Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 16 August 2022

6.32pm to 8.59pm

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, Price and Mrs Elizabeth Turpin
Substitutes:	Councillors: Edwards (Substitute for Murray) Van Dyke (Substitute for Prenter)
In Attendance:	Jackie Brown, Assistant Director Adults' Services Alison Davis, Chief Medical Officer, Medway NHS Foundation Trust Lee-Anne Farach, Director of People - Children and Adults' Services James Harman, Senior Public Health Manager Michael Turner, Principal Democratic Services Officer Dr David Whiting, Consultant in Public Health James Williams, Director of Public Health

169 Apologies for absence

Apologies were received from Councillors Murray, Prenter and Thorne and also Martyn Cheesman (Medway Healthwatch).

170 Record of meeting

The record of the meeting of the Committee held on 14 June 2022 was agreed and signed by the Chairman as correct.

171 Urgent matters by reason of special circumstances

There were none.

172 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 Van Dyke disclosed that she was a Public Governor of the Medway NHS Foundation Trust.

173 Medway NHS Foundation Trust Update

Discussion:

Members considered a report which provided an update on improvements at Medway NHS Foundation Trust, and the Trust's Patient First strategy for further improvements. The report also covered recent performance in emergency care, elective surgery, cancer care, and diagnostics.

The following issues were discussed:

- **Stability at senior leadership level –** Members welcomed the recent appointment of Jayne Black as Chief Executive of the Trust. An assurance was sought that the new Chief Executive of the Trust understood the need for stability at a senior level, given there had been 4 different Chief Executives in recent years. The Chief Medical Officer assured Members that the new Chief Executive would bring stability and continuity as she had significant NHS leadership experience and had worked across acute, community and the wider system throughout her career, in a variety of roles.
- **Staff morale –** in response to a point that the report did not include an update on staff morale, the Chief Medical Officer undertook to provide an update on this in the next report. She acknowledged there were areas where staff morale was not where it should be and the Trust was looking at how to capture staff morale more regularly outside the annual survey. She added that the Leadership Team were keen to start to change the culture immediately and needed to underhand where low morale was an issue and how to respond to this.
- **Improvement journey** – some surprise was expressed that the Trust's CQC rating had increased in the last 3 years at a time of greater population pressures, the pandemic and difficulties in accessing GPs. What confidence the Trust had in this assessment process was questioned and whether the target for 2023 was to be assessed as

outstanding by CQC. The Chief Medical Officer responded that CQC were the regulators and had their own timetable for inspections so there may not be a visit in 2023. However, the Trust was committed to improving its services regardless and intended to get to outstanding for all services.

- **Patient First** – an assurance was sought that this programme was meaningful and would be long lasting. The Chief Medical Officer commented that the Patient First programme resonated with staff and was based on data. It meant patients would receive the best treatment by the best people. It was part of a culture of continuous improvement and led by front line staff, focusing on the issues which would make the biggest difference. Patient First also helped with patient flow.
- **Waiting times and treatment targets** – in response to a query how these were being tackled, Members were advised that the Trust recognised waiting times for treatment were too long. A risk based approach had been adopted where those with the greatest need were seen first. No patients were waiting longer than 52 works and the focus now was the average was now around 40 weeks.
- **Shortage of GP appointments** – a point was made that this was placing significant pressure on the hospital. Whether this was sustainable and what was being done to relieve the pressures on primary care was queried, the Chief Medical Officer commented that the whole system needed to all work together. Regular meetings took place with MedOCC. The Trust was committed to making Medway an attractive option for GPs and tried to ensure GP trainees at the hospital had a positive experience so they would remain in Medway.
- **Data** – the lack of data in the report was noted by Members and a request was made for data on ambulance handover times. The Chief Medical Officer stated the next report would have more data.
- **The Trust's finances** – the lack of information on this was noted. The extent of the Trust's deficit and whether there was enough capital funding to tackle backlogs were queried. The Chief Medical Officer commented that the Trust has to operate within its budget and therefore needed to prioritise. If the Trust provided high quality services and got things right first time then it would become financially efficient. There was a transformation and efficiency programme. There was also a need for more resources for adult social care. Capital funding was prioritised according to risk. Any opportunities for national funding would also be considered.
- **NHS Pay settlement and potential strike action** – in response to a query about the effect on recruitment and the potential for strike action, the Chief Medical Officer commented that she had sympathy with colleagues facing problems due to increases in the cost of living. The Trust would work with national colleagues to understand the impact of any strike action. The Trust wanted to work to make the hospital a place where staff could be recruited and retained.
- **Member visit** – members welcomed an offer to visit the hospital.

Decision:

The Committee agreed to note the report and requested a briefing paper on the Trust's finances and deficit position and that future reports include more data and information about staff morale.

174 Adult Social Care Reform

Discussion:

On 7 September 2021, the Government set out its new plan for adult social care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support.

Members considered a report which included the key charging reforms proposed and the development of the analysis and supporting sector engagement. The report highlighted the operational and financial impact of the proposals and layout the practical steps the Council would take to manage implementation of the proposals.

The following issues were discussed:

- **Care and financial assessments** – whether the authority had the capacity to carry out the extra assessments needed and how long people would wait for a completed assessment was queried. The Assistant Director – Adult Social Care advised that, without additional resources, the Council would struggle to complete these assessments and it was possible 30% more staff might be needed for this work. The Council was looking at different options and what more could be done digitally but it was not possible to give an assurance now that the staff needed could be recruited. The aim was to complete assessments within a month but urgent cases would be given priority. The voluntary sector would play a part in these assessments.
- **Fair cost of care exercise** – as to whether the council could protect itself against future inflationary pressures when it agreed market rates, Members were advised that inflationary increases were included each year and the Council was always challenged on this. There may be a need to look at more complex cases more carefully.
- **Care cap** – the prospect of more disputes about eligibility for care already in place privately and also more appeals was mentioned. The Assistant Director advised there would be more challenges around financial assessments and an increase in appeals. If care stopped then the cap would be paused and would re-start when care resumed. A challenge still was what would happen if a person with a care cap moved to another area where the authority did not have a cap. Government guidance on completing assessments said authorities had to start the care cap from the date of the referral but it was not possible to start charging at that point as charges could not be back-dated. There were financial implications for the Council as a result.

- **Choice of carer** – Members were advised that if someone had put their care in place privately and were then assessed as eligible for care by the Council then the carer's suitability to provide care would be assessed.

Decision:

The Committee agreed to note the report.

175 Pharmaceutical Needs Assessment 2022-2025

Discussion:

Members considered a report on the refreshed Pharmaceutical Needs Assessment for Medway for 2022–2025.

The following issues were discussed:

- **Smaller pharmacies** – concern was expressed that Medway did not have many large pharmacies and too much responsibility was being placed on smaller pharmacies, particularly where there was only one pharmacist employed. Officers acknowledged that this was an important point but advised it was not covered by the Pharmaceutical Needs Assessment (PNA) and was a quality issue for NHS England. The PNA described the needs of the population and set out the challenges to the system and the risks, which NHS England, as the Commissioner, then had to take into account and decide if there were any gaps.
- **Travel times -** Members were advised that most people in urban areas of Medway lived within a 20-minute walk of a pharmacy, with people in rural areas being within a 20-minute drive. The point was made that not everyone had access to a car and being able to get to a pharmacy in rural areas by bus during opening hours was an issue. Members were advised the PNA included information about access to pharmacies by public transport (both morning weekdays and evening weekdays).
- **Urgent prescriptions** – how long it would take someone to receive their prescription by post or delivery driver if they were unable to travel to collect it was questioned. MedOCC provided an out of hours prescription service. Pharmacies were required to make arrangements for the provision of urgent prescriptions, which would be done in consultation with the prescribing physician. The Council could not stipulate that pharmacies needed to put in place arrangements for urgent medical deliveries but the PNA allowed areas of concern to be highlighted. NHS England also needed to consider how to provide the same level of access to prescriptions where people were unable to travel to a pharmacy.
- **E-prescriptions –** a point was made that the ability to use e-prescription services was now used regularly by many people whereas the PNA focused on the opening hours of physical pharmacies.
- **Vaccination capacity –** in response to a query about the extent to which the PNA assessed vaccination capacity and whether it would

future proof the ability to vaccinate at short notice, the Director of Public Health commented that the management of the vaccination programme would be on a contractual basis which pharmacists could decide to engage with. The capacity and capability of a pharmacy's workforce to take on vaccination work was also an issue. The Integrated Care Strategy was likely to place a greater emphasis on pharmacies providing a wider range of services.

- **Sustainability of pharmacies** – whether pharmacies needed to take on more clinical work to be sustainable and what the appropriate balance was between the latter and dispensing prescriptions was questioned. The Director of Public Health commented it was not possible to specify what this balance should be given the variety of pharmacies. There was a school of pharmacy in Medway which presented an opportunity to recruit more pharmacists in Medway. Whether the Integrated Care Board had a role in creating more sustainable pharmacies and in training pharmacists was queried. The Director of Public Health advised that liaison with NHS commissioners in relation to expanding role of pharmacies and training were the responsibility of the National Pharmaceutical Association and Local Pharmaceutical Committees. He suggested the Committee may want to discuss the issue of the sustainability of pharmacies and the challenges they were facing with the Local Pharmaceutical Committee.

Decision:

The Committee agreed to note the report and that a discussion with the Local Pharmaceutical Committee to discuss local provision, challenges and sustainability take place at a future meeting.

176 Kent and Medway Adult Learning Disability and Autism Collaborative Update

Discussion:

In December 2021, the Committee considered a paper on proposals to improve health and social care outcomes for adults with learning disability and autistic people across Kent. The recommended option was to form a learning disability and autism collaborative with Kent County Council and Kent and Medway Clinical Commissioning Group (now the Kent and Medway Integrated Care Board).

Members considered a report which provided an overview of progress to date.

The committee was advised that an appointment had been made to the Strategic Director position, which was jointly funded and managed by Kent County Council and Medway.

The following issues were discussed:

- **Attendance at meetings** - a Member noted that attendance at all meetings across the learning disability and autism programme had been challenging for Medway as the smaller organisation and commented this was a concern raised by the Committee when the proposals were first considered. Members were assured that officers were attending meetings, which while challenging was vital. The new Strategic Director was of the same view as the Council that social care needed to be on the same level as health in the partnership.
- **Education, Health and Care Plans (EHCPs)** - an undertaking was given to provide data on waiting times for EHCPs.
- **Service transition arrangements** - an assurance was requested that no one was falling through the gaps during the transitional period. Officers advised that the new arrangements were not so much about moving services but having one unified offer and a standard level of practice and care. The team were confident they knew who the cohort were.

Decision:

The Committee agreed to:

a) Note the report.

b) Request a briefing paper on EHCP waiting times, to be shared with the Children and Young People Overview and Scrutiny Committee.

177 Work programme

Discussion:

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

With regard to the item in the Committee's work programme on the Women's Health Strategy for England, the Director of Public Health suggested that, rather than a separate report on this, the item could be dealt with when the Committee considered the draft Integrated Care Strategy (ICS) in December, at which point Members would have an opportunity to ensure that issues around women's health would be addressed in the ICS.

Decision:

The Committee agreed the proposed changes to the work programme, as set out in Appendix 1 to the report, including a further change regarding the item on women's health and the Integrated Care Strategy as set out above.

Chairman

Date:

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