

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

**Thursday, 10 March 2022**

**6.32pm to 10.05pm**

**Record of the meeting**

**Subject to approval as an accurate record at the next meeting of this committee**

- Present:** Councillors: Ahmed, Barrett, Lammas, Murray, Prenter, Price, Purdy (Vice-Chairman), Thorne, Mrs Elizabeth Turpin and Wildey (Chairman)
- Substitutes:** Councillors:  
Cooper (Substitute for McDonald)  
Howcroft-Scott (Substitute for Adeoye)
- In Attendance:** Jackie Brown, Assistant Director Adults' Services  
Lee-Anne Farach, Director of People - Children and Adults' Services  
Aeilish Geldenhuys, Head of Public Health Programmes  
James Harman, Senior Public Health Manager  
John O'Sullivan, Associate Director of Integrated Care, SECAMB  
Glenn Page, Children's Commissioning Programme Lead (Universal Services)  
Ray Savage, Strategy and Partnerships Manager, South East Coast Ambulance Service  
Dorothea Smith, Head of Midwifery, Medway NHS Foundation Trust  
Penny Smith, Director of Business Services, Medway Community Healthcare  
Laurence Sopp, Operating Unit Manager – Medway, SECAMB  
Michael Turner, Principal Democratic Services Officer  
Matthew Webb, Associate Director of Strategic Partnerships and System Engagement, SECAMB

**734 Apologies for absence**

Apologies for absence were received from Councillors Adeoye, Thompson and McDonald.

### 735 Record of meeting

The record of the meeting of the Committee held on 18 January 2022 was agreed and signed by the Chairman as correct.

### 736 Urgent matters by reason of special circumstances

There were none.

### 737 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

#### Disclosable pecuniary interests

There were none.

#### Other significant interests (OSIs)

There were none.

#### Other interests

Councillor Cooper disclosed the following interests:

- Agenda item 6 – her step Grandson was employed as a call handler with SECAMB.
- Agenda item 8 – she was a governor at Rivermead School which, although not mentioned in the report, specialised in Autistic Spectrum Disorders and Asperger's Syndrome.
- Agenda item 9 – she was a Trustee of the Medway Afro Caribbean Association which was mentioned in Annex 1 to the report and was also a befriender for Medway Voluntary Action.

Councillor Purdy in relation to agenda item 5 disclosed that she was a Trustee of the Foetal Alcohol Syndrome Trust.

### 738 Healthy Pregnancy in Medway

#### **Discussion:**

Members considered a report which provided an update on Medway's approach to supporting healthy pregnancy. It details some of the initiatives, targets and outcomes being delivered locally and sets out some of the key undertakings in the next 12 months.

The following issues were discussed:

- **Team Connect** – a point was made that the numbers of vulnerable people engaging with Team Connect seemed low given the relatively high birth

rate in Medway. What more could be done to engage with this group was questioned. Members were advised that Team Connect focussed on vulnerable families and cases were increasing generally. The Team decided whether further support was needed and, in general, outcomes for women with vulnerabilities were good. The Team worked closely with Children's Services and other partners.

- **BAME women** – noting that BAME women were more likely to experience problems during pregnancy and birth, what efforts had been made to offer support was queried and also whether this had made an impact. The Head of Midwifery reported that BAME women often had other comorbidities and there were pathways in place to support them during pregnancy and after. During the pandemic this group had been a priority for continued face to face appointments.
- **Pre-natal care** – whether more work could be done on this was questioned and Members were advised that regular screening took place to identify babies at risk and ensure an appropriate birth plan was in place. There were several methods by which health and wellbeing key messages were communicated in addition to the Bump Birth and Beyond Website, including pre-conception counselling, advice delivered through GP appointments and conversations between parents and health visitors about planning for the next baby.
- **Smoking and vaping** – in response to a question about to what extent the dangers of this in pregnancy were known, Members were advised that nicotine replacement therapy was offered first to help pregnant woman to stop smoking. The national guidance on vaping was that it was not risk free but was less risky than smoking. The smoking at delivery target tended to fluctuate, which was why the 16% target had not been reduced. In response to a query whether permission was required to carry out carbon monoxide monitoring and whether this could mean smoking rates were higher than thought, Members were advised that this took place at 32 weeks and was offered to everyone, with a good take up of over 80% and a high level of referrals to the smoking cessation team. An undertaking was given to examine whether it would be possible to provide a breakdown of the age ranges of those classed as smoking at delivery.
- **Caesarean sections** – with regard to the statement that that the proportion of caesarean sections in Kent and Medway between 2017/18 - 2019/20 had been statistically higher than the England average required further exploration, Members were advised that this rate had risen in the last 10 years. In Medway the number of first-time mothers in this group was a concern as this would influence future birth planning. There was a need to understand what was behind the numbers to provide assurance on clinical decision making and leadership. The national team had advised that the caesarean rates should not be used as a performance indicator. Still birth rates were lower than the national average at Medway and Hypoxic-ischemic encephalopathy had decreased. The aim was for all

caesarean sections to be due to good clinical decision making and with a positive outcome. A new rota was now in place so obstetricians were on duty on the labour ward with the capacity to attend on site when called overnight. There was also a daily audit of all emergency caesarean sections that had taken place in the previous 24 hours to provide assurance and learning.

- **Overnight stays for partners** – in response to a query about this being under review and whether partners could stay when the expectant mother was in established labour, it was clarified that partners could remain during the day. While in the labour ward birth partners were supported to remain without any time limits. Overnight stays were not supported unless on compassionate grounds or due to vulnerabilities.
- **Foetal Alcohol Spectrum Disorder (FASD)** - it was reported that the ability to diagnose FASD was difficult and it was not possible to give the figures for Medway, although the national figure was 3%. All paediatricians in Kent and Medway had been trained on FASD. In the case of complex needs referrals were made. More partners would be trained but it could be a few years before any outcomes were seen given the complexity of this issue.
- **HUGS Group (Helping You Grow Stronger)** – further information on the drop-in sessions for mothers who had completed the HUGS group sessions would be provided to Members following the launch in the summer of 2022.
- **Recruitment and retention** – Members were advised the Trust supported students at Canterbury and Greenwich universities. There was now only one cohort of students graduating each year. Although there was a small number of staff leaving due to the pandemic and retirement very few left the profession. A media campaign was about to be launched to publicise a recruitment plan. The Trust hoped to attract international midwives. The Head of Midwifery comment the team were very committed but it was a stressful time at present.

**Decision:**

The Committee noted the offer families have to support them to have a healthy pregnancy and asked that an article on the support available be included in Medway Matters.

**739 South East Coast Ambulance Service Update**

**Discussion:**

Members considered a report which updated the Committee on the South East Coast Ambulance Service NHS Foundation Trust (SECAmb), with a focus on key developments since the Committee was last updated in November 2020.

The following issues were discussed:

- **Change in activity profile and acuity of calls** – whether the Trust had failed to plan for this was questioned. Members were advised that a review had identified a shortfall in the Trust's 999 funding. Since then the Trust had recruited more front-line staff and, as a result, there were more ambulances available, although ensuring they were available at the right time and in the right place was complex. Covid had presented unique challenges such as staff absences and reduced activity as many members of the public were reluctant to add to the service's pressures or did not want to be taken to hospital. Covid had also led to difficulties in forecasting levels of activity and had impacted on how patients accessed care, with greater numbers using the 111 service. The Trust was looking at the level of resources needed for the predicted levels of demand. In terms of the increase in Category 1 and 2 calls, much of this was due to elective care delays and this had placed more pressure on Category 3 and 4 calls, leading to longer wait times. There had been a shift in activity profiling with an increase in category 2 calls, which required a quicker ambulance response time, for which the Trust was not set up for.
- **Staffing** - in terms of whether an underinvestment in staff had led to high levels of staff absence, the Trust felt the environment of the Emergency Operations Centre (999) in Coxheath and the NHS 111 Operations Centre in Ashford sites had not affected staff wellbeing but did impact on efficiency. The new centre in Medway would mean that the staff from the 999 centre (Coxheath) and the NHS111 staff (Ashford), as well as the Medway ambulance crews were co-located, which would increase efficiency and joint working.
- **111 Service** – differing views were expressed about the effectiveness of this service, ranging from it was failing the public to it being generally appreciated. The Trust accepted not every patient was dealt with in a timely way. There was a shortfall in 111 staff and the Trust was recruiting call handlers in advance of receiving funding for this. The Trust advised it received very little negative feedback from the public on the 111 service.
- **Medway Make Ready Centre** – whether the new site was large enough to accommodate the planned number of staff was queried. An assurance was given that there was sufficient space and the new site could accommodate all the staff re-locating there. The site would be on 4 levels and staff were located in one room, making communication much easier than before. There was a dedicated floor for training, welfare rooms and a space for occupational health. An update on this would be provided in the next report to the Committee. Members expressed an interest in visiting the new site when it became operational.
- **IT critical incident** – in response to whether the findings were available, Members were advised that these had been shared with NHS England. There had been some architectural issues with the IT system, which were

being addressed. Further details on the incident would be shared with Members.

- **Report on delayed hospital handovers** - it was noted that the finding that 53% suffered some level of harm was a national figure and not specific to SECAMB. The Trust confirmed that was the case and that they carried out regular harm reviews to improve patient care.
- **Financial position of the Trust** – in response to how confident the Trust felt about its financial position, Members were advised there would be an update on finances in the next report to the Committee.
- **Performance** – a request was made for future updates to include data specific to Medway. The Trust advised this could be difficult given the way services were commissioned. Ambulances often crossed local government areas, but the request would be looked at. A point was made that the move to the new Integrated Care System (ICS) might make it more difficult to access Medway specific data, but this would be reviewed with the establishment of the ICS.

The Trust acknowledged these changes would bring challenges but each ICS would have a place element and the aim was to devolve as much as possible. The ICS will also make it easier to understand data and improve its quality as it would be based on local council boundaries. The challenge for the Trust would be how to deliver according to the needs of individual places when it operated as a regional service.

- **Ambulance handover times at Medway Maritime Hospital** – noting this had been criticised by the Care Quality Commission following an inspection in December 2020, whether this had improved was queried. Members were advised this inspection reflected a point in time and there had been significant improvement since then. The CQC had found that delays had not been caused by the ambulance service. The Trust was working on admission avoidance as well as identifying more appropriate pathways and looking at discharge and flow through the emergency department. The south east region in the last 3 weeks had been the second least impacted in terms of hospital handover delays. There had been a reduction in very lengthy waits due to SECAMB working with MFT and agreeing, where necessary, to divert appropriate patients to neighbouring hospitals. Medway Maritime Trust was joining a pilot on improving flow at arrival and through the hospital.
- **Senior Management** - in response to a comment about the significant turnover in the senior leadership team and whether this impacted on the Trust's ambitions, the representatives from the Trust commented several of them had been in post for a number of years. Some turnover was inevitable and it could be difficult to strike the right balance between continuity and opportunities for improvement.

- **Frequent callers** – in terms of the Trust’s approach to this issue, Members were advised that mental health practitioners and specialist nurses could be called upon. The teams were trained to handle calls sensitively and to work with GPs to develop care plans.
- **Ambulance availability** – as to what the main challenges were, the Trust advised that the main one was the level of demand and not enough crew available to respond. The Trust was looking to improve clinical assessments in order to reduce the number of ambulances dispatched.
- **Call abandonment figures** - noting levels were high, how these were captured was queried. The Trust advised audits of people who had called 111 and 999 multiple times would happen occasionally but an accurate analysis was difficult as some callers would choose to access primary care or another part of the health system.
- **Electric vehicles** – the logistics of using electric vehicles, which took longer to charge than refuelling did, was questioned. The Trust responded they were committed to the NHS net zero strategy. Funding had been received to trial electric vehicles and the suitability of prototypes would be assessed. The Trust was also working with other partners, e.g., local police forces, who were trialling electric and hybrid vehicles to understand how they performed as emergency vehicles.
- **Safeguarding** – the Director of People commented that SECamb were often the “eyes and ears” for the council on safeguarding for children and adults. However, with the new Integrated Care System there would need to be an agreed, streamlined safeguarding process as at present it was not as it should be.

### Decision:

The Committee agreed to note the report.

### 740 Medway Community Healthcare Service Briefing

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

The following issues were discussed:

- **Blitz clinics** – in response to a comment expressing disappointment at the number of people who did not attend for their appointment, the Director of Operations at MCH stated that lessons had been learnt and these clinics were now oversubscribed. The reasons why people did not turn up were being examined and there was now an appointment text reminder system.



- **Complaints and compliments** – it was clarified that the complaints relating to the care co-ordination centre mainly related to appointment letters not being received. A point was made that those services which were well used tended to have low level of complaints.
- **Community nursing** – it was clarified that the adult community nursing service operated on a 24/7 basis.
- **Car parking** – Members asked if their request that the Council consider MCH's request for an extension to the 4-hour parking limits to allow services to increase their clinic times to help reduce the backlog further be expedited.
- **Neighbourhood nursing team** – in response to a comment about patients being discharged with higher needs due to pressures on hospital discharges and whether the team supported social care staff with this, Members were advised that the neighbourhood nursing team had a mixed skills base and worked with adult social care and primary care colleagues to make sure care was as personalised as possible. This model was to be rolled out to all localities and an undertaking was given to provide Members with an update on the timing of this.
- **Nutrition and Dietetics** – in response to a comment about the big increase in waiting times for the clinic and whether there were any plans to recruit additional staff, the Head of Operations advised that the team was very small and although there was a national shortage of specialists the team was at full establishment. The backlogged cases tended to be more routine in nature.
- **Workforce** – an update on this would be included in the next report to the Committee.

**Decision:**

The Committee agreed to note the report.

**741 Kent and Medway Neurodevelopmental Adult Pathway Update (Adult Autism/ADHD)**

**Discussion:**

Members considered a report which provided an update on progress and next steps on contracting arrangements for the Kent and Medway adult neurodevelopmental health pathway for autism spectrum conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).

The following issues were discussed:

- **Physical clinical venues** – in response to a question whether there would be more venues in Medway, Members were advised that the



physical venues in Medway would not be limited to the Lordswood Healthy Living Centre. In response to comments that the staff working in the venue were unaware of autism services offered there and a request for how often the centre was used for this service, officers undertook to provide Members with this information but commented the new model would not be fully operational until April.

- **Autism champion** – whether the Council should appoint an autism champion would be looked at by officers.
- **Online services** – noting that autistic people needed a wide range of services, how this could be provided remotely was questioned. Members were advised that online services were used where appropriate and some interactions needed to be face to face
- **Transition from young people to adult** - given that change was the biggest issue for autistic people, an assurance was sought that this transition would be seamless. Officers advised that a lot of work was being done to make transitions seamless but no guarantee could be given this would be perfect. In terms of services to children an all-ages pathway was being developed.
- **Out of area care** – an undertaking was given to provide Members with details of patients sent out of area for care, including numbers and locations.
- **Transition to the new Integrated Care System** – a point was made about the importance of the transition to the ICS being seamless.

### Decision:

The Committee agreed to note the report.

### 742 “Bridging the Digital Gap – Improving Health Outcomes Through Digital Innovation” Annual Report of the Director of Public Health 2020-2021

### Discussion:

Members considered the Director of Public Health’s 2020-21 Annual Report which focused on digital exclusion and the challenge of ensuring that all residents, in particular those who would gain most benefit are able to access digital services.

The following issues were discussed:

- **The report’s findings** – a point was made that while the Annual Report was clear about the consequences of being digitally excluded, its recommendations were very generic and did not explain how these challenges could be overcome. It was felt a delivery plan was needed and Members should be provided with more detail on what action would be

taken. Members were advised that the report was the first step in highlighting these issues. The next step would be to understand their effects and decide how to reduce the chances of being digitally excluded. A Member said that services should always be available via phone and that service users should always be able to speak to someone by phone, irrespective of the digital options available.

- **E-prescription service** - an undertaking was given to look into concerns about the possibility that this service could be abused.
- **Broadband connectivity** – a comment was made about poor internet connection in the rural areas of Medway and an undertaking was given provide Members with the timescales of the rollout of Phase 2 of Full Fibre infrastructure in Medway which would reach these areas.

**Decision:**

The Committee agreed to:

- a) note the comments of the Health and Wellbeing Board, and;
- b) note the Annual Public Health Report 2020/21.

**743 Council Plan Performance Monitoring Report and Risk Register Quarter 3 2021/2022**

**Discussion:**

Members considered a report on Council Plan performance in Quarter 3 of 2021/22 and also the Quarter 3 review of strategic risks.

A comment was made about the success achieved by the Directorate in the face of a very difficult financial position. Officers acknowledged that the available resources played a big part in being able to achieve the targets in the Council Plan and performance had improved in Quarter 3. The 2022/23 budget included an increase of £5.5m for adult social care.

**Decision:**

The Committee noted the Quarter 3 2021/22 performance against the measures used to monitor progress against the Council's priorities.

**744 Work programme**

**Discussion:**

Members considered a report regarding the Committee's work programme, which included a proposal to recommend to the Business Support O&S Committee that it re-instates Physical Activity as the next Task Group, followed by GP appointments and access to services.

## **Health and Adult Social Care Overview and Scrutiny Committee, 10 March 2022**

Some concern was expressed that an attempt was being made to supplant the decision of the Business Support O&S Committee that GPs should be the subject of the next Task Group, particularly given the fragile condition of primary care in Medway with disparities and poor service in some areas. There was also support for the proposal to ask for the decision to be re-considered on the grounds of timing, relevance and resources.

### **Decision:**

The Committee agreed to:

- a) approve the proposed work programme, as set out at Appendix 1 to the report, and;
- b) recommend that the Business Support O&S Committee re-instates Physical Activity as the next Task Group, followed by GP appointments and access to services, for the reasons set out in paragraph 4 of the report.

**Chairman**

**Date:**

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