

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

Tuesday, 19 January 2021

6.30pm to 9.41pm

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, Murray, Price, Thompson and Mrs Elizabeth Turpin

Co-opted members without voting rights

Margaret Cane (Healthwatch Medway CIC Representative)

Substitutes: None

In Attendance: Glynis Alexander, Director of Communications and Engagement, Medway NHS Foundation Trust, Director of Communications, Medway NHS Foundation Trust
Jackie Brown, Assistant Director Adults' Social Care
Karen Benbow, Director of Commissioning, East Kent Clinical Commissioning Groups
James Devine, Chief Executive, Medway NHS Foundation Trust
Johanna Elwell, Senior Partnership Commissioner, Specialist Services - Medway Council and Medway and Kent Clinical Commissioning Group
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
Jacqueline Shicluna, Lawyer (Adults)
Penny Smith, Director of Business Services, Medway Community Healthcare
Michelle Snook, Integrated Transformation Manager for Neurodevelopmental Conditions, Kent County Council
Michael Turner, Democratic Services Officer
Andrew Willetts, Head of Partnership Commissioning, Resources and Youth Justice

635 Apologies for absence

Apologies for absence were received from Councillors Aldous, 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).

636 Record of meeting

The record of the meeting of the Committee held on 10 December 2020 was agreed and signed by the Chairman as correct, subject to addition of the following words in section (c) of the decision no 541:

“to also include the numbers of other primary care practitioners.”

637 Urgent matters by reason of special circumstances

The Chairman announced that, as the report at agenda item 6 (Attendance of the Portfolio Holder for Adults' Services), was not available when the agenda was despatched, he had agreed to accept this as urgent business in order that the Portfolio Holder may attend the Committee at his scheduled slot in the Committee's work programme.

638 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.

639 Medway NHS Foundation Trust - COVID-19 Update

Discussion:

Members considered a report which provided the Committee with an update on the latest position with regard to the Covid-19 pressures facing the Medway NHS Foundation Trust.

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The Chief Executive of the Trust gave a verbal update on the latest position. Thanking the Council for the support it had given the Trust over the last few months, the Chief Executive reported that the hospital had been very busy since November. At the peak of the first wave in the Spring of 2020 there had been 150 people admitted who had tested positive for Covid-19. The figure for the peak of the second wave was 300, which had been exacerbated by the usual winter pressures. 50% of the main bed base hosted patients with Covid-19. Demand for intensive care services was high and some patients had to be moved to hospitals in other parts of the country. It was very rare to do this and patients were brought back to Medway as soon as it was possible and safe to do so.

The Chief Executive paid tribute to the workforce who had worked tirelessly over the last 12 months. Lateral flow tests were available for staff, who were encouraged to test themselves twice per week. PCR tests were used where staff tested positive. There was now more capacity to test patients, and all were tested prior to admission and routinely during their stay.

The hospital had been re-designed into zones to manage elective and cancer care and to help prevent the spread of infection. For infection control reasons and capacity to care for Covid patients, the majority of elective care had been paused but some cancer care was still being provided.

When patients were discharged to nursing or care homes the vast majority were tested first, in line with national requirements.

The hospital's vaccination programme had started on 17 December and 5,000 vaccinations had been carried out, with staff working from 8am-6pm every day. The Pfizer vaccine was being used given the hospital's ability to cope with the need for it be stored at -70 degrees C.

The Chief Executive thanked the local media for their continued support in publicising positive stories and emphasising positive public health messaging.

Members made several comments and asked the following questions:

- **Staff** – several Members paid tribute to the work of everyone at the hospital in dealing with this pandemic. The point was made that, going forward, staff would need lots of support and could suffer from burn out. Members were advised that staff sickness stood at 12% in December 2020 (it would usually be 3.5%) and was now around 7%. The Chief Executive had been concerned throughout the pandemic by the possibility of staff burn out and commented the experiences of staff could be likened to PTSD. The Trust was working on what support could be offered going forward and he was happy to report back to the Committee at a future date on specifics.
- **Accident and Emergency** – whether there were still significant numbers of people with mental health problems presenting at Accident and

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Emergency (ED) and what could be done to improve the management of the ambulance area was questioned. The Chief Executive replied that people with mental health problems who needed support routinely presented in (ED). The Trust had an excellent relationship with the Kent and Medway NHS and Social Care Partnership Trust (KMPT) and was able to access their services and have patients assessed in a reasonable time. The hospital had facilities where patients could wait before receiving treatment. The Chief Executive acknowledged some ambulances had to wait longer than he would like due to high demand. Key to this was reducing occupancy levels so beds were available and also continuing to work with the Ambulance Trust on dynamic conveyancing, whereby ambulances were temporarily diverted to other hospitals to balance demand.

- **Resilience of the system** – the Chief Executive was asked what he thought needed to be prioritised for the Trust to be in a stronger position to cope with another pandemic in the future. The Chief Executive replied that reviews would look at what had worked well and what could be done better and this would be done in context of the Integrated Care Partnership to decide what measures introduced during the pandemic should be retained. Staff availability had been a critical issue for the Trust and he considered that the offers of help that had been made during the pandemic by partners should be formalised as the basis for a future pandemic plan.
- **Hospital zones** – how successful the new zones referred to by the Chief Executive were was queried, including how many people had contracted Covid-19 while in hospital. The Chief Executive explained that patients were clinically assessed before they were allocated a zone. Most patients admitted presented with Covid-19 symptoms and were placed in the red zone. Those whose test had been negative or inconclusive but had symptoms putting them in a higher risk group were placed in the amber zone. The green zone was for people who the hospital were confident did not have Covid-19. All patients were regularly tested and could move between zones where their status changed. There had been some cases of patients contracting covid in the hospital, mainly due to patient-to-patient contact. As a result, the infection control and testing regime had been enhanced and numbers of patients infected while in hospital had been very low since the end of November. This had also happened in other hospitals in areas of high transmission.
- **Lateral flow tests** – in terms of the success of these tests, 1.4% of staff had tested positive who would then receive a PCR test.
- **Vaccination programme** – in response to a question about the split between patients and staff, Members were advised that the majority of people vaccinated (4,400) had been staff or people who worked on the site.

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- **Cancer care** – the Chief Executive commented that cancer care had been provided through the pandemic until recently. For infection control reasons, the independent sector was now being used for some cancer patients and for some elective surgery. There was a ring-fenced area of the hospital which was used where there was a risk of a cancer patient dying if they did not receive early surgery. More cancer patients would be brought into this area when possible, probably by mid to late February.

Decision:

The Committee thanked the Trust for their attendance, put on record their appreciation of the work of all staff during the pandemic and agreed to receive a further update in the future.

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

640 Attendance of the Portfolio Holder for Adults' Services

Discussion:

Members received an overview of progress on the areas of work within the terms of reference of this Committee and covered by the Portfolio Holder for Adults' Services, Councillor Brake, as set out below:

- Community Care
- Adults' Mental Health and Disability Services (including Learning and Physical Disabilities)
- Older People
- Public Health – Lead Member, including Health and Wellbeing Boards
- Adults' Partnership Commissioning (25+) and Better Care Fund
- Health and Health Partnerships

Councillor Brake responded to Members' questions and comments as follows:

- **Shared Lives Case Study** – in response to a question about the future of the scheme, Councillor Brake commented on the importance of the people in the scheme being compatible. Each case was different and in the unlikely event of a problem the Council would quickly make adjustments. The Assistant Director – Adult Social Care added that the Shared Lives scheme was there partly to teach individuals to live independently and the training needs of carers was monitored carefully by social workers. This would also apply in the case of the individuals mentioned in the case study.
- **Mental Health Community Support/147 Nelson Road** – with regard to progress in developing the service, the Portfolio Holder commented that the service was looking at reaching out further into communities who had

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not yet accessed the service and expand, and this included looking at using existing community facilities.

- **Public Health Annual Report** – noting that Covid-19 had affected communities most who experienced higher levels of inequalities, the point was made that the Council should ensure that public health resources were directed at these communities to improve their resilience and lessen health inequalities. The Portfolio Holder replied that this year's Annual Report would focus on inequalities and he would discuss the suggestion with the Director of Public Health. The Director of People - Children and Adults Services added that the Director of Public Health had been asked to lead on regional work to look at the impact of Covid-19 on the BAME community.
- **Deaf Services** – the effectiveness of the transition to adulthood where this was a long-term condition was questioned and Members were advised that children with a sensory disability would have an Education Health and Care Plan which would contain a transition plan.
- **Stop Smoking service** – the Portfolio Holder was asked at what stage a person who had stopped smoking was recorded by Public Health as a successful intervention and he advised that stopping smoking for two months was deemed to be a successful intervention, but support was still available.
- **24 Hour Care Home Model** – the extent to which Covid-19 had impacted on this service was questioned. The Portfolio Holder replied this had started in January 2020 and continued to be provided, although it was important to protect before staff and people in receipt of care. There were various means to identify people who were in an emergency situation.
- **Adult Carers Strategy** – in response to a question about the 1,523 adult carers referred to and whether this just related to adults who cared for other adults was questioned. The Assistant Director – Adult Services commented that most carers were over 18 but the figures could be provided.
- **Shared Lives Service** – in terms of how comparable the administrative workloads were between this Service and the Fostering Service, the Portfolio Holder commented that they were broadly similar.
- **Discharges from hospital** – how the Homecare Bridging Service, the Discharge to Assess Pilot and the 24-Hour Care at Home Model worked together strategically was queried and the numbers of early hospital discharges were requested in order to gauge the success of these programmes. The Portfolio Holder commented that Covid-19 had led these three programmes to work together. Adult Social Care and the hospital were working closely together to signpost people who needed

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support and ensure they received the most appropriate care. Covid-19 had resulted in a greater need for hospital beds to be made free as quickly as possible. The discharge team would assess whether a patient could be transferred to a nursing home, where they were cared for. The Integrated Discharge Team worked closely with other teams when a patient was returned home from hospital.

Decision:

The Committee agreed to:

- a) thank the Portfolio Holder for his attendance and noted the report.
- b) request the figures on hospital discharges and re-admissions in order to gauge the success of the Homecare Bridging Service, the Discharge to Assess Pilot and the 24-Hour Care at Home Model.

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

641 Medway Community Healthcare Covid-19 Response and Service Recovery Briefing

Discussion:

Members considered a report which provided the Committee with an overview of Medway Community Healthcare's (MCH) current position in relation to the management of the COVID-19 pandemic, and current position of community health services provision.

The Director Operations at MCH introduced the report and highlighted the following:

- MCH had maintained its governance structures throughout the pandemic.
- Levels of PPE equipment remained very good and MCH had not had to ask for mutual aid.
- Staff sickness levels remained high with 4.77% of absences being Covid-19 related.
- Lateral flow testing of staff provided an important assurance to both staff and the organisation.
- Soft intelligence suggested that almost 50% of staff had received their first vaccination.
- Some clients were waiting for more than 18 weeks but were clinically triaged to make sure they were safe and not urgent.
- Partnership working had been a particular highlight with reduced bureaucracy and new ways of working being trialled relatively quickly to keep up with the pressures in the acute sector.
- Bed provision at Harmony House had been increased to 16.

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- The urgent response model had been adapted to introduce more of a varied skills base, such as GPs working on shift and staff working within wards at the hospital to identify patients who could be supported in the community.
- The new falls/frailty car had helped take some pressure off the ambulance service.
- Staff had been sent to the Emergency Department to help support triaging when there had been a build-up of ambulances. This had proved to be successful and MCH were looking to see how to continue this on a more planned basis.
- There was a virtual Covid-19 ward where people in the community were monitored.

Members raised the following issues:

- **Waiting lists** – reference as made to the high number of people waiting less than 18 weeks and how long people in this group were waiting was queried. There was a need for more resources to reduce waiting lists. The Director Operations advised that the number of people waiting less than 18 weeks was consistent. Whilst the numbers seemed large, many were waiting less than 6 weeks. Future reports would break these figures down into more detail but the numbers of people waiting more than 18 weeks was in the region of 20-22. MCH's Managing Director added that MCH would be examining what harm had been caused by waiting lists and lessons would be learned.
- **Triage at Emergency Department** – MCH's involvement with this was welcomed but it was queried what was being done to encourage people not to unnecessarily visit the Emergency Department (ED). The Director Operations advised two skilled nurses had been deployed to ED to support and Medway Foundation Trust colleagues. There had been a significant increase in referrals to MCH from the ambulance service. MCH were looking how they could support this on a more regular basis during peak pressures.
- **Falls/frailty car** – whether this was part of the frailty pathway project was confirmed, in response to a question, but Covid-19 had necessitated its immediate roll out. There was a need for a longer-term plan to fully embed it and make it known across all services. It was only operating in Medway at present, but it was hoped it could also operate in Swale. The point was made the car should work closely with the Council's disabilities adaptation team so the latter could identify what improvements could be made in homes to avoid falls. The Director Operations advised that this was discussed across the system and was well supported.
- **MedOCC** – whether people attending were given appointments times to limit their stay in MedOCC was questioned. The Director Operations commented that the 4 hour waiting time target had not been breached in some time. Patients were asked to stay in their car until they were ready

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to be seen and for those who could not do so, efforts were made to keep numbers in the waiting room to a minimum.

Decision:

The Committee agreed to note the report and that future updates would include more details on waiting lists numbers.

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

642 Kent and Medway Neurodevelopmental Pathway (Adult Autism/ADHD)

Discussion:

Members considered a report which provided an update on progress and achievements with regard to proposals for an enhanced Kent and Medway adult neurodevelopmental health pathway for adults with autism and attention deficit hyperactivity disorder (ADHD) as well as next steps for contracting arrangements.

Members raised the following issues:

- **Assurances around contracting process** – in the light of some previous problems with contracts awarded by the CCG, an assurance was sought that the contracting process was being followed correctly and would result in the most appropriate provider. Members were advised that 2 options were available (direct award to a collaborative provider or open competitive procurement). It was possible the former model may be chosen and a paper on the procurement process would be considered by the CCG Finance and Procurement Committee in February 2021. In addition, discussions had taken place between the Council, the CCG and Kent County Council on how to make sure transition was more effective under the new arrangements. The CCG wanted to provide a service of real quality and this new model was expected to transform the service.

A briefing note would be produced for Members after the CCG had discussed the procurement options in February, this would include the strategy to improve the service. This would then allow for further discussions with Members.

The point was made that the report did not articulate what a successful outcome would look like nor describe service improvements. Adults with undiagnosed needs also needed urgent attention and there should be a strategy involving all practitioners to help this group. However, at present there were no milestones to show how the planned improvements would be achieved.

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Members were advised work was underway to develop a Learning Disability and autism/ADHD strategy across Kent and Medway involving health, adult social care and education providers. Service users would have a say in this. Members could be provided with more detail about this strategy.

- **Pre-diagnostic support** – the point was made that the lack of such support had been an issue for some time with little progress made, as evidenced by the feedback received from service users. The report seemed to suggest transition was something to be earned and not provided as of right. The CCG remarked that that was not the intended interpretation. They understood the frustrations about a lack of progress and hoped the collaborative option would allow progress to be made more quickly.
- **Kent and Medway Adult Neurodevelopmental Business Case budget** – it was clarified that the budget for Medway was based on historical spend. It was suggested there would be more demand for the service once the new arrangements were implemented and it was more accessible and this would be reviewed over time.

Decision:

The Committee agreed to:

- a) note the report
- b) request a briefing paper on the outcomes of the consideration by the CCG in February 2021 on the procurement options.

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

643 Work programme

Discussion:

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

Decision:

The Committee agreed:

- a) that the following items be added to the work programme for the March meeting:
 - an update on work being carried out by the CCG, KMPT and Partners to improve mental health services in Kent and Medway with a specific focus on eradicating inpatient dormitory wards.

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- Social prescribing.
- b) that an update on the Kent and Medway Restart and Recovery Programme be added into the “date to be determined” section of the work programme.
- c) that the possibility of adding into the work programme the issue of a whole system approach to helping “long Covid” sufferers be discussed at an agenda planning meeting.

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

Chairman

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