

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

Tuesday, 17 August 2021

6.30pm to 9.30pm

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, Barrett, Price, Thorne and Mrs Elizabeth Turpin

Co-opted members without voting rights: None

Substitutes: Councillors:
Cooper (Substitute for Prenter)

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
Lee-Anne Farach, Director of People - Children and Adults' Services
Steph Hood, STP Communications and Engagement
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
Penny Smith, Director of Business Services, Medway Community Healthcare
Jacquie Mowbray-Gould, Chief Operating Officer, Kent and Medway NHS and Social Care Partnership Trust
Colin Thompson, Consultant in Public Health
Michael Turner, Democratic Services Officer
Sue Wilson, Assistant Director of Local Care, Medway Community Healthcare
James Williams, Director of Public Health

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240 Chairman's Announcement

The Chairman referred to the recent sad death of Councillor Tashi Bhutia, a long-standing Member of the Committee. A minute's silence was held in memory of Councillor Bhutia.

241 Apologies for absence

Apologies for absence were received from Councillors Ahmed, Murray, McDonald, Prenter 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.)

242 Record of meeting

The record of the meeting of the Committee held on 15 June 2021 was agreed and signed by the Chairman as correct.

243 Urgent matters by reason of special circumstances

There were none.

244 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none

Other interests

In relation to agenda item 9 (Council Plan Performance Monitoring and Risk Register Review Quarter 4 2020/21), Councillor Cooper disclosed that she was a volunteer for Medway Voluntary Action and a Trustee of Medway African and Caribbean Association.

Whipping

There were no declarations of whipping.

**245 Transforming mental health services across Kent and Medway -
Eradicating Dormitory Wards**

Discussion:

Members considered a report on the 'Eradicating mental health dormitory wards in Kent and Medway' programme.

The following issues were discussed:

- **Consultation** – in response to a comment about the number of unconfirmed activities in the timetable (paragraph 7.4 of the report), Members were advised that this was due to the need to submit the paper before the consultation started. A full list of dates and times would be sent to Members. In response to a point that the draft consultation document should have been submitted to the Committee, Members were advised that the tight timetable had prevented this, but the draft consultation document had been informally shared with Members before the public launch and the feedback received had been incorporated.
- **Proposals and reasons for change** – in response to a request for more clarity on the reasons for change, Members were advised that the proposal was to relocate Ruby Ward to a new location on the Maidstone Hospital Site owned by KMPT. The number of beds would increase from 14 to 16. The new site would allow enhancements not possible at the Ruby Ward site, including more space for therapeutic activities, access to outside space and en-suite private rooms. The privacy and dignity of patients would be significantly enhanced, and the environment would be more conducive to support people to get better and be discharged more quickly. Whether KMPT had sufficient staff to achieve these ambitions was queried and KMPT advised that the Trust had secured national funding to improve therapeutic services and recruit gym instructors etc.

A comment was made that the proposal represented the closure of Ruby Ward and, given the highest number of users came from Medway, the new unit should be located in Medway, albeit the new unit would result in a better service. As the new unit would be a mixed sex ward, whether this meant a reduced service for women was queried as well as whether there would be sufficient beds in the future given likely demographic changes. In response, KMPT advised that the number of beds would increase from 14 to 16 beds, so overall the bed base would increase across Kent and Medway. Ruby Ward was female only, but KMPT operated a flexible bed base with admissions on a needs basis.

A point was made that it was disappointing another mental health facility appeared to be moving out of Medway, although it was acknowledged the new facility would be an improvement. There was a need now for patients and families to understand what was happening, a proper transition programme and free or heavily subsidised transport.

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- **Location of the new unit** – concern was expressed at the possibility of the new unit being located adjacent to a psychiatric ward as this would be detrimental for patients and visitors. KMPT advised that the new unit would be a psychiatric ward for older people and would be located on a site with other psychiatric wards.
- **Ruby Ward staff** - questions and concerns were raised about ongoing consultation with staff, what would happen to staff who did not want to relocate to Maidstone, staff welfare, possible changes in terms and conditions and whether this could lead to a shortage of staff at the new unit. A guarantee was requested that there would be no redundancies. KMPT responded that their preference was to support all Ruby Ward staff to stay with KMPT. KMPT would follow its normal consultation process and support staff to identify their best options. The Trust would facilitate any staff who wanted to relocate as well as those who wished to remain in Medway. Regarding the latter, KMPT operated a number of services in Medway and other opportunities with NHS partners would be another possible option. Any staff who relocated would be recompensed for extra travelling costs. It was not possible to guarantee a suitable job could be found for everyone who did not wish to relocate but every effort would be made to find a solution which did not entail a reduction in pay. KMPT had an active recruitment programme but there were national shortages in some areas, including Mental Health nurses and the Trust was working with partners to get right skills mix.
- **Transition to new unit** – in response to questions about how the transition would be managed, KMPT commented there were well formed plans around decanting patients from wards, which had been successfully followed when Ruby Ward was used for Covid patients. The length of stay in the ward was around 40-60 days and admissions would be planned around that. The Trust would work with patients and families and staff would be made fully aware of the plans so they could inform patients and families about the process.
- **Transport** - in response to comments about the need to minimise disruption and costs involved in travelling to Maidstone, Members were assured that views on this issue would be sought during the consultation. The consultation would involve a series of focus groups, including people in deprived areas, to better understand these issues and identify possible solutions. The travel analysis showed that for some people in more deprived areas there was an adverse impact if using public transport and the CCG were keen to understand how to mitigate that. The point was made that the CCG should not assume the numbers of people needing to be assisted with travel would be very low. The CCG's aim was to extend current transport provision and add to it whatever suitable ideas emerged from the consultation.

In terms of whether taxis would be offered, Members were advised that KMPT would work with families on an individual basis and if a taxi was the most appropriate form of transport, then it would be chosen.

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It was confirmed that there would be no charge for visitors at the new dedicated car park at the Maidstone site.

Decision:

The Committee agreed to:

- a) note the updates on the programme and consultation timelines provided in this report and, as a result, agree that the 12 October meeting of the Committee be moved to either 26 or 28 October.
- b) note the information provided in relation to the integrated impact assessment, and request that proposals be submitted to the next meeting on how to reduce the impact of increased travel times for patients and visitors.
- c) accept the invitation for a visit during the consultation period.
- d) continue to work with the CCG during the consultation and request that the 1 November date for providing a response and recommendations to the CCG on its consultation on the proposed closure of Ruby Ward be changed to allow time for a response to the proposals to be submitted.

246 Medway Community Healthcare Operational Performance Briefing

Discussion:

Members considered a report which provided an overview of Medway Community Healthcare's (MCH) current position of community health services provision.

The following issues were discussed:

- **Flow and discharge** - there were comments that this remained a challenge and reference was made to reports of people being sent home without the right care package. MCH advised no patients were left at home without any health provided care. The cause of the problem was lack of providers and in house staff providing packages of care which were delaying discharges from Medway Maritime Hospital and MCH was working with partners to address this. Another challenge was on occasions patients remained in community beds longer than they should. There had been an improvement in flow and discharge, but it was not at the pace MCH would like, this was Kent and Medway issue not just local and the system were looking at ways to address this together.
- **Feedback** – in response to a request, an undertaking was given that future reports would contain cases of negative feedback and what had been done to try and resolve these.

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- **Contact by phone** - Reference was made to long delays in getting in contact with some MCH services by phone. MCH advised there had been problems with the new call centre, but the service had been improved and was closely monitored.
- **Increase in waiting times for services** – how MCH was addressing recruitment issues was questioned. MCH advised that there were only two key services whereby vacancies were problematic, community nursing and nutrition and dietetics. The community nursing service vacancy rate had improved slightly from 40% to 38%. MCH were moving from large locality-based nursing teams to smaller neighbourhood teams, with the aim of improving outcomes for patients and working conditions for nurses. This was expected to help with recruitment. MCH was also looking at its back-office teams to see what roles could be released from clinical staff. In response to a question whether these smaller teams were more impacted by the high vacancy rate, MCH advised the model encouraged teams to work through problems themselves and the teams could be quite creative, such as more flexible shifts. MCH were looking at whether this model could be embedded across the organisation and an event with stakeholders was planned to highlight the benefits of the model. MCH would welcome a site visit from Members to better understand how the teams worked. The goal was for the teams to work closely and where possible base themselves with GP services.
- **Sickness levels** – in terms of whether levels were a concern, MCH advised that sickness levels were relatively stable, but higher than ideal. Stress and anxiety were the two main causes of sickness. How the health and well-being of staff was supported had been reviewed and staff had been made aware of what help was available and had issued a brochure of support in place so staff could access any support they feel appropriate.
- **Clinical assessment waiting times** - in response to a question whether waiting times were back to pre-covid levels, MCH advised that performance had significantly improved, now down to 8-10 weeks on average but waiting times needed to reduce to 6-8 weeks. The necessary infection control measures were impacting on waiting times, but schedules had been reviewed to reduce waiting times where appropriate. The average waiting times for urgent appointments was 2 weeks and 8-10 weeks for routine appointments.
- **Diabetes clinics** – in response to whether the group sessions had been paused, Members were advised that virtual one to one consultations had remained throughout the pandemic and group sessions were now restarting.
- **MedOCC** – concern was expressed that people were attending urgent treatment centres as they knew they would be seen face to face on the same day. Whether this was being fed back to GPs was questioned. MCH advised that the reasons for this were being looked at by the CCG.

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Although primary care was operating beyond pre-covid levels, some people perceived it as being closed and were aware that if they went to the Emergency Department they would be seen or referred to MedOCC. MCH were working with the CCG on the root causes of this and how primary care could be supported.

- **Urgent response** – an assurance was sought that the admissions being avoided were not being re-referred later and appearing in the figures. MCH commented that they were confident very few people were readmitted.
- **Care packages** – reference was made to a situation where an elderly person who did not believe they needed help had been told before their discharge from hospital that a care package was needed and then told when they returned to home that one was not needed by the individual requiring care. MCH advised that problems could arise where a person who had capacity said they did not need an agreed care package and they had revisited how therapists communicated with individuals and advised staff to use more discretion in involving family members.

Decision:

The Committee agreed to note the report.

247 Kent and Medway NHS and Social Care Partnership Trust Update

Discussion:

Members considered a paper which provided an update on KMPT services based in Medway and/or support the Medway population; an overview of the main care pathways for adults and older adults into KMPT mental health services and an update on the Medway and Kent eating disorder service.

The following issues were discussed:

- **Pathways** – in response to a comment about the complexity of the clinical pathways diagrams in the report, Members were advised that these were very high level and not used to communicate with the public. The Trust was redesigning its literature to make it clearer to patients what therapies they were likely to receive and what the possible outcomes could be.
- **Britton House** – following a recent Member site visit to Britton House, there were a number of questions about working conditions and the general environment at Britton House. KMPT advised that there had been the normal teething problems when staff had moved into the building which had been addressed. However, a balance had to be struck between infection control and the rooms being inviting to service users and staff. There had been some initial complaints from staff but none since and there was a staff consultation group in place to discuss issues. There was now a blended model of working with around 50% of clinical appointments moving to a

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digital platform. This model had generally been viewed positively but KMPT recognised that a one size fits all model was not appropriate and through the review of the agile working programme take into consideration ongoing views of staff and patients to ensure improvements are sustained, safe and of a high quality.

- **Voluntary Sector** - to what extent KMPT supported the voluntary sector, given its reliance on it to provide mental health services was queried. Members were advised that KMPT were rolling out a programme, starting in Medway and Swale, to redesign the community mental health offer for people with serious mental illness. This would involve the voluntary sector. NHS England understood the importance of a sustainable voluntary sector and the programme was an opportunity to think differently about how MCH used its resources.
- **Waiting times standards** - a comment was made that the target of 18 weeks from referral to commencement of treatment with the Community Mental Health Teams was not very challenging. Members were assured that urgent care responses were either the same day or within 72 hours and anyone waiting for 18 weeks would have been already contacted and assessed. KMPT commented this standard is the same standard most mental health trusts are measured against however continually review to try to reduce wait times where possible.
- **Dementia diagnoses** – Members were advised this rate had improved in recent months, but more progress was needed. A paper on this issue would be submitted to the Committee.
- **Specialist Perinatal Mental Health Services** – in response to a question about how fathers were supported currently, KMPT advised that Covid had meant fathers could not be invited into the unit. Covid had prompted a national discussion on the role of fathers and partners when the mother was experiencing mental illness and in a ward away from the baby and mother. KMPT wanted to make sure the whole family was engaged when the mother was mentally unwell. In terms of what service was available for fathers who suffered mental illness following the birth of a child, this would be clarified.

Decision:

The Committee agreed to:

- a) note the report.
- b) agree for themed integrated reports about mental health to be brought for information and discussion to this Committee over the next 12 months along with visits to local services outside of the Committee.

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- c) agree that eating disorders for adults, children and young people mental health and transition will be the next themed scrutiny report brought to this committee via the Mental Health Learning Disability and Autism Improvement Board.

248 Kent and Medway Suicide Prevention Strategy for Adults

Discussion:

Members considered a report on the Kent and Medway Suicide Prevention Strategy for Adults, including the summary outcomes from local consultation and changes made in line with feedback received. Following Cabinet approval an action plan would be developed and brought to the Committee.

The following issues were discussed:

- **Data** – a point was made that the Strategy would benefit from some data and statistics. Members were advised that the Joint Strategic Needs Assessment contained information about the number of suicides and this showed Medway was close to the national average and lower than the Kent authorities. The data on intentional self-harm leading to emergency admission showed Medway was lower than the national average.
- **Substance misuse** – noting an increase in deaths from this and a reduction in funding for the service (both nationally and in Medway), how this was being address was queried. The Director of Public Health commented that the lockdowns had led to more people self-medicating. Alcohol rates had increased in Medway but the completion rate for people seeking alcohol treatment was close to the national average. He felt the key was to have an efficient service which delivered good outcomes rather than just focus on the cost of the service. The reductions in the funding had not impacted on the service's effectiveness.
- **Innovative approaches to reduce suicide and self-harm among high-risk groups** – some concern was expressed that this was qualified by the phrase “where funding allows”. The Director of Public Health commented this was a high-level strategy and mental health was one of the 9 system priorities in Kent and Medway. He added there was a need to look at how to support families and to work in partnership to tackle the wider determinants leading to suicide. How long someone remained as high risk was questioned, and the Director of Public Health responded this would depend on their individual circumstances.
- **Neuro-development disorders** – in response to a question, the Director of Public Health confirmed that the carers of this group of people were included.
- **Numbers of suicides in Kent and Medway** – in response to a request for a breakdown of numbers, the Director of Public Health advised that the

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data existed but care was needed in analysing it due to a re-categorisation by the coroners service which may have led to an increase in numbers, although rates in Medway were low.

Decision:

The Committee agreed to recommend that Cabinet approve the Kent and Medway Adult Suicide Prevention Strategy on a page, as set out in section 4 of the report.

249 Council Plan Performance Monitoring and Risk Register Review Quarter 4 2020/21

Discussion:

Members considered a report which summarised performance in Quarter 4 on the delivery of the Council Plan priority relevant for this committee: Supporting Medway's people to realise their potential. This report also presented the Quarter 4 2020/21 review of strategic risks.

The following issues were discussed:

- **Permanent admissions to care home** – how more places could be provided and how this risk was being managed were questioned. The Assistant Director – Adult Social Care advised that the pandemic had led to an increase in placements and there were also pressures regarding recruiting and retaining staff, which was a national issue. The Council was working with partners to try and help with the latter.
- **Financial sustainability of providers** – in response to concerns regarding the financial sustainability of providers leading to closures, the Assistant Director – Adult Social Care advised this has not been a particular problem in Medway and that on occasions CQC inspections can lead to closures. However, the Council was learning lessons from other councils where providers had experienced financial problems.
- **Direct payments** – a comment was made that direct payments were beneficial but not well understood and how well they were supported was queried. The Assistant Director – Adult Social Care advised that the Council worked closely with families to make them aware of how direct payments worked and their options. There had been a decrease in take up of direct payments during the pandemic but this was now changing. The Assistant Director felt that there was a need to ensure that staff consistently considered direct payments as an option when assessing care needs.

Decision:

The Committee agreed to note the Quarter 4 2020/21 performance against the measures used to monitor progress against the Council's priorities, and to also

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note the amended Strategic Risk Register as set out in Appendix 2 to the report.

250 Work programme

Discussion:

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

A suggestion was made that the issue of the rise in deaths from alcohol and substance deaths and how local services were performing be added to the work programme.

Decision:

The Committee:

- a) agreed the changes to the work programme as set out in paragraph 2.2;
- b) requested a briefing note on the role of the Primary Care Networks in Medway;
- c) agreed that a proposal to add to the work programme the issue of the rise in deaths from alcohol and substance abuse be discussed at the next agenda planning meeting.

Chairman

Date:

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