

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

Tuesday, 14 June 2022

6.30pm to 9.19pm

Record of the meeting

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

Present: Councillors: Purdy (Vice-Chairman, in the chair), Adeoye, Ahmed, Lammas, McDonald, Murray, Prenter, Price, Thompson and Thorne

Substitutes: Councillors:
Sylvia Griffin (Substitute for Mrs Elizabeth Turpin)

In Attendance: Emma Block, Senior Commissioning Officer
Albert Botchway, CYPMH-AMHS Clinical Transitional Lead, KMPT
Jackie Brown, Assistant Director Adults' Services
Councillor Pat Cooper
Councillor Joanne Howcroft-Scott
Taps Mutakati, Director of System Collaboration, Kent and Medway Clinical Commissioning Group
Victoria Nystrom-Marshall, Programme Manager, Transformation and Improvement Team, KMPT
Michael Turner, Principal Democratic Services Officer
James Williams, Director of Public Health

49 Apologies for absence

Apologies for absence were received from Councillors Barrett, Mrs Elizabeth Turpin and Wildey.

50 Record of meeting

The record of the meeting of the Committee held on 10 March 2022 and the Joint Meeting of Committees held on 18 May 2022 were agreed and signed by the Chairman as correct.

51 Urgent matters by reason of special circumstances

There were none.

52 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.

53 Children and Young People's Mental Health (Transitions)

Discussion:

Members considered a paper which summarised the Children and Young People's Mental Health transition arrangements currently in place as well as planned development areas.

As the Committee was the lead on scrutiny of health in cases of the transition between childhood and adulthood, representatives of the Children and Young People Overview and Scrutiny Committee were present to participate in this item. In addition, the Committee considered written representations from the Medway Parents and Carers Forum representative on the Children and Young People Overview and Scrutiny Committee, who made the following points:

- many parents/carers found that support was good until the transition point and very often the young person did not meet the adult criteria, leaving them with nothing.
- parents then became frustrated and the young person's mental health quickly deteriorated, needing more support than perhaps they would have.
- mental ill health was higher in ages 16-24 because transition was so poor.
- it could be difficult to differentiate the CCG plans for Medway and Kent
- Kent being the larger area received more support than Medway
- It was good that the LTP mapping of services had been completed but whether there were companies duplicating work was queried.
- the need to signpost parents and young people to service was critical.
- the Forum was about to launch a Health Survey which would include learning disability health checks and opinions on all health services in Medway. An offer was made to analyse the 18-25 age group and report back to the Committee.

In discussing the paper, several Members expressed their concern that transition services had not improved in spite of long standing, severe problems

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in children's mental health services. 82% of the young people spoken to in Medway had said they had experienced difficulties with emotional wellbeing or mental health in the past and had sought help from or accessed help. In total 1 in 3 young people from Medway were currently accessing mental health support from a service. There was a very confused landscape of providers, a recruitment crisis and demand was at an unprecedented high.

The lack of a plan to improve services with milestones and data was criticised, as was whether there would be any progress under the new Integrated Care System and how this would be monitored.

The point was made that there was a constant cycle of intensive treatment, help from community services and then patients having to describe from the beginning their problems at the next crisis.

The lack of a robust service at the acute hospital for mental health patients who had gone there having found nowhere else to get help was referred to.

An assurance was sought on how the period before, during and after transition would be managed with a plea for this to be seen not as separate sections.

A point was made that intervention did not happen until a person's condition had significantly worsened. If early intervention took place this would minimise people facing a lifelong recurring need for social care. Members were advised that the approach that of an understanding a graduated response to services and young people's needs, with a focus on early interventions. As part of that approach GPs were being trained on how to support families to navigate around services. For people suspected or diagnosed with a neuro-development condition there was community support team which worked with families.

In response, officers accepted there was more to do but felt the report showed a positive position in terms of moving the agenda forwards, noting this was an NHS programme which the Council was working to shape. Members were assured that officers championed Medway in discussions involving Kent and Medway.

Members were advised that there was a crisis and complex pathway which would hopefully address some of their concerns. The latter involved in a closer working relationship existed with the acute hospital, matrons in the hospital working with young people to assist with transition and an expansion of the crisis team to support young people up to two weeks post episode. Emotional Support Teams were working with the North East London Foundation Trust (NELFT) in 33 schools in Medway to look for early identification of behaviours and this would be rolled out in all schools. Therapeutic support for people on the social care register, but who were below the CAHMS threshold, was now offered.

The CCG representative advised strategies were in place which would mitigate many of the concerns expressed by Members. For pre-transition young people there was a locality team run by NELFT for young people with mental health

needs and KMPT supported young people post transition. There was a gap here so a strategy had been put in place where NELFT and the Kent and Medway NHS and Social Care Partnership Trust (KMPT) worked together with adult social care to discuss young peoples' needs when they reached 17. Post transition, there was increased support for the 18-25 period. New staff had been recruited to help with the workforce challenges.

In response, the point was made that NELFT had assured the Committee that they were not overwhelmed when Members' experience showed schools were not coping with the high numbers of young people with mental health needs, the causes of which were varied and increasing. Members were advised that NELFT were one part of system and all the partners involved had a role to play.

An update was given on the recruitment plans outlined in the Local Transformation Plan (LTP) and also the commitment to increase the number of inpatient beds at the Kent and Medway Adolescent Hospital by an additional six beds by the end of 2021. The 6 inpatient beds were on track to open in the summer. One of the beds was for Medway.

The Director of Public Health acknowledged it would be a challenge to address these issues, which the pandemic had exacerbated. There were positives in the report, which also highlighted the problems and challenges. In terms of measuring progress, the Council would be a part of the Integrated Care Board and the Integrated Care Partnership. The latter would develop an Integrated Care Strategy and mental health would be a key priority. Periodic updates could be provided to the Committee.

In response to a query about staff training, the training programme would be shared with Members.

Decision:

The Committee agreed to:

- a) note the developments to date.
- b) request a paper on the crisis and complex pathway programme.
- c) note the offer to provide an update to the Children and Young People Overview and Scrutiny Committee.
- d) request further details on the accountability arrangements for services.

54 Transformation of mental health and dementia services in Kent and Medway

Discussion:

Members considered a paper which provided an update on the transformation of the wider mental health services, in particular the transformation of

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community mental health services and urgent and emergency care mental health services. It also provided an update on the transformation of dementia services, including the redesign of dementia services for people with complex needs.

The following issues were discussed:

- **Mental Health Together model being rolled out across Kent and Medway** – the locations of these sites in Medway would be provided to Members.
- **Data Harmonisation** - how quickly the coding issue would be fixed which was resulting in some cases of a dementia diagnosis not appearing on a GP practice's dementia register was queried. Members were advised the coding needed to happen in the GP practice in order to be entered on the dementia register. The CCG was identifying those GP practices where there was a significant variation and supporting them to review their lists.
- **GPs with an Enhanced Role** – whether GPs would have sufficient time to carry out this role, how advanced the programme was and whether this would be affected by GP shortages were queried. Members were advised that this was a pilot based in Rochester, Medway South and Chatham. If successful, it would transform how community mental health services worked. GPs would be able to diagnose medium levels of dementia and this would also free up capacity with partners.
- **Crisis Team** – in response to a comment that support was not always available immediately after diagnosis and before entering crisis, Members were advised that a new service was currently being evaluated which enabled Dementia Coordinators in each Primary Care Network to provide support for people as they progressed on the dementia pathway. A point was also made that the crisis team was not as effective as it should be. There needed to be a focus on ethnic minority families who often did not ask for help until the last minute. Members were advised that the CCG was working with partners to find a solution for Medway.
- **Safe Haven** – in terms of the opening hours for this service, the CCG advised these were not open all day. The current contract had expired, which presented an opportunity to review this service.
- **Talking therapies** – reference was made to long waiting lists. An undertaking was given to provide Members with an update on this.
- **Medway Primary Care Mental Health team** – a point was made that this team was finding it difficult to find a location to work from and needed to be co-located to be effective. The CCG advised that they were discussing with local GPs to understand what room space and capacity was available. Concerns about the team not being co-located would be fed back to relevant CCG colleagues.
- **Admiral Nursing** – in response to a comment that this service was overloaded and what was being done to support them, the CCG assured Members this was a valued service. The review would allow the nurses to set out what they needed, but had not concluded yet.
- **Levels of investment in Medway** – the CCG commented that levels of investment were significant and a breakdown would be provided.

- **Memory assessment** – what was being done to transform the memory assessment pathway to enable people to receive a diagnosis within six weeks of referral was questioned. The CCG advised work was ongoing to improve this service and they hoped to see significant improvements. In response to whether the 6 weeks target could be guaranteed, the CCG advised this was the ambition but the backlog of 300 people in Medway on the waiting list needed to be tackled first.
- **Medway Dementia Alliance** – in terms of plans to build up this Alliance, the Director of Public Health advised this had developed into a broader alliance, for which he would provide a briefing note.

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 to continue to be brought for information and discussion to this Committee.

55 Local Government Association - Safeguarding Adults Peer Review

Discussion:

Members considered a report on the findings and recommendations following the Local Government Association (LGA) Safeguarding Peer review carried out between 31 January and 2 February 2022.

In discussing the report, Members commented that the report was critical but fair. Whether officers were confident the service would improve as a result was queried as well as why some of the actions with an August deadline had not been started.

The Assistant Director – Adult Social Care commented that the approach was that of a critical friend and there had been some positive comments from the review team. She felt that the three-hub approach now should probably change to a one hub approach, but the data on this was still being looked at. There were valid reasons why work on some actions had not started, mainly due to difficulties in recruiting. But in the last few weeks progress had been made in some areas.

With regard to the suggested supervision audit, caseloads in adult social care were higher than in children's services. The aim was to bring the numbers down and move to an allocated social worker model.

In response to a comment that the use of "localities" was not well understood by the public, the Assistant Director undertook to reflect on this.

Decision:

The Committee agreed to note the findings of the report and the action plan and timescales.

56 Council Plan Performance Monitoring Report and Risk Register Quarter 4 2021/22

Discussion:

Members considered a report on performance in Quarter 4 2021/22 on the delivery of the Council Plan priority relevant for this committee: People.

A point was made that the Directorate was performing well in spite of the pressures it was facing. The rise in fuel prices could have a significant impact on domiciliary workers.

Members queried why the strategic risk SR52 (A new severe pandemic, e.g., flu, Covid-xx, MERS or other, more serious than Covid-19) had been removed from the register and it was suggested this should remain on the register.

The Director of Public Health commented the Council recognised there may be another pandemic. There had been a change in emphasis to reflect the fact the Council was more likely to be prepared having learned from the Covid pandemic. In response, a point was made that this rationale could be applied to many of the other strategic risks.

The Director of Public Health assured Members he had the tools and the ability to direct resources in the event of another pandemic. The Council was still responding to Covid but it was not sustainable to maintain the same state of readiness as before.

Decision:

The Committee agreed to note the Quarter 4 2021/22 performance against the measures used to monitor progress against the Council's priorities.

57 Work programme

Discussion:

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

With regard to the item on women's health due to come to the October meeting, a request was made for the statistics in the Government's call for evidence report to be included.

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Decision:

The Committee agreed to approve the proposed work programme, as set out at Appendix 1 to the report.

Chairman

Date:

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