

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

Tuesday, 18 January 2022

6.30pm to 10.18pm

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, Lammas, Murray, Price and Thorne

Co-opted members without voting rights

Martyn Cheesman (Healthwatch Medway)

Substitutes: None

In Attendance:

Kate Bell, Senior Public Health Manager
Sara Boorman, Head of Service Kent and Medway All Age Eating Disorder Service
Councillor David Brake, Portfolio Holder for Adults' Services
Jackie Brown, Assistant Director Adults' Services
Scott Elliott, Head of Health and Wellbeing Services
Lee-Anne Farach, Director of People - Children and Adults' Services
Brid Johnson, Director of Operations, NELFT
Andrew Rabey, Chair, Kent and Medway Safeguarding Adults Board
David Reynolds, Senior Accountant
Michael Turner, Principal Democratic Services Officer
James Williams, Director of Public Health

615 Apologies for absence

Apologies for absence were received from Councillors Ahmed, McDonald, Prenter, Thompson and Mrs Turpin.

(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 and enable more efficient meetings. Therefore, the apologies given reflected that informal agreement of reduced participants).

616 Record of meeting

The record of the meeting of the Committee held on 9 December 2021 was agreed and signed by the Chairman as correct.

617 Urgent matters by reason of special circumstances

There were none.

618 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.

619 Attendance of the Portfolio Holder for Adults' Services

Discussion:

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

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

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

- **Community Resource Centre - 147 Nelson Road** – noting that the Centre had been closed in March 2020 due to the pandemic, an update on the current situation was requested, including progress on the Cabinet decision to bring together the service at 147 Nelson Road and the Community Support Outreach Team. The Portfolio Holder commented that Nelson Road provided a service to a relatively small number of people across Medway. The intention was to expand the

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service into the community, which was more important than keeping Nelson Road as a base, but this had been affected by the pandemic. No changes to the service were being considered at present. Comments were made regarding the importance of the service at Nelson Road and that this should be maintained.

- **Budget challenges** – in spite of the significant budget challenges facing staff they were commended for the effort they had made to support the wider health economy. The Portfolio Holder was asked what he would do to prevent the directorate from having to deliver more savings, given the current budget gap. The Portfolio Holder commented that whilst savings would be needed it was paramount that those who needed a service were looked after. The Council was resisting increased charges due to hospital discharges into care homes and was lobbying the Government for extra funding.
- **Social Care Agency** – noting the Portfolio Holder had previously said all options were being considered, an update on this proposal was requested. The Portfolio Holder confirmed this was being looked at and commented a lot of care workers had left the service and it was difficult to recruit, particularly in domiciliary care.

Decision:

The Committee thanked Councillor Brake for his attendance and noted the report.

620 All Age Eating Disorder Service Update

Discussion:

Members considered a report which provided an update on Eating Disorders for Adults within the All-age Eating Disorder Service delivered by the North East London NHS Foundation Trust (NELFT) within Medway.

The following issues were discussed:

- **Tier 4 Specialist Eating Disorder Beds** – noting that bed use was 70% in Sussex and 30% in Kent and Medway, the reasons for this disparity were queried. The Committee were advised that the total numbers were small and most people were treated at home. Subject to NELFT joining with Sussex on a provider collaborative basis, bed use would be reviewed on a monthly basis. The preference though was to attract more money to treat people in the community. NELFT were also exploring whether day care facilities could be provided in Kent and Medway. The fact that the beds were located in south London probably also affected who used them. In response to the latter point, a comment was made that this was an example of proximity to a service affecting access to it for Medway residents and of another mental health service that Medway had lost. It was argued that NELF should explore with KMPT

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opportunities for providing beds at least in Kent if not in Medway for very complex cases, given how debilitating the disease could be for everyone in the household. NELFT advised the best model for beds would be reviewed next year and if more were needed for adults then the Commissioners were open to this discussion.

- **93% female caseload** – how this compared to national trends and whether this figure informed spending and the nature of outreach work was questioned. Members were advised that NELFT did not have the national data on this. Research was being carried out to better understand the reasons behind the take up figures for females and males and also the prevalence of eating disorders amongst men. This information would then be used to shape services.
- **Community monitoring** - in response to questions about the effectiveness of monitoring patients in the community, NELFT responded that while there could be challenges, the Team was well trained and experienced. The safety of patients was monitored through physical health clinics. Any patient classed as high was notified to the whole team. If a patient lived with other people in the household then the Team would try to educate them.
- **Awareness of GPs** – Members were advised that NELFT was contractually responsible for physical health monitoring. GPs were informed of care plans and kept updated. When a patient was stable they became the responsibility of GPs with an open door back to NELFT if needed. In response, a point was made that this relied on GPs looking at blood test results in a timely way and understanding their importance, which was hampered by a shortage of GPs in Medway. NELFT advised the Committee that patients were not discharged if at high risk. In addition, NELFT worked very closely with KMPT and was developing an adult liaison role to work with GPs and KMPT.

Decision:

The Committee agreed to:

- a) note the report;
- b) request a briefing paper on current and soon to be introduced pathways.

621 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2020-2021

Discussion:

The Independent Chair of the Kent and Medway Safeguarding Adults Board (KMSAB) introduced the Board's Annual Report for April 2020 - March 2021, which set out the responsibilities and structure of the Board and detailed how the multi-agency partnership delivered against its priorities for the year. The

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report also provided information pertaining to Safeguarding Adults Reviews, funding arrangements and safeguarding activity information.

The following issues were discussed:

- **Safeguarding Review Cases** – the point was made that all the cases referred to in the report highlighted a lack of communications between the services involved, such as between social care and housing. This showed a need for the system to work together better and for high risk groups to be the responsibility of all involved. The Independent Chair agreed and commented the Board was looking at improving collaboration and had invited Housing to be part of Safeguarding Group.
- **Training** – in response to a query about training staff in mental health services on safeguarding, the Independent Chair confirmed that all staff working with adults were required to undertake safeguarding training. In addition, the Board's website offered guidance on how to make referrals. With regard to training provided by the Board, the Independent Chair advised that the statutory partners who contributed to the Board financially had access to training, but not other partners. The Board now ran training webinars and would like to expand training to all agencies and charities. The Assistant Director – Adult Social Care commented that any care provider had to provide training to their staff, as this was part of CQC requirements and the Council audited this to ensure all providers were trained. The CQC would also look at this during inspections. This was in addition to training from Board.
- **Domestic Abuse** – why levels of domestic abuse in the home were so high in Medway and why so many allegations were not dealt with were queried. The Independent Chair responded that he did not know why levels were so high but the densely populated nature of much of Medway may explain this as it was more likely to be heard by a neighbour and reported. In addition, an increased level of reporting may be due to increased awareness and good local services. Interventions to prevent cases of repeat victims was vital. In response to a point that male victims did not receive as much attention as women, the Independent Chair commented all incidents of domestic abuse were abhorrent, whether the victims were men or women. He felt the priority should be on supporting women as the overwhelming number of offences, both in volume and severity, were committed against women, which also often impacted on children.

A point was made that budgetary constraints prevented the Crown Prosecution Service (CPS) from pursuing prosecutions where the evidence was not clear cut. The Independent Chair added that the CPS was measured in terms of successful court outcomes and often in domestic abuse cases it was one person's word against another's. In addition private prosecutions were rare as accessing legal aid was difficult.

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Decision:

The Committee noted the Annual Report and agreed to forward its comments to the Health and Wellbeing Board when it considers the Annual Report.

622 Social Prescribing

Discussion:

Members considered a report which provided a summary of the draft plan 5 year to realise the potential that social prescribing can bring to residents and the health and care system and recent progress on social prescribing.

The following issues were discussed:

- **Medway and Swale Social Prescribing Plan 2022-2027** – in response to a point that the targets seemed ambitious and a query how they would be monitored, Members were advised that monitoring was carried out in various ways as there was not a single commissioner for social prescribing. The headline numbers would be pooled to provide an overview. A competency framework was being developed so there was more consistency across the system. It was relatively easy to measure improvements in wellbeing but this needed to be done consistently. There was evidence that such improvements would result in fewer hospital admissions and GP appointments etc. and would help the financial case for Social Prescribing.
- **Voluntary and Community Sector (VCS)** - concern was expressed about the capacity of the VCS to provide activities, especially as a result of the pandemic, and how social prescribing would be funded. The Head of Health and Wellbeing assured Members that the capacity of the VCS was high on his agenda. Funding was being requested from the Health and Care Partnership and a business case was being developed.

Decision:

The Committee agreed to note the report.

623 Reported rise in deaths from alcohol and substance abuse

Discussion:

Members considered a report which sought to demonstrate the trends in Alcohol and Drug related deaths in Medway, report on current interventions to reduce them and recommend future actions.

The following issues were discussed:

- **Nitrous Oxide canisters** – in response to concerns about the abuse of nitrous oxide canisters by young people in Medway, the Director of

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Public Health commented that he was aware of this and young people were being made aware of the dangers as part of general community safety work. He did not consider this was at present a significant issue in Medway. In response, the point was made that, against a backdrop of a 45% cut in drug recovery services in Medway, empty nitrous oxide canisters were commonplace in parts of Medway and these were a gateway to serious drugs. The Director of Public Health commented that he did not recognise the 45% figure but would check this. The Council had invested more in drug recovery services but it was the outcomes which were key. A comment was made that there was a need for greater education that illegal substances were not the same as alcohol misuse due to the different nature of their source and distribution.

- **Date Rape drugs** – in response to a query, the Director of Public Health advised the police had not identified any specific cases linked to the issues first reported in Nottingham, in Medway.
- **Recovery programme** – the point was made that the 18% completion rate was not acceptable as this meant 80% of people did not finish the programme. The Director of Public Health commented that 18% was the cumulative figure of people presently in the programme so far this year. The performance of Medway treatment service was currently 4% higher than the average for England. The final figure for the year was likely to be 50%. In response to comments that this still showed a lack of ambition, the Director commented that he believed the Strategy was ambitious but dealing with substance abuse was a complex societal issue.
- **Service providers** - concern was expressed about the quality of the service provided by some commissioners. The Director considered providers were delivering in line with current strategy and were performance managed. When services were reprocurd this would be with the aim of delivering excellent service in line with the needs of the population, but his needed to be done in a holistic way.

Decision:

The Committee agreed:

- a) to note the progress made at reducing deaths from Drug Misuse in Medway and that successful completion of treatment for drugs and alcohol in Medway were above the England average.
- b) to note that in order to effectively meet the needs of people who use drugs a whole system approach was needed, including early identification of people whose health is affected by substance misuse becomes “everyone’s responsibility” and robust pathways developed into treatment services.

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- c) to note that a local response to the 2021 drug strategy would be developed and agreed by all relevant partners across health, social care, criminal justice and community led organisations.
- d) to request a briefing note on the funding of drug treatment services in Medway over the last 10 years.
- e) that the next agenda planning meeting discuss whether there should be a report on the 10 Year Strategy to see the overall picture and outcomes achieved, including the number of people receiving treatment.

624 Draft Revenue and Capital Budget 2022/23

Discussion:

Members considered a report which presented the Council's draft capital and revenue budgets for 2022/23. In accordance with the Constitution, Cabinet was required to develop 'initial budget proposals' approximately three months before finalising the budget and setting council tax levels at the end of February 2022.

Members were advised the Local Government Finance Settlement had resulted in an additional £2.5m for adult social care compared to the draft budget, and that the public health grant would be increased in line with inflation to be around £18.1m.

Whether this increased funding meant the identified budget gap had been closed, allowing services to be delivered at their current level was queried. Members were advised the announcements represented a significant increase in funding and there is therefore less need to identify savings from adult social care to deliver a balanced budget. Officers were confident a balanced budget could be delivered. In response the point was made that the increase in pressures in adult social care was still a concern and while less savings were now needed whether demand could be met comfortably was questioned.

Decision:

The Committee agreed to:

- a) note that Cabinet has instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2022/23 and beyond.
- b) comment on the proposals outlined in the draft capital and revenue budgets in so far as they relate to the services within the remit of this Committee, and feed this back to the Business Support Overview and Scrutiny Committee in January.

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625 Work programme

Discussion:

Members considered a report regarding the current work programme.

Decision:

The Committee agreed the changes to the work programme and as reflected in the revised work programme set out in Appendix 1.

Chairman

Date:

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