

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

Thursday, 12 November 2020

6.30pm to 9.18pm

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), Ahmed, Aldous, Barrett, McDonald, Murray and Price

Co-opted members without voting rights

Margaret Cane (Healthwatch Medway CIC Representative)

Substitutes: None

In Attendance: William Bellamy, Senior Operational Manager, South East Coast Ambulance Service
Jackie Brown, Assistant Director Adults' Social Care
Marcus Castell, Operational Manager Specialist Services
Mark Eley, Associate Director East - South East Coast Ambulance Service NHS Foundation Trust
Michael Hood, Personalisation and Finance Lead
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Jack Rye, Acting Programme Lead for Accommodation and Registered Services
Ray Savage, Strategy and Partnerships Manager, South East Coast Ambulance Service
Jacqueline Shicluna, Lawyer (Adults)
Ian Sutherland, Director of People - Children and Adults Services
Michael Turner, Democratic Services Officer
Suzanne Westhead, Interim Assistant Director - Adults Social Care
James Williams, Director of Public Health

404 Apologies for absence

Apologies for absence were received from Councillors Adeoye, Bhutia, Paterson, Thompson and Mrs Turpin.

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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).

405 Record of meeting

The record of the meeting of the Committee held on 13 October 2020 was agreed and signed by the Chairman as correct.

406 Urgent matters by reason of special circumstances

There were none.

407 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Other interests

In relation to agenda item 7, Councillor Murray disclosed that her mother was receiving domiciliary care that was partly funded by the Council.

408 South East Coast Ambulance Service Update

Discussion:

Members considered a report regarding the South East Coast Ambulance Service Foundation Trust (SECAMB), with a focus on key developments since the Committee was last updated in March 2020. These key areas included: performance and performance recovery, Go live of NHS 111 Clinical Assessment Service (CAS) contract, staff Wellbeing, estate developments in Medway and Sheppey, and the Joint Response Unit.

The following issues were discussed:

- **Enhanced 111 Clinical Assessment Service** – noting the wide area this service would cover, what measures had been put in place to ensure this new integrated service worked effectively was queried. An assurance was sought that the Trust was confident that data sharing and access to patient data was robust enough to allow this more integrated way of working, particularly in relation to people with mental health issues, which had worsened due to Covid, and also in respect of frequent attenders SECAMB representatives noted this was a new

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contract which significantly enhanced a service that was already developing. The key to making this work successfully was to share data with partners in a secure way to ensure the best possible decisions and signposting to the most appropriate service. Anyone using the service would be able to seek clinical support from a wider team than before at the point of the initial phone call.

A comment was made that callers to 111 were being referred to their GP when they had called in the first place due to difficulties in contacting their GP. Whether there were sufficient clinical staff available to respond to calls was questioned. A Trust representative advised that the abandonment rate (i.e. calls not able to be answered) was 4%, which was in line with the target. The concern about call backs not taking place would be looked at but the Trust was not aware of any significant problems.

- **Preparations for end of EU transition period** – the preparedness of the Trust to cope with any disruptions to the road network after 1 January 2021 was questioned. SECamb representatives assured Members this was on the Trust's radar and they were working with partners to be as prepared as possible. The Trust planned to test worst case scenarios that were being developed and then assess their plans in the light of that. The Trust had identified where staff lived and their work travel plans and hotels would be used where necessary as well as staff operating from alternative sites closer to their homes. In response to a concern about disruption to the road network which affected the ability to transport patients who needed specialist treatment, Members were advised that, in the event of a worst case scenario, the Trust was looking at using alternative sites in Kent and London.
- **Call answering times** – in response to a question about performance for answering calls, a Trust representative advised that this had varied over the last few months but was in line with the national average. The rate of calls not answered was very low which indicated calls were being answered even during periods of high demand. Details of the average wait time to answer calls would be circulated to Members. The Trust confirmed that the mutual aid provided to the London Ambulance Service in March 2020 had not impacted on the Trust's response times.
- **Stability of senior leadership team** – noting previous assurances to the Committee about the stability of the senior team, the point was made that significant change in the senior leadership team was still occurring. Trust representatives advised that the only expected changes were a new senior manager for the West Area, which had been an internal promotion, and the retirement of the Executive Director of Operations in the next 6 months.
- **Performance** – a request was made for the next update to the Committee to include details of how the Trust planned to improve

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performance in Categories 3 and 4. Member were advised that improving performance in these categories was a challenge and targets were often missed. There was an improvement plan in place and the hope was that performance would improve but this would remain a challenge given the extent of the rural areas covered by the Trust. In addition, as the response rates were averages, the response times well outside these averages was questioned.

- **Bullying and harassment** – a point was made that, until the results of more recent staff surveys were available, it was not possible to be fully assured that historic concerns had been fully addressed. In addition, a comment was made about how the report had provided a greater assurance than in the past that the Trust was addressing these issues. A Trust representative acknowledged bullying and harassment were historic issues for the Trust but assured the Committee that plans to prevent this re-occurring were fully embedded, supported by further, improved training for management and a zero-tolerance approach.
- **Covid response** – acknowledging the Trust's excellent response to the first wave, the Trust was asked to assure Members that they were confident they could deal with the second wave. The Committee was assured that the Trust was in a good position to meet the challenges of a second Covid wave as well as the wider winter pressures. Stocks of PPE were good, and staff were aware of when and how to use PPE. Regular audits of cleaning took place. Staff had been encouraged to take annual leave in the summer and were well rested, supported and protected.
- **Joint Response Unit** – Members were advised that this combined unit of officers from the Kent Special Constabulary and paramedics was working well and hopefully could be rolled out across the Trust. Members asked that their thanks to William Bellamy, SECAmb's Senior Operational Manger, for setting up this Unit be recorded.
- **Live Conveyancing Review** – noting that 24% of conveyances to hospital were from calls to 111 and 63% to 999, it was queried whether this ratio was expected to change. Members were advised that a communications plan would be launched in December to promote and encourage 111 as the first point of call in non-life-threatening situations and hopefully more calls in future would go through 111. This together with the enhanced clinical assessment service was expected to reduce the number of conveyances to hospital arising from calls to 111 due to the wider team of experts available to sign post callers.
- **Jumbulance** – it was clarified that this was a coach type vehicle which could transfer up to 5 stretcher patients at the same time. If necessary, it would have been used in the first wave of Covid to transport patients to the London Nightingale Hospitals but had never been used to its full capacity. For the second wave, it was not planned to use this service in this way.

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- **Access to Medway Maritime Hospital** – noting the difficulties there could be for vehicles to access the hospital, whether the Trust were in discussions about an alternative location for the hospital was queried. A Trust representative advised they were working with the Integrated Care Partnership and the hospital to plan for how to better expedite ambulance handovers, including ensuring patients were taken to the correct service and not automatically to hospital.

There was general acknowledgement amongst Members that the Trust had made improvements and was heading in the right direction.

Decision:

The Committee noted the report and thanked the representatives from SECAMB for their attendance.

409 Mental Health Community Support

Discussion:

The Assistant Director Adult Social Care introduced this report which set out the outcome of a consultation on the future of provision at 147 Nelson Road, the Council's in-house Community Resource Centre for those who have social care needs because of their mental health.

Three options had been consulted on:

- Option 1 – do nothing
- Option 2 – development of the services
- Option 3 – closure of the centre.

The Assistant Director advised that option 2 was the preferred option, whereby the service would be amalgamated with the Community Support Outreach Team (CSOT).

There was general support for option 2 amongst Members but comments were made that more detail was needed when the paper was considered by Cabinet and that the consultation had ended before the pandemic had begun.

Concern was expressed by some Members about the anxiety and distress the consultation had caused amongst people who used the service. The point was also made that future consultations involving vulnerable groups should be carried out so as to minimise the anxiety it can cause. In response, the Director acknowledged the anxieties this could cause especially for people with mental health issues. Option 2 would be a better model of social care and allow access to the same range of support available to others in the community.

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It was considered that service users would probably welcome the broadening of the service.

A view was expressed that 147 Nelson Road had not been a failing service but rather had been run down and vacancies not filled. The staff who worked there had always been willing to provide additional services. As disposing the site would not have realised a high capital receipt then it was more financially prudent to pursue option 2.

It was suggested that it would be better to carry out a skills audit of staff and an appraisal of training needs in the light of proposed future of the service before pursuing the forecasted redundancy, particularly given the difficulties in recruiting to mental health posts. The Assistant Director advised that the existing skills of the workforce would be looked at before any redundancies were considered and service users would be involved in the development of the service. The Director added that he understood the concerns about what were fairly modest savings and he would look at how best to respond to this challenge when the matter was considered by Cabinet. The key was to maintain a level of investment while recognising there were alternative ways to deliver the service and support needed.

In response to a request that the Council's website provide more and cleared information about the Centre, the Assistant Director commented she had already started to look at this.

Decision:

The Committee agreed to recommend Option 2 to Cabinet and also that more detail be provided to Cabinet to reflect the fact that the consultation had ended before the pandemic had begun.

(In accordance with Council Rule 12.6, Councillors Murray and Price asked that their votes in favour be recorded.)

410 Domiciliary Care and Community Services Delivery during Covid

Discussion:

The Director introduced a report which highlighted how the domiciliary care and community services had responded to the difficulties that the Covid 19 pandemic brought, including the capacity of the Homecare Framework Providers' ability to maintain their continuity of care during this difficult period.

The Director undertook to convey the Committee's thanks to the teams involved.

The following issues were discussed:

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- **Healthwatch report** – with reference to the Healthwatch report setting out the outcomes of the social media campaign to support hidden carers, it was noted that some of the responses about asking for and receiving help were very negative. How the Council intended to respond to these experiences was queried as well as what more could be done to support and listen to carers in a more structured way.

Officers responded that the Healthwatch report had highlighted a number of issues, particularly around the extent of hidden carers, and the recommendations and issues raised in the report were being examined to see how they could be embedded.

- **Carers** - the point was made that carers provided a professional service and should be paid accordingly. The Director commented that carers remained key to supporting some very vulnerable clients and intervened in their lives with sensitivity and dignity. There was also a low level of safeguarding concerns. The Association of Directors of Social Services continued to lobby the Government for the sector to be adequately paid. A government review of adult social care was expected which could potentially lead to a better reflection of the value they provided.
- **Testing domiciliary care workers** – in terms of what was being done to test this group, the Director of Public Health advised that domiciliary care providers and staff working in extra care and those in supported accommodation were starting to be tested. How to test people in receipt of care was under review. The Council was bidding for lateral flow testing devices and was looking how to roll this out across high risk groups, which may include the care sector.
- **PPE** - the point was made that the use of PPE by carers appeared to be inconsistent. Whether the pooled budget set up to provide PPE would continue was questioned and Members were advised that PPE in the second Covid wave would be provided free of charge. In addition, the Council had been clear with providers what was expected in terms of training for staff and use of PPE.
- **Free travel for domiciliary care workers** – reference was made to how these staff had continued to work with many having to rely on public transport during the pandemic. Whether they could receive free travel on buses in Medway during the second wave as some in other areas had during the first wave was queried. The Director of Public Health undertook to look into a suggestion that carers be provided with free travel on buses.
- **Digital App for Mental Health Assessments** - the Director clarified that the aim of the App was to provide easier access to a Section 12 doctor so mental health professionals could carry out a joint assessment.

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- **Basket of hours approach** – it was clarified that home care had traditionally been commissioned in terms of a total number of hours. The basket of hours approach meant that a weekly number of hours was commissioned to best meet an individual's needs and this allowed care to be tailored.
- **Staff welfare** – how the Council ensured that care staff were being treated properly by their employer was queried. The Director commented on the importance of effective monitoring to ensure staff were being treated well by their employers, a role shared with the Care Quality Commission and Healthwatch.

Reference was also made to the significant impact on the mental health of carers when dealing with clients who were distressed because they could not see close family members. Officers advised that a difficult balance had to be struck between maintaining a safe environment and acting in a humane manner. The Council had written to all care homes on what they needed to do to facilitate access to family members where a relative in a home was nearing the end of their life. Some homes had been innovative in making adjustments to allow visits to safely take place and funding for this could be available from the Infection Control Fund.

Often social care staff were visiting clients digitally from their own homes and having to deal with distressing situations. The Council had provided a lot of support to help staff with the pressures this could cause. The resilience of care staff was key and while sickness absence levels had not increased there was more that could be done.

- **Domestic abuse** – the point was made that the report made no mention of domestic abuse in spite of the possible increase in homes where some care services had not operated during the lockdown. Whether there were procedures in place for carers to be able to recognise and report this was questioned. The Director commented that some households had experienced high degrees of pressure during the lockdown and he considered that there was hidden harm yet to come to the surface.
- **The role of the voluntary and community sector** – the Director agreed with comments made about the importance role of the sector in helping the Council deliver its care responsibilities and how the Council would never be able to afford to pay for the vast amount of unpaid care in the system.

Decision:

The Committee agreed to note the report.

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411 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:

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