

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

Thursday, 9 December 2021

6.30pm to 9.38pm

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, Barrett, Lammas, McDonald, Murray, Prenter, Price and Thompson

Substitutes: None

In Attendance: Jackie Brown, Assistant Director Adults' Services
Jo Cumes, Assistant Director for Urgent and Intermediate Care, Medway Community Healthcare
Lee-Anne Farach, Director of People - Children and Adults' Services
James Harman, Senior Public Health Manager
Abigail Kitt, Deputy Director, Health Improvement & Transformation, Kent and Medway Clinical Commissioning Group
Penny Smith, Director of Business Services, Medway Community Healthcare
Michael Turner, Principal Democratic Services Officer
James Williams, Director of Public Health

530 Apologies for absence

Apologies for absence were received from Councillors Mrs Turpin and Thorne.

531 Record of meeting

The record of the meeting of the Committee held on 26 October 2021 was agreed and signed by the Chairman as correct.

532 Urgent matters by reason of special circumstances

There were none.

533 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

After the conclusion of agenda item 6, Councillor Price disclosed an interest in this item on the basis that he had discussed an individual case relevant to the report which had arisen in his capacity as an independent case worker.

534 Medway Community Healthcare Service Briefing

Discussion:

The following issues were discussed:

- **Waiting times** – concern was expressed about waiting times over 18 weeks. MCH's Director of Operations agreed this was unacceptable, but only a small number of people waiting for a service were in this category. Recruiting staff to work in children's therapy was problematic. There was a speech therapists apprenticeship scheme, but it was very difficult to recruit in this area.
- **Room availability and parking facilities** – noting the problems these issues were causing MCH, whether the Council could do anything to help was queried. The lack of a premises strategy from the CCG was considered to be a contributing factor. The Director of Operations advised that hopefully by January rooms currently being used as vaccination clinics would be freed up, which would allow waiting times to be significantly reduced. MCH were trying to use their estate as efficiently as possible but the need to have in place infection control measures was also limiting room usage.

Concern was expressed regarding the 4-hour parking restrictions at some sites, as this was affecting the ability of staff to clear the waiting lists backlog.

- **Staff absences** – the reasons behind the overall staff absence rate of 5.32% were queried. The Director of Operations advised most absences were due to stress, anxiety and fatigue. Staff were able to access a variety of health and wellbeing schemes.

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- **Integrated discharge team** – with regard to the extent to which poor provider capacity was causing difficulties in this area, Members were advised that patients at home with complex needs presented the greatest challenge as providers needed to be more skilled. An assurance was given that the new care providers referred to were appointed following due diligence.
- **Compliments and complaints** – it was agreed that future reports would include a breakdown of complaints by service and also the number of service users to put complaints numbers in proportion. In terms of how Grumbles were defined, MCH advised that if a person made contact verbally to raise an issue then this was classed as a Grumble. An issue raised in writing was classed as a complaint.
- **Phlebotomy services** – in response to a question about the new online booking system, Members were advised that patients had found the new system easy to use so far.
- **Urgent care hub pilot** – an update on this would be included in the next report.
- **Power of attorney** – in respond to a query, Members were advised that if a person had capacity then their package of care would be discussed with them. If MCH believed a person was not acting in their best interests but had capacity then they would ask permission to speak to the family. If a person did not have capacity then MCH would speak to the person with power of attorney and, in the absence of the latter, the next of kin. The key to deciding if a person had capacity was whether they were able to recognise the consequences of decisions.

Decision:

The Committee agreed to:

- a) note the report.
- b) request a briefing paper on room availability and space.
- c) recommend that the Council investigate the issue of parking restrictions at some of MCH's sites.

535 Long Covid

Discussion:

Members considered a report which outlined the Kent and Medway understanding of Long Covid, including prevalence, current service arrangements and planned future developments.

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Members were advised that the Kent and Medway Post Covid Assessment Service was the largest in England and had so far dealt with 1,200 referrals, 26% of which were from Medway and Swale. Funding for 2022/23 had been identified for the service to continue.

The following issues were discussed:

- **Initial assessments** – in response to a query whether these were face to face, Members were advised that these took place over the telephone. Hopefully by March 2022 face to face virtual assessments could be offered.
- **Support from partner organisations** – the possibility of the Kent and Medway Post Covid Assessment Service training its community partners to support the service was suggested.
- **Future reports** – a request was made for future reports to include more data on age etc in order to see whether long covid was impacting on communities who had already experienced greater health inequalities pre-pandemic and where they were located, which would help the Council to see how they could be supported. Members were advised 13% of referrals were from deprived or BAME communities, which was probably not representative. There was not enough data to be able to target the most affected communities, but this would be reported when it was available. Members were advised the public health team could help with the modelling of the prevalence of long covid.
- **Impact on children** – the point was made that the pandemic had affected many children psychologically. Members were advised that most children would not develop long covid but there was a specialist service for children with the condition and there were 50 children on GP registers in Kent and Medway with Long Covid.
- **Patient pathways** – it was clarified that the referral route for adults was through primary care and GPs as there was a need to rule out any other reasons for symptoms. The service had a robust primary care education programme to encourage patients and referrals. The point was made that delays in getting an appointment with a consultant was affecting referrals in some cases.
- **Patient Groups** – there was a proactive group of patients who helped to develop services.

Decision:

The Committee agreed to note the report and requested an update in six months.

536 People Strategy 2021-2025

Discussion:

Members considered a report regarding a proposed People Strategy which set out an ambition for all those who lived, worked, and learned in Medway.

The following issues were discussed:

- **Monitoring of the Strategy** – with regard to how progress would be reported and monitored, the Director of People advised that there would be an annual report. The Strategy was deliberately high level, written to be understandable and underpinned by additional supporting strategies and plans. The Strategy was intended to drive progress and the Director was confident the targets would be met either fully or almost fully.

In response to a question whether staff understood the Strategy, Members were assured that staff were aware of it.

- **Direct payments** – in response to a concern that direct payments did not always meet people's needs, the Assistant Director – Social Care commented that there could often be confusion around direct payments but there were many examples where needs had been met. How direct payments were delivered was being reviewed.
- **Partners** – whether the Council's partners would relate to the Strategy was queried. The Director of People considered that the Strategy was broad enough to be meaningful to partners.
- **Young People's Mental Health** – a suggestion was made that an indicator for this be added to the Strategy. The Director of Public Health advised that a decision had been taken not to include every issue which was measured, and many more indicators were included in action plans which sat beneath the Strategy. Choosing one indicator to reflect all the activity on young people's mental health would be very difficult.
- **Staff recruitment** – noting the difficulties in recruiting staff, how the Strategy helped with this and how local people could be encouraged to train to work in social care was queried. Members were advised that the Council was attempting to address these issues through the Skills Board.

Decision:

The Committee agreed to:

- a) recommend that Cabinet:

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- i) approve Medway's new People Strategy, as set out at Appendix 1 to the report.
 - ii) approve the governance and delivery model set out in Section 4 of the report.
 - iii) delegate authority for delivery to the Director of People (Statutory DCAS) in consultation with the Portfolio Holder for Children's Services (Lead Member) and the Portfolio Holder for Adults' Services, to make any minor amendments needed to the strategy and finalise the key performance indicators in Appendix A of the Strategy document before its final publication.
- b) note that the Health and Wellbeing Board will monitor the key themes to ensure strategic oversight for Medway.

537 Kent and Medway Adult Learning Disability and Autism Collaborative Options

Discussion:

Members considered a report regarding proposals from Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (KMCCG) to improve health and social care outcomes for adults with learning disability and autistic people across Kent. This would be achieved by a new NHS Provider and Council 'Collaborative Agreement' and a new 'Section 75 Agreement' to implement a 'Whole System Model'. There was an opportunity for Medway Council to join the collaborative and the paper outlined the following options for Member's consideration.

- Option 1 – Do nothing (continue as we are)
- Option 2 – Medway joins the KCC and KMCCG Delivery Partnership (this was the recommended option)
- Option 3 - Medway remains outside of the Kent Section 75 Agreement and develops a Medway-only agreement with KMCCG
- Option 4 – Medway considers a local approach

The following issues were discussed:

- **Advantages and flexibility for the Council of Option 2** – whether the Council could still decide to increase spending on services for adults with autism and learning disabilities under this option was queried. Members were advised that funding would primarily come from the CCG for Kent and Medway services. The Council could choose to allocate additional funding for a service it felt was needed outside the collaborative. Officers advised that being outside the collaborative meant the Council would not benefit from its joint purchasing power, which would result in better deals, particularly for the smaller services where it was difficult to

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achieve economies of scale. If the Council did not become a partner in the arrangements then it would have to find a new way to work, which would be challenging. The Council would not be compelled to take part in any arrangement it did not want to under Option 2. Staff would still be employed by the respective councils. The Council would still be able to bid for funding for pilot projects.

In response to a question, officers considered that KCC were not providing better services than Medway but had joined the collaborative as they recognised expenditure on services could be done in a more structured way. A recent Local Government Association Peer Review of the Council had recommended this approach to the Council.

An assurance was sought that if Option 2 was agreed Medway would have an equal voice which would not be diluted. The Assistant Director assured Members the Council would have an equal voice, which would include Medway residents to feedback on their experiences and services.

Some concerns were expressed about whether the CCG fully understood the needs of Medway and its residents.

- **Transitional arrangements** – noting this was a three-year strategy, the importance of the transition to a new service being managed so no service users fell through any gaps was emphasised.
- **Duty to assess for autism in adults** – a briefing paper on this would be produced for Members.
- **People in supported living** – how the proposed collaborative would improve people in supported living was queried. Officers advised that if Option 2 was agreed then, as the new service progressed, the Council would look at whether supported living services should be commissioned.
- **S75 Agreement to pool funding** – in response to what safeguards would be in place to ensure the Council received its fair share of funding, Members were advised that the aim of the S75 agreement was to allow the Council to delegate decision making in order to commission services more quickly and it was not a case that the Council had to commit to a certain level of funding. In terms of an opt out clause, legal advice would be sought on how the Council could cease to be a party to the S75 Agreement but in any event the Council could choose not to commission services through the collaborative without formally withdrawing from it and could choose to use the new arrangements where this would benefit the Council.
- **Scrutiny of the new arrangements** – it was clarified that the Programme Director would be able to be held to account.

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In conclusion the Committee agreed to support Option 2 given the need to improve services in this area but with some reservations, as outlined above.

Decision:

The Committee agreed to:

- a) recommend Option 2 to Cabinet as this will secure the Council's place as an equal partner in key decisions with the NHS, which affect how healthcare services and support for Medway's residents with a learning disability and autistic residents are planned, delivered and held accountable.
- b) request that the Cabinet, if Option 2 is approved, ensure that Medway has an equal voice in decision making and service delivery; suitable performance monitoring arrangements are put in place and if the outcomes for Medway residents with learning disabilities and/or autism are not improved to re-consider the model.
- c) agree that a progress report on the new arrangements, including outcomes, are reported to the Committee 6 months after the start of the new arrangements and a briefing paper after 3 months.

538 Council Plan Performance Monitoring Report and Risk Register Quarter 2 2021/22

Discussion:

Members considered a report regarding the Council Plan 2021/22 and the delivery of the priority relevant to the Committee: Supporting Medway's people to realise their potential. This report also presented the Q2 2021/22 review of strategic risks.

Reference was made to Strategic Risk SR09A (Meeting the needs of older age people and working age adults) and more information was requested on what was meant by reducing demand appropriately, given the financial pressures and rising demand.

Decision:

The Committee agreed to:

- a) note the Q2 2021/22 performance against the measures used to monitor progress against the Council's priorities.
- b) request a briefing note on Strategic Risk SR09A (Meeting the needs of older age people and working age adults), specifically examples of how demand was being reduced appropriately.

539 Work programme

Discussion:

Members considered a report regarding the current work programme.

Decision:

The Committee agreed the changes to the work programme as set above and as reflected in the revised work programme set out in Appendix 1, including the addition of the draft revenue and capital budgets 2022/23 for the January 2022 meeting.

Chairman

Date:

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