

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

Thursday, 10 December 2020

6.30pm to 9.03pm

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, Aldous, Murray, Price, Thompson and Mrs Elizabeth Turpin

Co-opted members without voting rights

Margaret Cane (Healthwatch Medway CIC Representative)

Substitutes: None

In Attendance: Jackie Brown, Assistant Director Adults' Social Care
Justin Chisnall, Director of Integrated Care Commissioning Medway and Swale, NHS Kent and Medway Clinical Commissioning Group
Katey Durkin, Head of Finance Strategy
Bill Millar, Director of Primary Care, Kent and Medway Clinical Commissioning Group
Caroline Selkirk, Executive Director of Health Improvement, NHS Kent and Medway Clinical Commissioning Group
Jacqueline Shicluna, Lawyer (Adults)
Ian Sutherland, Director of People - Children and Adults Services
Nikki Teesdale, Associate Director of Commissioning, NHS Kent and Medway Clinical Commissioning Group
Michael Turner, Democratic Services Officer
Suzanne Westhead, Interim Assistant Director - Adults Social Care
Paula Wilkins, Chief Nurse, NHS Kent and Medway Clinical Commissioning Group
Wilf Williams, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group, NHS Kent and Medway Clinical Commissioning Group

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536 Chairman's announcement

The Chairman commented on the very sad news that Hannah Jackson, a Staff Nurse at Medway Maritime Hospital, had passed away recently.

Hannah has been described as a much-loved colleague who was dedicated to caring for others and she will be greatly missed by everyone who knew her.

On behalf of the Committee the Chairman offered his sincere condolences to Hannah's family and friends and also all the other NHS and social care workers and residents who have lost their lives in recent times.

The Chairman then called for a minute's silence.

537 Apologies for absence

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

(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).

538 Record of meeting

The record of the meeting of the Committee held on 12 November 2020 was agreed and signed by the Chairman as correct.

539 Urgent matters by reason of special circumstances

There were none.

540 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.

Whipping

There were no declarations of whipping.

541 Dermatology and Primary Care Briefing

Discussion:

Members considered a report from the Clinical Commissioning Group (CCG) on the findings of the final review for dermatology and the initial draft ones covering primary care. This followed a briefing at the August 2020 meeting of the Committee on concerns affecting both the dermatology and primary care contracted services run by DMC Healthcare (DMC) across Medway. Since then both the dermatology and primary care contracts with DMC had been terminated by mutual agreement and alternative service provisions put in place.

The CCG reported these arrangements were working well and they would continue to be actively supported and monitored. In circumstances where contracts were discontinued prematurely the CCG conducted a formal review, in accordance with good organisational learning and development practice.

In terms of the dermatology service, the CCG reported that the interim provider had moved forward very quickly and over 12,000 patients had been seen with the backlog cleared. Targets had been met and there were waits of around 6-8 weeks for routine appointments, which was expected to be below 6 weeks by the end of January 2021.

In relation to primary care services, the CCG commented that they were trying to address long standing recruitment and retention problems in these 5 practices. There were still some remaining governance issues to resolve.

The CCG Accountable Officer acknowledged that mistakes had been made but assured Members the CCG was committed to learning from these and making improvements, as well as listening to stakeholders, so this would not happen again. The new arrangements put in place were delivering improvements in services. An assurance was given that there would be proper engagement with stakeholders when developing services in the future. The now larger CCG meant that there could be tensions between scale and local focus, but it was felt a larger organisation was better placed to respond to the problems that had been identified.

The following issues were discussed:

- **Assurances offered by the CCG** – the point was made that whilst the CCG seemed to be addressing the problems it was difficult to not be wary of the assurances offered given that the CCG had made similar assurances to the Committee previously that the dermatology service was working well in spite of concerns expressed by the Committee and the public and patients. The CCG was asked if any other contracts had gone wrong where this had not been anticipated. The CCG advised that

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most contracts were with very large providers. Given the number of contracts it was inevitable that issues would arise, but Members could be assured by the fact that the suspension of a contract was rare.

- **DMC contract** – reference was made to the CCG’s comment that 4 submissions had been received to run the dermatology service and DMC’s perception that they were the only organisation in the running and had been faced with an unrealistic time to improve the service. How the contract with DMC had never been signed was also questioned. The CCG responded that DMC had willingly accepted the contract. In future, contracts would always be signed, although in the case of dermatology the CCG clarified they were operating under an implied standard NHS contract. There were issues about data transfer to DMC from the beginning of the contract and DMC had been supported and given extra time to resolve these.

Reference was made to the difficulties faced by the new primary care providers in dealing with staff transferred from DMC. How they were being supported by the CCG in what was a short 12-month contract period was questioned as well as whether it was possible to extend the contracts. The CCG commented there had been an obligation to TUPE staff across. It was accepted that the short notice DMC gave to hand back the dermatology contract should not have been accepted. While this had been followed by public engagement on the way forward, the CCG commented this was not at the level it should have been.

It was noted that DMC had received an outstanding report from the Care Quality Commission in relation to a GP practice elsewhere in the country. Why there was such an inconsistency was queried.

- **Data and Performance monitoring** – given DMC’s claim that the full extent of waiting lists was not disclosed to them, an assurance was sought that the data for the new contract holders was accurate and that there were now agreements in place about performance monitoring and what systems would be used for both service. Whether the Local Medical Committee would be part of the new performance monitoring arrangements was also queried.

It was suggested that the CCG should fine a provider where they were not delivering in accordance with a contract. The CCG responded that they were looking to work in different, more collaborative ways with providers and fines did not always provide an incentive to change, although financial penalties may be necessary on occasion. The CCG would look at all relevant information including clinical data, financial status, staff turnover and training. This would be triangulated to gain an understanding of how a provider was performing. The CCG would also work closely with the CQC and NHS England to obtain soft intelligence about performance. Feedback would be given to practices on their performance relative to neighbouring authorities. The CCG would ensure the proper policies and reporting systems were in place and also improve

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governance arrangements. The CCG Governing Body would receive regular updates on performance.

In terms of how the new contacts were being monitored differently, the CCG advised that the Sussex Community Dermatology service had reverted to normal contract monitoring with regular reports and data which was validated and peer reviewed. The CCG were confident the data was now robust. An important lesson learned by the CCG had been that when a service transitioned to a new provider there was a need to closely monitor and work with the new provider and not allow them any significant leeway.

- **Patient voices** – it was suggested the patient voice was not very prominent in either service and this was an opportunity for the CCG to review how it encouraged practices to listen to their patients and act on feedback and actively champion this. Not all GPs had a patient participation group and the ones that existed were not always very diverse and could be insular with long standing memberships. Primary care was changing due to Covid and it was important the patient voice was heard and information triangulated to learn as much as possible. The CCG commented that primary care contractors were required to set up patient participation groups to feedback on how practices were operating. This was set out in the contract with Medway Practices Alliance.
- **Travelling outside Medway** – in response to a question about waiting times and Medway residents having to travel outside the borough for dermatology face to face appointments, it was clarified that some patients may be triaged online but there would then be a face to face appointment in Medway. The CCG added that the 6 weeks wait referred to was for routine appointments with a target of 18 weeks. All cancer pathways were being met within target.
- **Harm to patients** – Members were advised that all patients at the point of the termination of the DMC contract had been seen. The harm review would look at what impact on an individual's condition had been caused by any delay in treatment. All GPs had been advised to re-refer any patients who had been referred to DMC and discharged if they were concerned about them. The harm review would include cases where a patient had died while waiting for treatment to establish if this was related to their wait to be seen by the dermatology service.
- **Impact of Covid** – the significant impact of Covid on these reviews and on surgeries in terms of closures and reduced hours together with new ways of working required was referred to. The CCG was commended for its recent virtual public engagement sessions, although attendance had been disappointing.

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- **Pathways** – reference was made to the sometimes complex and confusing pathways facing dermatology patients and the importance of clear communications, so patients knew how to access the service.
- **GP information across Medway** – a briefing paper was requested on the numbers of GPs before the pandemic compared to the optimum number felt needed and also the spread of GP practices across Medway. The CCG undertook to provide this information, commenting that workforce models in primary care were changing and the key was whether there was the right workforce and capacity to deliver services. Some of the most innovative practices were in areas of relatively low number of GPs.

Decision:

The Committee:

- a) thanked the CCG for their update.
- b) requested a briefing paper on the findings of the Primary Care Lessons Learned Review.
- c) requested a briefing paper on GP numbers across Medway.

542 Kent and Medway Adult Safeguarding Annual Report (KMSAB) Annual Report 2019-20

Discussion:

The Interim Chair of the Kent and Medway Safeguarding Adults Board (KMSAB) introduced the Annual Report for April 2019–March 2020. The Annual Report set out the responsibilities and structure of the Board and detailed how the multi-agency partnership delivered against its priorities for the year. The report also provided information pertaining to Safeguarding Adults Reviews, funding arrangements and safeguarding activity information. The Interim Chair advised that the Independent Chair of the Board had recently resigned.

The following issues were discussed:

- **Increase in safeguarding concerns** – the 12.8% rise in concerns in 2019/20 compared to the previous year was highlighted, accepting there had been a campaign to raise awareness. Whether all concerns raised were investigated was queried. The Interim Chair advised that all concerns were looked at initially and a decision was reached on each referral. About 50% of referrals were classified as safeguarding concerns. In all cases, the action taken was recorded.

How the Board could be sure this increase in cases was due to the campaign to raise awareness was questioned. The point was made that in terms of safeguarding concerns per 100,000 adults, Medway was

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below average and perhaps this showed there was more to do to raise awareness. The Interim Chair commented that there was always more that could be done to raise awareness. Next year's report was likely to show an increase in numbers due to the restrictions in place during the pandemic and an increase in mental health problems. The Board had the resources to manage an increase in numbers. The Director added that demographic changes were also expected to lead to an increase in concerns. In 2019/20 domestic abuse had led to a significant increase in referrals. The comparator table included in the report largely comprised counties and this would be looked at.

- **Self-neglect** – a concern was raised that there was very likely to be a significant increase in cases of self-neglect as a result of the pandemic. The Interim Chair agreed with that assessment, adding the Board and adult social care staff were focused on identifying people who needed help but were not asking for it. An additional 6 social workers had been made available to prepare for the expected surge in demand. The Director added that less than 1% of referrals were self-referrals. Often people who were at risk did not consider themselves to be vulnerable.
- **Oversight and management of risk when multiple agencies were working with an individual** – how a lead was selected and monitored in these situations was queried. The Interim Chair responded that the agencies would decide on a lead organisation to take responsibility and the latter would then allocate the role to an individual.
- **Transition to adulthood** – it was noted that one of the completed safeguarding reviews mentioned in the report covered the transition from a young person to adulthood. The Interim Chair commented that the Board was looking to identify young people around the age of 14 to ensure there was a plan in place for when they moved into adulthood and did not slip through the net. The Director added that, in this case, the young person had been a Kent care leaver placed in Medway and co-ordination around transitioning was not as good as it should have been.
- **Kent and Medway NHS and Social Care Partnership Trust** – surprise was expressed that KMPT staff had needed training to support them in identifying people at risk of radicalisation. The Interim Chair advised that the training had been delivered due to concerns staff did not fully understand radicalisation amongst young people. The training was needed across all the partners, although the police were the most aware of these issues.

Decision:

The Committee noted the report and agreed to forward its comments to the Health and Wellbeing Board.

543 Council Plan Performance Monitoring and Risk Register Review Quarter 2 2020/21

Discussion:

Members considered a report which set out how the Council performed in Quarter 2 against the priority in the Council Plan 2016/21 relevant to the Committee: Supporting Medway's people to realise their potential.

- **Performance** – staff were commended for meeting targets to the extent they had given the pandemic.
- **Funding** – The Director commented that the Association of Directors of Adult Social Services had expressed concern at a national level about funding for adult social care. The agreement on the social care precept was encouraging and the adult social care grant had been secured and significant additional covid related investment funding would probably continue until well into the new year. While efficiencies would still be needed those could not be at the cost of safety and quality of service.
- **Financial risks** – noting the number of high risk/priority areas in the Strategic Risk Register, it was suggested that there was an opportunity for the Council to use capital investment to purchase its own facilities. The Council was now acquiring a large amount of property and this could be looked at instead of reliance on the private market. The Director advised that he was in the early stages of looking at an accommodation strategy and the opportunities this could bring and he would welcome a discussion with Members on this.
- **Cyber security risk** – reference was made to the possibility of a cyber security attack affecting the telecare service and the security of the arrangements for providers and service users was queried. The Assistant Director – Adult Services commented that the telecare service was delivered through phone lines so risks were small. There was a pilot which involved more information about individuals being held and that would be looked at to confirm it was secure in the event of a cyber-attack.
- **Support for vulnerable adults living independently** – in response to a question about how the Council supported this group during the pandemic, the Director commented that there had been a reduction in numbers entering permanent residential care. This was probably due to concerns about covid transmission in care homes during the first wave. There had been an increase in people asking for support to return to their home from residential care. This might change as the second wave so far had not seen the same rates of transmission in care homes as in the first wave.

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- **Foetal alcohol spectrum disorder** – concern was expressed about the extent of this problem and potential difficulties in supporting young people into adulthood. The Director stated this was an important issue and alcohol use in pregnancy was higher than he would like it to be. Work was ongoing to look at the transition pathway to see if affected children could be identified earlier, although some may not meet the threshold for adult social care and other ways of supporting them would need to be looked at. This issue would be discussed further with Members at an agenda planning meeting. A briefing note on this issue, including data, was requested for the Committee and the Chairman of the Children and Young People O&S Committee.
- **Shared lives carers** – In terms of how more carers could be recruited, officers advised that the Council was continuing to try to recruit more. Some foster carers had become shared lives carers, although the difference in the fees paid could be an issue.

544 Draft Capital and Revenue Budget 2020/21

Discussion:

The Committee considered a report regarding the Council's draft capital and revenue budgets for 2020/21.

The Head of Finance Strategy advised that the key points from the Government Spending Review announced on 25 November were:

- The Government would fund covid related pressures in 2021/22
- The Council would have the flexibility to levy a 3% adult social care precept.
- New grant funding would be made available for children's and adult social care.
- Further funding to help with homelessness
- A levelling up fund of £4 billion.

The possibility of using capital investment to meet increased demand in adult social care was referred to. The Head of Finance Strategy advised that the capital programme had increased significantly in recent years as interest rates were low. Any invest to save opportunities would follow the current prudent approach to borrowing.

Decision:

The Committee:

- a) noted that Cabinet has instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2021/22 and beyond.

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- b) noted the proposals outlined in the draft capital and revenue budgets in so far as they relate to the services within the remit of this Committee.

545 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, subject to the Annual Public Health report coming to the March 2021 meeting instead of January.

Chairman

Date:

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