

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

Thursday, 11 March 2021

6.30pm to 10.36pm

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), Aldous, Barrett, McDonald, Murray, Price 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
Karen Benbow, Director of Commissioning, East Kent Clinical Commissioning Groups
Dr Simon Lundy, Dementia Clinical Lead, Kent and Medway Clinical Commissioning Group
Bill Millar, Director of Primary Care, Kent and Medway Clinical Commissioning Group
Councillor Martin Potter - for Minute No. 801
Jacqueline Shicluna, Lawyer (Adults)
Ian Sutherland, Director of People - Children and Adults Services
James Williams, Director of Public Health
Michael Turner, Democratic Services Officer

796 Chairman's Announcement

The Chairman announced that this would be Ian Sutherland's last meeting of this Committee before he retires from his post of Director of People - Children and Adults Services. The Chairman thanked Mr Sutherland for his service at Medway over the last 6 years, commenting his dedication and determination had been instrumental in improving services.

On behalf of all Members, the Chairman wished Mr Sutherland a long, happy and healthy retirement.

The Chairman congratulated Lee-Anne Farach on her recent appointment as Medway's new Director of People.

797 Apologies for absence

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

(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).

798 Record of meeting

The record of the meeting of the Committee held on 11 January 2021 was agreed and signed by the Chairman as correct.

799 Urgent matters by reason of special circumstances

There were none.

800 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillors Aldous and Barrett advised that they had been involved in the petition referred to at agenda item 5 but, after receiving advice that this did not prevent them from speaking or voting on this item, declared that they would participate.

801 Petitions

Discussion:

Members considered a petition referral request in respect of GP practices at Rainham Healthy Living Centre.

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Councillor Potter, the Lead Petitioner, addressed the Committee. He stated that last summer local councillors had not been advised about the closure of the satellite branch of Long Catilis Road Surgery, i.e., the Blue Suite at Rainham Healthy Living Centre and instead had heard about this from concerned residents. The statement from the Clinical Commissioning Group (CCG) that the Blue Suite had not closed did not reflect the experience of patients who did not believe it would re-open after its temporary closure and clarity was needed about its future as well as more detail about GP numbers in the Rainham area. Councillor Potter suggested a meeting should take place between local councillors, the Primary Care Network and the CCG to discuss these issues and for a briefing note to be provided in advance.

The CCG advised that the Long Catilis Road Surgery had practices on 2 sites and in December 2020 they had received a request to close the Blue Suite, a request the CCG did not support. The CCG had advised the Surgery to carry out more intensive engagement. The CCG welcomed the offer to meet with local councillors.

In discussing the referral request, the point was made that if the Blue Suite was to permanently close this would cause difficulties for many patients, particularly the elderly, as they would have to travel further to access services. In response to a question about plans to bring the number of GPs in Medway in line with the national average, the CCG advised that they were investing in a range of staff in GP practices and noted patients were supported by more than GPs. Details of this could be provided to Members. The potential closure of the Rainham Healthy Living was raised as a concern by some Members given the decrease in services provided there.

It was suggested that Members be provided with information about the development of a Kent and Medway GP estate strategy and also what the CCG was doing to encourage the creation of GP training practices.

Decision:

The Committee agreed to:

- a) note the response provided to the petition and the reasons for referring the response to the Committee.
- b) welcome the assurance given by the CCG that local people will be consulted and engaged on any proposals relating to the Rainham Health Living Centre.
- c) welcome the commitment given by the CCG that this Committee will be consulted on any proposals to change the current primary care provision at the Rainham Healthy Living Centre.
- d) request a briefing paper from the CCG on GP numbers across Medway, including the numbers of other primary care practitioners.

- e) request that a meeting take place between Rainham Councillors, the CCG and the Primary Care Network to discuss the events at, and proposals for, the Blue Suite, including the processes involved in any proposed closure and also the use of the Rainham Health Living Centre.
- f) request that a briefing be sent to local councillors on the issues referred to in (e) in advance of the meeting referred to.
- g) request a briefing note from the CCG on the development of a Kent and Medway GP estate strategy and also the CCG's plans to encourage the creation of GP training practices.

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

802 Transforming Mental Health Services in Kent and Medway - Eradicating Dormitory Wards

Discussion:

Members considered a paper regarding the Government's scheme to eradicate out-of-date mental health dormitory wards and the development of modern, purpose-built accommodation for older adults with mental health issues, including dementia. The paper updated Members on Kent and Medway Health and Social Care Partnership Trust's (KMPT) successful bid for £12.65m of government funding as part of this national policy, to build a new facility including single ensuite bedrooms for 16 patients (rising from 14). The paper described the process by which this investment was secured, and the timescale requirements for accessing this capital funding, as well as outlining progress in reviewing locations for this new, updated facility for Kent and Medway residents and how this fitted with an ambition to provide high-quality and safe accommodation for patients within the context of a programme of wider mental health transformation. The CCG explained that a new purpose-built facility would offer greater privacy, access to outside space and improved infection control measures – an increasingly important concern in light of the COVID-19 pandemic. Following an extensive review of potential locations for this new facility it was proposed that a new unit for Older Adults was built at KMPT's site in Maidstone.

Members raised the following issues and concerns:

- **Identifying a site in Medway** – noting the high demand for services in Medway, several Members expressed concern at the fact that the CCG had been unable to identify a suitable site in Medway for the new purpose-built building for inpatient mental health services in place of Ruby ward at Medway Maritime Hospital. Whether the option of locating this on the hospital site had been fully explored was questioned. KMPT assured Members that extensive efforts had been made with partners to find a site in Medway, including working with the CCG to see if any care home providers met the criteria. Some potential options had been

identified and the report gave reasons for why these had been discounted. KMPT had worked with the Medway Foundation Trust (MFT) to look at suitable options at the hospital site but MFT had confirmed there was no suitable alternative space that could be used to provide single room, ensuite facilities.

KMPT clarified that £12.56m funding was available for this project but this did not include funds to acquire new assets, including the development of a new ward on the hospital site. The suggested Maidstone site for the new facility would mean it would be co-located with other services which would result in good quality care.

Members suggested Canada House, Harmony House and the Medway ambulance site that was being sold as potential sites that should be explored. Noting that Harmony House had been developed as a dementia unit but was currently being used as a Covid recovery centre, it was questioned whether Medway Community Healthcare (MCH) may have changed their plans for Harmony House meaning it could then be an option. KMPT undertook to respond on this specific query but confirmed they had worked with MCH to look at possible sites and at the point this work was carried out had been told there were no suitable sites MCH could release. KMPT confirmed that Canada House was not a suitable location and that none of the sites they had identified in Medway had met the criteria. Nevertheless, several Members asked for a further assurance that all efforts to find a suitable site in Medway had been exhausted.

The CCG commented that they were working to a tight timescale set by the Government and risked losing the capital investment from the Government if they did not act quickly and start work on a new site by October 2021.

- **Services in Medway** - concern was expressed that this represented another example of a service being moved out of Medway. In response to a comment that 23 of the 52 patients admitted to Ruby ward in 2019/20 were from Medway and Swale, the CCG advised that this was a Kent and Medway wide service. Whilst Members' concerns about losing dementia services in Medway were understandable, KMPT commented that moving this in-patient facility from Medway did not represent a reduced service and that two additional beds would be created as a result and other dementia services would remain in Medway. It was also explained how the Care Quality Commission (CQC) had ongoing concerns about the poor-quality of Ruby Ward and the limited ability to improve the standard of the environment despite significant investment over a number of years.

Acknowledging Members views that mental health problems in Medway were significant, the CCG commented that there were major plans to improve mental health services in Medway which included prioritising the rollout of community-based dementia services.

In terms of what services would be brought back to the hospital if Ruby ward closed permanently, Members were advised that this would enable some general surgery currently being provided by the independent sector to be provided at the hospital.

- **Travel time to Maidstone** – the point was made that the journey from Medway to Maidstone was not straightforward in spite of the 12-mile distance. Some patients could remain in the ward for up to 70 days which could make it difficult for friends and family to visit regularly, particularly in the case of elderly people. The CCG acknowledged these points and said they would listen to what the public had to say when carrying out engagement work on the proposals.
- **Engagement and consultation** – The CCG commented that their preferred way forward was for a period of public engagement to discuss the proposals with patients and carers and that this work could start fairly soon. The CCG felt that a 12-week consultation period would make it extremely difficult to meet the deadlines they were operating under and if work did not begin on site in October then the capital funding would be withdrawn. Concern was expressed about how meaningful a short consultation period would be during a period of lockdown. The CCG responded that they had experience of running virtual engagement activity during the pandemic with good levels of engagement and while face to face events may, at times, be preferred this might not be possible. Healthwatch Medway confirmed that they could help with targeting the appropriate groups and exploring issues around transport and services.
- **Practical considerations** – if the new facility was to be in Maidstone then the practicalities of this would need to be worked through with the Council as council staff were involved with mental health assessments and discharge arrangements. The proposal needed to be seen in the broader context of improving services for people with dementia.

Decision:

The Committee agreed to:

- a) note recommendations a) to e) in the report.
- b) agree that the re-provision of services from Ruby ward at Medway Maritime Hospital to the Maidstone Hospital site is a substantial variation to services.
- c) recommend that a 6-week period of public consultation takes place with this Committee and local people including patients, families and carers who have used the Ruby ward service, to identify alternative sites or solutions to urgently eradicate the Trust's remaining dormitory ward by 2022.

- d) request that the CCG and KMPT investigate further Harmony House, Canada House, the Medway ambulance site and Elizabeth House as possible alternative sites for the new facility and also explore further with the Medway Foundation Site whether a suitable site can be found at Medway Maritime Hospital.
- e) agree that the outcomes of these investigations and discussions be discussed with a small Member Working Group.

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

803 Transforming Mental Health Care Services in Kent and Medway - Redesigning the Model of Care for Dementia Patients, Including those with Complex Dementia and Challenging Behaviour

Discussion:

Members considered a report from the Kent and Medway Clinical Commissioning Group detailing work with its partners to improve dementia care and their ambition to redesign the model of care for dementia patients, including those with complex needs and challenging behaviour.

In discussing the report reference was made to the importance of respite for carers, respecting the right carers have to live their own lives and the duty of the Council to assess their needs. The report highlighted the voice of carers and there was an opportunity to create integrated care for this group. The point was made that the report did not emphasise sufficiently the opportunity to innovate, such as providing short breaks for carers in a more flexible way or emphasise enough the need to empower people living with dementia.

Dr Lundy commented on the importance of providing care to people with early stages of dementia so they could have confidence that when they became more poorly that they would receive good quality care and remain in their homes longer.

Decision:

The Committee agreed to:

- a) note the recent work to date and next steps outlined within the paper.
- b) agree that a further update on progress on this programme comes to the June meeting.

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

804 "Health Inequality in Medway" Director of Public Health's Annual Report 2019-20

Discussion:

Members considered the Director of Public Health's Annual Report for 2019-20. The report also included the discussion of the report that took place at the Health and Wellbeing Board.

The following issues were discussed:

- **Longstanding levels of deprivation in parts of Medway** – the point was made that the areas with high levels of deprivation identified in the report had not improved in many years in spite of attempts to address this. This lack of resilience in these communities had been a factor in higher rates of Covid-19, the effects of which had further worsened resilience. The Director of Public Health commented that, as well as dealing with the impact of Covid and learning lessons from the pandemic, a system wide approach was needed to tackle long term structural issues and to break cycles of inter-generational poverty. However, such changes could not happen overnight. The regeneration plans for Medway formed part of this approach. He was also leading on a Kent and Medway population health management programme to tackle underlying health conditions. The Director emphasised the important role education played in health and that public health would be supporting the system led approach referred to by the development of the child friendly Medway initiative which would encompass all children. Children's hubs in future would focus on prevention and education as well as the delivery of services.

In response to a question, the Director of Public Health clarified that residing in an area did not itself lead to worse outcomes and a person's whole life context had to be taken into account.

- **Monitoring outcomes** – the lack of milestones in the report was referred to and it was suggested there should be regular reports to the Committee on progress in achieving the Annual Report's objectives so that recommendations could be made on where resources could be re-allocated to tackle health inequalities. The Director of Public Health advised there were lots of different ways in which outcomes could be influenced across the system. Outcomes were monitored in two ways. Firstly, the indicators in the Annual Report were monitored in detail via the Joint Health and Wellbeing Strategy by the Health and Wellbeing Board. Secondly some indicators were also Council Plan targets and monitored through the Council Plan monitoring process. Comprehensive action plans sat underneath these monitoring reports. Also, each Annual report provided an overarching look back on the outcomes of previous reports. With regard to a suggestion that the monitoring reports could be reformatted for the Committee with a RAG rating to provide Members

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with an overview of progress, the Director of Public Health undertook to look at whether a simplified, heat map type report could be provided to the Committee, but this needed to take into account some measures were long term in nature.

- **Protecting mental health services** – the likelihood of a significant increase in demand for mental health services post Covid-19 and the importance of working with partners to protect these services was referred to.
- **Voluntary and Community Sector (VCS)** – the point was made that the Public Health team had worked very closely with the VCS during the pandemic and their partnership had significantly improved. Going forward this partnership would continue to be important. The Director of Public Health concurred with this point and noted that without the work of the VCS, Medway would have fared very differently during the pandemic.
- **Eating Disorders** – a concern was raised that the emphasis on tackling obesity could send the wrong message to people suffering with eating disorders. The Director of Public Health commented that his team commissioned specialist eating disorder services and recognised that BMI was just one factor in a person's health.
- **Greenspaces** – the importance of green and open spaces was highlighted, noting this had been particularly importance during the periods of lockdown. The planning system should ensure people had access to an outside space. The Director of Public Health commented that the importance of outdoor spaces was reflected in various strategies and strategic plans.
- **Public Health work across the Council** - whether the work the public health team were involved in across the council in planning, housing, education and skills etc could be reported to the Committee was suggested.
- **Smoking during pregnancy** – in terms of how long this was monitored after the mother had given birth, the Director of Public Health advised that health visitors monitored whether the mother or anyone else in the household was smoking and intervened where necessary.
- **Education, skills and health** - the Director of Public Health acknowledged this connection and commented his membership of the Skills Board and the Youth Justice Board gave him the ability to influence this issue. The Skills Board was also working with partners to bridge the gap between the emerging job market and the skills employers needed for these jobs.
- **Life expectancy** – noting that the differences in life expectancy between men and woman was greater in Medway than nationally, how this was

being addressed was queried. The Director of Public Health acknowledged this was a challenge and women were catching up to men and the gap was narrowing. His aspiration was to raise levels for both men and women and the data was available to target interventions where they were most needed.

- **Ward level information** – the importance of Members receiving ward level information was referred to.
- **Public Health and the pandemic** – several Members expressed their appreciation for the team's work during the pandemic and the significant contribution made by public health.

Decision:

The Committee agreed to:

- a) note the comments of the Health and Wellbeing Board.
- b) note the Annual Public Health Report, including its findings and recommendations.
- c) consider whether the Committee should receive regular reports from the Health and Wellbeing Board.

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

805 Council Plan Performance Monitoring and Risk Register Review Quarter 3 2020/21

Discussion:

Members considered a report regarding performance in Quarter 3 20/20/21 on the delivery of the priority in the Council Plan relevant for the Committee: Supporting Medway's people to realise their potential. This report also presented the Quarter 3 2020/21 review of strategic risks.

The following issues were discussed:

- **Measures significantly below target (Red)** – reference was made to the fact that some measures had been significantly below target for some time. The impact some of these could have on the Council's finances was raised as a concern. The ability of the Directorate to absorb the budget challenges it was facing was also queried. Members were advised that performance in respect of Measure ASCOF (percentage of clients receiving a direct payment for their social care service direct payments) had improved since January. With regard to ASCOF 1G (proportion of adults with a primary support reason of learning disability support who live in their own home or with their

family), the pandemic had affected the number of reviews that could be carried out to determine whether someone was living independently. There were also some errors to be corrected and once that had happened the rating would change to Amber.

The Director added that funding for adult social care would be acute and resources constrained. Mental health needs across the population were expected to be significant in the post Covid period. The Council was looking at how to use its budgets more effectively while making savings without affecting client care. A comment was made that Members would have to monitor these post Covid challenges carefully.

- **Morale and Recruitment** – the Assistant Director – Adult Social Care commented that the Council had struggled to recruit locum staff in recent months across adult social care due to the pandemic. However, staff were not leaving and the reasons for this were being looked at. In response to a comment, an assurance was given that the Council was using its links with the Universities and colleges to promote care as a meaningful career.
- **Care homes** – reference was made to the ability of the NHS to pay more than the Council to care homes to take Covid positive patients. The Assistant Director – Adult Social Care advised she was in discussions with the CCG about funding solutions so hospital patients could be discharged to a safe environment as quickly as possible.

Decision:

The Committee agreed to note the Q3 2020/21 performance against the measures used to monitor progress against the Council's priorities, and to also note the amended Strategic Risk Register as set out in Appendix 2 to the report.

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

806 Healthwatch Medway - Caring for Someone During a Pandemic

Discussion:

Members considered a report from Healthwatch Medway which looked at the experiences of nursing and residential care homes during the first stages of the Covid-19 pandemic.

The following issues were discussed:

- **ID cards for Personal Assistants to support them during any second wave of Covid-19** – the Assistant Director Adult Social Care advised that it had not been possible to issue ID cards as recommended

by Healthwatch, but the Council had given Personal Assistants a form to use as ID as well as a signed letter confirming their role.

- **Discharge from hospital to care homes** – Members were advised that the problems identified in the report had improved and Medway Foundation Trust had worked with care homes and an agreement for testing had been put in place prior to a return to a residential home. An update on this was suggested.
- **Accessibility and support from GPs** - noting that concerns around this highlighted by the report, the point was made that the Committee had a role to play in primary care re-starting at a level the public expected to see. There was also a need for a dedicated vaccine workforce supported by volunteers.
- **Preparation for future waves** – the importance of the Council being prepared for any future wave of Covid-19 in terms of care homes receiving support and equipment was highlighted. The Assistant Director – Adult Social Care commented that whilst the first wave had been challenging providers and Personal Assistants were able to access Personal Protective Equipment (PPE) from the Portal and if there was to be another spike the Council was in a good position.
- **Voluntary sector** – the point was made that smaller charities had found it more difficult to source PPE.

Members were advised that Healthwatch Medway were looking to follow up on their report and seek feedback on experiences since November and this would include an update report relating to the Medway Foundation Trust and hospital discharges. Healthwatch Kent had produced a similar report which focused on care homes and this would be shared with Members.

Decision:

The Committee agreed to:

- a) thank Healthwatch Medway for their report and note its findings.
- b) request an update on progress in implementing the report's recommendations.

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

807 Work Programme

Discussion:

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

Decision:

The Committee agreed the proposed changes to the work programme as set out in Section 3 of the report.

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

Chairman

Date:

Michael Turner, Democratic Services Officer

Telephone: 01634 332817

Email: democratic.services@medway.gov.uk