Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 15 June 2021

6.30pm to 10.28pm

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, Prenter, Thorne and Mrs Elizabeth Turpin

Co-opted members without voting rights

Margaret Cane (Healthwatch Medway CIC Representative)

In Attendance: Karen Benbow, Director of Commissioning, East Kent Clinical Commissioning Groups
Jackie Brown, Assistant Director Adults' Social Care
Justin Chisnall, Director of Integrated Care Commissioning Medway and Swale, NHS Kent and Medway Clinical Commissioning Group
Lee-Anne Farach, Director of People - Children and Adults' Services
Steph Hood, STP Communications and Engagement
Taps Mutakati, Deputy Chief Operating Officer, KMPT
Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning, Kent and Medway Clinical Commissioning Group
Chantelle Pink, Lawyer
Caroline Selkirk, Executive Director of Health Improvement/ Chief Operating Officer, NHS Kent and Medway Clinical Commissioning Group
Dr David Sulch, Medical Director, Medway NHS Foundation Trust
Michael Turner, Democratic Services Officer

68 Election of Chairman

Councillor Wildey was elected Chairman for the municipal year 2021/22.

69 Election of Vice-Chairman

The Chairman announced that the election of vice-chairman was being dealt with as urgent business so that the Committee could elect a vice-chairman at this meeting and could carry out their responsibilities without any delay.

Councillor Purdy was elected Vice-Chairman for the municipal year 2021/22.

70 Apologies for absence

Apologies for absence were received from Councillors Barrett, Bhutia, McDonald, Price 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.)

71 Record of meeting

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

72 Urgent matters by reason of special circumstances

There were no other urgent matters to announce.

73 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.

74 Medway NHS Foundation Trust – Update on Care Quality Commission Inspections

Discussion:

Members consider a paper from the Medway NHS Foundation Trust on recent inspections by the Care Quality Commission.

Dr Sulch, Chief Medical Officer, introduced the report and clarified that the statement in the paper that the Care Quality Commission (CQC) had lowered the rating of the Emergency Department (ED) to inadequate was incorrect as this rating in fact related to the performance of the Trust as a whole.

Dr Sulch commented that the Trust's Patient First approach was designed to improve patient flow, reduce ambulance handover delays and the time spent waiting in ED and to improve the quality of patient care. There had been a significant reduction in the time patients waited more than 60 minutes in an ambulance before they were handed over. Numbers of people visiting the ED since Easter were now much higher. The average time patients waited in an ambulance had improved significantly since the winter. The average times for patients wating for a decision to admit and also from then to a bed being available were still too high and the Trust was committed to improving this. In total, patients spent an average of 8-9 hours in the ED before being allocated a bed. The new Interim Chief Executive had made it clear performance needed to improve significantly.

Members raised the following issues:

- **Ambulance Station** – reference was made to a visit in December 2020 and the disorganised nature of this area with no records being kept of which ambulance was in which bay. Dr Sulch responded that ambulance movements were monitored via a white board, which would become an electronic system. There was now better oversight with a clear focus on any patient identified as deteriorating, who was now brought straight into the hospital.
- **Positive staff comments** – the positive comments made by staff to the CQC inspectors were welcomed, noting that this had not always been the case in the past where the CQC had consistently highlighted staff not taking management action seriously enough. Dr Sulch commented the aim was to make the hospital a genuinely clinically led organisation.
- **Communications** – with reference to the consultation on the future of healthcare, what this was trying to achieve and how it related to other consultations in Medway was queried. Dr Sulch commented the Trust's clinical strategy needed to be refreshed and seen in the context of the wider health system it was a part of.
- **Attendance at Emergency Department** – the increase in the numbers of people attending the ED was noted but seen as connected to the difficulties in obtaining a GP appointment and the number of staff working on the vaccine programme. Whether data existed to identify the sources of people attending the ED was queried. Dr Sulch commented there was evidence some patients were presenting later with conditions and complications not seen for many years and the reasons for this were being explored. The MedOCC service picked up about 30% of those who attended ED who did not need to be there. The Trust was working with partners on alternative pathways to prevent unnecessary visits to the ED. He had not seen any evidence to suggest patchy primary care

was the cause of these visits, although access to primary care was not yet back to pre-pandemic levels.

- **Action Plan** – it was felt this should be made easier for staff to understand and some actions were seen as essentially routine matters, such as record keeping. The lack of timescales was criticised. Dr Sulch commented that the action plan suffered from a lack of smart targets with some issues included which should be taken as read. He acknowledged the need for clear timescales and a sharper focus on improvements. The Interim Chief Executive wanted to prioritise a small number of issues and concentrate on making improvements, this included the Emergency Department. A point was made that the number of improvement plans were a concern. How these were communicated to staff and how staff wellbeing was supported was questioned. Dr Sulch commented the various improvement plans were managed through the Trust Improvement Board, which focused on five key areas, workforce being one of these. Staff welfare had been key during the pandemic. Well-being hubs had been set up and there had been a focus on staff taking leave. The Trust was looking at how it could help staff visit family members abroad. There would soon be an even cleared focus on priorities and this would then be communicated to staff. The Interim Chief Executive held weekly staff briefing and took questions from staff.
- **Learning lessons** – whether the Trust was learning lessons from other Trusts facing similar demands but performing better was questioned. Dr Sulch confirmed this was the case and commented the new Interim Chief Executive brought experience from other organisations. In many areas it was about learning how to deliver services more effectively – such as speed up the flow to allow earlier discharges once a decision had been made.
- **12-hour shifts** – In response to a concern about these long shifts, Dr Sulch commented that nursing shifts were 12 hours, but staff were not encouraged to work long blocks of this pattern.
- **Triage –** Dr Sulch commented that patients were prioritised based on need and were treated and discharged quickly where this was possible. Where needs were more complex this was more challenging, and this was when performance slowed down.
- **Discharges to nursing homes** – how the hospital ensured patients were discharged quickly and effectively to the right nursing home was questioned. Dr Sulch commented that during the pandemic there had been a big improvement in accessing community care in cases where it was unclear where a patient should be discharged to. This had helped decision making to take place in a less intense environment. He did not believe that inappropriate discharge to the wrong care environment was a particular problem.
- **Hospital pharmacy** – in response to a comment that there appeared to be problems in the hospital pharmacy dispensing medicines on time before a patient was discharged, Dr Sulch commented that improving the discharge process was still a work in progress. While waiting for medicines could be a key part of the process, that was not entirely down to the pharmacy and in fact the pharmacy service had seen big improvements.

- **Future Covid waves** – whether there were plans in place to manage future waves was questioned. Dr Sulch commented the Trust had improved its ability to manage different waves and any third wave would not present the same problems as the second wave. There were clear plans in place how to manage wards and which ones would become covid wards. The Trust would also be more proactive in terms of deploying more junior staff. There was a comprehensive plan for the next wave and a wish to continue with elective surgery.
- **GP numbers** – the point was made that the number of GPs in Medway and Swale was below the Kent and national average.

Decision:

The Committee agreed to note the report and request a further update in the next 3 -4 months on the next steps identified following the CQC inspection, including the Patient First programme and also details of where people attending the Emergency Department originate from.

75 Covid - 19 Update

Discussion:

Members considered a paper which provided an overview to the NHS response to the pandemic, including work being delivered by a wide range of NHS partners.

The Executive Director for Health Improvement/Chief Operating Officer of the Kent and Medway Clinical Commissioning Group (CCG) introduced the report and highlighted the way the NHS bodies locally had worked as a team in response to the pandemic and to deliver the vaccination programme. The whole system was under pressure and was looking to see how things could be done differently.

Members discussed the following issues:

- **Vaccination programme** – the difference between first and second dose uptake in Cohort 1 and also the differences in doses by vaccination centre were queried. Members were advised that some people had received their second dose in a different venue to the first. Recording of where vaccines were administered was now more sophisticated and Members were assured every dose was recorded and there was no double counting. Some people had opted to go to a primary care centre to avoid travelling to one of the further away vaccination centres. In response to a point that there should be a dedicated vaccine workforce, the CCG accepted this in principle but noted the model was moving towards vaccination centres which were less clinically led.
- **GP appointments** – with regard to the large number of appointments classified as unknown and what was being done to respond to concerns about the public accessing GP surgeries when the entrances were often

physically closed, Members were advised the numbers classed as unknown were large, but this had been higher in the past. The CCG acknowledged it was more difficult to access GP surgeries than before and was working with surgeries on new ways to make them more accessible to the public. The CCG was also looking at how to avoid people discharged from hospital going to their GP for medicines. In response to a point that about 40% of people accessing GP services could be seen by someone other than a GP, it was noted that this had been a long-time ambition and whether the workforce was in place to achieve this was questioned. A comment was made that the triage system could be risk averse and often advised people to see a GP. The CCG accepted there was not sufficient capacity in primary care and was trying to mitigate this. An undertaking was given to try to provide a breakdown of GP appointments in Medway in future reports.

- **Cancer patients** – the vaccine strategy for this group was queried and the CCG clarified that all cancer patients were being contacted and the vaccine take up rate was impressive. Trusts had worked well so these patients' pathways were not disrupted.
- **Vaccine equality** – an undertaking was given to provide Members with the data behind this.
- **Private health companies** – concern was expressed about private companies promoting a free appointment with a private doctor as this could result in a person being delisted by their GP practice. It was felt the implications should be better explained to the public. The CCG agreed on the importance of people being aware of the implications of their choices.
- **GP registration figures** – in relation to the vaccination programme, the numbers of people not registered was requested. The CCG clarified that GP registration was not required in order to be vaccinated.
- **Prehabilitation** – improving a person's mental and physical health before surgery was suggested as a priority and whether the CCG worked with the Council's public health team on this was queried. The CCG responded that there were resources available for people to help with this, accepting much of this was online which would not be suitable for everyone. The CCG worked closely with public health in Medway and Kent to identify these challenges.

Decision:

The Committee agreed to note the report.

76 Transforming Mental Health and Dementia Services in Kent and Medway

Discussion:

Members considered a paper which provided an update on the following areas:

- The impact of COVID-19 on the demand for mental health services.

- The transformation of the wider mental health services, in particular the transformation of community mental health services and urgent and emergency care mental health services.
- The transformation of dementia services, including the redesign of dementia services for people with complex needs.

Members discussed the following issues:

- **KMPT crisis line** – a reference was made to long waiting times for self-referrals and a recorded message people received when they telephoned the crisis line which advised them of alternative services before cutting off. The point was made that this would often be frustrating for people with mental health issues. KMPT responded that this recorded message asked colleagues in other services to email rather than wait for their call to be answered. This was due to a significant increase in demand for this service and allowed staff to concentrate on caring for patients. There were challenges around waiting times, partly due to demand. The plan was to transition to the 111 service to provide a more robust service. A new telephony system was being purchased due to some problems with the existing service. Members were assured that the recorded message on the crisis line did not direct people to go to their GP.
- **Performance** – A comment was made that people had to often re-tell their stories when receiving treatment for a crisis and had to use different services. The CCG acknowledged the importance of people not having to re-tell their stories and commented that there were plans to reduce the number of assessments and make services more conducive to the needs of the individual. A point was made that service users often received support without any results and suffered from a "revolving door" situation and that the transformation programme was a chance to offer people professional help at the right time. KMPT commented that the proposals were designed to enhance community services to bring help closer to where people lived. However, this could never be 100% effective. There was a need to move away from focusing on crisis care and to help people before they were in crisis. The proposals aimed to achieve that.
- **Talking therapies** – a briefing note on the effectiveness of this service was requested in the light of negative feedback reported to a councillor. Demand for these services had dropped due to Covid but the expected increase in demand had only recently happened. An undertaking was given that the next update would include performance information on the voluntary and community services referred to in the report.
- **Move to Britton Farm** – how the move to this venue had gone was questioned and a reference was also made to some service users seeking specialist medicine at Britton Farm in a distressed state. How KMPT linked up with other services in this situation was queried. KMPT commented the move to Britton Farm had gone well and assured Members that patients were assessed holistically. If there were any safeguarding concerns then the appropriate referrals would be made to partners and complex cases would be discussed with multiple agencies.

- **Support for carers of people with mental health needs and dementia** – KMPT undertook to provide an update on this in the next report to the Committee.
- **Admiral nurses** – referring to the review of the provision and model of delivery of Admiral nurses to ensure a consistent offer across Kent and Medway, the additional funding was welcomed but it was questioned whether provision in some areas might be lowered. An assurance was given that this would not be the case and provision would be enhanced.
- **Kent and Medway's dementia diagnosis rate** – whether this rate was the same nationally and whether GPs received support in diagnosing dementia was queried. KMPT advised benchmarking with other regions showed it was unusual for a secondary care provider to carry out all the diagnosis work. The plan was to introduce a hybrid model where secondary and primary care providers undertook this role. There would be an investment in training so GPs could be supported in this.
- **Community crisis alternatives** – with reference to the surge in people needing crisis care who were autistic, the lack of new investment for this group was queried. KMPT advised there had been investment in this service but the funding related to 2020/21, which was why it was not listed in the table showing funding for 2021/22.
- **Therapeutic Acute Mental Health Inpatient Care** - how the planned improvements to this service would be measured was queried. KMPT undertook to report back on this.
- **S.136 Suites** – the point was made that more of these detention suites were still needed and whether the pilot scheme involving mental health nurses working with the police was continuing was questioned. Regarding the latter, Members were advised that there had been two pilot schemes but an increase in the number of people in S.136 suites meant they had not achieved their outcome and they had been discontinued. However, another Trust had achieved some success with this approach and the matter was still under review. A request was made for the Committee to be updated on any progress.
- **Investment into the dementia pathway to improve memory assessment services** - whether Medway's share of this national funding, equating to £592k, was in addition to the £51m allocated to transform mental health services in Kent and Medway would be clarified.
- **Local services** – how "locally" was defined as mentioned in the update was queried. KMPT advised that there was not one definition, and this would depend on the particular service.

Decision:

The Committee:

a) agreed to note the progress update in the report

b) agreed that regular updates on Kent and Medway's mental health and dementia improvement programme continue to be brought to the

Committee, including details of numbers and outcomes for the programme.

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

Discussion:

Members considered a paper regarding proposals for eradicating outdated dormitory accommodation for mental health inpatients in Kent and Medway and constructing a proposed new purpose-built facility.

The Committee was advised that Kent County Council's Health Overview and Scrutiny Committee had considered these proposals on 10 June 2021 and had decided they were not a substantial variation. Therefore, the matter would not need to be considered by the Joint Health Scrutiny Committee.

Members discussed the following issues:

- **Consultation** – in terms of when this would start, Members were advised that a range of dates were being considered with a likely early August start. In response to comments about a lack of progress since the Committee had recommended public consultation in March and what would happen if the outcome was to not accept the closure of Ruby Ward, Members were advised that there had been a lot of work needed with the regulator (NHS England) to get to this stage, including the development of a pre-consultation business case. The CCG were required to commission services across Kent and Medway and recognised that the timetable set by NHS England had caused some problems for Medway Members. The CCG acknowledged this would be a one option consultation, but its purpose was to understand the issues and concerns services users and their families had so that any disadvantages could be mitigated. The CCG stated they were genuinely open minded to any alternative options suggested that met the case for change and could pass the same evaluation criteria as other options considered to date. The CCG confirmed the responses to the consultation would be independently analysed and would feed into a decision-making business case to be considered by the CCG governing body towards the end of this year. No decision had been made yet and the aim was to hear from those who would be most impacted. As part of the consultation, discussions would take place with groups likely to represent those most affected.

  A comment was made that those most likely to need this service would by their nature often find it difficult to discuss the issues.

  Medway Healthwatch were involved in the consultation process and had already commented that, as it was a one option consultation, the public should be given the opportunity to add comments and had asked that questions around travel be added.

A comment was made that it would still be difficult for many people to travel the 12 miles to Maidstone by public transport and levels of car ownership for the groups affected by this change were lower.

A point was made that there were high levels of diabetes and heart disease in Medway, and this was likely to lead to increased levels of dementia.

- **Investment in Medway** – how much investment would occur in Medway should Ruby ward close was queried. In response, Members were advised that the proposals were about relocating not closing a service and Medway residents would still be able to access this service and all other KMPT services, as well as the wide range of community based services and support close to home described in the previous paper (*Transforming mental health and dementia services in Kent and Medway*). There was significant investment planned for Kent and Medway in total but as KMPT was contracted to work across both areas there was not a specific budget for Medway, although all services available in Medway could be made available for Members. The point was made that, nevertheless, the public would perceive this change as a service being removed from Medway and this perceived loss could affect people's confidence they would get the support they needed and be supported by their families. The CCG commented that this issue of perceived loss was important to understand and would be included in the consultation discussions and consideration. In response to the latter, a point was made that the loss was real and not perceived and even if the service was better, there would still be families who would not be able to travel as regularly to visit. The Director added that she had made it clear to the CCG that Medway needed to receive equal treatment and respected as a discrete geographical area. The CCG emphasised their commitment to Medway and to improving services and that they understood the levels of deprivation in Medway and were looking at potential ways the travel challenges for some visitors could be mitigated as part of the pre-consultation business case.
  KMPT advised that the new facility would be mixed sex, but patients would continue – as now - to be placed in a ward according to their needs and Medway residents were able to access other wards in Kent.
- **Users of Ruby Ward** – it was argued that, as out in the report to the March meeting, the largest number of users per former CCG area came from Medway and Swale. The CCG responded that the majority of patients in the period analysed were not Medway residents, who represented 30% of the overall numbers. The CCG stated they could look again at how the figures were presented to make this as clear as possible in the consultation document.

Decision:

The Committee agreed to:

a) note the draft consultation plan.

b) request that updates be brought to the August and October meetings on the progress and outcome of the consultation before the Committee submitted its response.

78 Adult Social Care Strategy

Discussion:

Members considered a report regarding the Adult Social Care Strategy, which set out the objectives and focus for Medway Adult Social Care over the next four years.

Members discussed the following issues:

- **Shift from reactive to empowerment** – the point was made that often by the time people approached the Council for help with adult social care, they would have done all they could to prevent care being need. The Strategy did not address that and assumed most people were in a position to offer help. Therefore, being told at the point they asked for help that the Council would empower them to do more would be a difficult message to convey. The Assistant Director – Adult Social Care responded that the data showed that when people asked for help they were often not sure where to go and often did not meet the criteria for adult social care. The reference to empowerment was more about acknowledging that and signposting people to the most appropriate place for help. Feedback from partners was they often referred people to adult social care as they did not know where to suggest.
- **"Just enough" support and delayed need**– noting the aim that 'just enough' support would be provided to assist people to build on their current strengths and develop their abilities to look after themselves without becoming overly dependent on social care support, it was suggested that it should be clarified that "just enough" did not mean the right level of care would not be provided. The point was also made that these phrases seemed negative. The Assistant Director – Adult Social Care acknowledged there had been some concerns about the "just enough" phrase during the consultation, but this meant to convey what statutorily the Council had to do and what support others could provide. However, she would revisit the "just enough" phrase. The reference to delayed need, a phrase commonly used in the Care Act, was about what prevention could be put in place and not meant to suggest care itself would be delayed.
- **Paying for care** – the lack of any reference in the Strategy to the need to pay for adult social care was highlighted. The Assistant Director – Adult Social Care acknowledged there should be a link to the charging policy.
- **Women carers** – noting women took on the majority of caring responsibilities, it was noted there was no reference to their right to have their needs as carers assessed.
- **Transition to adulthood** – what changes young disabled people would see when they became adults was questioned. The Assistant Director –

Adult Social Care advised a programme had been set up to make transition from childhood to adulthood much smoother and that people were being captured at an earlier age than before. This would look at the needs of an individual and assess what the next steps were if they were eligible for care. If they were not eligible then the Council would look at what other support was available.

- **Workforce** – the need to include what training and support staff would need to make the Strategy work was queried and also how the effectiveness of the strategy would be measured. In response, Members were advised that targets sat underneath the Strategy and these would be measured to ensure the Strategy was delivering its outcomes. Members were assured that officers would be very focused on the details needed to achieve results, but this detail had been omitted from the Strategy so as not to lose its over-arching message.
- **Technology** – noting the reference that technology will play an increasingly important role in enabling people to live independently and to self-manage their care needs, it was pointed out that a lot of older people did not have access to broadband at home.
- **Listening to families** – an assurance was sought and given that families would be listened to where they were providing care to individuals.
- **Safeguarding** – the point was made that if people were to stay in their own homes for longer then safeguarding would generally become more of an issue. Members were assured the service would work closely with the new Chair of the Adult Safeguarding Board and would look to quality assure its own providers to see if any needed support or if a service should be re-provided. If significant safeguarding concerns arose staff would be clear on what they needed to do.

Decision:

The Committee agreed to note the report and forward its comments to Cabinet

79 Work programme

Discussion:

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

The Chairman paid tribute to Maggie Cane (Medway Healthwatch) who was attending her last meeting of the Committee and thanked her for her expertise and contributions during her time as a co-opted Member.

Decision:

The Committee agreed:

a) that the update from Medway Community Healthcare be submitted to the August meeting.

b) that a proposal to add to the work programme the outcome of a Government consultation on the development of a Women's Health Strategy and look at local women's health services be considered at the next agenda planning meeting.

Chairman

Date:

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