

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

Tuesday, 11 October 2022

6.36pm to 7.49pm

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), Barrett, Lammas, McDonald, Murray, Prenter, Price, Thorne and Mrs Elizabeth Turpin

Co-opted members without voting rights

Martyn Cheesman (Healthwatch Medway CIC Representative)

Substitutes: None

In Attendance: Jackie Brown, Assistant Director Adults' Services
Lee-Anne Farach, Director of People - Children and Adults' Services
Rachel Parris, Deputy Director, Health Improvement and Transformation Kent and Medway NHS Integrated Care Board
Michelle Pink, Customer Relations Manager
Michael Turner, Principal Democratic Services Officer
Sandy Weaver, Complaints Manager for Social Care
James Williams, Director of Public Health

294 Apologies for absence

Apologies for absence were received from Councillors Ahmed and Van Dyke.

295 Record of meeting

The record of the meeting of the Committee held on 16 August 2022 was agreed and signed by the Chairman as correct.

296 Urgent matters by reason of special circumstances

There were none.

297 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.

298 Long Covid Update

Discussion:

Members considered a report which provided an update on the NHS Kent and Medway understanding of Long Covid, including prevalence, current service arrangements and planned future developments.

The following issues were discussed:

- **Referral levels** – in response to why the number of referrals was low compared to the number of infections, Members were advised that some people were referred directly to specialists in secondary care or had mild symptoms which did not require treatment. It was generally the people in the middle of this range, with moderate symptoms, who were seen by the service. In terms of whether most referrals came from the groups most likely to suffer from long covid. Members were advised that there were national studies on which groups were more likely to suffer from long covid and why and that the service did monitor patient demographics. Referrals aligned with expected patient cohorts .
- **Encouraging the public to recognise the symptoms of long covid** – Members were advised that the service had undertaken a limited amount of public facing work. A lot of effort had been made to encourage people to see their GP in the first instance given that long covid symptoms were similar to other conditions to ensure exclusion of other causes.
- **Treatment pathways** – in terms of how long people remained on treatment pathways and whether there was a stepping down process, the Committee was informed that there was no set time for how long patients stayed on the pathway, due to the variability of symptoms and recovery trajectory between patients.
- **Economic impact of long covid** – the service had not looked at this but does support people with vocational rehabilitation to get back to work.
- **Reducing inequalities** – in response to a request for more information about how long covid affected different groups, Members were advised

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that the most affected groups were people with long term conditions, deprived communities and those who were not vaccinated.

- **Engagement with the voluntary and community sector (VCS)** – in response to whether the service was working with the VCS, Members heard that the service was very closely linked to the VCS, especially around social prescribing. There were also links with local gyms which had long covid rehabilitation programmes. A point was made that the service should not just focus on the health orientated side of the VCS but should discuss with the VCS as a network how to educate and engage with hard to reach groups. A request was also made that the service engage with community health groups.
- **Future outcomes for long covid** – Members were told that the service was not specifically doing any research on this but they were informed by other work being done and were keeping abreast of emerging evidence. The Director of Public Health added that there were currently 19 studies nationally looking at different aspects of long covid and their findings were fed to treatment services. This research programme included looking at the economic impact of long covid.
- **Figures for Medway** – an undertaking was given to provide the figures for the number of long covid cases in Medway and how they compared to other areas.
- **Shortage of GPs** – a concern was expressed that the lack of GPs must be affecting the ability of people to access the long covid service.

Decision:

The Committee agreed to note the report.

299 Annual Complaints and Compliments Report 1 April 2021 to 31 March 2022

Discussion:

Members considered an annual report which provided information on the number, type and other information on adult social care complaints received during the period April 2021 - March 2022.

In response to a question about what learning had happened from the consistent theme of poor communications in complaints, the Assistant Director – Adult Social Care commented that she recognised communication was an issue and was impressing on staff the need to respond. She was also looking at how to best deal with the high number of calls, including an ability to submit referrals online. Any compliments received were notified to the Assistant Director who always responded to the person complimented and highlighted this in the staff weekly newsletter.

In terms of why there were more complaints in locality 1, Members were advised this was the biggest pressure area and where the hospital and a large number of care homes were situated.

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In response to a question about the recruitment and training of the new workforce needed for financial assessments for the cap on adult social care, the Assistant Director advised that the fair cost of care exercise was due to be completed by March 2023 and she considered the planning for the new workforce was on track.

Decision:

The Committee agreed to note the report.

300 Council Plan Performance Monitoring Report & Risk Summary Quarter 1 2022/23

Discussion:

Members considered a report regarding performance in Quarter 1 2022/23 on the delivery of the programmes and measures in the Council Plan which fell under the remit of this committee, i.e. People.

A discussion took place about Performance Indicator ASCOF 1G (n) (Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family). Whether there was a lack of places where adults with a learning disability could transition to when they older was queried. The Assistant Director – Adult Social Care responded that there was probably not the right provision in place. The Council had started discussion with extra care providers so see if they would accept people under the age of 55 and was also working with the commissioning team to analyse what was needed in the long term.

A point was made that there was an opportunity for the new Local Plan to provide for this need. The Director added that work was underway to look at whether the transitional arrangements were strong enough.

The Assistant Director commented that two supported living properties were opening in Gillingham which would provide seven supported living flats. Cross directorate working was taking place on what needed to be done to improve supported accommodation and supported living.

Decision:

The Committee agreed:

- a) to note the Quarter 1 2022/23 performance against the measures used to monitor progress against the Council's priorities and to also note the amended Strategic Risk Summary as set out in Appendix 2 to the report.
- b) with regard to the referral from the Business Support O&S Committee on 25 August 2022 regarding the removal of risk SR52 (A New Severe Pandemic, eg Flu, Covid-XX, Mers or other, more serious than Covid19) from the

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strategic risk summary, to recommend to Cabinet that this risk continued to be managed through the surveillance of the Public Health team.

301 Work programme

Discussion:

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

It was suggested that the Council's mental health trust partners Kent and Medway NHS and Social Care Partnership Trust (KMPT) and North East London NHS Foundation Trust (NELFT) be invited to a future meeting to discuss how they were working to improve waiting times in the CAMHS service and to improve mental health services, given the impact this has on transition to adulthood mental health services. Noting that NELFT's contract was due to be recommissioned, this would also be an opportunity to seek assurances that the transition period between providers when the contract was awarded would be effectively managed.

Members agreed to request a briefing note on this issue and then discuss at an agenda planning meeting whether the matter should be added to the work programme. The Director of Public Health advised that the timing of the latter should take into account the commercial position of the Trusts.

Decision:

The Committee agreed the proposed changes to the work programme, as set out in Appendix 1 to the report and requested a briefing note on mental health.

Chairman

Date:

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