

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

**Tuesday, 15 October 2019**

**6.30pm to 10.10pm**

**Record of the meeting**

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

**Present:** Councillors: Wildey (Chairman), Purdy (Vice-Chairman), Adeoye, Ahmed, Aldous, Barrett, Bhutia, Steve Iles, McDonald, Murray, Price, Chrissy Stamp and Thompson

**Co-opted members without voting rights**

Margaret Cane (Healthwatch Medway CIC Representative)

**Substitutes:** Councillors: Hackwell for Bhutia and Williams for Thompson.

**In Attendance:** Kate Ako, Principal Lawyer - People  
Emma Chambers, Operational Manager, Medway Community Healthcare  
Lorraine Foster, Prorgamme Lead - Partnership Commissioning  
Dave Harris, Head of Planning  
James Harman, Senior Public Health Manager  
Stuart Jeffery, Deputy Managing Director, NHS Medway Clinical Commissioning Group  
Lucy Kirk, Environmental Protection Team Leader  
Harvey McEnroe, Chief Operating Officer, Medway Foundation Trust  
Chris McKenzie, Assistant Director - Adult Social Care  
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group, NHS Medway Clinical Commissioning Group  
Richard Patey, Consultant, Medway Foundation Trust  
Jon Pitt, Democratic Services Officer  
Ian Sutherland, Director of People - Children and Adults Services  
Jack Tabner, Executive Director - Transformation, Medway Foundation Trust  
Nikki Teesdale, Deputy Chief Nurse, Medway Clinical Commissioning Group (CCG)  
Sandy Weaver, Complaints Manager for Social Care  
Adam Wickings, Deputy Managing Director, West Kent CCG, West Kent CCG  
James Williams, Director of Public Health

**350 Apologies for absence**

Apologies for absence were received from Councillors Bhutia and Thompson.

**351 Record of meeting**

The record of the Committee meeting held on 20 August 2019 was agreed and signed by the Chairman as a correct record.

**352 Urgent matters by reason of special circumstances**

There were none.

**353 Disclosable Pecuniary Interests or Other Significant Interests and Whipping**

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Cllr Steve Iles declared an OSI in agenda item 7 (Impact of Development in Medway, with a Focus on Air Quality). This was due to previous discussion at another Committee in relation to air quality at Strood Riverside.

Other interests

There were none.

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

**Discussion**

The Committee was informed that good outcomes were being achieved in relation to the early stages of the Outpatient Improvement Programme. Clinical Pathways were being redesigned to ensure alignment with best practice, with significant public communication and engagement having been undertaken. A Consult and Connect System was being rolled out to GPs. This enabled GPs to talk to a consultant while the patient was present in the GP surgery. This could be used as an alternative to referring a patient to a consultant for an outpatient appointment. 48% of such calls had resulted in a referral not being needed.

The Programme involved a whole system joint approach across primary and secondary care which would lead to a more patient focused service. Engagement was being undertaken to involve service users and clinicians in the design of services. The Programme was also looking to reduce non-attendance rates at appointments and to improving booking utilisation in order

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to improve the efficiency of the outpatient service. Although the programme did aim to reduce the number of outpatient appointments, it also aimed to improve the speed of patient diagnosis and to standardise care across locations.

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

**Consult and Connect** – The platform would be readily available and would support patients being diagnosed in primary care without requiring a consultant referral. The system would not increase GP workload. A national platform was available which would mean that a consultant in another area would answer the call when no one was available locally. The average call length was two minutes, which was significantly quicker than writing a referral letter. Patients who still needed a referral would go down the ordinary referral pathway. It was anticipated that the target 30% reduction in hospital outpatient appointments could be exceeded.

**Timescales, patient outcomes, neurology referrals and education** – A Member asked about the timescales for delivering the programme, patient outcomes and the identified 70% of neurology patients awaiting referral who could be directed to another more clinically appropriate service. The Member also asked about education in primary care and how the changes could be embedded through this. The Committee was advised that neurological conditions were difficult to diagnose. GPs generally referred a patient based on the symptoms they presented with to a consultant rather than diagnosing neurological conditions themselves. To support rapid diagnosis GPs should be able to access rapid support from a consultant who was a specialist in that condition. Often patients who required physiotherapy and had no underlying neurological condition, were referred unnecessarily. This increased waiting times for other patients and delayed the start of physiotherapy.

Proposed changes would lead to less divergence between primary and secondary care. This would support GPs who had not previously had readily accessible telephone advice. There had been good engagement with GPs through primary care, which had protected learning time sessions each month. This had been used to explain the outpatient work. GPs were also being given the opportunity to buddy up with consultants to develop their specialist interests. The Programme aimed to reduce outpatient appointments by 30% over five years.

**Engagement Service** - An independent patient engagement service had been commissioned to undertake patient surveys and help ensure their feedback was taken into account. All pathways were tested before launch. Medway Community Healthcare had undertaken an audit of 100 patients. This had revealed that consultants were not always having the time to review and understand reasons for patient referrals and that pathways were not consistent. Consideration was being given as to how referrals could be reviewed earlier to ensure the patient saw the most appropriate person.

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**Rheumatology Task and Finish Group** – The establishment of a task and finish group for neurology was dependent on the outcome of similar work in Dartford. Establishment was anticipated in quarter 3 or 4 of the current year.

**Clinician Capacity and NHS 111** – Consult and Connect would help utilise both GP and consultant capacity more efficiently and prevent unnecessary referrals for issues that could be dealt with in primary care. Patients waiting for outpatient appointments often repeatedly visited their GP while waiting. Therefore a reduction in outpatient appointments would help reduce this. The work would take two years in total, with part of the next phase being to consider how new technologies could be utilised to reduce referrals and help patients manage their conditions. The NHS 111 programme had been nationally mandated. It was hoped that the Outpatient Programme would not face problems as it was a local programme using local knowledge, local data and local clinicians working together.

**Patient Engagement and voluntary sector engagement** – Communications and Engagement agency Pea had been commissioned to undertake engagement work. NHS Medway CCG had used Pea previously and they were considered to have good local knowledge. A full communications and engagement plan had been produced. Healthwatch had also been invited to all communications and engagement sessions. In response to the Member's concerns about levels of engagement with the voluntary sector, the Committee was advised that engagement had taken place with a number of organisations. A targeted approach had been used during the first phase of the programme with additional groups now being targeted. There was a clear timeline for each specialty area. It was clarified that Consult and Connect was a pilot but that the outpatients programme as a whole was not.

**Inequity across services** – It was confirmed that the aim was to ensure consistent pathways across Medway and Swale during phase 1 of the project. Pathways would be uploaded to the system used by GPs to ensure consistency. It was acknowledged that there may be a need to undertake some location specific commissioning to address inequity. It would be ensured that all pathways met best practice guidance.

**Consistency of approach by consultants and service managers** – There had been variations across hospital departments in terms of follow up appointments e.g. not inviting patients back in for a follow up or conversely, inviting them for follow ups that were not needed. There was also variance in the processes used to direct patients back to primary care and community services for ongoing condition management. Medway Foundation Trust had undertaken work to centrally manage appointments in order to reduce variation and to notify patients of appointments sooner. Consultants would be managed against a set of performance indicators. 28 internal clinical leaders were responsible for setting standards for colleagues.

## **Decision**

The Committee considered and commented on the report and requested that the following be circulated to the Committee

- i) A timeline of the Outpatient Improvement Programme.
- ii) The Programme Communications and Engagement Plan.

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

## **Discussion**

The number of patients accommodated at the Frank Lloyd Unit had reduced over the last few years due to changing national practice in relation to continuing care. It catered for patients with acute dementia and particularly challenging behaviour. The Unit had 15 beds but by 2018, the number of patients had reduced to 7. There had been a discussion with the Kent and Medway NHS and Social Care Partnership Trust about the viability of the Unit and there was an assumption that it would close in March 2020. This would depend on the 4 remaining patients having been found alternative accommodation by then and it was therefore possible that the Unit may remain open for longer.

Following discussion with NHS England, commissioners considered the proposal amounted to a substantial variation to the health service with it having been agreed that full public engagement / consultation would be undertaken ahead of the unit closing. The planned NHS Gateway Review of the proposals had been delayed as further detailed work was required in relation to care pathways and future demand. Public engagement / consultation would not commence until this work had been completed. Consideration was being given to undertaking this consultation in tandem with consultation on separate proposals relating to the St Martin's Hospital site in Canterbury.

The following issues were discussed:

**Transfer of patients and future demand** – A Committee Member asked how the transfer had gone of the patients moved from the Unit to date and whether there was confidence that services would be able to meet increased and more complex demands in the future. The Deputy Managing Director of NHS West Kent Clinical Commissioning Group said that national guidance stated that as many patients as possible should be supported to live in their own homes or community settings. However, it was acknowledged that commissioners needed to gain a better understanding of future demand for services and it was recognised that there were a small number of patients who might continue to need hospital inpatient care. No patient level data was currently held but Continuing Care teams had been asked to provide summaries of the outcomes of patients who had been located away from the Frank Lloyd Unit to date. Further information on this and future demand would be provided to the Committee when available. There was also a need to understand local care

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home markets and capacity of homes to care for patients with varying degrees of dementia.

**Current capacity and future demand** – There had been no new referrals to the Unit for a year. The Deputy Managing Director was in the process of clarifying where patients were now going. Work was being undertaken to ascertain likely future demand for the type of inpatient facility provided by the Frank Lloyd Unit. It was anticipated that this would take one to two months to complete and public engagement / consultation would not commence until commissioners had all the information required.

**Provision of facilities** – A Member highlighted the need to provide facilities that were able to continue caring for patients as their condition worsened rather than the patient having to move.

**Further information** - Some Members felt that further information was required to enable the Committee to consider whether the proposals amounted to a substantial variation.

### Decision

The Committee:

- i) Considered and commented on the report and proposed development or variation to the health service.
- ii) Requested that further information be presented to a future meeting of the Committee to enable it to determine whether it considered that the proposals amounted to a substantial development of or variation to the health service in Medway.

## 356 Impact of Development in Medway, with a Focus on Air Quality

### Discussion

The National Planning Policy Framework 2012 had included planning guidance on air quality with Medway having adopted air quality planning guidance in 2016. This had been rolled out throughout Kent and Medway. A planning application in Newington, Swale that Medway had assisted with was highlighted. This had been refused due to air quality concerns. Appeals by the developer to the Planning Inspector and High Court had been unsuccessful with both having agreed with the advice provided by the Council. The new Local Plan, a draft of which was due for completion in 2020, would contain policies on climate change and air quality. Where planning applications were approved that had associated air quality issues, mitigations or planning conditions could be included to help address this. All new development applications considered by Planning were assessed against criteria that included air quality.

Air pollution was considered to be the most significant environmental public health risk in England. It increased the risk of death from lung cancer,

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cardiovascular disease and respiratory disease and impacted on quality of life and length of life, reducing average life expectancy by 7-8 months. 125 deaths in Medway each year were estimated to be attributable to particulate air pollution. Public health costs nationally were estimated to be up to £20 billion nationally. Air quality in Medway was generally good and met national air quality objectives although there were some areas of poor air quality. Four Air Quality Management areas had been declared in Medway as a result and an Air Quality Action Plan developed with progress reported to DEFRA annually.

The following issues were discussed:

### **Air Quality Management Zones, air quality related deaths and mitigation –**

A Member said that Medway having had, in 2016, a higher percentage of deaths attributable to air pollution was a compelling reason to ensure it did not get worse. The Member was also concerned that action was based on average pollution throughout the year, which did not account for peaks at particular times, and that mitigation took place after rather than during development. Confirmation was requested of the location of the Central Medway Air Quality zone. The Environmental Protection Team Leader confirmed that the zone followed the path of the A2 through central Strood, Rochester and Chatham. Some parts of the zone did not have poor air quality but declaring the whole area as a zone made addressing the issue easier. DEFRA guidance stated that the Council had to use air quality averages across the year. 40 sites were monitored by Medway with only 4 having exceeded Nitrogen Dioxide limits in 2018. Medway was the only local authority in the county of Kent to monitor for certain types of particulate pollution (PM 2.5) and was unfairly named as an area with poor air quality as it was one of the few areas outside London that measured these types of particulate matter. Environmental planning conditions were used to ensure that developers took measures to mitigate noise and air pollution and enforcement action could be taken if they did not comply. The Head of Planning acknowledged that there could be more proactive working with local communities in terms of communication as new developments took place.

**Hoo Peninsula Development –** In response to a Member question about the impact of future development on the Hoo Peninsula, the Committee was advised that large scale mitigations could be used to ensure good air quality and that the cumulative impact of development would be considered. More generally there was a need to encourage use of public transport, walking and cycling. It was acknowledged that the cost of public transport was a barrier. All new developments, which met certain criteria, were now required to install electric car charging points. Precise measures would be dependent on the contents of the local plan.

**Engine idling, other communication and work with schools –** A Member suggested that there should be signs in town centres to discourage engine idling. There was one existing sign at the Rainham level crossing but further signs could be considered. Work was being undertaken with 13 schools on an air quality initiative (KM Green School Awards) and schools were being encouraged to do their own anti-idling campaigns. A Member suggestion that

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the possibility of establishing car, exclusion zones around schools would be discussed with the Integrated Transport team. It was noted that a local primary school was planning to install a Living Wall. Medway would be assisting with monitoring the impact and support could be offered to other interested schools.

**Guidance for Members** – In response to a Member request for advice on what Councillors could do to encourage environmentally friendly travel, the Environmental Protection Team leader suggested that a fact sheet be produced for all councillors.

**Health and mortality** – Members asked if it was known which parts of Medway the people who had died prematurely due to air quality came from. It was also asked what other health data was available. The Director of Public Health said that it was currently not possible to break down the mortality figures by ward due to the way they were calculated and that the figures were statistical estimates. The prevalence of respiratory illnesses was known and this information could be mapped to see, for example, prevalence in each of the Air Quality Management zones. Public Health England was focussing on air quality as a major strand of work in the current year and Medway was working hard on the areas within its remit. The Council was leading by example, such as through sponsorship of the green schools award across Kent, Medway and London and Medway Norse had started to use electric vehicles.

### Decision

The Committee:

- i) Noted the report as an update from the Planning department and Environmental Protection on the impact of development in Medway, with a focus on air quality.
- ii) Requested that information be provided to Councillors on how they could promote green travel to residents.

## 357 Draft Medway Joint Adult Learning Disability Strategy

### Discussion

It was important to recognise that people with learning disabilities had the same aspirations for good housing, jobs, friends and family as the rest of the population. The Strategy aimed to recognise their importance as valued members of the community. It was expected that the number of people with learning disabilities would increase due to the general population increase and that more people with learning disabilities were living longer. However, it was unacceptable that this group still had a shortened life expectancy. Employment rates for people with LD in Medway were lower than the national average. There had been much positive work through the Shared Lives initiative to support people with LD to be able to live with families. The development of the LD Strategy linked to the Special Educational Needs Strategy that had recently been considered by the Children and Young People Overview and Scrutiny Committee. The Care Quality Commission had just published its State of Care



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report. This highlighted that nationally, some people were detained in mental health facilities, which could have been avoided had they been helped sooner. The LD Strategy aimed to ensure that people received help early in order to reduce the number of people requiring specialist care at a later point. A year had been spent working with parents, carers, provider organisations and the voluntary sector to co-design the Strategy.

The following issues were discussed:

**Engagement** – A Committee Member highlighted the need for wide engagement to take forward the Strategy. The Assistant Director – Adult Social Care said that there had been low attendance at the LD Partnership Board. Discussion had taken place with the co-chair and it had been proposed that engagement would take place with relevant parties, with the aim being to establish a working group. The Programme Lead – Partnership Commissioning said that communication of the offer was one of the key challenges and that the development of a Communications Plan would be essential. A working group, which had met previously, would be re-formed to take forward progress on individual workstreams. Groups that supported people with LD would be involved as part of this process.

**Medway Parent Carers Forum** – It was suggested that consideration be given to inviting the Medway Parent and Carer Forum to become a co-opted member of the Committee due to the importance of the transition from children's to adult services. It was also requested that the Committee should hear from service users more frequently about their experiences.

### Decision

The Committee commented on the draft Strategy prior to its consideration by the Health and Wellbeing Board and presentation to Cabinet for approval.

## 358 Healthy Pregnancy in Medway

### Discussion

The report outlined a number of services that supported having a healthy pregnancy in Medway. There had been significant innovation in Medway. The midwifery team had supported 4,970 births in 12 months, 3,800 of which were for Medway families. July and August 2019 had been particularly busy. The Midwifery team at Medway Foundation Trust had won the Royal College of Nursing Midwifery Team of the Year award.

Support for Medway families pre and post birth was considered to be good. The need to reduce rates of smoking at time of delivery was a key challenge nationally. For the current year, Medway's figure had fallen from 17.4% to 15.9%. Funding had been secured through the Kent and Medway Sustainability and Transformation Partnership for a full time midwife who would specifically work on this. A smoking cessation group had previously been established for parents. This had gradually evolved to help support parents with other issues.

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The Grow My Brain initiative was highlighted. Its development had brought together midwives, health visitors and Public Health. A number of campaign videos had been produced and published online. There had been 75,000 views with the campaign having generated national interest. The Local Maternity System Transformation Plan aimed to ensure better continuity of care with a single team of midwives seeing a family throughout. Another key aim of the Plan was to ensure that birth related data was clear and readily available to enable families to make informed decisions.

The Following issues were discussed:

**Number of service users** – Data was not readily available to demonstrate birth rates by ward. Information would be circulated to Members outside the meeting.

**Bereavement Suite** – Medway Foundation Trust had undertaken significant work in the last few years to support families of babies who had died. A new bereavement suite had opened at the hospital in the last couple of years. This excellent facility had been furnished by private providers and had space for families to stay. There were now dedicated bereavement midwives at the hospital and it was anticipated that one should be available at all times.

**Attendance at future meeting** – It was suggested that an update be provided to a future meeting with clinical staff asked to attend. This report would include information on bereavement care, Team Connect and foetal alcohol syndrome / support available as well as an update on the Kent and Medway Local Maternity System.

**C Section infection and home births** – Data on rates of infection data for Caesarean Section births would be provided to the Committee. It was confirmed that the Community Midwifery Team supported home births.

### Decision

The Committee:

- i) Noted the offer families have to support them to have a healthy pregnancy.
- ii) Requested that an update report be presented to a future meeting of the Committee.
- iii) Requested that further information be circulated to the Committee, as set out in the minutes.
- iv) Requested that a letter of thanks be sent on behalf of the Committee to those responsible for the 'Grow My Brain' campaign.

**359 Adult Social Care Annual Complaints and Compliments Report - April  
2018 to 31 March 2019**

**Discussion**

Complaints and Compliments were an important source of intelligence and information for Adult Social Care with representatives from the Complaints team attending performance and quality assurance meetings on a quarterly basis. Analysis of the complaints and compliments indicated what was going well and areas that required improvement. There had been a significant increase in the percentage of complaints responded to within the target timescale, from 42% in 2017/18 to 82% in 2018/19. The most complaints received related to financial issues. This was followed by complaints about communication. The latter had increased in the last year, which was concerning.

The Following issues were discussed:

**Freedom of Information data** – It was agreed that a summary of freedom of information requests in relation to Adult Social Care would be provided as a briefing note.

**Complaints about unacceptable service** – A Member highlighted two issues in the report that she considered to be unacceptable. These involved someone having been informed by e-mail that their relative had died and a family not being told that a case had been closed. The Assistant Director – Adult Social Care agreed that these cases were unacceptable and said that the service was careful to ensure that lessons were learnt and steps taken to ensure such situations were not repeated.

**Actions Taken** – A Member highlighted that the report did not set out what actions had been taken to ensure the issues highlighted by complaints were not repeated. It was also asked whether Framework I training had been rolled out for all social workers. It was confirmed that all Adult Social Care staff were trained on Framework I with an induction programme having recently been introduced. Positive feedback had been received from new staff. Information about outcomes would be included in the briefing note.

**Confidentiality** – There was a discussion about whether there was a risk of people being identified from the information contained in the report. Advice had been taken and it was considered that the steps taken were considered sufficient. This included anonymising information and changing details, e.g. changing the sex of the complainant, to ensure there was no risk of identification. The Committee was advised that the Local Government and Social Care Ombudsman used a similar format for complaint summaries published on its website.

**Gluten free provision in care homes** – A Member was surprised that a care home was not providing gluten free food. The Director of People – Children and

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Adults said that meeting nutritional requirements was important and that information on this would be included in the briefing note.

### Decision

The Committee noted and commented on the report and requested that a briefing note be provided to include information on Freedom of Information Requests relating to Adult Social Care, a summary of action take to address concerns raised via complaints and details of nutritional requirements in care homes.

### 360 "Healthy Minds, Healthy People: Wellbeing Across the Life Course in Medway" Director of Public Health's Annual Report 2018-19

#### Discussion

It was noted that 83% of people experienced anxiety, low mood or sleeplessness at some point in their lives. The Annual Report had tried to focus on wellness rather than illness. In Medway, 79% of people aged 16+ had high life satisfaction compared to an England average of 82%. The figure for having a sense of wellbeing was 73% for Medway compared to 75% nationally. It was acknowledged that Medway would want to improve these figures. People in the 45 – 59 year old age group could face particular challenges that could impact on their mental wellbeing as this cohort often had the challenge of managing their own lives while also having children and older relatives who may need support. Public Health was developing approaches for employers to help support staff facing challenges that could impact on their mental wellbeing. Medway had won a national award for its suicide prevention work and had been shortlisted for a health service journal award. There was a need to build community capacity, including within the voluntary sector, in order to support people to be able to do more for themselves.

The Following issues were discussed:

**Mental health and support for middle aged renters** – A Member raised concern about the length of wait for children to access CAMHS services and that it was difficult to obtain a referral. The Member was also concerned that many people of late middle age who privately rented became unable to afford their rent as their income reduced due to working less or retiring. She highlighted that renting property had been identified as a cause of mental stress and that this was an issue that needed to be addressed. The Member referenced a case where a resident with serious mental health challenges had had enforcement action taken against them by the Council's Planning department. She felt that consideration should be given as to the potential impact on mental health and had highlighted the case to promote cross departmental working on mental health issues.

The Assistant Director of Adult Social Care said that the latter concern would be raised at the Mental Health Steering Group. The Director of People – Children and Adults requested that the Member provide further details so that the case could be investigated. The Director had attended meetings with the

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Chief Nurse of Medway NHS Clinical Commissioning Group to express concern about the slow rate of improvement in terms of timeliness of access to emotional health and wellbeing services for young people. The issue had been discussed at the Children and Young People Overview and Scrutiny Committee with the Committee having requested that Medway Community Healthcare and NELFT attend the Committee to provide an update. There was also concern about waiting times for looked after children. The Director of Public Health said that there was a need to commission services to achieve outcomes rather than just outputs and that supporting vulnerable people into work had a positive impact for the individual and could also help to reduce the likelihood of them needing more intensive support in the future.

**Social Isolation** – In response to a Member concern about how social isolation would be tackled, the Director of Public Health advised that work to implement recommendations from the Social Isolation Task Group was ongoing. There was a need to consider how to take this work forward as part of Medway's City of Culture bid.

**Voluntary Sector involvement and other issues** – A Committee Member highlighted the need to involve the voluntary sector in overcoming the challenges highlighted and for strengthened joint working as voluntary organisations were struggling to cope with demand. The Member considered that there were not enough bereavement services available and was concerned about the number of people using food banks in Medway. The Director of Public Health said that there was a need to engage the whole community, including the voluntary sector and to use resources effectively to reduce the likelihood of people needing to use treatment services.

### Decision

The Committee noted the report, findings and recommendations.

## 361 Council Plan Performance Monitoring Report and Risk Register Review Quarter 1 2019/20

### Discussion

The report summarised the performance of key indicators relevant to the Committee. It also included the quarter 1 review of strategic risks relevant to the committee.

In relation to performance being significantly below target for the indicator, 'proportion of adults in contact with secondary mental health services who live independently, with or without support', a Committee Member said that there was a need to increase availability of suitable accommodation. They felt that the Council's planning function needed to better take into account mental health needs when giving direction to developers.

The Assistant Director – Adult Social Care recognised that there was a need to enhance work with other parts of the Council and partners, including the Kent

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and Medway NHS and Social Care Partnership Trust. A Steering Group met regularly to take forward actions arising from the Medway Mental Health Strategy. A representative from the Council's Housing team had also been invited to attend in order to consider how people with mental health needs could be better supported. A Transitions team had been introduced in Children's and Adult Services to support young people as they moved into adulthood. Some young people receiving services became ineligible as adults, one example being care leavers who were often not eligible for services once they reached 25. However, it was recognised that the Council had a responsibility to support younger adults and that supporting them to obtain employment and good quality accommodation increased the likelihood of them achieving better outcomes in the longer term. The Assistant Director undertook to discuss with the Head of Planning the issues raised by the Member.

### **Decision**

The Committee considered the quarter 4 and end of year 2018/19 performance of the measures of success used to monitor progress against the Council's priorities.

### **362 Work Programme**

#### **Discussion**

Proposed changes to the Work Programme were highlighted to the Committee.

#### **Decision**

The Committee:

- a) Considered and agreed the Work Programme, including the changes set out in the report.
- b) Agreed that the report in relation to the DMC Healthcare surgeries in Gillingham and Chatham should also include an update on Dermatology provision.
- c) Agreed that update reports on the Frank Lloyd Centre and Healthy Pregnancy be added to the Work Programme for consideration at a future meeting of the Committee.

### **Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

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