

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

9 MARCH 2023

MEDWAY COMMUNITY HEALTHCARE SERVICE BRIEFING

Report from: Penny Smith, Director Operations

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Summary

To provide Members with an overview of Medway Community Healthcare's (MCH) current position of community health services provision.

1. Budget and policy framework

1.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

2.1. National Situation and Medway Community Healthcare (MCH) Responsiveness.

2.1.1. Along with all NHS organisations, MCH is required to fully retain their Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the COVID-19 pandemic and anticipated winter pressures.

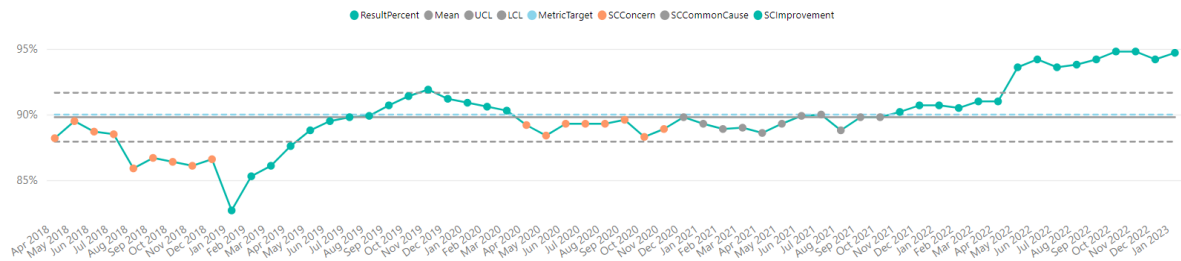
2.1.2. MCH has maintained a robust incident control centre and continues to operate a formal governance structure that has strategic oversight and operational functions to ensure our patients and staff can safely access services and return to work now.

2.1.3. The following report provides details of the key organisational and service delivery issues, current situation and actions taken to overcome the challenges.

3. Workforce

3.1. Statutory and Mandatory Training

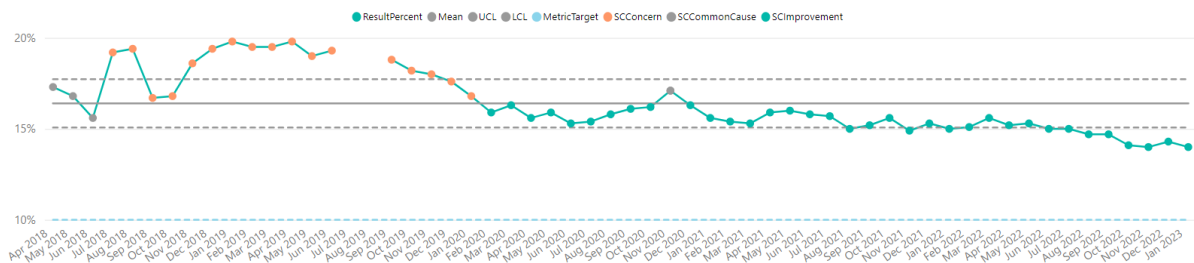
4.1 Stat and mand training % (NHSB W3)



- Statutory and mandatory training is on an increasing trajectory
- Currently at 94.7%
- Remained high for the last 4 months.
- Dropped to high 80%’s during COVID but increased in May 2022 and remained high.

3.1.1 Staff Turnover

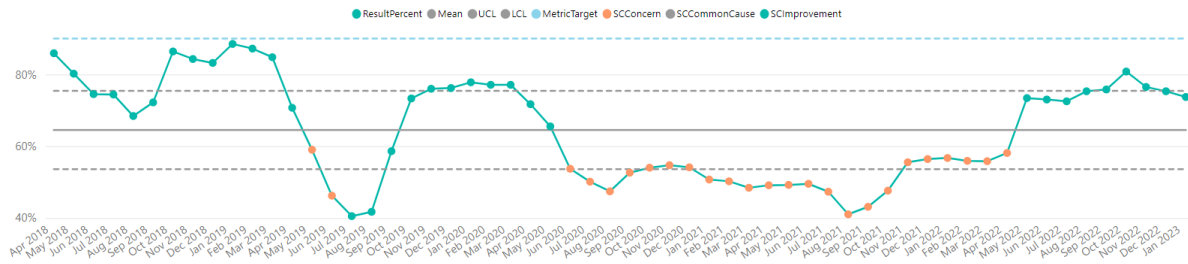
4.2 Staff turnover % (total) (NHSB W5a)



- Staff turnover is 14% and on a downward protactory.
- MCH is showing as the highest turnover rate within the Kent and Medway system. The MCH data is being checked to ensure it is calculated the same way as everyone else. I.e., is everyone else declaring only voluntary leavers?
- All the normal reduction of turnover mechanisms are in place.

3.1.2. Appraisals

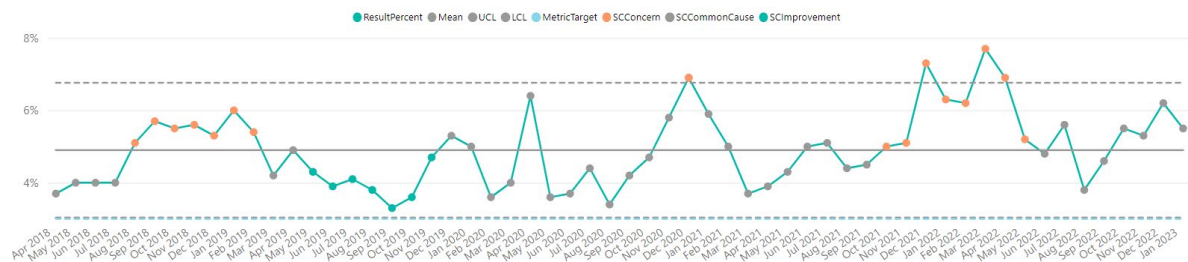
4.4 % PDR's completed (NHSB W4)



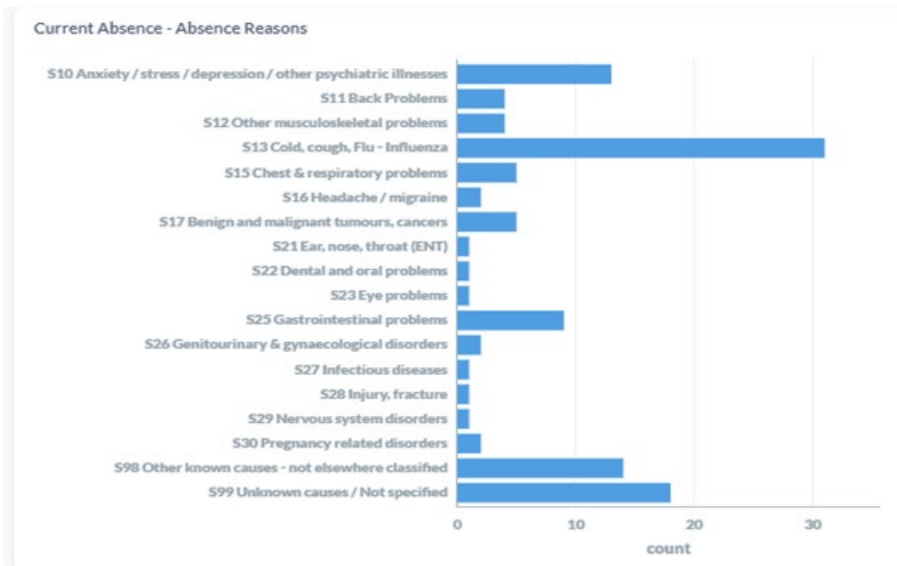
- Appraisals have remained high, above 72.5% since May 2022 against a target of 75%.
- We are working on new ways to collect appraisal data as the employee opinion survey shows that people are having development conversations but not completing the spreadsheet to collect this data.

3.1.3. Sickness Data

4.5 Sickness absence % (NHSB W1a)

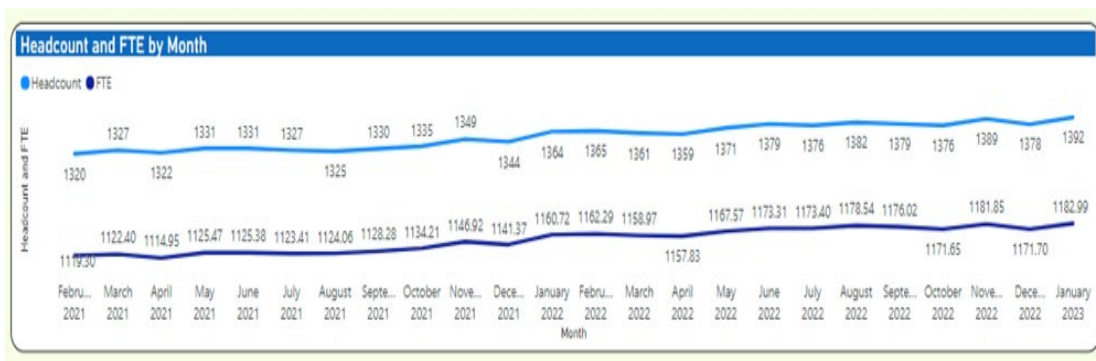


- Sickness data remains sporadic.
- We normally see a wave of sickness absence, i.e., high in the winter months and low in the summer months. After COVID, since March 2022, we are starting to see this pattern again, with sickness absence levels in August 2022 dropping to 3.8% and rising to 6.2% in December 2022.



- During January we saw a rise in cold, coughs and flu, with 31 people off sick. This is a normal pattern for January. However, anxiety, stress and depression has remained high at 13 people of sick at one time. It has remained at this level for the last 3 years.

3.1.4. Headcount



- Headcount is on an increasing trajectory, increasing by 72 since February 2021.

3.1.5. Recruitment day

- MCH recently held an open day to attract new recruits and I am pleased to confirm the output from this day as follows:

Band offered	WTE offered	Job role offered and in progress through recruitment	Team / service
3	0.8	Neighbourhood nurse assistant	Possibly Peninsula 2
2	1	Support worker	Darland
4	0.6	Neighbourhood nurse associate practitioner	NN Rainham 1 or 2
4	0.8	Neighbourhood nurse associate practitioner	Chatham care team
5	1	Neighbourhood nurse	Chatham
5		Staff nurse	Endeavour, intermediate care
6	1	Neighbourhood nurse	NN Rainham 3
5	1	Neighbourhood nurse (newly qualified)	NN Peninsula 1
5	1	Neighbourhood nurse	Rochester
5	0.6	Neighbourhood nurse	Rochester care team. community nursing
5	1	Neighbourhood nurse	NN Rainham 1
2	1	Support worker	Darland
2	1	Support worker	Darland

4. Safeguarding

4.1. The MCH Safeguarding Team comprises of a 1 wte Head of Service, 2 wte Named professionals – one for adults and one for children, 3.8 wte Safeguarding Advisers and 2 wte Support Officers/Administrators – one for the team and one for MASH.

4.2 We are fully staffed; however, the Named Nurse for Safeguarding Children is on maternity leave with a planned return for Q2 23/24.

5. Activities during quarter 3 of 2022/23

5.2 During October through to December 2022, the Safeguarding Team have managed 1390 contacts/ enquiries, a significant increase compared to Q2 with 1187 contacts/enquiries. These come to the team via a range of communication routes including; Incident Reporting, emails, telephone conversations professionals' meetings, legal requests, and one to one ad hoc advice/support.

5.3 Referrals to social care for adults and children are as follows for Q3: 25 referrals to adult social care and 5 to children's social care. We undertook no referrals to the Medway LADO. There were two referrals made from outside the organisation to adult social care regarding the care provided by MCH, one of these was in relation to a patient fall and one was in relation to a medication administration error, these have been investigated and one concern was found substantiated, now with a clear plan in place by the service, the other was found to be inconclusive.

- 5.4 We have updated our intranet pages following feedback so staff can access information clearly and quickly in order to make appropriate referrals. We have also added a specific page providing information on self-neglect as this is one of the main themes within adult safeguarding for quarter 3.
- 5.5 There were no Prevent or FGM referrals during the quarter, and the safeguarding team were not required to respond to any requests for information during this period in relation to Prevent.
- 5.6 In regard to Domestic Abuse, in Q3 we have undertaken 646 contacts, this includes individual advice calls to MCH staff and information sharing activity for MARAC. The safeguarding team have seen a sustained increase in the number of cases being heard at MARAC, which coincided with the World Cup and the lead up to the Christmas period.

6. Current Challenges

- 6.1 The most pressing challenge for MCH in relation to safeguarding practice is the volume of safeguarding related activity, whether this be attendance at strategy meetings for children and families, reports and attendance at Child Protection Case Conferences or involvement in self-neglect procedures for adults. However, staff remain fully committed to working collaboratively with partner agencies and are supported to prioritise their safeguarding responsibilities.

7. Health and Wellbeing

- 7.1 MCH aims to provide a healthy, inclusive and compassionate culture enabling staff to manage and improve their physical and mental wellbeing. We take a holistic approach that focuses on work but also provides advice and signposting for activities and support outside of the workplace too.
- 7.2 We have approximately 40 health and wellbeing allies that help us promote and obtain feedback on our health and wellbeing offers which have generally been well received.
- 7.3 Our mindfulness workshops were particularly successful where staff felt they “had learnt how to concentrate on breathing and clearing our minds of stresses” and “it did teach me to relax”.
- 7.4 Feedback from the mental health and resilience sessions were also well received so much so that we hope to continue to provide this support for the next financial year. Here are some examples of the positive feedback: “It is ok to take a five-minute break, even when there is a huge workload. - Burying negatives feelings could make me less efficient at work, it's good to talk. - I am not alone with how I feel at the moment.” “Very well presented, very emotive at times, however relevant to our learning” and “Not coping does not mean I can't do my job”. Staff felt that more courses similar to the mental health awareness training would be beneficial.

- 7.5 We also offered a number of reflexology workshops with the neck and shoulder session having the highest attendance.
- 7.6 Our staff survey results for last year highlighted that 68% of staff who completed the survey agreed that MCH takes positive action on health and wellbeing.

8. Risk Management

- 8.1. There are no significant risks to the Council arising from this report.

9. Financial implications

- 9.1 There are no financial implications to Medway Council arising directly from the recommendations of this report.

10. Legal implications

- 10.1 There are no legal implications to Medway Council arising directly from the recommendations of this report.

11. Recommendation

- 11.1. Members are asked to provide any feedback regarding MCH services.

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Appendices

None

Background papers

None