

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

Thursday, 12 January 2023

6.32pm to 11.19pm

Record of the meeting

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

Present: Councillors: Ahmed, Barrett, Sylvia Griffin, Lammas, McDonald, Murray, Prenter, Price, Purdy (Vice-Chairman), Thorne, Mrs Elizabeth Turpin, Van Dyke and Wildey (Chairman)

In Attendance: Councillor David Brake, Portfolio Holder for Adults' Services
Jayne Black, Chief Executive, Medway and Swale Integrated Care Partnership
Jackie Brown, Assistant Director Adult Social Care
Louise Clack, Programme Director for Urgent and Emergency Mental Health – NHS Kent and Medway
Lee-Anne Farach, Director of People - Children and Adults' Services
Rachel Jones, Executive Director Strategy, Planning & Partnerships, Kent and Medway STP
Dr Adam Kasperek, Deputy Clinical Director, Kent and Medway NHS and Social Care Partnership
Dr Logan Manikam, Interim Public Health Consultant
Taps Mutakati, Director of System Collaboration
Ray Savage, Head of Strategic Partnerships and System Engagement, South East Coast Ambulance Service
Laurence Sopp, Operating Unit Manager – Medway, SECamb
Cheryl Turner, Associate Director of Primary Care Contracting, Kent and Medway NHS
Michael Turner, Principal Democratic Services Officer
Sara Warner, Assistant Director, Citizen Engagement, NHS Kent and Medway
Matthew Webb, Associate Director of Strategic Partnerships and System Engagement, SECamb
James Williams, Director of Public Health

508 Apologies for absence

An apology for absence was received from Martyn Cheesman (Medway Healthwatch).

509 Record of meeting

The record of the meeting of the Committee held on 1 December 2022 was agreed and signed by the Chairman as correct.

510 Urgent matters by reason of special circumstances

There were none.

511 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.

512 Attendance of the Portfolio Holder for Adults' Services

Discussion:

Members received an overview of progress on the areas of work within the terms of reference of this Committee and covered by the Portfolio Holder for Adults' Services, Councillor Brake, as set out below:

- Adults' Mental Health and Disability Services (including Learning and Physical Disabilities)
- Adults' Partnership Commissioning (25+) and Better Care Fund
- Community Care
- Health and Health Partnerships
- Independent Safeguarding and Review Service
- Older people
- Public Health - Lead Member, including Health and Wellbeing Boards.

Councillor Brake responded to Members' questions and comments as follows:

- **Increase in safeguarding concerns** – in response to a query whether Councillor Brake was concerned by the increase in this area, the Portfolio Holder commented that people felt more comfortable raising concerns now and the Council was a victim of its own success.

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- **Hospital discharges** – regarding whether the current situation in the NHS was impacting on discharge pathways, Councillor Brake replied that in normal circumstances when someone was ready to be discharged there was a plan for this. The Council would do its utmost to support the hospital but not at the expense of patient safety and, as far as he was aware, the situation in the NHS was not impacting on the Council. The Assistant Director – Adult Social Care added that the situation was challenging and the Council was working very closely with the hospital to minimise delays to discharges and by discussing where patients can be discharged to.
- **Government funding for extra care beds** – in response to a query about how many care homes in Medway would receive this funding, the Portfolio Holder commented that he was aware that the Government was supporting hospitals with discharges into the community.
- **Dementia alliance** – whether this Alliance was receiving sufficient support was queried. The Portfolio Holder responded that he shared the concerns around this. The number of people with dementia was increasing but the Council's work on this would not cease.
- **Integrated Care Board** – regarding whether Medway would receive its fair share from the new Kent and Medway Integrated Board, the Director of People commented she was confident Medway would be treated fairly and was respected as a partner but whether the area received the level of resources it needed would remain to be seen.
- **Recruitment in the care sector** – in terms of what the Council was doing to help its partners with recruitment in this sector, the Portfolio Holder noted some staff had left the sector following the pandemic, although some were starting to return. The people who worked in care were very committed and saw it as a vocation. The Council wanted to work with partners to make this a career. Using expensive agency staff was not the way forward. In response, the point was made that low pay was a key reason why people were leaving care and there was a need for a complete review of the care industry.
- **Support to live at home service** - noting this service was being recommissioned, whether there were any plans to develop a step-down service to help people to recover in a supported environment was queried. The Portfolio Holder commented that there were newer facilities in some areas for people with longer term conditions. The Assistant Director – Adult Social Care added that the Council was looking at how funding could be used for step down units.
- **Local account** - the content of this document was praised and a suggestion was made that the work of the adult social care team should

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be promoted on the Council's social media platforms, which the Portfolio Holder agreed with.

- **Adult mental health and disability services** – a point was made that the number of people aged under 64 needing these services would increase and an assurance was sought that this increase in demand had been future proofed. The Portfolio Holder commented that Medway was well placed as the Council was constantly reviewing services and he was not aware of any concerns. The Assistant Director – Adult Social Care added that the supported living service had recently been re-procured. The service was in tiers to make sure people with complex needs got the right support.
- **Community hubs** – the Portfolio Holder was asked to do more to highlight work done in community hubs on mental health and wellbeing.
- **Role of Voluntary Sector**- the Portfolio Holder was asked to promote the work of the voluntary sector on the cost-of-living crisis. The Portfolio Holder acknowledged the work of the sector and that the Council helped by providing respite care for carers. The Council had also awarded grants to local food charities.
- **Addressing health inequalities** – in response to what was being done on this, the Portfolio Holder commented this was constantly under review. The Director of Public Health added that Medway performed the best in the south East for NHS health checks and had some of the lowest smoking rates. 80% of the impact on health outcomes related to non-clinical determinants. He was aware of the challenges and felt he had the resources to do more.
- **Support for people with a learning disability** – a comment was made that 705 seemed a low number of people supported with a long-term package of care with a primary support reason of Learning Disability. The Assistant Director – Adult Social Care clarified that the Council was required to categorise people and the figure of 705 related to those people who were supported because they had a primary support reason of learning disability. The Assistant Director added she could not be 100% confident everyone was captured and the Council was looking at how everyone could be identified.

Decision :

The Committee agreed to thank the Portfolio Holder for his support and noted the report.

513 South East Coast Ambulance Service Update

Discussion:

Members considered a report from the South East Coast Ambulance Service (SECAmb) NHS Foundation Trust, with a focus on the planning and preparation for winter 2022/23, performance across both the 999 and NHS 111 services, the Care Quality Commission recommendations and subsequent Improvement Journey, and ambulance handover delays since the Committee was last updated in March 2022.

Members discussed the following issues:

- **Current position** – a Members asked whether the Trust considered itself to be in crisis. SECAmb representatives responded that crisis was difficult to define. The Trust was in an extended recovery phase. The instability in the executive team was acknowledged but progress had been made in the last 12 months.
- **Current sickness levels** – Members were advised that the sickness target was 7% and levels were currently at 10.5%. This was not dissimilar to last year and the Trust was not an outlier. There had been a general increase in burn out across the NHS.
- **Care Quality Commission inspections** – disappointment was expressed at the conclusions of the recent CQC reports. The Committee had been assured on several occasions on issues such as bullying, staff morale and senior management stability yet the CQC reports showed little progress. There had been comments from the Trust's Chief Executive about high levels of employee relations issues and reports of staff feeling burnt out and not getting breaks. SECAmb commented that they were disappointed in the findings of the CQC report. The Trust took staff well being seriously. The CQC recognised that staff provided an excellent service. There was a detailed improvement journey which the Trust was working on at pace. The Chief Executive's comments had been in relation to the national landscape. Trust in leadership was low and there was a lack of a clear vision. Some training had been cancelled due to the pandemic which had affected break patterns. The latest inspection from the CQC in summer 2022 had changed the rating to "requires improvement". This and the lack of any additional warning notices would hopefully assure Members the Trust was moving in the right direction.

The Trust acknowledged it was not in a healthy place culturally but culture changes took time. There would be a focus on quality of care and people in next 12 months.

In response to a comment that the cultural issues pre-dated covid, SECAmb acknowledged this but felt covid had been an exacerbating factor.

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- **Leadership and Management** – an assurance was sought that senior management understood what changes needed to be made and how to ensure staff felt valued and also eradicate poor behaviour. A point was made that e-bulletins and video updates for staff should be in person instead. SECAmb responded that financing was a key challenge. Recruitment was on target but there had been an increase in attrition since covid. The Trust was working with commissioners to get sufficient staff to meet its targets. In terms of the visibility of leadership team, the CQC inspection took place at a time when staff were advised to work from home and communications were mainly virtual. The E-bulletin had been received positively as staff spent little time in stations. The Trust was looking at how it could optimise communications with staff as part of the improvement journey, particularly getting better at listening to staff.
- **Ambulance conversion programme** - why the Trust had paused the conversion of the latest batch of Fiat ambulances while it undertook a review of the design specification due to staff concerns was queried. Members were advised that the Trust was moving to Fiat as part of a national specification. It had quickly become clear that staff did not think the programme was fit for purpose so it had been paused to allow further work with Fiat. The Trust was now introducing adapted vehicles based on staff feedback.
- **999 Category 4 performance** – an undertaking was given to share this data with Members.
- **Planning to meet demand** – whether the Trust should be better at planning to meet higher demand was queried. SECAmb advised that ideally they would plan to have the capacity to meet higher demand but attrition could prevent this. However, the Trust was now in a better place. It was not always appropriate to send physical resource to an incident.
- **Suicide Postvention Group** – SECAmb clarified that this group was not advertised through the Trust and should not be seen as an acceptance that suicides were inevitable. The focus was on proactively and at an early stage identifying people who were struggling. The Trust had learnt lessons from police forces, fire services and armed forces.
- **Staff retention** - SECAmb advised they had introduced joint response units as one means to keep experienced paramedics engaged. Exit interviews improved the Trust's understanding of why people were leaving. A retention plan had been approved but turnover at contact centres was 40% and this needed to be tackled. The Trust was looking at its recruitment processes to ensure the right people for each role were recruited.

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SECamb Board – in response to a query, Members were advised that the Trust was exploring the possibility of a staff representative on its Board and patient representatives on Board sub groups.

Decision:

The Committee agreed to:

- a) note the report.
- b) request a briefing paper on safeguarding.
- c) note that information on performance, including Category 4 999 calls would be sent to Members.

514 Update from Medway NHS Foundation Trust

Discussion:

Members considered a report on progress at Medway NHS Foundation Trust.

The Chief Executive of the Trust introduced the report by saying the winter had been the worst she had seen in her career. However, it had not been acceptable that patients could not always be offloaded from ambulances in a timely way and that some patients had been cared for in corridors. All parts of the health system were working together to help the Trust resolve the issues.

Members discussed the following issues:

- **Ambulance handovers** – how the Trust had managed to improve so significantly in the space of a year was queried. The Trust's Chief Executive responded that it was not a case of needing lots of additional resources but for this to continue it was important that flow and bed capacity were sustainable. The clinical leadership in the Emergency Department (ED) had recognised there was a need to do things differently and the acute medical model had been re-designed.
- **Covid reserve fund** - the Chief Executive confirmed there was no unspent covid funding available. Over the next few years covid funding from the Government would be reduced.
- **Backlog of repairs** - the extent of the backlog and whether a new hospital was a possibility was queried. The Chief Executive commented there was a programme to tackle estate repairs and a need to continue to refurbish wards. There was no immediate prospect of a new hospital.
- **Patient First** – Members were advised this was being rolled out across the organisation.

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- **Staff retention** – in response to concerns about this and whether the Trust could help nurses with housing costs, the Chief Executive commented staff were very tired. She wanted to improve morale by involving staff in decision making. There was a need to do more in respect of housing costs.
- **Critical care incident** – the point was made that given the challenges people faced obtaining GP appointments people would inevitably go to the ED. The Chief Executive accepted that was the case and commented the whole system need to work differently.
- **Member visits to the hospital** – Members were advised these were now being encouraged since the pandemic.
- **Patient Initiated Follow Up (PIFU) pathway** – in response to whether this programme had started, the Chief Executive commented this was a national initiative and would take time to embed.

Decision:

The Committee agreed to note the report.

515 Kent and Medway Elective Orthopaedic Unit

Discussion:

Members considered a report which set out a proposal to create a Kent and Medway Elective Orthopaedic unit based on the Maidstone hospital site. The Committee was asked to consider whether this constituted a substantial variation or development of a health service.

As the new unit would be working in an open plan environment a Member asked for an assurance cross contamination would not be a risk. Members were advised that the way air flow was handled was different in orthopaedic theatres. The theatres would comply with all space and guidelines and full infection control measures would be in place.

In response to the possibility of this new unit attracting staff away from Medway to work, Members were assured that the plan was to recruit new staff. As this was a potential risk for all organisations, the possibility of offering staff elsewhere to work at the new unit on a rotational basis was suggested to the Committee.

The Trust was asked to ensure that, in future, potential changes such as this were brought to the Committee much earlier. An assurance was given to the Committee on this.

Decision:

The Committee::

- a) noted the proposal from the Kent and Medway Integrated Care Board to increase capacity by way of a Kent and Medway Elective Orthopaedic Centre at Maidstone hospital and welcomed this national initiative.
- b) agreed that the proposal did not constitute a substantial variation or development in the provision of health services in Medway.
- c) asked to be kept informed of progress.
- d) advised the Trust of its expectation that recruitment attrition would not occur as a result of the proposal and that, in future, similar proposals be brought to the Committee at an earlier stage.

516 Section 136 Pathway and Health-Based Place of Safety Service Improvement

Discussion:

Members considered a report on a proposed service improvement to the Section 136 (Mental Health Act 1983, as amended 2007) pathway and health-based places of safety (HBPoS) for the adult population of Kent and Medway.

A Member made the point that while any improvements were welcome it was unfortunate that previous attempts to create places of safety in Medway had not been successful over a long period of time. In some cases, the police had arrived with a patient and the unit was not open. An assurance was sought that these proposals would be successfully delivered. In response, an assurance was given that the proposals would deliver an improved service. The capital funds were available and the budget was ring fenced, There had not been an opportunity to create a unit in Medway due to the need to have co-located services. The proposals would prevent individuals in crisis from being in the Emergency Department and provide a seamless pathway for service users in a more integrated way. A range of alternative community provision was also planned. The proposals were designed to prevent people going into crisis in the first place. The interdependencies between partners were now better understood

A Member pointed out the consultation plan did not show any consultation with the voluntary and community sector and urged this to happen. An assurance was given the scope of who would be consulted would be broadened and the VCS would be involved

Decision:

The Committee:

- a) noted the proposals to improve the mental health urgent and emergency care pathway and supported the plan for a two-month public consultation period.
- b) decided that the proposals did not constitute a substantial variation in the provision of health services in Medway.
- c) asked for a briefing paper on funding.
- d) requested a further update at its June meeting following the end of the consultation period.

517 GP Access Task Group - Interim Report

Discussion:

Members considered the interim report of the GP Access Task Group.

In deciding whether to forward the report and its interim recommendations to the Cabinet for approval, there was a difference of opinion amongst Members with some in favour of this and another view expressed that the report should not be forwarded to the Cabinet at this stage and the work be revisited in the summer and completed with more engagement with GPs. The latter view was then proposed on the basis that the Task Group had only spoken to 3 Medway GPs, none of these rural or locums.

A point was also made that answers were needed as to why Medway had such a significant problem with GP access. The proposed recommendations were not unique to Medway and more Medway specific evidence was needed.

Some Members opposed the proposal on the basis that the recommendations could achieve change, that enough GPs had been seen to give a good picture of the situation in Medway which matched the national picture. The Task Group had worked with health partners in a collaborative way and they had been pleased to have been listened to and had fed back that the recommendations would make a difference. In addition, it had quickly become apparent to the Task Group that the issue was not just about the public accessing GPs but being able to access primary care generally.

A Member queried the methodology adopted regarding inviting GPs to speak to the Task Group given it had resulted in so few GPs being spoken to. An assurance was given that a great deal of effort had been made to speak to more GPs. It had been recognised from the start that it would be difficult for GPs to attend so various routes had been used to contact GPs. 20-30 practices had been approached and some agreed times to meet with the Task Group had to be cancelled due to pressures facing GPs.

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In accordance with Rule 12.5 of the Council Rules, a recorded vote was taken on the proposal that the report and its interim recommendations be revisited in the summer when the work can be completed with more engagement with GPs.

For:

Councillors Wildey, Purdy, Ahmed, Barrett, Sylvia Griffin and Lammas,

Against:

Councillors McDonald, Murray, Prenter, Price, Mrs Elizabeth Turpin and Van Dyke

As the vote was tied, the Chairman exercised his casting vote in favour of the proposal.

Councillor Thorne was not present for the recorded vote.

Decision:

The Committee agreed:

- a) to note the interim report from the GP Access Task Group.
- b) that the report is not forwarded to the Cabinet at this stage.
- c) that the report and its interim recommendations be revisited in the summer when the work can be completed with more engagement with GPs.

518 Work programme

Discussion:

The Committee considered a report on its work programme.

Decision:

The Committee:

- a) approved the proposed work programme, as set out at Appendix 1 to the report.
- b) agreed that it wished to have sight of the People Directorate Risk Summary.

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2023**

Chairman

Date:

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