</th>
<th>Interim Assistant Director – Children’s Social Care</th>
<th>developed to fully meet the needs of Medway’s children, and meets all statutory responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Children say they have a social worker who is committed to them, who they trust to do their job well, who listens and responds to their views, and carries through their plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase staffing establishment to adequately meet the demands of the service</td>
</tr>
<tr>
<td></td>
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<td>Reduce reliance on agency personnel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Achieve manageable caseloads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure all practitioners and managers understand the expectations of their roles and are equipped to meet them</td>
</tr>
</tbody>
</table>

**December 2019**

Within the Ofsted report and Commissioner’s findings, the current structure of Children’s Social Care has been highlighted as not fit for purpose. Work has begun on the creation of a new structure implemented in phases to transform Children’s Social Care and make it overly more robust.

The total number of new starts across Safeguarding and First Response for 2019/20 is 37 compared to 32 for 2018/19. The investment in advertising and attendance at social work events continues to promote Medway as an employer.

The total number of qualified social workers that have left Children Services for April 2019 to December is 28 compared to 30 for April 2018 to March 2019.

The two main contributory factors impacting on staff turnover are volume of caseloads and work life balance.

To date, there is an overall net gain of 12 staff across Safeguarding and First Response for April 2019 to December 2019.

<table>
<thead>
<tr>
<th>SR 26.11 Ensuring Effective leadership and management</th>
<th>Director of People – Children and Adults</th>
<th>Children and their families say that they get the help they need at the right time, and they feel that their views are respected, listened to and influence the plans that are made for them</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Senior leaders across the Council, and partner organisations, as well as Councillors, know how they are contributing towards improving frontline practice and supporting</td>
</tr>
</tbody>
</table>

**January 2020.**

Reviewed. No update required.
They understand why they have a social worker and know what the objectives are of any work we do with them and their family.

better outcomes for children and families.

Resources are committed to support sustained improvement

Performance reporting which is focused on giving Members and senior leaders the right information to be able to monitor the quality of services and take remedial action when required.

Leadership and governance which creates a culture of openness and transparency, with positive two-way communication

Supervision of practice which is reflective and purposeful

Improving the quality of services for children is a
<table>
<thead>
<tr>
<th>Source/Assement</th>
<th>Responsible Party</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 26.12 Quality Assurance and Performance Management</td>
<td>Director of People – Children and Adults</td>
<td>Children say they can share their views about the service they receive and understand that they will be taken seriously.</td>
<td>January 2020. Reviewed. No update required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular programme of case audit</td>
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<td></td>
<td></td>
<td>Regular performance reporting</td>
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<tr>
<td></td>
<td></td>
<td>Performance meetings which involve front line managers, HR, performance and QA</td>
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<tr>
<td></td>
<td></td>
<td>Approach to case audit to improve understanding of impact on child</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consistency in audit grading – shared understanding of what good looks like</td>
<td></td>
</tr>
<tr>
<td>SR26.13 Partnerships and engagement</td>
<td>Interim Assistant Director – Children’s Social Care</td>
<td>Children and young people understand that they or their representatives can contribute to service planning and to staff recruitment, and their contributions will have an impact on how decisions are made</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Partners share responsibility for practice improvement across children’s services</td>
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<tr>
<td></td>
<td></td>
<td>Staff feel engaged and able to contribute to plans for service improvement</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The culture of the organisation supports transparent decision making, respectful challenge and values learning</td>
<td></td>
</tr>
<tr>
<td>December 2019</td>
<td></td>
<td>Medway Safeguarding Children’s Partnership (MSCP) is now in place and working to a shared set of priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partners have been engaged in the Transformation programme and other strategic boards</td>
<td></td>
</tr>
</tbody>
</table>
Opportunities and the way forward

Recruiting a permanent AD and Heads of Service  
Realignment of the service and increased capacity  
Partners in Practice – Essex, Oxfordshire and North Yorkshire and Bracknell Forest

<table>
<thead>
<tr>
<th>Corporate Risk: SR27 Local Authority’s ongoing relationship with all schools and academies</th>
<th>Risk Owner: Director of Children and Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inherent Score: BII</td>
<td>Target Residual Score: CIII</td>
</tr>
<tr>
<td>Threat / Inherent Risk</td>
<td>Portfolios: Children’s Services (Lead Member) and Education and Schools</td>
</tr>
<tr>
<td>Threat / Inherent Risk</td>
<td>Last Review: December 2019</td>
</tr>
<tr>
<td>Inherent Score: BII</td>
<td>Current Residual Score: CIII</td>
</tr>
</tbody>
</table>

**Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>CII</td>
<td>A failing OFSTED inspection for a maintained school for which the Council has a statutory responsibility or a coasting judgement on the basis of pupil progress.</td>
</tr>
</tbody>
</table>

**Consequence**

- Impact on children and families of being in a school that fails to provide quality provision.
- Performance ratings as measured through Ofsted reports and Performance tables impact on parental and community confidence.
- Financial consequences.
- The DfE will expect that the school becomes a sponsored academy with further financial consequences to Medway including an expectation that the LA pays the legal costs for the transfer and writes off deficits.
- Reputational damage.
- Impact on statutory responsibilities and regulatory judgement.
- Progress and progression for children & young people are impacted negatively and young people fail to achieve their potential.

**Current Residual Risk**

A plan of school improvement visits to target schools at risk of going into a category has proved successful. There remain key areas where further work and support is required.

A funded programme to support targeted primary schools in respect of inclusion.

Close liaison between internal Council departments.

<table>
<thead>
<tr>
<th>Score</th>
<th>Target Residual Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>CII</td>
<td>Previous restructuring and budget reductions limit the level of resource to be allocated to target schools in danger if entering a category. Young People in an underperforming school are at risk of not achieving their potential. Ongoing academisation with move the Council into a changing role and the relationship with the RSC will become more important as they are responsible for the performance of academies.</td>
</tr>
</tbody>
</table>

<p>| Score | CIII |</p>
<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome: Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 27.01: Analysis of school data is used to agree a school partnership rating so that appropriate support can be put in place. Analysis of academy data is used to refer an academy to the regional Schools Commissioner</td>
<td>Head of Education</td>
<td>Schools results in line with or exceed nationally expected progress measures. School Challenge and Improvement Team support schools to identify actions needed to improve pupil progress. Data shows progress to be in line with similar schools nationally and then to be in upper quartile. Implementation of School Improvement Strategy.</td>
<td>Number of schools below floor threshold reduces Number of schools in an OFSTED category reduces and remains low. Number of coasting schools is low</td>
<td>December 2019 Unvalidated data shows that school performance at the end of KS1, KS2 and phonics, have all continued to improve, closing the gap to national. Primary schools have now reached the 3rd quintile of local authority areas, exceeding national performance in attainment at KS2.</td>
</tr>
<tr>
<td>SR 27.02 The proportion of schools in Medway with an OFSTED judgement requires improvement (3) is currently higher than national; and the proportion of schools with good and outstanding judgements is currently lower than national.</td>
<td>Head of Education</td>
<td>Schools move up from requires improvement to Good and from Good to Outstanding. Core SCI training developed and delivered in a targeted way. OFSTED preparation in place for Senior Leadership Team (SLT) and Governors. NLES and LLEs linked to schools to give additional experience to draw on for delivering good and better practice. Work closely with the teaching school alliances to develop leadership and improve the quality of teaching across subject areas.</td>
<td>OFSTED judgements place more schools in the Good or Outstanding categories.</td>
<td>December 2019 88.3% of all pupils are attending a good school in Medway. The breakdown is for primary schools is 87.2% and for secondary, 88.9% are attending a good school.</td>
</tr>
</tbody>
</table>
Opportunities and the way forward

Closer working with education partners to improve relationships so that we can ensure positive outcomes are achieved for children and young people in Medway

<table>
<thead>
<tr>
<th>Corporate Risk: SR39 Lack of resources to keep young people with SEND safe due to increasing demand and complexity of need pressures</th>
<th>NEW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Owner: Director of Children and Adults</td>
<td></td>
</tr>
<tr>
<td>Portfolios: Children’s Services</td>
<td></td>
</tr>
<tr>
<td>Inherent Score: BII</td>
<td>Target Residual Score: DIII</td>
</tr>
<tr>
<td>Last Review: December 2019</td>
<td>Current Residual Score: BII</td>
</tr>
</tbody>
</table>

**Threat / Inherent Risk**

Pressures from increasing demand and complexity of special educational need and disability place extreme pressure on High Needs Budget, meaning that we are prevented from meeting our statutory educational duties for children and young people aged 0-25 who have SEND, and therefore cannot ensure that this vulnerable cohort of children are safe.

**Score**

BII

**Triggers**

The Council does not have enough resources to match increasing demand and complexity of need.

**Consequence**

- Unable to provide our statutory education duties for children and young people aged 0-25 who have SEND
- Poorer outcomes for children and young people
- Adverse effect on assessments - increased thresholds of application for children applying for assistance
- Budget pressures with consequences across the Council
- Impact on statutory responsibilities and regulatory judgement
- Money drawn from other services
- Cost spiral
- Adverse effect on staff morale affected

**Current Residual Risk**

The number of EHCPs has been rising over time (42% since 2015). Medway has a higher rate of EHCP per 10k than national in all age groups over 11 years. The increase in numbers and complexity of need continues to be a pressure on the Council with the budgets currently excessively overspent. The Council has submitted a budget recovery plan to rectify and meetings are set up with the ESFA to review.

**Score**

BII

**Target Residual Risk**

Increased funding from central government will work towards removing the risk to vulnerable children and young people with SEND. A review is currently taking place.

**Score**

DIII

**Mitigation**

<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome: Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 39.01: SEN budgets are being closely monitored and spend is being reviewed more robustly.</td>
<td>AD Education and SEND Head of Integrated</td>
<td></td>
<td>December 2019</td>
<td>SEN budgets have seen unprecedented growth. A financial recovery plan that controls spend at pace and provides oversight to all placements and contracts. Meetings to review the Councils deficit recovery plan</td>
</tr>
<tr>
<td>SR 39.02: Work with government departments re. budget deficits.</td>
<td>Disability</td>
<td>Head of Integrated Disability</td>
<td>December 2019</td>
<td>Regular meetings have been organised with central government colleagues to enable conversations around funding and deliverability of our submitted plan.</td>
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</tr>
<tr>
<td>SR 39.03: Work to improve the service following the revisit by Ofsted and the CQC.</td>
<td>Disability</td>
<td>Head of Integrated Disability</td>
<td>December 2019</td>
<td>A revisit of the SEN service was completed in late 2019. We are currently awaiting the outcome of our progress against our written statement of action.</td>
</tr>
<tr>
<td>SR 39.04: Supporting Medway’s schools to be more inclusive</td>
<td>Education and SEND</td>
<td>December 2019</td>
<td>School Improvement and Integrated Disability are working collaboratively with Education partners in schools to promote inclusivity and encourage opportunities for children and young people with SEND to be educated alongside their peers in mainstream education where appropriate.</td>
<td></td>
</tr>
<tr>
<td>SR 39.05: Working with the Clinical Commissioning Group to ensure NHS funding is provided in all appropriate cases</td>
<td>Education and SEND</td>
<td>December 2019</td>
<td>Work is ongoing through a robust partnership with health colleagues at the Clinical Commissioning Group to ensure that NHS funding is provided in all appropriate cases.</td>
<td></td>
</tr>
<tr>
<td>SR 39.06: Reviewing high cost placements to ensure the best packages are provided in the most economical way</td>
<td>Disability</td>
<td>December 2019</td>
<td>Regular reviews are undertaken in-house by the team.</td>
<td></td>
</tr>
<tr>
<td>SR 39.07: The creation of additional SEND provision locally</td>
<td>Education and SEND</td>
<td>December 2019</td>
<td>Work is underway to develop education provision for children and young people with SEND locally.</td>
<td></td>
</tr>
</tbody>
</table>
### Corporate Risk: SR09B  Keeping vulnerable adolescents safe

**Risk Owner:** Director of People – Children And Adults Services  
**Portfolios:** Children’s Services (Lead Member) and Education and Schools  
**Inherent Score:** BII  
**Target Residual Score:** DIII  
**Last Review:** December 2019  
**Current Residual Score:** BII

<table>
<thead>
<tr>
<th>Threat / Inherent Risk</th>
<th>Score</th>
<th>Trigger</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| There are a number of different factors affecting vulnerable adolescents in Medway. These include CSE, Gang Culture, Offending and Re-offending, growing up in the care system without proper transition to adulthood. | BII | • Rising rates of reoffending within 16-18-year olds  
• Increasing rates of young people entering care in adolescence  
• Lack of preventative services and earlier interventions | • Higher levels of neglect and safeguarding incidents in Medway  
• At risk of joining gang culture  
• At risk of offending and jail  
• Stigma of being a care leaver and effects of lower education levels |

<table>
<thead>
<tr>
<th>Current Residual Risk</th>
<th>Score</th>
<th>Target Residual Risk</th>
<th>Score</th>
</tr>
</thead>
</table>
| Currently Domestic Abuse and Gang culture are led on a Kent and Medway footprint. These are triaged at the Front Door and CSE cases discussed at MASE. | BII | Decreasing levels of reoffending.  
Reduced prevalence of gangs in Medway.  
Decreasing cases of domestic violence and CSE concerning adolescents. | DIII |
<table>
<thead>
<tr>
<th>Ref: Action</th>
<th>Lead Officer</th>
<th>Desired Outcome: Expected Output</th>
<th>Milestones</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 09b.10: Ensuring early intervention to address risk and vulnerability factors to build upon strengths preventing young people going from being at risk of offending to becoming established offenders.</td>
<td>Director of Public Health&lt;br&gt;Head of Children’s Commissioning and Youth Justice</td>
<td>The rate of first-time entrants to the criminal justice system declines.&lt;br&gt;The rate of NFA reduces.&lt;br&gt;Early Help referral increase from the Police (Police complete an Early Help Assessments) and reduction in safeguarding referrals from the Police.&lt;br&gt;Increase referral into NELFT and improved access and intervention pathways&lt;br&gt;Schools report less fixed term exclusions, improved attendance and behaviour of those students identified as at greatest likelihood of offending.&lt;br&gt;Fewer looked after children and care leavers will become involved in the criminal justice system.&lt;br&gt;Reduction in young people that are NEET.</td>
<td>January 2020.&lt;br&gt;Reviewed. No update required.</td>
<td></td>
</tr>
<tr>
<td>SR 09b.11 Prevent and reduce domestic abuse across communities and ensure that when Young People experience abuse, they can access the help and services</td>
<td>Director of Public Health&lt;br&gt;Interim Assistant Director</td>
<td></td>
<td>January 2020.&lt;br&gt;Reviewed. No update required.</td>
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<tr>
<td>they need</td>
<td>Children Social Care</td>
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</tbody>
</table>
| SR 09b.12: Protect and prevent young people from becoming involved with gangs; to tackle gang-related harm and youth violence; and to pursue effective enforcement action to deal with those embroiled in gang activities. | Director of Public Health  
Interim Assistant Director  
Children Social Care                                                                 | January 2020.  
Reviewed. No update required.                                                                                       |
| SR 09b.13 Improve access to health, education, accommodation and training for care leavers                                                                                                               | Interim Assistant Director  
Children Social Care                                                                                           | Increase in percentage of care leavers in EET  
Increase in % of care leavers living in appropriate accommodation  
Increase in number of care leavers undertaking apprenticeships or employed by Council and partners  
Implement a rolling programme of apprenticeships and employment opportunities for care leavers  
Work with commissioning and housing colleagues to source and oversee appropriate accommodation for care leavers to ensure they can live independently if they are ready to do so. | January 2020.  
Reviewed. No update required.                                                                                       |
| Develop a separate care leavers service and review the operational model, considering a 16+ team |

**Opportunities and the way forward:**

A revisit of the SEN service was completed in late 2019. We are currently awaiting the outcome of our progress against our written statement of action.
HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE

12 MARCH 2020

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 24 February.

3.2 Requests had been received for deferral of reports on Community Mental Health Support and on the Outcome of a Section 136 ‘Deep Dive’. The Community Mental Health Support deferral was to allow sufficient time for analysis to be undertaken of a recently closed public consultation while the Section 136 ‘Deep Dive’ was not yet complete. The requests for deferral were agreed and it was therefore agreed to recommend to the Committee that both reports be added to the Work Programme for the June 2020 meeting.
3.3 It was agreed to recommend that reports be added to the Committee Work Programme as follows:

- Development of Medway and Swale Integrated Care Partnership (June 2020)
- Kent and Medway NHS and Social Care Partnership Trust Update (June 2020)
- Medway Community Healthcare Update (August 2020)
- Kent and Medway Single CCG Update (Late 2020)
- Local Care (date TBC)

3.4 The draft 2020/21 Committee Work Programme is attached as Appendix 1.

4. Kent and Medway Stroke Review

4.1 The High Court has handed down judgement in relation to the Judicial Reviews of the decision made by the NHS in relation to the Kent and Medway Stroke Review. The two reviews had been launched by the Save Our NHS in Kent (SONIK) campaign group and by a Ramsgate resident. These reviews both relate to the proposed configuration of services in east Kent, which would see the development of a HASU in Ashford with there being no acute stroke provision in either the Canterbury or Thanet area. Medway Council and Kent County Council were both named as interested parties in the Judicial Reviews.

4.2 The matter was heard by the Court over three days from 3 - 5 December 2019, with the judgement having been handed down on 21 February. There were eight grounds of challenge to the NHS decision. These related to health inequalities; how stroke prevention measures could mitigate the effects of the decision to remove stroke services from QEQM Hospital in Margate; workforce issues in relation to the viability of establishing a Hyper Acute Stroke Unit (HASU) at QEQM; patient choice; concerns in relation to the public consultation; the impact of increased travel times and; the effect on patient flows.

4.3 The Court decision was to dismiss the claim. The effect of this is that the decision by the NHS on 14 February 2019 to implement its Option B (of five proposed consultation options) to locate HASU’s at Darent Valley Hospital in Dartford, William Harvey Hospital in Ashford and Maidstone Hospital has been found to be lawful. The parties to the Claim will have 21 days to bring an appeal against the decision of the High Court.

4.4 On 12 March 2019, this Committee agreed to exercise its power to report the decision made by the NHS in relation to the Kent and Medway Stroke Review to the Secretary of State for Health. A letter formally making this report was submitted to the Secretary of State on 27 March 2019. The outcome of Medway’s referral is awaited.

5. Kent and Medway NHS Joint Overview and Scrutiny Committee

5.1 A meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) took place on 6 February 2020. The Committee was provided updates on the Kent and Medway Vascular Services review, East Kent Transformation and adult mental health provision at St Martin’s Hospital in Canterbury.
5.2 The Committee was informed that a detailed proposal for the interim model for vascular services, which would see all urgent vascular treatment for Kent and Medway patients provided at the Kent and Canterbury Hospital, was being developed. It was anticipated that further public engagement would commence in April or May 2020 and that an update would be provided to the Joint HOSC at this time.

5.3 In relation to East Kent Transformation, two options had been developed for the future of acute hospital services in East Kent. A finalised pre-consultation business case was due to be submitted to NHS England in April 2020. A public consultation would take place after this.

5.4 Since the previous updates to the Medway and Kent Health Scrutiny Committee on St Martins Hospital, Canterbury the Cranmer Ward had been temporarily shut with patients moving to another ward. Cranmer Ward is a 15-bed inpatient ward for people aged 65 and over, for the assessment and treatment of acute mental health difficulties. The closure had resulted in a temporary reduction in the number of mental health beds available, though so far this had not had any negative impact on the provision of services.

5.5 A key part of the work to transform mental health services in East Kent was bed modelling, which was underway. The data would provide a clear evidence base for changes that may result. Engagement with patients, their families, staff, other stakeholders and the general public about the development of services would be taking place over the coming months.

6. **Forward Plan**

6.1 The latest Forward Plan of forthcoming Cabinet decisions was published on 20 February 2020.

6.2 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>
</table>
| TBC          | **Community Mental Health Support**  
*This report will provide details of the outcome of consultation to examine the future use of 147 Nelson Road in line with the Cabinet decision to do so (decision no 149/2019 refers). This will initially be considered by the Health and Adult Social Care Overview and Scrutiny Committee on 12 March 2020.* | On Work Programme for June 2020 meeting |

7. **Financial and Legal Implications**

7.1 There are no specific financial or legal implications arising from this report.
8. **Recommendations**

8.1 The Committee is requested 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>16 JUNE 2020 (Date TBC)</strong></td>
<td></td>
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</tr>
<tr>
<td>Quarter 4 and Year End Council Plan Performance report</td>
<td>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>
</tr>
<tr>
<td>Update on the Outcome of the Section 136 'Deep Dive'</td>
<td>Information Items</td>
<td>Chief Executive, Kent and Medway Sustainability and Transformation Partnership</td>
<td>To enable Committee Members to consider the outcomes following presentation of the 'Deep Dive' outcomes to Health and Wellbeing Board</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 details of the latest CQC inspection report</td>
</tr>
<tr>
<td>Community Mental Health Support</td>
<td>Pre-decision scrutiny</td>
<td>Director of People - Children and Adults Services</td>
<td>To consider the outcome of a consultation in relation to the future use of the Community Resource Centre at 147 Nelson Road, Gillingham</td>
</tr>
<tr>
<td>Kent and Medway NHS and Social Care Partnership Trust Update (KMPT)</td>
<td>Scrutiny of External Organisations</td>
<td>Chief Executive, KMPT</td>
<td>To receive an update on the work of the Trust</td>
</tr>
<tr>
<td>Medway and Swale Integrated Care Partnership (ICP)</td>
<td>Information Items</td>
<td>Senior Responsible Officer Medway and Swale ICP</td>
<td>To consider an update on the development of the ICP</td>
</tr>
<tr>
<td>Item</td>
<td>Work type</td>
<td>Responsible officer</td>
<td>Objectives</td>
</tr>
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<tr>
<td><strong>18 AUGUST 2020 (Date TBC)</strong></td>
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<tr>
<td>Adult Social Care Complaints and Compliments Report</td>
<td>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>
</tr>
<tr>
<td>Medway Community Healthcare (MCH) Update</td>
<td>Scrutiny of External Organisations</td>
<td>Managing Director, MCH</td>
<td>To receive an update on the work of MCH</td>
</tr>
<tr>
<td><strong>13 OCTOBER 2020 (Date TBC)</strong></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 People - 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>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>Adult Social Care Strategy</td>
<td>Pre-decision scrutiny</td>
<td>Director of People - Children and Adult Services</td>
<td>To receive an update on the development of the Strategy / scrutinise the draft Strategy ahead of consideration by Cabinet</td>
</tr>
<tr>
<td>Item</td>
<td>Work type</td>
<td>Responsible officer</td>
<td>Objectives</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>10 DECEMBER 2020 (Date TBC)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Quarter 2 Council Plan Performance and Risk Register Review Report</td>
<td>Performance report</td>
<td>Director of People - Children and Adults 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>
<tr>
<td><strong>19 JANUARY 2021 (Date TBC)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>11 MARCH 2021 (Date TBC)</strong></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 People - Children and Adults 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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</tr>
<tr>
<td>Healthy Pregnancy in Medway</td>
<td>Information Items</td>
<td>Director of Public Health</td>
<td>To receive a further update, including attendance by clinicians</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td>Information Items</td>
<td>Director of Public Health</td>
<td>To receive an update on provision and how residents can access it.</td>
</tr>
<tr>
<td>Dermatology Services</td>
<td>Scrutiny of External Organisations</td>
<td>Deputy Managing Director, NHS Medway CCG</td>
<td>To receive a further update report</td>
</tr>
<tr>
<td>Medway Outpatient Services Update</td>
<td>Health Service Substantial Variations</td>
<td>Deputy Managing Director, Medway NHS CCG</td>
<td>To receive a further update on the relocation of outpatient appointments from Medway Hospital to community facilities.</td>
</tr>
<tr>
<td>Partnership Working</td>
<td>Information Items</td>
<td>Director of People - Children and Adults Services / Director of Public Health</td>
<td>To receive a report on partnership working between the Council and health partners, including the voluntary sector</td>
</tr>
<tr>
<td>Neighbourhood Care – Community Nurses</td>
<td>Information Items</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Kent and Medway Single CCG Update</td>
<td>Scrutiny of External Organisations</td>
<td>Chief Executive, Kent and Medway Sustainability and Transformation Partnership</td>
<td>To receive an update on the work of the Single CCG</td>
</tr>
<tr>
<td>Local Care</td>
<td>Information Items</td>
<td>Chief Executive, Kent and Medway Sustainability and Transformation Partnership</td>
<td>To receive an update on the development of the new model of integrated health care services close to where people live</td>
</tr>
</tbody>
</table>