

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

Thursday, 1 December 2022

6.33pm to 8.17pm

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), Ahmed, Barrett, Sylvia Griffin, McDonald, Murray, Prenter, Price and Van Dyke

Co-opted members without voting rights

Martyn Cheesman (Healthwatch Medway CIC Representative)

Substitutes: None

In Attendance: Jackie Brown, Assistant Director Adults' Services
Katey Durkin, Chief Finance Officer
Marie Hackshall, System Programme Lead – Learning Disability and Autism Kent and Medway
James Harman, Senior Public Health Manager
David Reynolds, Head of Revenue Accounts
Tracy Rouse, Director Strategic Change and Population Health, Integrated Care Board
Michael Turner, Principal Democratic Services Officer
Dr David Whiting, Deputy Director of Public Health
James Williams, Director of Public Health

430 Apologies for absence

Apologies for absence were received from Councillors Lammas, Thorne and Mrs Turpin.

431 Record of meeting

The record of the meeting of the Committee held on 11 October 2022 was agreed and signed by the Chairman as correct.

432 Urgent matters by reason of special circumstances

The Chairman of the Committee agreed that the report at agenda item 8 (Kent and Medway Interim Care Strategy) would be considered at this meeting as a matter of urgency as permitted under section 100B of the Local Government Act 1972 to enable the Committee to consider this item and forward any comments to Cabinet before the Strategy is approved, given the requirement for an interim Strategy to be published by the 31st December 2022

433 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.

434 Community Diagnostic Centres

Discussion:

Members considered a paper from the Medway and Swale Health and Care Partnership on plans to develop community diagnostic centres in Medway and Swale, specifically to establish a hub, based at Sheppey Community Hospital and a spoke, based at Rochester Healthy Living Centre. The Committee also considered whether these proposals constituted a substantial variation or development of a health service.

These proposals had been considered by Kent County Council's Health Overview and Scrutiny Committee on 30 November and the Committee had decided they did not constitute a substantial variation.

There was general agreement amongst Members that the proposals did not constitute a substantial variation. The proposals would increase diagnostic provision in the community and improve access, particularly for communities facing the highest level of health inequalities. The Equality and Health Inequalities Impact Assessment showed no groups would be disadvantaged or adversely impacted. In addition, diagnostic services would be closer to people's homes, allowing for more timely and local access.

Reference was made to some possible logistical problems at the Rochester site. There was limited parking in the area and what was available could be

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difficult to access. Directly behind the centre was an area with very high levels of deprivation and also anti-social behaviour. The possibility of a nearby additional car park which was possibly owned by the Healthy Living Centre being used was raised. A suggestion was made that a site visit be arranged to explore these issues, involving the police if possible, to ensure a smooth transition.

A point was made that in the first-year additional capacity would be delivered at the Sheppey site so there would be a period of time where Medway residents had to travel to Sheppey, which was difficult to get to without a car.

The Deputy Director of Public Health advised that the additional car park referred to would be dedicated to staff, freeing up space at the Healthy Living Centre for the public. In addition, the extra capacity at Sheppey Community Hospital meant fewer patients from Sheppey would need to travel to Medway thereby increasing capacity for Medway residents at Medway Maritime hospital.

Decision:

The Committee:

- a) agreed that the proposal from the Medway and Swale Health and Care Partnership to develop community diagnostic centres in Medway and Swale did not constitute a substantial variation or development in the provision of health services in Medway.
- b) requested a site visit at the Rochester Healthy Living Centre site to discuss parking and anti-social behaviour and requested that the police be invited to attend.
- c) requested regular updates on progress with establishing the community diagnostic centres, via briefing notes.

435 Kent and Medway Adult Learning Disability and Autism Collaborative Update

Discussion:

Members considered a report on progress with the Kent and Medway Adult Learning Disability and Autism Collaborative.

The following issues were discussed:

- **Stakeholder's meeting** – whether Members could attend the workshop planned for early December to bring together people with lived experience, families/carers and other key stakeholders to agree the priority areas of work and the actions needed to achieve these priorities was queried. Members were advised this had been planned for 8 December but this had now changed so that the team would instead meet with local groups. Members were welcome to attend.

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- **Local Government and Social Care Ombudsman Annual complaints report** – the point was made that a high percentage of complaints received by the Ombudsman were from people with autism.
- **Annual Health Checks** – a point was made that the numbers of annual health checks recorded for over 14s with a learning disability seemed low. Members were advised the national target was 75%. Checks tended to happen in Quarters 3 and 4 but the plan was to move to a system of more regular checks with people invited to attend around the time of their birthday. The trajectory for health checks in Kent and Medway had improved and the figures would be sent to Members.
- **Helping people with autism** – in response to a comment that many people with autism were able to contribute to society, Members were advised that the service was working with people with autism on opportunities for community-based support and housing. Adult Social Care had a scheme for people with mental health issues to get into work, which was funded by the Department for Work and Pensions.
- **Experts by Experience** – in terms of how this cohort was selected and how they fed back to the groups they represented, Members were advised that people with autism and learning disabilities sat on the Delivery Partnership Executive Board. The service wished to see a wider representation to inform what it did, including people from Medway.
- **Kent and Medway Learning Disability and Autism Strategy** – once the Strategy had been signed off an easy read and accessible version would be produced and this would be shared with Members.
- **Member Briefing - Mental Wellbeing, Neurodiversity, Learning Disability and Dementia** – it was clarified that this event had been postponed due to low take up. A suggestion was made that the Group Whips be advised in future so they could encourage take up.

Decision:

The Committee agreed to:

- a) note the report.
- b) request a briefing paper on work to increase experts by experience from Medway.
- c) request that an Easy Read version of the Kent and Medway Learning Disability and Autism Strategy be circulated to Members once available.

436 Care Quality Commission - Local Authority Assessment Framework

Discussion:

Members considered a report on the introduction of a new assurance regime for Local Authority Adult Social Care Services which was due to be introduced from April 2023. This would expand the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and

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Integrated Care Systems (ICS) alongside the existing inspection responsibilities for providers of regulated activity.

In response to how staff were responding to these changes, the Assistant Director – Adult Social Care advised all staff were aware of the changes and the Adult Social Care management team had been involved in a self-assessment to identify key areas of priority. The Assistant Director was meeting with team managers regularly. Discussions had taken place with other councils who had advised it was better not to coach staff on how to respond to the CQC inspectors and instead ensure staff were confident to talk naturally about their cases.

Decision:

The Committee agreed to note the report and thank staff for their efforts.

437 Kent and Medway Interim Integrated Care Strategy

Discussion:

On behalf of the Committee the Chairman thanked Tracey Rouse, Director Strategic Change and Population Health for her contribution to health services in Medway and wished her a happy retirement.

Members considered a report regarding the Kent and Medway Interim Integrated Care Strategy.

The Director of Public Health emphasised that the Strategy was an interim document and, due to national timelines, there had not been as much time for engagement as they would have liked. However, there would be substantial engagement in the new year. Further guidance was expected in June 2023 and a revised version of the Strategy would be prepared in the autumn.

This represented the first time partners, as a system, had worked together on a document of this scale, which was very much a prevention led strategy and not a health led one.

In response to a comment that there was no reference to children leaving care, the Director of Public Health advised that the key principle had been a light touch approach. But moving forward issues such as this would be included in the next version of the Strategy.

Reference was made to the importance for Medway of focusing on health inequalities and whether the Strategy would make a difference here was questioned. The Director of Public Health commented that the Strategy presented the system with an opportunity to make a real difference. 40% of what drove health outcomes was related to education, skills, housing. The focus of the Strategy was on how to reduce inequalities and narrow this gap for people whose voice was not being heard. Guidance had been published last week which said the Integrated Care Board needed to take account of local

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factors identified through the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy and how resources were allocated to meet these needs.

A comment was made that the GP Task Group had heard that 85% of GP appointments were socially derived rather than clinically determined. GPs were open to working with partners to help change this. While the Strategy promoted integration it did not address the partnership working and joint resourcing needed so that GPs had the ability and resources to make a difference.

The Director of Public Health commented there was a need to empower people on the front line to make a difference. An example of this was the resources that had been allocated to social prescribing and the benefits of this could be seen. The Integrated Care Board had received significant funding to address inequalities and had devolved 80% of that into the local Health and Care Partnerships. This funding had been allocated based on deprivation levels rather than simply by population headcount so that more resources would be available in the areas that needed it most. Interventions to tackle inequalities needed to be evidence-based.

In response to a comment that Section 3 of the Equality, Diversity and Inclusion Impact Assessment was incomplete, it was agreed that the final version of the Strategy would be circulated to Members after it had been approved by the partners.

Decision:

The Committee agreed to note the report and forward its comments to Cabinet.

438 Draft Capital and Revenue Budget 2023/24

Discussion:

Members considered a report which set out the Council's draft capital and revenue budgets for 2023/24.

The Chief Finance Officer updated Members on the Chancellor's autumn statement, referring to the following:

- the decision to delay the adult social care charging reforms for at least 2 years, although the funding for these reforms would still be distributed to councils;
- £1billion of new funding across the system, of which 40% was expected to be allocated to councils in 2023/24 with the remainder distributed through the Better Care Fund.
- Household support fund would continue.

It was suggested that the delay in the adult social care reforms presented an opportunity to give the directorate space in the budget setting process to make

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the necessary investments now in the knowledge these would lead to future efficiency savings, without being under the same pressure to make savings.

The Chief Finance Officer commented that there was a need to set a balanced budget each year. In terms of making forward year projections officers were working on a much broader set of assumptions in terms of possible ranges. The local government finance settlement expected in December may be longer term in nature, allowing the possibility of the Council returning to a medium-term financial strategy model.

Decision:

The Committee agreed to:

- a) note that Cabinet had instructed officers to continue to work with Portfolio Holders in formulating robust proposals to balance the budget for 2023/24.
- b) forward its comment on the proposals outlined in the draft capital and revenue budgets to the Business Support Overview and Scrutiny Committee.

439 Council Plan Performance Monitoring report and Strategic Risk Summary Quarter 2 - 2022/23

Discussion:

Members considered a report on the Council Plan 2022/23 and performance in Quarter 2 2022/23 on the delivery of the programmes and measures which fell under the remit of this Committee, i.e. People.

Members discussed the two targets which had a red status:

- *Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family* – problems with record keeping and not being on top of annual reviews had been addressed and improvements had been made. There had since been a significant improvement in the number of annual reviews.
- *% of long term packages that are placements* – the Assistant Director - Adult Social Care advised there had been an increase in the number of people moving into permanent residential care. An analysis of this demonstrated that in the first two quarters there were 74 new clients, 52 of whom had been discharged from hospital. There had been problems in providing home care but the situation had improved significantly and as of last week there were only 4 people waiting for home care, although some people did have complex needs. Members congratulated officers on this achievement.

Decision:

The Committee agreed to:

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- a) note Q2 2022/23 performance against the measures used to monitor progress against the Council's priorities.
- b) note the amended Strategic Risk Summary as set out in Appendix 2 to the report.
- c) note the classification of risks as live or managed as set out in sections 2.7 and 2.8 of the report.
- d) send a letter of thanks to staff involved in reducing the numbers of people waiting for home care.

440 Work programme

Discussion:

The Committee considered a report on the current work programme

Members were advised of two more possible items for the January meeting: changes to orthopaedic surgery and proposals to improve places of safety.

Reference was made to a recent briefing paper on proposals to create capacity for the care of frail inpatients on the Isle of Sheppey. An undertaking was given to clarify if this affected Harvey ward at Medway Maritime Hospital

Decision:

The Committee approved the proposed work programme as set out in Appendix 1 to the report.

Chairman

Date:

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