Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Thursday, 13 December 2018

6.30pm to 8.45pm

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), Bhutia, Clarke, Fearn, Franklin, Freshwater, McDonald, Murray, Opara, Price and Shaw

Co-opted members without voting rights

Eunice Lyons-Backhouse (Healthwatch Medway CIC)

Substitutes: None.

In Attendance:
Katey Durkin, Head of Finance Strategy
Clare Ebberson, Consultant in Public Health
Brid Johnson, Integrated Care Director, NELFT
Sameera Khan, Assistant Head of Legal Services
Chris McKenzie, Assistant Director - Adult Social Care
Ann McNicholl, Interim Programme Lead, Children's Commissioning
Jo Murdoch-Goodwin, Partnership Commissioner
Jon Pitt, Democratic Services Officer
Ian Sutherland, Director of People - Children and Adults Services
James Williams, Director of Public Health

623 Apologies for absence

Apologies for absence were received from Councillor Jan Aldous.

624 Record of meeting

The records of the meetings held on 3 and 16 October were agreed and signed by the Chairman as a correct record.

625 Urgent matters by reason of special circumstances

There were none.

626 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

627 All Age Eating Disorder Service Update

Discussion

The new All Age Eating Disorder Service had been commissioned in late 2017 and had been fully operational since April 2018, with the service being fully staffed. It was fully compliant with National Institute for Health and Care Excellence guidance. Referrals to the service were higher than anticipated, which suggested that the new service was much needed. The provision of a single Kent and Medway service enabled a full range of professional expertise to be provided. Between October and April 2018, there had been 49 referrals to the service in Medway, which included 12 children. The contract was structured so as to enable full monitoring of activity in Medway.

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

Level of detail in report – A Committee Member expressed their disappointment in relation to the level of detail provided in the report. In particular, they would have expected details of the referral process, a breakdown of patient numbers by age and sex and information on how the service was being publicised. The Director of Operations at NELFT said that the focus had been on establishing the service and ensuring that it functioned as intended. Recruitment had been successful, with all roles having been filled. The service had been building knowledge and skills in the community. One particular challenge was that patients tended to present late once their eating disorder had escalated. Work was taking place with schools, higher education establishments and GPs to look at how to promote the service.

It was agreed that a report and presentation containing this information would be provided to a future meeting of the Committee and that a written briefing would be circulated to the Committee in the interim.

Transfer to new service and work with other services – In response to a Member concern that the rollout of the service had not been as seamless as

had previously been suggested, the Director of Operations said that the rollout had gone as planned but that there had been a particular staffing skill related challenge as the previous provider had not provided a children's service. This provision required the recruitment of staff with the correct knowledge and skills. In a well-run service, it would be expected that the number of patient discharges would be similar to the number of referrals. Current referral and discharge figures were misleading as many of the people entering the service had a relatively high level of need, particularly for child patients as there had not previously been a dedicated children's service. The provision of a single service covering the whole of Kent and Medway enabled it to provide a multi-disciplinary team across a number of specialisms, such as cognitive behavioural therapists, dieticians, physical health experts and psychiatrists. It was considered that the service had sufficient capacity for Medway patients.

It was clarified that the 49 referrals quoted in the report were referrals to the service within Medway. The total number of referrals for the whole of Kent and Medway was around 500. Everyone under the care of the service received a leaflet setting out how to access care when they experienced a crisis. An out-of-hours crisis team was available. All patients were assessed and provided a care plan. Work was undertaken with acute hospitals as patients often also had physical health needs.

Patients in crisis and referrals – It was requested that a figure be provided for the number of patients treated who were considered to be in crisis and also whether the service was able to make specialist residential referrals when needed. The Committee was advised that referrals could be made to a range of specialist provision and that this depended on the needs of the patient. Initial stabilisation of a patient was often undertaken at the local acute hospital ahead of specialist referral. Details of this would be included in the further report and presentation due to be brought to the Committee.

Inpatient Admissions - In relation to Health and Care Information published figures from April 2014 that showed an 8% rise in inpatient hospital admissions in the previous 12 months and that this trend was continuing, it was questioned what the extent was of this trend and what the implications were for the service. The NELFT Director of Operations said it was recognised that patients were presenting at a later stage, which resulted in them being more severely affected and being in need of a higher level of care. The service undertook community education and was developing early intervention approaches to reduce the number of patients in need of crisis care. There was a need to develop training capacity in this area. Further details would be provided in the next report to the Committee.

Ongoing support, sources of referral and waiting times – A Committee Member asked what ongoing support and counselling was available for patients and carers once they were discharged from the service. The Member also asked for details of waiting times and the waiting list to access the service. They also expressed concern that the number of patients referred by Child and Adolescent Mental Health Services was just two while there had been no referrals from local authority social care. It was also requested that the next

report to the Committee provide details of community engagement undertaken to promote the service. The Committee was informed that the vast majority of referrals were currently coming from GPs. Training was being undertaken to raise the profile of the service with other organisations and professions. One challenge was that many of the people presenting to the Eating Disorder Service were not previously known to any other service providers. The service was delivered from all existing NELFT sites across Kent and Medway rather than from a dedicated facility. This facilitated close working with other NELFT services. Work also took place with the Kent and Medway NHS and Social Care Partnership Trust to link with other adult mental health services.

The next report and presentation to the Committee would focus on how the service was meeting National Institute for Health and Care Excellence guidance and the partnership working with organisations, such as KMPT.

The Director of People - Children and Adults services added that the Council was working with NELFT to support awareness raising amongst children's and adult social care services. Work was taking place with NELFT and schools in relation to emotional health and wellbeing, although eating disorder was not an area that local schools had highlighted as being of particular concern. Where patients had multiple illnesses or conditions, this would be jointly managed by the various services supporting the patient. A small number of eating disorder patients were eligible for ongoing social care services. Work was undertaken with KMPT to manage co-morbidity for patients who had other mental health conditions. This was particularly important given that the mortality rate for patients with eating disorders was relatively high.

Decision

The Committee noted and commented on the update provided and agreed that a further report and presentation should be brought to the Committee and requested that a briefing note be provided to the Committee in advance of this.

628 Draft Capital and Revenue Budget 2019/20

Discussion

The report presented the Council's draft 2019/20 budget. This built upon assumptions that had been presented to Cabinet in the Medium Term Financial Strategy in September 2018. The budget was due to be approved by Council on 22 February 2019. The draft budget presented a £3.189million deficit for 2019/20, which was bigger than the deficit that had been set out in the Strategy. There were overspends in a number of service areas, which included Children's Social Care SEND related placements. The Government's October 2018 Budget had outlined the additional provision of £650million of funding, across the country, for social care. The Council draft budget had forecast that Medway would receive an additional £2.6 million as a result, which would help to address the gap in the budget.

The Council had been unsuccessful in its bid for 2019/20 Business Rate retention. This would have allowed the Council to retain all Business Rates generated in Medway rather than being required to pass 50% of the revenue to the Government for reallocation. The Council had successfully taken part in a pilot for 2018/19, which had been a boost to the financial position and the draft budget had assumed that the 2019/20 bid would be unsuccessful. It was noted that Medway's Revenue Support Grant from the Government had reduced from £65million in 2009 to £6.3million for the next year as the Government moved towards making councils reliant on locally generated funding. The Government had confirmed that there would be no change to the council tax referendum limit or the new homes bonus, both of which had been assumed in the draft budget. Some local authorities were projecting that they would have to pay the Government more than they would receive in Revenue Support Grant. This was not expected to apply to Medway in the short or medium term. Lead Members and officers were currently working to produce a final draft budget to present to Council. There was a statutory obligation for this to be a balanced budget.

A Committee Member asked what mitigation there could be to give confidence that essential services could be maintained in view of the budgetary pressures. The Head of Finance Strategy said that, in relation to the extra £2.6 million of funding for social care, there would be freedom for the Council to determine how to allocate this across children's and adult social care. There was an ongoing process between Lead Members and Children and Adults to allocate funding. The Government had also announced that reductions in business rate relief would be cost neutral for local authorities.

In response to a further Member question, the Head of Finance Strategy said that the Chief Finance Officer and she would be available to attend scrutiny committee meetings when there was due to be discussion of budgets.

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 2019/20 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 and agreed to feed this back to the Business Support Overview and Scrutiny Committee in January.

629 Task Group Draft Report: The Impact of Social Isolation in Medway

Discussion

The draft Task Group report highlighted key challenges and issues in Medway in relation to Social Isolation. The aims of the Task Group had included reviewing existing provision aimed at reducing Social Isolation both within the

remit of the Council and amongst partner organisations and the community and voluntary sector. The Task Group had also considered national best practice guidance and how Medway could learn from it to further reduce isolation for residents. Evidence had been gathered from a wide range of people, including Council officers, other public sector organisations and a wide range of community and voluntary organisations. The Task Group had met with the then Minister for Loneliness to discuss the national perspective on social isolation as well as undertaking a best practice visit to Bracknell to see how lessons from work undertaken in that area could be applied in Medway.

The key findings of the Task Group were that significant work was already taking place across a range of organisations in Medway to reduce Social Isolation. Examples included activity within social care, libraries, adult education, commissioned services and arts activities. However, the 23 recommendations made by the report recognised that more could be done. One key theme was the need to raise awareness as partners were often not aware of what other organisations were doing to address social isolation. A recommendation had been made relating to how awareness raising could be improved, while another recommendation was that a public communications campaign should be undertaken. This would aim to raise awareness around the work of community organisations and partners in order to better support community connectedness, identify practical actions that could be taken and promote existing activity in a more co-ordinated way. The creation of officer and Member social isolation champions had also been recommended to help support awareness raising work with Councillors being seen, in their role as community leaders, as having a key role to play in raising awareness of social isolation. It had been recommended that this be highlighted as part of Member induction. Another recommendation was that more frontline staff should be trained to enable them to effectively signpost to sources of information and support.

The Task Group's findings had also recognised the importance of social prescribing in reducing social isolation. This concept would see health professionals linking patients to workers who could look at a range of holistic non-medical needs, including isolation and signpost people to appropriate activities and further support as required. This work would also include the development of a directory of services.

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

Social Isolation Network and measuring impacts – A Member asked whether the Social Isolation Network would be sufficiently resourced to deliver the activity envisaged. It was also asked if the impact of reducing social isolation would be measured. Another Member asked what the current membership of the Network was and requested that a membership list be circulated to the Committee.

The Public Health Consultant said that the Government's recently published Loneliness Strategy recognised that measuring the impact of loneliness and

social isolation was challenging. The Government had recently released new metrics setting out how isolation could be measured and work would be undertaken to consider how this could be used locally. It was planned to include a social isolation question in a health survey due to be undertaken and to then benchmark levels locally. In relation to the Social Isolation Network, a range of Council departments and external organisations were currently represented. The membership would be refreshed with Committee Members being welcome to suggest potential new network members. Consideration would be given to providing information about the Network on the Council website. It was confirmed that a dedicated resource would be provided to support the Network.

Built in Isolation – A Member expressed concern that some new developments were causing isolation as there was limited opportunity for residents to interact due to the design and that projected increases in single occupancy would also be a contributory factor. The Director of Public Health advised that a new Assistant Director would be taking forward work in this area and that he would be working with them and with Planning to consider these issues and how to address them within the Local Plan.

People who do not want help – A Committee Member asked how people who did not want to receive any support would be approached, given that some of this group were amongst the most isolated. The Director of Public Health said that this was one of the reasons for the Task Group having chosen to investigate social isolation. There was not one specific answer to the question but it was necessary to first build a framework of support. The Council had made a bid for Intereg European funding. If successful, this would support the development of significant resources in relation to social prescribing. It was confirmed that the availability of this funding would not be affected by Brexit. Another Committee Member hoped that, once people saw neighbours benefitting from activities in relation to social isolation, it would encourage them to participate. One of the Task Group Members noted that the review had considered the challenge presented by those reluctant to accept support and that, although the Council and other organisations could encourage people to participate in activities, this was ultimately down to individual choice.

Monitoring of Implementation – It was confirmed that, subject to the report being agreed by Cabinet in January 2019, a six month progress update would be presented to the Committee, with the Committee having the option of requesting a further update after this.

Decision

The Committee considered the report and recommendations made by the Social Isolation Task Group, and agreed to recommend the report to Cabinet on 15 January 2019.

630 Petitions

Discussion

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

- The number of GPs in the area was effectively being reduced as significant planning applications in Medway continued to be approved.
- Peninsula residents were becoming increasingly frustrated that the Council was not acknowledging this situation.
- Councillor Freshwater felt that the planning process was ineffective as the Director of Public Health was not highlighting the health impacts and impacts on GP provision of planning applications being considered.
- Medway Council was not responsible for the provision of GPs but it was responsible for improving the health of the local population.
- A third of GPs were due to retire within the next five years and Medway NHS Clinical Commissioning Group (CCG) had not been able to provide data in relation to this. The Council was, therefore, taking decisions without having the relevant data available.
- Councillor Freshwater considered that the Director of Public Health's Petition reply did not sufficiently address the issues raised.
- Some Peninsula residents were having to wait two and a half weeks to get a GP appointment. This situation would get worse as new houses were built. One case highlighted was that of a child with Scarlet Fever who had had to wait seven hours to be seen by a GP.
- Public Health had previously collected responses to 36 important questions in relation to health impact assessments but this had been discontinued.

In response, the Director of Public Health said that it took ten years to train GPs and that while Primary care services would be transformed in the future, it was likely that GPs would still be at the centre of this. NHS England and Medway NHS CCG were responsible for commissioning primary care services rather than the Council and the Council had no direct control over the number of GPs serving each part of Medway. The Director had raised concerns about GP provision on a number of occasions and the CCG had outlined processes to mitigate against loss of primary care capacity. This challenge was not unique to Medway. The Medway Joint Strategic Needs Assessment set out the broad requirements for Medway and bespoke work was undertaken in relation to a number of issues that could impact on the local population. A refreshed Joint Health and Wellbeing Strategy had also recently been agreed.

Comprehensive dialogue took place with the CCG about how it could be ensured that appropriate resources were provided to meet the expected local increase in population. A dedicated Public Health officer was working with planning to scrutinise and review local development plans. A new Assistant Director had also recently joined the Council. The Director of Public Health would be having discussions with her about how to ensure that future

development took into account the impacts on the health of the local population. The challenge was not just in relation to planning, with the Council also being responsible for the provision of infrastructure and green spaces. Achieving and maintaining good health for local people also required an understanding of how to maintain levels of wellness, and provide good quality education and jobs in order to help people to take control of their health and wellbeing. However, the provision of housing was not within the remit of the Director of Public Health.

Health profiles had been developed that covered all wards in Medway, including Peninsula. A bespoke 'Picture of Medway' survey would also be undertaken. This would replicate some of the data collected at national level, enabling Medway to access data more frequently.

A Committee Member noted that the CCG had started to consult on the location of proposed new healthy living centres and it was likely that one of these would be on the Hoo Peninsula. However, the Peninsula was currently geographically distant from existing health service provision and public transport was limited. Adequate interim provision was needed until such time as a Healthy Living Centre opened.

The Director of Public Health noted that the NHS was due to set out mitigation plans in January 2019 and that Medway NHS CCG was due to be presenting a report on GP provision in Medway to the January 2019 meeting of the Committee. It was suggested that the concerns highlighted could be raised with the CCG at that meeting.

Members expressed concern that the CCG had not, to date, been able to provide information in relation to the number of local GPs that had retired in the last five years; the number that had replaced these or started work in Medway; the overall reduction in GPs or; the number of GPs that would be required for the size of the Medway population. It was suggested that such information could be obtained from the General Medical Council. Members requested that the CCG be asked to include this information in the report to be presented to the Committee.

Decision

The Committee agreed to defer further consideration of the petition to the January 2019 meeting to align with presentation of a GP Services report by Medway NHS CCG and to enable the relevant data included in this report to be considered in relation to the petition.

631 Council Plan Performance Monitoring Report - Quarter 2 2018/19

Discussion

Performance remained good in relation to Delayed Transfers of Care. However, there were areas for which performance was more challenging. This included the percentage of adults with learning disabilities in settled accommodation.

Performance was below target for the proportion of adults in contact with mental health services in settled accommodation, although it was 7% above the national average for this indicator. Performance had improved from the previous to the current quarter. Quarter two performance was also below target for permanent admissions to care homes for the older population, although performance across the first six months was on track to be better than target. It was acknowledged that further improvement was needed in relation to the percentage of clients receiving direct payment for social care services.

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

Concerns in relation to overall performance – The Assistant Director, Adult Social Care advised that there were nine performance measures within the Council Plan for which performance was reported to the Committee. Performance against three was above target, two showed amber performance and four were below target.

In relation to the target for percentage of adults with learning disabilities in settled accommodation, performance for quarter 2 stood at 59%, compared to a target of 75%. Detailed analysis of this measure had been undertaken and mechanisms identified to get performance close to 70% by the end of the year. This included ensuring that a client's accommodation status was accurately recorded and ensuring that all clients received a review each year. Clients had to be recorded as not being in settled accommodation where there had been no contact with them for 12 months, irrespective of whether they were actually in settled accommodation or not. Improvement beyond 70% would require a more strategic approach that considered how to support people with learning disabilities more effectively by ensuring that there were a range of options available as alternatives to residential and nursing care and that people were supported to live as independently as possible.

Work undertaken so far had included appointing transitions workers to support people in the transition from children's to adult services. Work had recently started to promote and grow the Shared Lives Service as an alternative to residential and nursing care, with further promotional activity planned for early 2019. There was also a need to ensure the provision of adequate supported living accommodation as an alternative to residential or nursing care. Extra Care accommodation currently had a lower age limit of 55. Discussion was taking place with Housing Services to consider removal of this limit for future schemes to enable younger adults to be supported in this type of accommodation. It was acknowledged that making and sustaining significant improvements would take time.

Challenges making improvement difficult – The Assistant Director said that clients with learning disabilities often had complex needs, some of which were best met in a residential care or nursing care setting. Adult Social Care was planning to increase the capacity of the Shared Lives Service, which was already successful and well regarded. Service growth would be dependent on the success of marketing activity. The availability of appropriate supported

accommodation locally was also a challenge as was the need to work closely with the Housing service to ensure sufficient supply was available in the local area. This process would take time.

Settled Accommodation and Extra Care provision – A Committee Member expressed concern about the availability of settled accommodation and Extra Care housing and that performance of Medway was behind that of some comparator authorities. The Assistant Director said that there was a need to consider vulnerable groups, their needs and how can best to support them. This necessitated providing the correct mix of accommodation. Fully addressing this would take time, but it was important to put the correct foundations in place to enable future improvement. The Director of People, Children and Adults Services said that some concerns had been identified in relation to validity of some Kent and Medway NHS and Social Care Partnership Trust (KMPT) data and that work was being undertaken to address this. Housing Services had jointly funded, with Adult Social Care, a mental health practitioner post. This would help to identify people at risk of homelessness due to mental health needs. The Department for Education had also provided funding for a Personal Advisor to specifically target care leavers at risk of homelessness due to a long term mental health problem.

Support for people leaving residential care – A Member said that there was a need to better consider the support offer for people leaving residential care. The Member questioned whether there might be capacity to provide some support as part of the proposed Britton Farm development, which was due to include housing and some KMPT mental health services. The Assistant Director of Adult Social Care acknowledged that there were a number of ways in which people could be supported towards independence. The Flight service assisted people in supported living for a fixed period, with the aim of supporting them to manage on their own in a more independent setting. The service currently only had two places but consideration was being given as to how this could be increased. The Shared Lives scheme also helped to provide people with skills to enable independent living. The Assistant Director undertook to investigate opportunities in relation to Britton Farm.

Direct Payments – In response to a Member's concern that the Direct Payments systems was too complicated, the Assistant Director said that the concept of individual support funds was being investigated. This involved a broker acting on behalf of a client to manage their personal budget. This removed some of the complexity while still providing the client with choice and control.

Decision

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

632 Work programme

Discussion

Proposed changes to the work programme were highlighted to the Committee. Concerns were also discussed in relation to the Kent and Medway Wheelchair Service. These concerns included that the service was not considered by Members to have improved sufficiently and anecdotal evidence from service users that suggested that some were still waiting for a significant period for either initial assessment / equipment provision or wheelchair repairs.

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 letter be sent on behalf of the Committee to Thanet / Medway NHS Clinical Commissioning Groups setting out concerns in relation to the Kent and Medway Wheelchair Service.

iii) Agreed that a further report and presentation on the Kent and Medway All Age Eating Disorder Service be added to the Committee Work Programme for the March 2019 meeting.

Chairman

Date:

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