

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

Thursday, 14 December 2017

6.30pm to 9.25pm

Record of the meeting

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

Present: Councillors: Purdy (Chairman), Bhutia, Cooper, Fearn, Franklin, Griffin, Murray, Osborne and Shaw

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and David Laming (Healthwatch Medway CIC)

Substitutes: Councillors: Griffin for Aldous, Osborne for Craven and Cooper for McDonald; David Laming for Greg Usher

In Attendance: Katey Arrowsmith, Head of Finance Strategy
Ravi Baghirathan, Project Director - Kent and Medway Sustainability & Transformation Partnership
Chris McKenzie, Head of the Programme Management Office
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Richard Hill, Acting Strategic Safeguarding Lead for Adults
Linda Jackson, Interim Assistant Director, Adult Social Care
Sameera Khan, Assistant Head of Legal Services
Jon Pitt, Democratic Services Officer
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Vicky Stevens, Deputy Chief Operating Officer, Kent and Medway NHS and Social Care Partnership Trust
Ian Sutherland, Director of Children and Adults Services
James Williams, Director of Public Health

582 Chairman's Announcements

Committee Members thanked the Interim Assistant Director of Adult Social Care for her work and support of the Committee. It was noted that this would be her final committee meeting before leaving the Council. The new permanent Director of Adult Social Care was welcomed to the Committee.

583 Apologies for absence

Apologies had been received from Councillor Jan Aldous with Councillor Sylvia Griffin substituting, from Councillor Sam Craven with Councillor Tristan Osborne substituting and from Councillor Dan McDonald with Councillor Pat Cooper substituting. Apologies had also been received from Councillor Ann-Claire Howard, Councillor Mark Joy, Councillor Steve Iles and Councillor David Wildey, with no substitutes attending and from Greg Usher of Healthwatch Medway with David Laming substituting.

584 Record of meeting

The record of the meeting held on 17 October was agreed and signed by the Chairman as a correct record.

585 Urgent matters by reason of special circumstances

There were none.

586 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

Councillor Cooper declared a non-pecuniary interest in agenda item number 5, the Medway NHS Foundation Trust (MFT) Update as she had three relatives who worked at the hospital. Councillor Cooper also declared a non-pecuniary interest in agenda item number 8, the Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2016-17 as her mother-in-law was living in a residential home in Medway. Councillor Cooper remained in the room during the discussion of both items.

587 Medway NHS Foundation Trust (MFT) Update

Discussion

The Chief Executive of Medway NHS Foundation Trust (MFT) introduced the update. The Chair of MFT was also in attendance. A presentation was given to the Committee, the key points of which were as follows:

- Good progress had been made on the “Better, Best, Brilliant” improvement programme with delivery having reached the “Best” stage.
- Four strategic objectives underpinned “Better, Best, Brilliant” - integrated healthcare, innovation, people and financial stability.
- The Trust had been previously been in the bottom 10 of trusts for times for seeing, treating and admitting or discharging patients within 4 hours. Performance was now around 46th best of 138 acute trusts.

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- Improvements made had meant that patients were no longer cared for in corridors and this would not happen again in the future.
- Figures for Delayed Transfers of Care had improved significantly and currently stood at 0. MFT was the only Trust that had been able to achieve this.
- Performance for cancer wait times remained below target.
- It was considered that the hospital was well prepared for winter pressures. The escalation ward was currently closed for refurbishment but it was hoped that capacity elsewhere would be sufficient to prevent it being used. Additional space in the Medical Assessment Unit was due to open before Christmas following the award of £1 million of funding.
- The uptake of flu vaccine for this year was currently 63% compared to a final figure of 76% for the previous year. This was despite a donation being made to UNICEF for each uptake. It was acknowledged that the flu vaccine campaign would need to start earlier in the year in future in order to improve uptake.
- £40.5 million had been spent on agency staff in the previous year, which was considered to be unsustainable. This figure had been reduced to £10 million due to successful recruitment of non-agency medical staff.
- MFT was one of the few trusts to employ nearly 100% midwifery substantive staff against the backdrop of a national shortage. Two geriatrician appointments had been made recently.
- The financial situation remained challenging but spending was forecast to be on plan by the end of the financial year.
- Work was taking place with Medway NHS Clinical Commissioning Group to undertake system level transformation. The next year would be financially challenging with there being a savings target of 4%. Savings would be realised through transformation with there being continued investment in frontline services. 30 projects were currently taking place in order to identify efficiencies.
- Staff were being kept informed of developments with efforts being made to ensure that they received information before external parties. An all day staff engagement event was planned for 26 January.
- In relation to the Kent and Medway Specialist Vascular Services Review, it was likely that the arterial site would be located in east Kent with Medway hosting a non-arterial site. Change was needed as current provision did not meet national guidance and there was not sufficient workforce available to operate multiple sites.
- The Kent and Medway Hyper Acute and Acute Stroke Services Review was due to commence public consultation in the New Year. It was hoped that Medway would be one of one of the sites chosen to host a hyper-acute stroke unit.
- A Clinical Strategy was being developed for Medway, North and West Kent. This placed an emphasis on providing the best care for patients, with reduced reliance on acute hospitals.
- The hospital had now been smoke free for over a year. Some enforcement challenges remained. A community engagement event was being planned and tougher action would be taken against staff who smoked on site or whilst in uniform.

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- Following the commissioning of a fire safety report in 2016, an action plan was being implemented. The number of fire wardens had increased to around 500 with all staff being trained to this level in the future. Full implementation of the plan had originally been due to take five years but this was being expedited following the Grenfell tragedy.

Members of the Committee asked a number of questions as follows:

Theatre starting times, public health engagement, workforce and flu vaccine – A Committee Member asked how the percentage of the time that theatre had started on time had increased from 20% to 80%. They also asked how the hospital was working with public health to improve the general health of the population, what the impact of re-profiling of the workforce had been on staff salaries and recruitment and why there had been a fall in flu jab uptake. In response, the Chief Executive of MFT said that the improvements to theatre starting on time had been realised through each theatre team having a safety briefing and by improving communication between all parties.

The hospital supported the Council's Public Health team in their preventative work. One example of this was encouraging people to stop smoking. It was acknowledged that further work was required in relation to obesity and in supporting people to stay at home, where possible, and for this group to be as well as possible. It was confirmed that the re-profiling of the workforce did not involve reductions in salaries. New job roles were being introduced with the role of some existing occupations being extended. The role of volunteers was also being considered.

Staff were encouraged to have the flu jab to protect both themselves and patients. It was hoped that in the future, having the vaccine would be a requirement for new staff.

Cancer wait times – Some cancer targets were being met. Patient choice and patients being unavailable had some impact on meeting target timescales. Some additional funding would be available to increase capacity.

Accommodation for international nurses and smoke free status – A Committee Member asked whether there was enough accommodation for nurses recruited from overseas and also questioned what engagement there had been with local residents in relation to staff smoking in the vicinity of the hospital site. The Chief Executive said that there was sufficient accommodation available for overseas nurses. There had not been a drop in the number of nurses recruited from overseas or in the number of European nurses returning home since Brexit. The hospital had appointed a number of smoking champions to support the smoke free status of the hospital site. Further engagement with residents was planned.

Emergency Department Issues – In response to a Member who asked what the issues were that had hampered the development of the Emergency Department, when they would be resolved, whether the mental health of patients was a factor and why stroke appeared to be being prioritised rather

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than other areas, the Chief Executive said that there had been difficulties associated with the ED building and that there would not be additional capacity available until the third week of January. There had been an 18% increase in presentations to the Emergency department since 2015 and patients were presenting with increasingly complex needs. The number of patients with significant mental health needs was relatively small at around 4 to 6 per cases per week. It was acknowledged that the Emergency Department was not the right environment for this group to remain in for long periods of time. There were plans to create a separate space for people with significant mental health needs. There was a 24/7 liaison psychiatry service at the hospital. Patients with an emergency should attend A&E in the first instance and would be directed to the appropriate service.

With regards to stroke care, current provision did not meet national standards, therefore change was needed. There was a high demand for stroke services in Medway, in part due to the health of the local population. Figures for risk factors, including smoking and obesity were above the national average. The Director of Public Health said that for smoking there was a 19% prevalence in Medway compared to a national average of 15.5%. 65% of the local population was overweight or obese. It was estimated that there were 27,000 people with undiagnosed hypertension in Medway, while between 2014 and 16, 520 Medway residents under 75 had died from a cardiovascular incident.

Arterial site in East Kent – In relation to a question about the provision of an arterial site in East Kent and how it would affect Medway residents, the Chief Executive advised that a hub and spoke model would be used. It was necessary for the specialist provision to be provided at a single site to ensure quality, with specialists needing to perform a minimum number of procedures to maintain accreditation. A 24 hour emergency service would be provided in Medway. It was likely that the major arterial site would be at the William Harvey Hospital in Ashford.

It was noted that final decisions in relation to both vascular and stroke services were subject to public consultation and engagement and that no final decisions had yet been made.

Patients who smoke – Patients who normally smoke could be prescribed nicotine replacement products for their time in hospital. New patients were informed about the hospital smoke free policy. Some patients took themselves outside the hospital to smoke but hospital staff were not allowed to accompany them. E-cigarettes were not encouraged by the hospital but it was acknowledged that there was some evidence that they could help people to quit smoking.

Decision

The Committee noted and commented on the progress report provided by MFT and agreed that a further update should be brought to the Committee in June 2018.

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

Discussion

The Deputy Chief Operating Officer of Kent and Medway NHS and Social Care Partnership Trust introduced the report to provide the Committee with an update on current activities and priorities. Community Street Triage had now been operating for six months. The service was currently provided on Wednesdays, Thursdays and Fridays between the hours of 11:30am and midnight. There had been 112 referrals to the service in its first 4 months which was an average of two per day. Half of the people seen were previously known to mental health services. A review of the service would be undertaken in January or February 2018 once six months of operational data was available. It was noted that the service had diverted 89% of referrals to alternative services thus avoiding the need for section 136 detentions.

The Liaison Psychiatry service provided at Medway hospital was commissioned to provide a 24 hour service. An extended service was launched in October 2017 with there now being two practitioners available on each shift. The percentage of patients seen within two hours of referral had increased from just under 60% in April 2017 to 91% in October 2017. The number not seen in an hour had been 110 in April compared to 44 in October. It was acknowledged that Accident and Emergency was often not a suitable environment for people with mental health challenges. KMPT was working with Medway Foundation Trust and commissioners to create an acute care lounge for use by patients who had mental health difficulties. It was hoped that the existence of the lounge may also prevent people from having to be admitted to an acute care bed.

A Member asked whether the Ruby Ward, which accommodated female patients at Medway Maritime Hospital, was effective and what provision was available for older male patients. The Deputy Chief Operating Officer advised that the Orchards 16 bed ward was available for older adults in Medway and that the 16 bed Jasmin ward was located in Dartford. Ruby Ward had previously been mixed sex but this had changed due to the ward layout. Feedback from female patients suggested that they preferred it to be a single sex ward.

A Committee Member expressed concern that the Street Triage service did not operate on Saturday nights. The Committee was informed that the data analysed prior to commencement of the service suggested that Wednesday, Thursday and Friday were the three days when there would be the largest demand for the service. This would be looked at again as part of the review to be undertaken in January or February 2018. It was agreed that the outcome of this review would be included in the next update to be presented to the Committee.

In response to a Member question, it was confirmed that the figures provided regarding waiting times for the liaison psychiatry service were unlikely to include patients who left the hospital before being seen. This would be confirmed following the Committee meeting.

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One year previously, KMPT had been sending 15 to 17 people to acute beds outside Kent and Medway each week. By September 2017, no patients were being sent outside Kent and Medway following an acute psychiatric presentation.

A Committee Member was pleased that Street Triage provision was in place. However, she was concerned that vulnerable adults were sometimes housed in an unsuitable environment that could hamper their recovery and questioned what was being done to address this. In response to Member concern that the number of people accessing the Street Triage service was very small, the Deputy Chief Operating Officer agreed that it was a small number but noted that the provision was having wider benefits through community engagement.

The Director of Children and Adults Services advised that patients detained under section 136 of the Mental Health Act were no longer being housed in police custody. It was anticipated that there would be sufficient capacity due to use of the Section 136 detention suite. It was also anticipated that the proposed mental health lounge at the hospital would help to reduce the need for patients to be detained.

A Committee Member commented that they were particularly impressed by the community mental health service for older people being provided at Elizabeth House.

Decision

The Committee noted the content of the report, provided comments and agreed that further update should be considered by the Committee in June 2018.

589 Kent and Medway Sustainability and Transformation Plan Update

Discussion

The Project Director of the Kent and Medway Sustainability & Transformation Partnership introduced the update. A presentation was given to the Committee, the key points of which were as follows:

- The Kent and Medway Sustainability and Transformation Plan (STP) was a five year plan that was being developed to cover the key aims of the NHS Five Year Forward View document. These were health and wellbeing, care and equality and finance and efficiency. A Case for Change had been developed with a refreshed version of this document due to be published in early 2018.
- Transformation as part of the STP would be pursued around four key themes – Care Transformation, System Leadership, Productivity and Enablers.
- Local Care was central to the delivery of the Kent and Medway STP. Local Care was a term to describe care provided out of hospital, including in primary care and adult social care. An overall model of care

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had been developed with specific plans now being developed for each part of Kent and Medway ahead of implementation.

- The East Kent programme was focusing on acute provision and orthopaedics. A list of options had been developed, which included a primary option and a secondary option. It was possible that there would be a 'new build' offer close to the Canterbury hospital.
- In relation to the Kent and Medway Hyper Acute and Acute Stroke Services review, an update had been presented to the Kent and Medway Joint Health Scrutiny Committee (JHOSC) on 12 December 2017. A further meeting of the JHOSC was due to take place on 22 January. This would review consultation options following approval by NHS England of the pre-consultation business case. The length of the public consultation had not yet been determined but would be for a maximum of 12 weeks.
- Joint work had taken place across Kent and Medway in relation to planning for winter pressures.
- Realising planned budget savings through productivity savings would be key to successfully delivering the STP. £190 million would need to be saved. The move to a strategic health commissioner for Kent and Medway would help to achieve this.
- Accountable Care Partnerships would be established to bring together providers for local areas to facilitate collaborative working. GP practices would also be encouraged and supported to work collaboratively. Two potential geographical areas had been identified for the establishment of Accountable Care Partnerships within Kent and Medway, one in East Kent and one in Medway, North and West Kent. The latter would be led by the chief executive of KMPT.

A Member said that the STP work demonstrated some good innovation but was concerned that the STP was being presented primarily as a way of saving money rather than as a mechanism through which services could be improved. The Member was also concerned that health professionals had dominated the listening and engagement events held so far with relatively few members of the public or voluntary sector representatives having attended. The Member was also concerned that work to re-procure community health services could be delaying the progress of the STP and emphasised that this needed to consider whether the services currently provided were fit for purpose. The Member also felt that her personal experience suggested that clinicians in Medway tended not to be particularly well engaged in the preventative health agenda.

The Accountable Officer of NHS Medway Clinical Commissioning Group said that there was a legal obligation to re-procure services. The exercise was an opportunity to improve efficiency and to gain a thorough understanding of what each service needed to provide. Significant numbers of the general public had attended events held so far and further engagement events were planned, including on 10 January 2018, after which all the responses received at the engagement events would be analysed.

A Committee Member said that that it needed to be ensured that reconfigured stroke services also catered adequately for younger people and also asked

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what the 'break glass' policy was. The Accountable Officer said that she would feed back comments about stroke provision for younger people to those involved in the stroke review. She advised that the break glass policy related to the use of temporary staff in acute care whereby agreed levels of temporary staff would only be exceeded in certain circumstances. Another Committee Member commented that some young people had been involved in the engagement that had taken place in relation to stroke services.

In response to a Committee Member who asked whether there were sufficient resources available to the deliver service improvement, the Project Director said that there was evidence that improving quality would also save money. It was acknowledged that stroke services were currently poor. Changing from providing current services at seven sites to providing improved services, include hyper acute provision, at three sites would improve the service. The quality of local care would also improve, including enabling more people to access services closer to home rather than in an acute hospital. The STP set out a 5 year plan for improved quality and sustainability. Transformation was also required because there were not the staff available to provide services using existing models as the population increased.

The Director of Children and Adults Services informed the Committee that the only current pooled Adult Social Care budget with health was Better Care Fund funding of £17 million. Increased investment in social care was anticipated as part of the local care model.

The Project Director and the Accountable Officer highlighted that achievements so far had included productivity savings, reductions in the use of agency staff, significant reductions to hospital Delayed Transfers of Care (DToc) and the establishment of proactive clinics for the elderly frail, which were helping to reduce unnecessary A&E admissions. The benefits of much of the STP work would, however, only be realised in the longer term.

Decision

The Committee considered and commented on the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and agreed that a subsequent update to Committee would be requested with the date of this to be determined in the New Year.

590 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2016-17

Discussion

The Interim Assistant Director of Adult Social Care introduced the report. The Committee was informed that the Care Act 2014 placed Safeguarding Adults on a statutory footing and also defined the responsibilities of local authorities and key partners.

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Adult safeguarding boards also had a responsibility to ensure that people who did not have specific care and support needs were safeguarded as appropriate. The three main functions of the Kent and Medway Safeguarding Adults Board (KMSAB) were to produce a Strategic Plan, to publish an annual report and to undertake any required safeguarding adult reviews. Work had been undertaken locally to raise the profile of Medway to ensure that it had a strong voice within KMSAB.

Key achievements of the Board had included running a safeguarding awareness week in October 2016. This had been repeated recently. The awareness raising had resulted in an increase in safeguarding referrals. There had previously been a low uptake of safeguarding multi agency training. In order to address this, a training programme had been developed and a contract awarded for delivery of the training. Previous safeguarding outcomes had been utilised to inform design of the training. The number of commissioned safeguarding adults reviews had increased. As a result, a safeguarding adult review working group had been established to help ensure that reviews were carried out consistently and lessons learned.

Medway Council achievements had included the creation of a Medway Executive group, which was a subgroup of KMSAB. The subgroup was supported by Councillors, Medway Foundation Trust, Kent and Medway Partnership Trust, Kent Police and Kent Fire and Rescue. The focus of the subgroup was on outcomes for Medway residents.

The Deprivation of Liberty Safeguards (DoLS), which aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom, continued to be a risk for KMSAB. Relationships had been developed and work undertaken to ensure that restrictions put in place were properly understood by staff at all levels. The number of DoLS applications had increased with it being anticipated that the peak had been reached. Work was required in relation to thresholds for the commencement of further investigations.

The profile of domestic abuse had been raised, with Adult Social Care being provided with oversight of domestic abuse incidents. Efforts were also being made to ensure that safeguarding activity was personal to the affected individual. A survey had been undertaken of people who had gone through safeguarding and there had been a significant increase in the uptake of safeguarding training. Staff from the Council and partner organisations were attending external training and bringing back the learning to share with colleagues.

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

Stalking, questionnaire responses and vulnerable adults – 618 people had been contacted to ascertain how best to involve them in safeguarding but only 16 responses had been received. The Interim Assistant Director of Adult Social Care said that the Council would only be involved in stalking cases where either

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the person being stalked or the alleged stalker were deemed to be vulnerable. Adult Safeguarding data was not currently recorded in relation to stalking but this was something that could be considered further in conjunction with the Police. Survey responses were challenging as it was difficult to get written responses from people, particularly given their personal circumstances. Face to face conversations were also used to capture feedback. A Vulnerable Adult Intervention Officer, who was a Police Community Support Officer, was in post and would be undertaking work in relation to adults who self neglect. It was agreed that contact details of the Officer would be circulated to the Committee. Work would take place to ensure that relevant staff were aware of their role. A Strategic Plan was being developed which would include three aims of prevention, awareness and quality.

The Acting Strategic Safeguarding Lead for Adults said that a specific adult safeguarding questionnaire was also used. A priority from January 2018 would be to ensure that staff in the Quality Assurance Team made use of the questionnaire.

The Assistant Director of Adult Social Care advised that a statutory annual questionnaire was sent to all people known to the service. A separate questionnaire was sent out following the conclusion of a safeguarding query. Work took place with vulnerable adults living in both residential settings and in their own homes.

Consideration would be given how to better provide early help and prevention and how to signpost to appropriate services. A three conversation model had been adopted for engagement with service users. This was a strength based approach which focused on what mattered to the individual.

Kent Fire and Rescue offered fire safety advice to people. Where they determined that a person being provided the advice was vulnerable, they would inform Adult Social Care who would then undertake an assessment. It was also suggested that an individual with concerns that they were themselves vulnerable should contact Adult Social Care. There was a need to do further work with the voluntary sector and to consider how people access information to ensure that it is provided effectively at local community level.

Female safeguarding – It was noted that women were disproportionately affected by safeguarding concerns with there being 20% more women affected than men. While the fact that women lived longer than men could be a factor, this did not fully explain the difference in Medway as the male and female population split was more balanced than in other areas. The Safeguarding Executive Board was undertaking analysis based upon localities, age and ethnic backgrounds. It was agreed that details of this and analysis of the reasons behind safeguarding issues affecting women disproportionately would be provided to the Committee.

Adult Safeguarding Data – A Committee Member commented on the relative lack of safeguarding data that was available from before 2015 and asked whether there was an identifiable risk that had resulted in the software system

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used being changed. They also requested data to show how Medway compared with other areas. The Interim Assistant Director of Adult Social Care explained that the software package used had been changed as the former software had not facilitated the collection of required data. It was agreed that an analysis of how Medway compared to other areas would be provided to the Committee. The Director of Children and Adults Services added that the new software had been customised to facilitate data comparison.

Decision

The Committee:

- i) Noted and made comments on the KMSAB Annual Report.
- ii) Agreed that further written information would be circulated to the Committee. This would include details of analysis undertaken by the Safeguarding Executive Board in relation to localities, age and ethnic backgrounds, analysis of the reasons behind safeguarding issues affecting women disproportionately and data to show how key safeguarding statistics for Medway compared to other local authority areas.

591 Draft Capital and Revenue Budget 2018/19

Discussion

The Head of Finance Strategy introduced the report which provided an update on progress towards setting the Council's draft capital and revenue budgets for 2018/19. It was noted that the draft budget reports were presented to each of the overview and scrutiny committees in December each year. The draft budget was based upon the principles contained in the Council's Medium Term Financial Strategy (MTFS) 2017-2022 which had been approved by Cabinet in September.

A budget deficit of £4.1 million had been identified. This was significantly better than the deficit at the same stage during the previous year, which had been £11.7 million. The report presented to the Committee outlined the broad approach to addressing the budget deficit. This included the Adult Social Care Improvement Programme, the Council's transformation programme, work of the housing company and the development of shared services. An update on this work had been presented to Cabinet in November 2017, with the final budget due to be presented to Cabinet on 6 February and Council on 22 February.

A Committee Member expressed concern that the report did not provide sufficient detail to enable the budget to be scrutinised in any meaningful way. The Member said that there should be an opportunity to scrutinise the proposals in more detail during quarter 3 of the year. The Member considered that there was insufficient time or opportunity to review the final budget proposals ahead of them being presented to Council and that it was therefore not possible for consideration to be given to the possibility of presenting an

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alternative budget. The Member also asked what planning was being undertaken for when the additional funding currently available for Adult Social Care was no longer available and said that a key priority of the Medway Development Company should be to develop and build extra care housing facilities.

The Head of Finance Strategy advised that that Adult Social Care funding was considered to be secure for the time being. The concern raised in relation to the Medway Development Company would be fed back accordingly. The Director of Children and Adults Services added that two new extra care housing schemes were due to be completed in the next year. It was anticipated that these would provide sufficient capacity in the short term but that there would be a need to consider longer term provision.

Decision

The Committee:

- i) Noted that Cabinet had instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2018/19 and beyond.
- ii) Commented on the proposals outlined in the draft capital and revenue budgets in so far as they related to the services within the remit of the Committee for this to be fed this back to the Business Support overview and scrutiny committee in January 2018.

592 Council Plan Performance Monitoring Report Quarter 2 2017/18

Discussion

The Assistant Director of Adult Social Care introduced the Council Plan Performance Monitoring Report for Quarter 2. Key achievements related to work in the areas of healthy weight and social isolation. It was noted that there was extra work to do in relation to ensuring that people with mental health needs were in settled accommodation and ensuring that whether a person was in settled accommodation was included in reports. There had been an overall reduction in the number of people entering residential care in both the under 65 and over 65 age groups, although there had been a small increase during the summer amongst the older age group. People entering residential care now had more complex needs than they would have had two or three years previously. Another key achievement was the significant and sustained reduction in hospital discharge Delayed Transfers of Care (DToC) with there now having been two days where the DToC figure had been 0.

A Member emphasised that it was important to consider the accommodation needs of people with mental health conditions whose condition was not severe enough for them to have been detained. The Member also noted that in some cases, adult children with complex needs were returning to live with their elderly parents and that such accommodation arrangements were often not suitable.

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The Member hoped that the recommissioning of drug and alcohol support services would help to address these issues.

The Director of Children and Adults acknowledged that work needed to be undertaken in this area. He also advised the Committee that the report presented incorrectly stated that the target for the uptake of direct payments to clients in receipt of ongoing services was 27%. The correct figure was 32%. The Director also stated that it was difficult to maintain performance in percentage terms as the number of clients receiving a care package was continuously increasing. The Director of Public Health added that there had been successes in relation to Stop Smoking shops and the provision of free NHS health check to local residents. Committee Members were encouraged to help promote this service.

Decision

The Committee considered quarter 2 2017/18 performance against the measures of success used to monitor progress against the Council's priorities.

593 Work programme

Discussion

The Work Programme agenda item was introduced by the Democratic Services Officer. It was proposed that a paper on Assistive Reproductive Technologies that had been due to be presented to the Children and Young People Overview and Scrutiny Committee in January 2018, should instead be presented to the January meeting of the Health and Adult Social Care Overview and Scrutiny Committee. The Committee would be asked to determine whether proposed changes in relation to the provision of assistive reproductive technology services in Medway amounted to a substantial development of or variation in the provision of health services in the local authority's area.

In relation to the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC), Bexley and East Sussex had determined that the Kent and Medway Hyper Acute and Acute Stroke Services Review amounted to a substantial development of or variation in the provision of health services in their local authority area. This would necessitate the creation of a new Joint HOSC comprising members from each of Medway, Kent, Bexley and East Sussex councils.

It was proposed that a meeting of the existing Kent and Medway Joint HOSC would take place on January 22 to review the public consultation proposals and site options for the stroke review with the consultation due to start soon after. To avoid any possible delay to the consultation, it was proposed that representatives of East Sussex and Bexley attend the January meeting in an informal capacity ahead of the a new Joint HOSC being constituted.

A Committee Member requested that the update from the South East Coast Ambulance Service, that was due to be presented to the Committee in January

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2018, include how sufficient capacity would be provided for the delivery of transformed stroke and vascular services in Kent and Medway.

Decision

The Committee:

- a) Considered and agreed the Work Programme, including the changes set out in the report and the additional items agreed during the meeting.
- b) Agreed that a report on Assistive Reproductive Technologies would be considered by the Committee in January 2018 and agreed that the Committee would be asked to determine whether the proposals amounted to a substantial development of or variation in the provision of health services in the local authority's area.

Chairman

Date:

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