

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

**Tuesday, 13 October 2020**

**6.36pm to 9.26pm**

**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, Bhutia, Murray, Price, Thompson and Mrs Elizabeth Turpin

**Co-opted members without voting rights**

Margaret Cane (Healthwatch Medway CIC Representative)

**Substitutes:** None

**In Attendance:** Vincent Badu, Deputy Chief Executive, Director of Partnerships and Strategy, Kent & Medway NHS & Social Care Partnership Trust  
James Lowell, Kent and Medway NHS Restart Programme Director  
Helen Martin, Director of Operations, Clinical Quality and Nursing, Medway Community Healthcare  
Harvey McEnroe, Chief Operating Officer, Medway Foundation Trust  
Jacquie Mowbray-Gould, Chief Operating Officer, Kent and Medway NHS and Social Care Partnership Trust  
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership  
Jacqueline Shicluna, Lawyer (Adults)  
Ian Sutherland, Director of People - Children and Adults Services  
Michael Turner, Democratic Services Officer  
James Williams, Director of Public Health

**324 Apologies for absence**

Apologies for absence were received from Councillors Ahmed, Aldous, Barrett, McDonald and Paterson.

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(During this period, the Conservative and Labour and Co-operative political groups had informally agreed, due the Coronavirus pandemic, to run meetings with reduced number of participants. This was to reduce risk, comply with Government guidance and enable more efficient meetings. Therefore the apologies given reflected that informal agreement of reduced participants).

### 325 Chairman's Announcement

The Chairman referred to the recent announcement that Jackie Brown would be taking up the role of Assistant Director, Adults' Social Care. Jackie had worked for the Council since its formation, working in and with a range of services in Adults services. Jackie had led on a range of projects including the Three Conversations Model in Adult Social Care and the work on the Kent and Medway Care Record as part of the wider Sustainability and Transformation Plan.

On behalf of the Committee, the Chairman congratulated Jackie on her appointment and also thanked Suzanne Westhead, Interim Assistant Director, for her work in the interim period and her support and advice to this Committee.

### 326 Record of meeting

The record of the meeting of the Committee held on 18 August 2020 was agreed and signed by the Chairman as correct, subject to the reference in Minute no 186 (Developing Medway and Swale Integrated Care Partnership) to "Medway Community Action" at the end of the second paragraph on page 11 of the agenda pack being amended to read "Medway Voluntary Action".

### 327 Urgent matters by reason of special circumstances

There were none.

### 328 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

#### Disclosable pecuniary interests

There were none.

#### Other significant interests (OSIs)

There were none.

#### Other interests

There were none.

**329 Medway Community Healthcare Covid-19 Response and Service  
Recovery Briefing**

**Discussion:**

The Director of Operations, Clinical Quality and Nursing at Medway Community Healthcare (MCH) introduced this report which provided Members with an overview of MCH's current position in relation to the Covid-19 pandemic and re-commencement of community health services.

The following issues were discussed:

- **MCH employees** – Members expressed their appreciation and thanks for all the MCH employees who had continued to provide an excellent service during the pandemic, noting how valuable it would have been for those isolating to receive a visit from their community nurse.

Concern about staff stress and fatigue was expressed and information was sought about how this was being managed. The Director of Operations, Clinical Quality and Nursing commented that stress and fatigue had been inevitable given the difficult circumstances staff had found themselves in. A great deal of support and advice was available to staff, including counselling and health and well-being tips. Staff were also good at supporting each other. Staff absences were being monitored and absence rates due to Covid were now 0.99%. Non-Covid absence rates were not significantly high and were in line with other organisations in the region. However, more pressures were likely to come in the winter.

- **Darland House** – with regard to the deaths of 21 residents at Darland House, it was queried how this could be prevented during a second wave. The Director of Operations, Clinical Quality and Nursing commented that Darland House was a 40-bed dementia nursing home with highly complex and vulnerable residents. Sadly, a number of deaths had occurred during the very early months of the pandemic where a lack of information and PPE equipment meant that many residents were susceptible to infection. A number of measures were quickly put in place including better separation of residents and staff working in different, non-tactile ways. As a high proportion of the workforce were BAME, more risk assessments had been carried out to better support staff.

An undertaking was given that any significant developments at the home would be communicated to ward councillors.

In terms of how visitors were being managed, Members were advised that visits were by appointment. The process was the same in all the homes run by MCH.

- **Physiotherapy service** – in response to comments about the cumbersome processes involved in being referred for this service, the

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Director of Operations, Clinical Quality and Nursing commented this was a national referral system but she would discuss with the Team whether the process locally could be improved.

- **Further Lockdown** – whether MCH was prepared for another possible local lockdown was questioned. The Director of Operations, Clinical Quality and Nursing commented that lessons learned from the early days of the pandemic had now been embedded and there was the resilience and confidence to cope with any increase in demand.
- **Harmony House** – noting the additional 8 beds with potential to increase up to 15, it was queried why 7 beds were not required. The Chief Operating Officer, MCH advised that they were not needed during the outbreak of the pandemic due to the nature of the home and the beds had been converted to community in-patient beds. As there was no need to have all the beds open, it had been agreed to work on one floor only, which was why only 8 beds were needed. The option to open the other beds remained open.

In response to a question about whether Harmony House would return to a dementia unit, Members were advised that it would continue to operate as a community in-patient unit for at least the next 6 months and the possibility of it being also used for respite was being looked at.

- **Non-essential services** – Members were advised that the majority of non-essential services were now operating at 90-100% of pre-Covid rates. Virtual consultations had helped to reduce waiting lists.
- **Elderly shielding population** – with reference to the many elderly people now being told they did not need to shield at home, the Director of Operations, Clinical Quality and Nursing was asked what plans were in place to build up their confidence to be able to leave home. Members were advised that staff had kept in contact with shielded patients throughout lockdown and offered advice. In the light of the new advice on shielding, patients would be supported to care for themselves and to build up their confidence to live a normal life. Where staff had been deemed as extremely vulnerable there were risk assessments in place and clear arrangements for them to either work from home or in alternative service areas.
- **BAME community and staff** – as to what was being done to support BAME staff and the BAME community, the Director of Operations, Clinical Quality and Nursing advised there was a workforce plan to support this vulnerable staff group and MCH worked in partnership to support the BAME community. The Director of Public Health added that the Council had overall responsibility for people who were shielding. Working with its partners, the Council was in a position to support this group where needed during the next phase of the pandemic. Public Health had carried out a survey to identify challenges facing the BAME

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community. This community were not more susceptible to becoming infected but were more likely to suffer worse outcomes when infected. The survey results would be used to support people and allay concerns.

### **Decision:**

The Committee agreed to note the report and to receive updates from Medway Community Healthcare every three months.

### **330 Kent and Medway Restart and Recovery Programme**

#### **Discussion:**

Members considered reports from the Medway and Swale Integrated Care Partnership and the Kent and Medway Clinical Commissioning Group (CCG) which highlighted the key components of the NHS restart and recovery programme.

The Kent and Medway NHS Restart Programme Director and the Chief Operating Officer for the Medway NHS Foundation Trust introduced the report and also updated Members on the winter plan. With regard to independent sector utilisation, Members were advised that, since the report had been written, two Independent Sector Providers had been removed from the West Kent element of the national contract.

The Trust had re-commenced 100% of diagnostic cancer and elective services across the Medway and Swale Integrated Care Partnership and the Trust and was on target to meet its October targets.

In terms of winter preparedness, the Trust had submitted its Winter Resilience Plan and initial feedback was that the Medway and Swale element of the plan was seen as an exemplar. Planning for winter was more complicated this year due to EU exit, flu and winter related illnesses and also the second wave of the pandemic. The Winter Plan had been stress tested twice and needed further work but was more developed than ever before.

The following issues were discussed:

- **Reporting symptoms** - how to encourage people not currently being treated, but who had developed symptoms, to seek advice was queried. Members were advised that a key risk was restoring public confidence to use NHS and primary care services and for people to come forward if they developed symptoms. GP referrals for cancer were down 25% compared to the pre-Covid period. An engagement plan to restore confidence had been drawn up. In response to a query about how the Trust would deal with an increase in referrals, Members were advised that extra capacity and more use of virtual appointments would help reduce waiting lists.

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- **Cancer referrals** – concern was expressed at the reduction in cancer referrals for the last week in the period that the report showed data for. The Committee was advised that the number of referrals had since increased and the figure in the report may increase when the data was re-validated.
- **Waiting list targets** – the point was made that the continuing to penalise Trusts for not meeting targets was unfair in the current circumstances and whether this was being resisted in Medway was asked. Members were advised that the regional team was encouraging the Trust to address waiting lists on a risk basis and for hospitals to help each other where they had spare capacity. No pressure was being placed on the Trust regarding access targets.
- **Staff flu vaccinations** – Members were assured this was a top priority and, while not mandatory, staff were strongly encouraged to receive a vaccination. 48% of staff had been vaccinated and the Trust hoped to achieve close to 100% in the coming months. In response to a concern that there may not be enough supplies, Members were assured that there was enough supply for everyone who needed to be vaccinated.
- **111 first deployment** – reference was made to media reports that staff had been quickly recruited at the start of the pandemic in the 111 service and some had been required to work in non-Covid secure circumstances leading to illness. This inevitably impacted on the Trust. Members were advised that the Trust had been an early adopter of this system and it had already led to a 6% reduction in visits to accident and emergency. The Trust worked closely with SECamb and had not needed to raise any concerns.
- **Staff welfare** – Members expressed their appreciation of the work done by staff over the last few months and queried what was being done to support their welfare and those suffering from fatigue. The Chief Operating Officer assured Members that staff welfare was paramount and any staff experiencing stress or fatigue received support. The Trust was listening to employees' experience of the first few months of the pandemic. Well-being hubs for staff had been set up and staff were encouraged to speak to colleagues in other organisations with similar experiences and to also take two weeks leave over the summer. Processes were in place that allowed staff to raise any concerns.
- **New tiered lockdown system** – whether the Trust's plans accorded with the demands of the new tiering system across England was queried. The Chief Operating Officer believed that the winter plans were robust enough to meet the demands of the new lockdown system but there was a need to review how the Trust would respond to the requirements of each tier. Services would not be closed down unless there was no other choice. The Director of Public Health added that lessons had been learned from the first lockdown in terms of the impact

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on other hospital services and there was now a clear focus on people being able to access NHS care in a safe way.

- **Elective surgery** – it was clarified that the Trust were now moving towards 100% of last year's planned activity.

### **Decision:**

The Committee agreed to note the update on the NHS restart and recovery programme, as set out in Appendices 1 and 2, of the report.

### **331 Kent and Medway NHS and Social Care Partnership Trust (KMPT) - Mental Health Update**

#### **Discussion:**

The Chief Operating Officer of KMPT introduced the report which provided an update from the Trust.

The following issues were discussed:

- **Increase in mental health problems due to Covid** – how the Trust was coping with the increase in mental health problems in the population due to the pandemic was questioned. The Chief Operating Officer considered that patients during lockdown tended to know how to access mental health services and, similar to other health services, the Trust had seen a reduction in referrals.

Post lockdown it was clear that large groups of people who had not previously used the service were seeking help. This included people with autism, those who had lost their jobs, people who had not fully recovered from Covid and those who had been well for a long time but had a psychotic condition which had worsened due to the lockdown. There had not been a significant increase due to domestic violence.

- **Britton Farm** – Members welcomed the opening of the new community mental health hub at Britton Farm and asked how the services available there were being communicated to the public. The Chief Operating Officer replied that the website had been refreshed to make it clearer what services were provided and other non-digital opportunities to engage with the public were being looked at. The possibility of an article in Medway Matters to highlight the available services was suggested by Members and accepted by KMPT.
- **Mental Health, Learning Disability and Autism Improvement Board** – in response to a query, the Chief Operating Officer undertook to provide details of who from the Council was represented on the Board.

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- **Individual Placement with Support (IPS)** – the importance of increasing access to IPS to enable people with severe mental illness to find and retain employment was emphasised. The Chief Operating Officer commented that funding had now been provided so the Trust could provide this service in Medway and there were opportunities to bid for more funding to expand the service.
- **Section 136 health placed-based places of safety** – whether there were sufficient places to cope with the increased demand from Covid was questioned. The Chief Operating Officer advised that the Trust were working with the police to ensure that the power to remove someone from a public place to a place of safety was only used where necessary. The Trust had not had to place anyone in an out of area placement due to Covid, unlike most other Mental Health Trusts. The Support and Signposting service was in place for people who needed crisis support for up to 24 hours where the person could get support and have time to de-escalate. There were also safe havens for people who did not meet the S136 threshold. The Trust was working with partners to use resources as effectively as possible. There had been a decrease in the use of S136 powers in Medway. Many people did not require admission but rather additional, alternative support such as that described above. Kent Police were being supported so they had access to clinical support from the Trust in deciding the right course of action.

Providing additional beds was not the issue and S136 options could generally be provided when needed but there could be tensions caused by delays in responding to someone who needed attention where the patient was elsewhere in the system, such as A&E.

- **Talking Therapies** – in response to concerns about the increase in referrals to this service, the Chief Operating Officer explained this was not a service provided by the Trust, but the comments made would be relayed to the CCG.
- **Joint working with Department of Work and Pensions (DWP)** – the possibility of the Trust forging links with the DWP's Universal Credit team so that the latter could seek advice if they were concerned about the mental health of someone receiving or applying for Universal Credit was suggested.
- **Crisis Resolution Service** – the point was made that many people had experienced problems accessing this service. The Chief Operating Officer agreed this was a work in progress and the service needed to be reviewed. Moving to a 24/7 crisis assessment response was key to improving the service as well as improving the home treatment offer as an alternative to hospital admission.
- **Physical Health checks for people with a Serious Mental Illness (SMI)** – noting the requirement for people on GP SMI registers to have



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their physical health checked annually had not been met, it was queried whether the Public Health team could help with this. The Chief Operating Officer commented the Trust was looking at how they could work better with GPs and make their clinical offer more available. The Director of Public Health assured Members his team had been encouraging the take up of annual health checks and was focused on achieving the 75% target.

- **Voluntary and Community Sector (VCS)** – the point was made that many VCS organisations who supported mental health patients were struggling and should not be overly relied on, although those who did have capacity should continue to receive mental health referrals. The Chief Operating Officer advised that the community mental health framework programme offered a chance to create a very different relationship with the sector in terms of how people with a mental health issue were looked after and there was an opportunity to ensure finance was channelled to the sector to support this.
- **Signposting and support for families with Mental health issues** – concerns were expressed about people with mental health problem finding it difficult to get help. The Chief Operating Officer acknowledged the mental health system was fragmented and could be difficult to navigate. Efforts were being made to understand how the system could be made to work better.

Concerns were raised about people finding it difficult to get support, particularly where a member of a family needed help and the potential major impact their condition could have on the family. How the Trust dealt with confidentiality issues in this situation was queried. The Chief Operating Officer commented that the issue of patient confidentiality presented many difficult challenges. The views of a person living with someone with mental health problems should always be taken into account and listened to, accepting there could be sensitivities about what information could be shared. The Director of People - Children and Adults commented that mental health professionals when working with an adult would always consider who else was living in the household. Similarly, social workers working with children should consider issues of domestic violence and poor parental mental health and potential substance abuse, particularly as it seemed likely the latter was now more prevalent due to Covid.

- **Statistics** – a request was made for future reports to have more statistical information, including number of referrals, where they originated from and how they compared to previous years as well as splitting the Kent and Medway target so the Medway figures were available.

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### Decision:

The Committee agreed to:

- a) note the update provided by KMPT.
- b) request that a Member site visit to the new community mental health centre at Britton Farm be arranged, at a safe and appropriate time.
- c) request that an article on the new community mental health centre at Britton Farm be included in Medway Matters to highlight to the public the services provided.
- d) request that the Trust discuss with the Department of Work and Pensions how to work together so that the DWP's Universal Credit team were able to seek advice where they have concerns about the mental health of their customers.

### 332 Council Plan Performance Monitoring and Risk Register Review Quarter 1 2020/21

#### Discussion:

Members considered a report which summarised performance in Quarter 1 (Q1) 2020/21 on the delivery of the Council Plan priority relevant for the Committee: Supporting Medway's people to realise their potential.

Members commended the work of the domiciliary care team during the pandemic.

Reference was made to the importance of increasing the possible alternatives to placements for younger adults. The Director of People - Children and Adults commented that a key focus was increase the range of opportunities for young people. Work had started on an accommodation strategy to look at improving the continuum of care so that, where appropriate, young adults can consider moving out of residential care into supported living placements and then for some to move on to independent living. There was evidence to show that there was sufficient capacity at present to meet current levels of demand.

Noting that the Strategic Risk Register presented to the Committee also contained risks which were a matter for the other O&S Committees, a suggestion was made that future risk reports only contain those risks relevant to the Committee.

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**Decision:**

The Committee agreed to:

- a) note the Quarter 1 2020/21 performance against the measures used to monitor progress against the Council's priorities.
- b) note the amended strategic risk register as set out in Appendix 2.
- c) request a briefing paper on new Strategic Risk SR09A - Changing Demographics of Older People and Working Age Adults.
- d) ask officers to look into whether future risk reports should only contain those risks relevant to the Committee.

**333 Work programme**

**Discussion:**

Members considered a report regarding the Committee's current work programme.

**Decision:**

The Committee agreed changes to the Work Programme as set out in paragraph 3 of the report.

**Chairman**

**Date:**

**Michael Turner, Democratic Services Officer**

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