Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 19 June 2018

6.30pm to 9.40pm

Record of the meeting

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

Co-opted members without voting rights

Eunice Lyons-Backhouse (Healthwatch Medway CIC)

Substitutes: None.

In Attendance: Kate Ako, Principal Lawyer - People
Patrick Cahill, Senior Commissioning Officer, Medway NHS Clinical Commissioning Group
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Sharon Greasley, Head of Service, Long Term Support
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Chris McKenzie, Assistant Director - Adult Social Care
Simon Perks, Deputy Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs, Kent and Medway Strategic Commissioner
Jon Pitt, Democratic Services Officer
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs
Dr David Sulch, Medical Director, Medway NHS Foundation Trust
James Williams, Director of Public Health
Glynis Alexander, Director of Communications, Medway Foundation Trust

85 Apologies for absence

Apologies for absence were received from Councillor Freshwater and from Councillor Howard.

86 Record of meeting

The record of the meeting held on 15 March 2018 was agreed and signed by the Chairman as a correct record.

87 Urgent matters by reason of special circumstances

There were none.

88 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSI)

Cllr Price declared an OSI in relation to agenda item number 8 (Kent and Medway NHS Social Care Partnership Trust (KMPT) Update) as he was acting as an independent case worker in support of a client working for the community health team. He stated that he would leave the room during discussion of the item.

Cllr McDonald declared an OSI in relation to agenda item number 10 (Three Conversations Model Briefing) due to his involvement in the procurement process. He stated that he would leave the meeting should there be any specific discussion on this matter.

Other interests

Cllr Murray declared an other interest in relation to agenda item number 10 (Three Conversation's Model Briefing) as her mother's care was partly funded by the Council.

89 Kent and Medway NHS Strategic Commissioner

Discussion

The Committee was advised of the new shared senior management structure of the nine Clinical Commissioning Groups in Kent and Medway. Glen Douglas was now the Accountable Officer for all these CCGs. Medway had been grouped with West Kent, Dartford, Gravesham and Swanley in this structure. Ian Ayres had been appointed Managing Director for this group with Simon Perks as his deputy. Caroline Selkirk, previously the Accountable Officer for Medway CCG, was now the Managing Director for the separate group of CCGs in east Kent, while Patricia Davies had been appointed Director for Acute Strategy.

The Clinical Chairs of each CCG were leading the work to develop a Strategic Commissioner and it was confirmed that local authorities and their health scrutiny committees would be kept fully informed and engaged in relation to development of the Strategic Commissioner and of the wider Sustainability and Transformation Plan. Significant work would be undertaken during Autumn 2018 to develop the structure of the Strategic Commissioner. However, it was important to note that individual CCGs retained their sovereignty and their legal entity as commissioners of health services. The Strategic Commissioner was currently being developed on the basis that there would be no changes to legislation with this regard.

A Committee Member was very concerned that Medway CCG could be at risk of losing its status and felt that Medway CCG should remain as a separate entity in order for local people to be provided with the best possible health services. The Member was concerned that a larger organisation would struggle to meet local needs effectively. She also stressed the need for the Committee to be provided with regular updates on the development of the Strategic Commissioner.

Another Member said she had not previously been aware of the development of the Strategic Commissioner, which was concerning, and questioned what the implications would be for the development of local care of the Medway Model. The Member was also disappointed that the report did not emphasise the scale of the changes to commissioning arrangements that might take place.

In response, the Deputy Managing Director of Medway North and West Kent informed the Committee that the Strategic Commissioner would look to address urgent needs across Kent and Medway. He apologised that the Committee had not been informed of developments sooner but noted that the Council was represented on the Programme Board of the STP , which had previously discussed the developments. He also advised that information in relation to the proposed developments had been in the public domain since Autumn 2017. However, the concerns of the Committee were noted with the Deputy Managing Director undertaking to provide further updates to the Committee as and when required. He would also ensure that health scrutiny was fully engaged in the developments.

The Deputy Managing Director recognised that there was a need to maintain and strengthen existing arrangements. He emphasised that no changes to the Medway model were being proposed and that there was not currently a clear view on whether Kent and Medway should move to having a single CCG. In response to a Member concern that Medway could be forced to join a single Kent and Medway CCG, it was confirmed that any final decision would be a matter for individual CCGs

A Committee Member asked what the role of the Strategic Commissioner would be if Local Care and the Medway Model would still be delivered locally. They were also concerned with regards to funding for development of the commissioner. The Committee was informed that the Strategic Commissioner would be responsible for wider commissioning across Kent and Medway, for

services where it was considered that individual CCGs were too small to enable them to commission these as efficiently as possible. Possible areas for the Commissioner to become involved in included cancer services, mental health provision and some children's services. It was emphasised that commissioning of primary care and local care would still take place locally and that even where services were commissioned across Kent and Medway, there would still be flexibility to enable services to be commissioned to meet specific local needs. The Commissioner was being established from within existing resources, with the Deputy Managing Director having been seconded into his current role and having his salary being paid by Canterbury CCG.

Decision

The Committee:

i) Noted the report.

ii) Expressed its concern in relation to the development of a single strategic commissioner for Kent and Medway and requested that regular engagement be undertaken with the Committee.

iii) Requested that a letter be sent to NHS Medway Clinical Commissioning Group to express the Committee's concerns that the development of the strategic commissioner had not been presented to the Committee sooner.

iv) Requested that an update report on the development of the Strategic Commissioner be added to the Work Programme for the August 2018 meeting.

90 Council Plan Performance Monitoring Report Quarter 4 and End of Year 2017/18

Discussion

The Committee was given an overview of performance against the indicators relevant to the Committee's terms of reference under the Council priority 'Supporting Medway's People to realise their potential.'

The percentage of long term packages that were placements had improved from 33% to 31.4% during 2017/18. This indicator was a measure of how well people were supported to remain in their own home. It was noted that development of the Three Conversations model was the principle way in which the delivery and support of Adult Social Care provision in Medway would be strengthened.

In relation to the percentage of clients receiving a direct payment for Adult Social Care services, performance had improved slightly but remained below the target of 32%. Performance had remained at around this level in recent years and it was acknowledged that service transformation was required to

improve the figure significantly. There were plans to create a deeper pool of personal assistants, strengthen employer support training and to launch pre-paid cards. As part of the re-procurement of Homecare provision, there was a move towards a model which would utilise individual support funds. This would enable clients to access personal budgets through other providers.

Performance against the indicator for the percentage of adults with learning difficulties in settled accommodation had improved significantly from the 41.5% shown in the report to 67.5%. While this remained below the Medway target of 75% and national average of 76%, it represented significant improvement compared to the figure of 58% for the previous year. It was noted that individuals would only be included in the figures if they had received a review in the previous 12 months, with some clients having not had one during the year. This was something that the service would be looking to address.

In relation to the proportion of adults in contact with secondary mental health services, who were in settled accommodation, performance had improved between Q2 and Q3 from 60% to 64%. This was below the target of 70% but was above the national average of 61%.

One area of particularly good performance was for hospital Delayed Discharges of Care. Significant and sustained improvement had been achieved through joint working between the Council, Medway Foundation Trust and Medway Clinical Commissioning Group.

A Committee Member emphasised the need to keep the system for applying for direct payments simple and to engage service users to clearly explain the advantages. The Assistant Director, Adult Social Care agreed that there was a need to simplify processes and to ensure that there was a staff culture of promoting direct payments and explaining them in a simple and straightforward way.

Another Member said that there would be some people who would not want the responsibility of direct payments, particularly in the case of older people who may not have someone to support them. The Member considered, therefore, that a target of 32% was quite high. She also felt that, given the total population of Medway, it should be possible to provide a reasonable standard of care to the 3,000 people currently in receipt of Council services. The Member emphasised that replacing personal visits with, for example, Skype calls, was often not appropriate, particularly where social worker or carer visits were the only human interaction that the person had .

The Assistant Director said that technology had a role to play but was not considered to be a replacement for care and support in the community. However, it could play an important role in supporting people to remain independent in their own homes and in helping families to stay in touch.

It was acknowledged that winter had been challenging, particularly in relation to safeguarding performance. Demand for services had increased during winter

and levels of staff sickness had also increased. There was a need to ensure service sustainability and that performance was sustained throughout the year.

In relation to the targeted review team, which has been created to support the Council's statutory duty to undertake reviews for all clients every 12 months, it was questioned whether an impact assessment had been undertaken before deciding to disband the previous team, how it would be ensured that vulnerable adults still received a review and what had happened to the staff that had been part of the team. The Member was also concerned that the data presented for the proportion of adults in settled accommodation in contact with secondary mental health services was six months old.

The Assistant Director advised that the Council had a statutory responsibility to undertake reviews with all clients on an annual basis. Delivery of this had been a challenge over the last year. A key aim for the current year was to make the service more sustainable. It was clarified that there had not previously been a permanent dedicated review team but that time limited teams had previously been established to undertake outstanding reviews. A new time limited team is currently in place in order to undertake the outstanding reviews. In relation to the concern raised relating to the age of data, the Council did not hold this data but the possibility of obtaining provisional data would be investigated.

Decision

The Committee:

i) Considered the quarter 4 and end of year 2017/18 performance of the measures of success used to monitor progress against the Council's priorities.

ii) Requested that further information be provided to the Committee in relation to the following:

a) Confirmation of whether being in receipt of direct payments would have an impact on eligibility for universal credit.

b) Confirmation of whether the figure for the percentage of adults with learning difficulties in settled accommodation includes people who are homeless.

c) Clarification of the figures presented in the report in relation to the number Depravation of Liberty Safeguards (DoLS) assessments outstanding over the last four months.

d) Details of what employer support training involves, how it is being targeted and its impact.

e) A written update to be provided on the work of Task and Finish Group established to investigate hospital readmissions.

91 Medway NHS Foundation Trust (MFT) Update

Discussion

The hospital had faced difficulties due to winter pressures, including a snow event. The most significant challenge faced related to the Trust's finances, with there being an urgent ongoing need to address the budget deficit while maintaining access to services. This would require transformation and new ways of working. A draft report had been received from the Care Quality Commission following the recent inspection but this had not yet been published. The report highlighted the challenges faced by the trust but also acknowledged the work taking place to respond to the challenges.

The Trust had a £62m deficit at the end of 2017/18 and had agreed a control total deficit of £46.7 million for 2018/19 with the regulator, NHS Improvement. This deficit represented the worst performance of any acute trust in terms of deficit as a percentage of turnover. Work was taking place to build more expertise in Medway rather than relying on external people. It was acknowledged that efficiency needed to improve with Medway paying more for medical staff than many other areas due to lower productivity, procurement costs and management of the administration function.

The Better, Best, Brilliant programme is the Trust's improvement programme. The Better stage had helped to enable the Trust to exit special measures. The Best stage was currently being implemented to enable care to be consistently provided at the required standard. It was noted that the number of emergency department attendances across the NHS in May had been at its highest level ever. Medway had one of the best performances in the country for Delayed Transfers of Care with Medway being used as an exemplar for other areas to improve. Performance for cancer waits had been sustained. However, referral for treatment had deteriorated due to a national pause over the winter period. The figure of 82% was below the 92% target.

The ratio of substantive staff employed by the trust compared to agency staff had increased, while a significant number of the agency workers only worked at Medway Hospital. The recent change to tier two work visas was welcome as it enabled the Trust to employ overseas graduates more easily.

It was anticipated that the nationally mandated requirement to see patients in accident and emergency within four hours would be delivered by the end of the year.

The Deputy Medical Director of MFT chaired the Mortality Committee, which met monthly. HSNR, which was the ratio for the number of deaths for various diagnoses against an estimate of the number of deaths expected, had a tendency to increase on occasion, particularly recently. The crude mortality rate, which was the level of deaths compared to the number of patients treated had remained unchanged for two years. It had previously fallen from 8% to 6.5%. Between 20 and 40% of all deaths at the hospital were reviewed by a GP not directly involved in care of patient in order to identify trends and any

concerns. It was noted that a number of patients at the end of their life had been admitted to the hospital when they could have been cared for in an alternative setting. There was a need to work on patient flows as a patient spending a night in the emergency department unnecessarily, rather than in a ward, could lead to increased mortality rates.

A Committee Member congratulated the Chief Executive of MFT on having been named as one of the top 50 chief executives within the NHS. She acknowledged the good work taking place and improvements being made and said that achievements should be acknowledged. The Member questioned whether anyone from Medway was contributing to the national discussion on the 10 year funding plan for the NHS and whether it was anticipated that the recently agreed NHS pay rise would be fully funded. She also asked what additional information the Trust had been asked to provide by the Care Quality Commission and also, how estates management challenges were being dealt with given the significant funding challenge.

The Chief Executive of MFT welcomed the longer term view of NHS funding that had been announced. This included a 10 year funding plan with an initial five year boost. She had attended a roundtable discussion in relation to funding with the Secretary of State for Health, which all chief executives had been invited to. The Plan was due to be published in draft form by November, with Secretary of State having indicated that it would be clinically led. It had been indicated that the NHS pay rise would be fully funded and that MFT would receive its funding directly, which was welcome. 1,000 pieces of information had been provided to the CQC, with the showcase of achievements that had been attached to the Committee report having been the showcase provided to CQC. There were currently a number of broken lifts at the hospital. A repair and replacement programme would be undertaken but it was expected to take 12 – 15 months for three new lifts to be installed and three years in total for all lifts to be replaced.

A Committee Member asked for some examples to be given of the transformational work being undertaken and whether staff redundancies were being considered. He also asked for an update on the staff survey and engagement with staff. In response, the Chief Executive said that redundancies were not being actively considered but that nothing could be ruled out. The staff profile and medical staff productivity were being carefully considered with there being several areas where staffing levels at Medway were above the levels that would be expected for a hospital of its size.

The Chief Executive was proud of the Trust's staff Financial Wellbeing programme. An award had been won for work to support staff who were getting into financial difficulty. Staff had the option to work flexibly and be supported to retire early if they wished to do so. This was entirely voluntary. The total number of staff would need to reduce over time. The Trust had not had a tendency to outsource services previously. This could be considered but consideration would first be given as to whether the hospital could provide the service as efficiently as an external contractor would be able to. The engagement rate in the latest staff survey had been lower than in the previous

year. Work had been undertaken to understand areas where staff felt less engaged. It was requested that staff survey results be presented to the Committee and for data from the previous year to be included to enable comparisons to be made.

In response to a Member question about the work undertaken to reduce Delayed Transfers of Care when patients were discharged from hospital, the Committee was informed that significant work had been undertaken with partners, including the CCG and Medway Council to find appropriate places for patients with complex care needs to be discharged to. This work had helped to support improvements in emergency department performance, which had improved 10% compared to 12 months ago**.**

Decision

The Committee:

i) Commented on the progress report produced by Medway NHS Foundation Trust and agreed that a further update be provided to a future meeting of the Committee.

ii) Requested that the next update to the Committee include:

a. Details of the work of the Transformation Board.

b. Staff survey results from the latest survey and data from the previous year to be included to enable comparisons to be made.

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

Discussion

The Street Triage pilot had contributed to a 19% reduction in use of Section 136 detentions in Medway under the Mental Health Act. The service had been running for nine months and there would now be a detailed evaluation with a view to making it permanent.

The Care Quality Commission (CQC) had previously raised concerns about the quality of service provided by the community mental health team at Canada House in Gillingham. The CQC had found caseloads to be too high, with these having been halved since the comprehensive inspection undertaken in January 2017. KMPT was also focusing on employing substantive staff and ensuring that clear care pathways were created. However, a further CQC visit in January 2018 had found that there had not been enough progress made and the CQC had therefore issued a warning notice to KMPT. A further engagement meeting between KMPT and the CQC had taken place to discuss progress and it was considered that good progress was now being made.

Medway had been chosen as an area to pilot a Personality Disorder Pathway due to the relatively high number of people with a personality disorder in

Medway. This work was important to help people with a personality disorder to stay in the community. The Rosewood Unit, a mother and baby mental health facility, was about to open in Dartford. This would be the first time for many years there had been such a facility in Kent and Medway.

A Committee Member expressed her disappointment with the CQC findings. She was also concerned that people were struggling to access services and that even GPs were sometimes not clear what provision was available or how to access it. The Member was also concerned that patients were not being monitored effectively following discharge and considered it to be unacceptable that provision for patients with a personality disorder had previously opened and then shut again, with patients not having had an inadequate service for two years. The Member also asked for clarification of whether patients of no fixed abode were able to access Canada House.

The Chief Executive of KMPT agreed that the concerns highlighted were unacceptable. KMPT was building consistent leadership and standard setting. Caseloads had been reduced from 80 to 40, which was considered to be a manageable level. The number of patients being referred by GPs was challenging with only 40% of referrals requiring KMPT services but it being necessary to see all referrals in order to evaluate them. It was acknowledged that the single point of access created had not worked as intended. Staff were now clear about patient referral pathways. It was confirmed that people with no fixed address would be able to access the Canada House service and that KMPT had a responsibility to help this group.

A Member considered the Street Triage programme to be very good. He asked whether it was sustainable and if funding was dependent upon KMPT, Medway NHS Medway Clinical Commissioning Group and Kent Police. The Member also asked if there was confidence that the new Personality Disorder pathway would be successful.

The Committee was advised that it was KMPT's responsibility to ensure the success of the Street Triage service and that there was confidence that this would be achieved. A business case was being developed to evidence the benefits of the service. Completion of this was anticipated by the end of August. In relation to Personality Disorder, some patients had already had good experiences and there was confidence that the new model would be a success. It would be a bespoke model built around the needs of Medway.

Work was taking place to enable local care to be provided as far as possible. It was important to put sufficient resources into GP services to support GPs to, where practical, resolve issues immediately. There were parts of the country where this was already taking place.

A Member commented that he was aware of a resident with mental health difficulties, who after visiting their GP, had been provided with a good service by text message. He also asked the Chief Executive of KMPT whether she could see advantages or disadvantages of the development of a Kent and Medway Strategic Commissioner. The Chief Executive acknowledged the need

and desire for services to have a local focus but she considered that there was currently some unnecessary duplication in the system. Given the focus on local care and looking at the healthcare system as a whole, there was the potential for significant advantages to be realised.

Decision

The Committee:

i) Noted the contents of the report and provided comments.

ii) Requested that a visit to the Brenchley Unit in Maidstone be arranged for Members of the Committee.

iii) Requested that further information be provided to the Committee in relation to provision of services for people of no fixed abode.

iv) Requested that the Business Case for the Street Triage service be circulated to the Committee when available.

93 Improving Access to General Practice

Discussion

Improving Access to General Practice was a nationally mandated scheme. It included clear requirements from NHS England for Medway NHS Clinical Commissioning Group to ensure that additional capacity was provided for general practice. The programme was a key element of the Medway Model and would put general practice at the centre of local care ambitions.

Requirements of the scheme included providing access to GP appointments seven days a week, including during evenings and increasing capacity by 100% by October 2018. This had been brought forward from April 2019. Consultation capacity would have to increase by 30 minutes per 1,000 of population per week (this was expected to increase to 45 minutes in the future). This equated to 150 additional hours in Medway. The CCG was working on an interim scheme with the local GP Federation and Medway Practices Alliance ahead of a full procurement process taking place by April 2020.

Other requirements included providing a mixture of pre-bookable and same day appointments, ensuring that patients would be able to make bookings through existing channels and ensuring that digital options, such as e-consultations were fully considered. The scheme also required the needs of the local population to be taken into account and did not allow there to be a focus on particular groups of patients. Effective access and links to urgent care and NHS 111 would also need to be ensured.

There was a significant amount of local flexibility in terms of service design and not all GP practices would be required to open late or at the weekend. Consideration was currently being given as to how to deliver the increased

provision. Options under consideration included delivering the extra six appointments through three or six hubs or via something between three and six hubs. Staffing, such as utilising nurses and pharmacists to staff the extra provision was also being considered as was which buildings and rooms to use.

A Communications and Engagement Strategy was currently being developed to set out how patients would be informed about the changes. An engagement event would be held on 18 July to test the planned delivery model with Patient Participation Groups. Following this, communications with patients would take place between August and October with the CCG targeting hard to reach groups.

A Committee Member was concerned about the capacity to deliver additional GP appointments in view of there currently being a shortage of GPs locally and the increasing population.

The Committee was advised that there were challenges in relation to the workforce and general practice capacity in Medway and that this was a more significant problem in Medway than in many other areas. It was hoped that part time GPs and older GPs may be attracted by the new provision but it was acknowledged that the programme was ambitious in nature.

A Member was concerned that the amount of funding available appeared to be significantly less than what would be required to fund the increased availability of appointments. She was also concerned that the nationally mandated requirements took no account of the significant existing challenges in general practice or of the local situation. The Members noted that satisfaction rates in Medway in relation to being able to obtain a GP appointment were already around 10% below the national average and that the mandated increase in appointment availability would only make the situation worse.

The Director of Primary Care at Medway NHS CCG acknowledged the local challenges, explaining that GP funding in Medway had previously been relatively low compared to Kent. However, there would be £2million of funding available for the increased provision. This would be spent on GP commissioning and there was flexibility regarding exactly how it would be spent.

The CCG had already been encouraging groups of GPs to work together in order to make general practice more sustainable in Medway. There were currently 49 practices in Medway with the number of patients per practice and availability of appointments varying widely.

It was anticipated that GP practices working together would help to address these issues. It would also make it more practical for pharmacists, paramedics and nurse practitioners to work out of GP surgeries, which would help to increase GP capacity. The new medical school due to open in Kent would also help to increase the number of GPs in Medway and there was already starting to be an increasing number of new GPs choosing to stay in Medway.

Another Committee Member shared the concerns previously raised that it would not be possible to staff increasing access to General Practice, particularly as some practices were already operating with just a nurse practitioner on duty rather than a GP. The Medway CCG representatives acknowledged that small standalone practices were not popular amongst younger GPs but it was hoped that encouraging groups of GPs to work together would help to address this as working as part of a large team with more complex specialities would be more appealing to this group.

Decision

The Committee noted and commented on the report and agreed that a further update should be presented to a future meeting of the Committee and for this to include statistics, such as average age, number of GPs and the number leaving the profession, in relation to GP provision in Medway.

94 Three Conversations Briefing

Discussion

The Three Conversations Approach was being implemented across Adult Social Care. Three Conversations was an approach to support frontline staff to have three specific conversation with individuals in order to establish their needs and find ways to support people to live independently. The approach had been tried and tested within other local authorities. Conversation 1 was about listening to and connecting with people to establish their aims and the resources available to support these. Conversation 2 involved more intensive working to reflect changes to the situation of the client and also to support reablement. Conversation 3 considered long term support needs.

A Test for Change had taken place during the previous year in the ME4 and ME5 postcodes. This showed that the majority of conversations undertaken were Conversation 1 and also suggested that there were distinct advantages to the Three Conversations approach, although there were significant complexities associated in rolling out Three Conversations across Medway. Views had been sought from service users and staff.

There had been a restructure of Adult Social Care in September 2017. This had included moving towards working as part of a three locality model. This connected with Medway's Local Care model and involved social care staff working closely alongside health colleagues. Two new Community Link Worker posts had been created. The role of the link workers was to co-ordinate community resources and strengthen links with the voluntary and community sector. This included close work with the Walderslade Together (WALT) and wHoo Cares (Hoo Peninsula Cares CIC) community interest companies.

The next steps would include work with the Programme Management office to ensure that the rollout of the Three Conversations model was developed. There would be a focus on the co-design of services with staff involved at every stage of the process. Developments would also include the re-design of forms,

streamlining of processes and upskilling staff to ensure that they can work in multi-disciplinary strength based way. Further Tests for Change were planned with one having just started. This involved Assistant Practitioners working alongside colleagues answering calls in the Customer Contact Centre. Tablet computers were currently being rolled out to staff. This would ensure they were able to access information when out in the community.

In response to a Committee Member who asked whether engagement was taking place with carers and who also expressed concern that Council carer visits were sometimes cut short due to them being caught in traffic, it was confirmed that engagement was taking place with carers through the Provider Forum as well as directly with service users and their carers. Work was due to take place in relation to the commissioning of homecare to look at how services could be provided in a different way.

A Member questioned why the Test for Change covered postcodes ME4 and ME5 but the statistics presented in the report only appeared to cover ME4. Officers clarified that the Test for Change work had been referred to as the ME4 team but that the results covered both postcodes.

A Committee Member asked what work was being undertaken to ensure that staff felt supported to deliver the new model. She emphasised the importance of the new link workers being able to make effective links to and to work with the voluntary sector rather than people simply being signposted to voluntary organisations. The Member also shared her personal experience of an Annual Review that had been undertaken for her mother. She was disappointed that the person undertaking the review did not have local knowledge or any access to records.

Officers advised that a significant amount of engagement had been undertaken with staff and that staff were able to report concerns anonymously. A staff engagement group met once a month and there were fortnightly management meetings to discuss issues raised. Assessments were being streamlined, whilst still ensuring that statutory duties were complied with. The service was working to ensure that, where possible, the same member of staff worked with a particular client throughout their journey. The concern raised in relation to some staff undertaking reviews not having local knowledge would be looked at.

The Assistant Director of Adult Social Care had introduced ‘Ask Chris’ sessions for staff to share concerns. He also attended an Engagement Forum and had attended a number of team meetings, workshops and introductory sessions with staff since starting in the role. It was a priority to increase the number of staff employed by the Council rather than them being agency staff. It was also noted that all social care staff were expected to engage with the voluntary sector rather than this just being the role of the community link workers. Fully rolling out and embedding the required service changes would take time due to the challenging nature of the work.

In response to a Member who felt that the new model needed to be rolled out across the Council, officers said that work would take place with other

departments to ensure that the changes were well understood and that the importance of close working with the voluntary sector and with health colleagues was well understood. In response to a concern raised by another Member that holding the 1st conversation by phone would not always be appropriate, the Committee was advised that a face-to-face follow up would take place if appropriate. Where an individual was signposted to another organisation this would be followed up a couple of weeks later.

Decision

The Committee noted and commented on the report.

95 Work programme

Discussion

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

Decision

The Committee

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

ii) Agreed that a date be determined for the Holding the Health and Wellbeing Board to Account report to be presented to the Committee and that this should be earlier than the January 2019 meeting.

iii) Agreed that the following items be added to the Work Programme:

a. A further update on the development of a Kent and Medway NHS Strategic Commissioner be added to the August 2018 meeting.

b. A further update from Medway NHS Foundation Trust be added to the October 2018 meeting

c. An item on GP services and provision in Medway be added to be brought to the Committee following the roll out of the Improving Access to General Practice arrangements and for this to include statistics in relation to GP provision in Medway.

Chairman

Date:

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