

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

Thursday, 9 March 2023

6.32pm to 9.05pm

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, Crozer, Sylvia Griffin, Lammas, McDonald, Murray, Prenter, Price, Mrs Elizabeth Turpin and Van Dyke

Co-opted members without voting rights

Emma-Sue Willows (Healthwatch Medway)

In Attendance:

Jackie Brown, Assistant Director Adult Social Care
Lee-Anne Farach, Director of People - Children and Adults' Services
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Councillor Martin Potter, Portfolio Holder for Education and Schools
Andrew Rabey, Chair, Kent and Medway Safeguarding Adults Board
David Reynolds, Head of Revenue Accounts
Penny Smith, Director of Operations, Medway Community Healthcare
Michael Turner, Principal Democratic Services Officer
Dr David Whiting, Deputy Director of Public Health

663 Apologies for absence

Apologies for absence were received from Councillors Barrett and Thorne.

664 Record of meeting

The record of the meeting of the Committee held on 12 January 2023 was agreed and signed by the Chairman as correct.

665 Urgent matters by reason of special circumstances

There were none.

666 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.

667 Member's Item - Rainham Healthy Living Centre

Discussion:

Members considered a report which set out a Member's item raised by Councillor Potter, in relation to the GP access in Rainham.

Councillor Potter introduced his item and stated there had been 4 GP surgeries at the Rainham Health Living Centre (HLC). In 2018 the Green Suite moved out and in 2020 the Blue Suite closed due to the pandemic, although this was not an official closure. There were no GPs based solely in the Yellow Suite and there was only one GP based at the surgery at the HLC at present.

The Committee had been given assurances in 2001 that it would be consulted about any proposals to change primary care provision at the HLC. The Integrated Care Board (ICB) now wanted to formalise the closure of the Blue Suite. The point was made that the ICB should honour the previous commitments made by the CCG to update the Committee on any plans for the Rainham HLC.

Councillor Potter expressed concern about the utilisation of the Rainham HLC and queried what the plan was across Medway for HLCs and how inequalities in access to healthcare were being dealt with. He commented the ICB could draw down £100k of Council S106 funding for the HLC and potentially £500k in the pipeline to be drawn down for the Rainham HLC.

Councillor Potter asked the Committee to request a review of primary care provision in the Rainham HLC and also the wider primary care strategy for Rainham as well as an update on the utilisation of HLCs across Medway and their funding, including the use of S106 funds.

During the discussion it was confirmed that the ICB had been invited to attend this meeting 2-3 weeks ago, however, they had not been able to field a representative at this meeting.

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The point was made that the ICB should honour the previous commitments made by the CCG to update the Committee on any plans for the Rainham HLC.

Decision:

The Committee agreed to:

- a) note the comments from the Integrated Care Board provided in response to the Member's item.
- b) request an update on primary care provision in Rainham and an update on the wider primary care strategy for Rainham as well as an update on the utilisation of HLCs across Medway and their funding, including the use of S106 funds.

668 Medway Community Healthcare Service Briefing

Discussion:

Members considered a report which gave an overview of Medway Community Healthcare's (MCH) current position of community health services provision.

The Director of Operations at MCH advised Members that there were over 150 vacancies, with community nursing having high levels of vacancies. It was difficult to recruit to occupational therapists and advertising was being targeted at professional magazines as well as holding recruitment days, which were successful. MCH also backfilled vacancies with agencies where possible

Members raised the following issues:

- **Staff wellbeing** – noting the high levels of sickness and staff turnover, whether MCH had connected with local universities and colleges to encourage students to apply was queried. Members were advised that MCH had links with universities and colleges and had worked with 10 students whereby they shadowed the intermediate care services team, 6 of whom showed a commitment to continue. However, more could be done.

Concern was expressed that anxiety, depression and stress levels were still high in spite of the wellbeing measures MCH had put in place. Members were advised that as community nursing was very stressful, staff were encouraged to be more open about stress and it was better for this to be reported so there could then be a dialogue. Staff were encouraged to take time out to access health and wellbeing services and whether these could be provided out of ours was being looked at. There was a 24/7 counselling helpline for all staff and their immediate family.

A comment was made that it would have been useful to see more information from the staff survey. The Director of Operations undertook to provide more on this in the next update.

The Director of Operations advised that benchmarking information showed MCH were average in terms of turnover across Kent and Medway. More HR support was now available to hold face to face meetings with staff leaving the organisation to learn from this. A buddy system had reduced turnover in some key areas, and this needed to be rolled out. There was a good apprenticeship scheme with good retention levels. Community nursing was a key element of staff turnover, but it was an area that was hard to recruit to.

- **Care navigators** – the point was made that more could be done to improve communications and provide a holistic service when visiting clients. The Director of Operations agreed that communication around handovers could always be improved. The team met with the Local Medical Committees and Primary Care teams to discuss challenges and look at improvements and see if they could work smarter.
- **Referrals** – concern was expressed at the nature of the 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. The Director of Operations assured Members that medication errors were fully investigated, and the lessons and findings were shared with the wider team. If necessary, disciplinary action would be taken.

Decision:

The Committee agreed to note the report and request a further update in 12 months.

669 Kent and Medway Safeguarding Adults Board Annual Report 2021 – 2022

Discussion:

Members considered the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2021–March 2022. The Annual Report set out the responsibilities and structure of the Board and detailed how the multi-agency partnership delivered against its priorities for the year. The report also provided information pertaining to Safeguarding Adults Reviews and safeguarding activity information. Members were advised that the Annual Report related to the Board's previous Strategic Plan.

The following issues were discussed:

- **Multiagency training programme workshops** - an undertaking was given to let Members know how many of these were in Medway.
- **Voluntary and Community sector (VCS)** - noting the VCS also had responsibility for safeguarding, the point was made that the report did not detail which VCS organisations the Board had worked with. The

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Board's Independent Chair commented that he fully acknowledged the importance of the VCS in safeguarding. He was keen that the voice of the VCS was heard and agreed with a comment that it was important to work with those smaller VCS organisations which worked with hard-to-reach groups.

- **Exploitation** – in terms of what safeguards were in place for vulnerable people in semi supported living, the Independent Chair advised that Medway Council's shared lives scheme worked well with people with learning disabilities. There was an increase in the exploitation of people with learning disabilities from gangs where people manifested as carers. He was looking to see joint working with the Community Safety Partnership could try to tackle this by building this into the violent crimes strategy. In response to whether the Board had experienced quasi-religious groups seeking to exploit people, Members were advised that this had not been seen.
- **Vulnerable adults in supported living** – a concern was expressed that some organisations received additional housing benefit for tenants in supported or semi-independent living but did not provide the support promised. Whether these properties should be licensed was suggested as a way forward. How safeguarding reached into such places was queried. The Assistant Director advised that supported living organisations did not have to register with CQC unless they provided personal care. There had been discussions about whether there should be a requirement for other councils to advise the host council where they had placed an adult in their area.
- **Case studies of Completed Safeguarding Adults Reviews** – the point was made that men featured in these much more than women and it was queried what else could be done to help vulnerable men. The Independent Chair commented that safeguarding was a matter for all agencies and the Board's role was to point out risks to agencies. There was a need to be more focused on protecting vulnerable people and targeting offenders. There had been an increase in mental health issues in men and suicide and a focus needed to be kept on this.
- **New Safeguarding Concerns and Enquiries** - the point was made that the increase in new concerns in Medway had not affected Medway's position in the CIPFA Comparator Group. Members were advised other councils were seeing the same increase, which was why Medway was at the same level in the comparator group. The Independent Chair explained he was always keen to know the results of these reports and Medway was very open in providing information and encouraging people to report concerns.

Decision:

The Committee agreed to note the Annual Report and the comments of the Health and Wellbeing Board.

670 "Reducing Hypertension in Medway" Annual Report of the Director of Public Health 2021 - 2022

Discussion:

Members considered the 2021-22 Annual Report of the Director of Public Health which focused on hypertension and how we can improve the health and wellbeing of residents with improved prevention, early detection and treatment of high blood pressure.

The following issues were discussed:

- **Encouraging blood pressure checks** – suggestions were made that local employers and the Voluntary and Community Sector (VCS) should be encouraged to carry out blood pressure tests and that a wider range of accessible venues be used for checks. The possibility of council staff working remotely in supermarket to offer checks was raised and a point was also made that community groups were often suitable venues as they tended to be a more relaxed environment. In terms of whether training had been provided to community groups, the Deputy Director of Public Health advised that there was no training at the moment, but the machines were easy to use. The Council could not provide machines across Medway, but they were cheap to buy and could be shared amongst community groups. He agreed there were many opportunities for checks in a wider range of venues and would think through the suggestion that staff could work remotely in supermarkets.
- **Household Support Fund** - the point was made that this Fund should not be used as a solution for people facing challenges with the costs of prescriptions.
- **Black and ethnic minority groups** – noting that the people most affected by high blood pressure were often the most deprived, it was suggested the Annual Report was not clear on what was being done to tackle groups with greater needs. A point was made that there was a higher prevalence amongst black and ethnic minority groups for high blood pressure and there seemed to be a lack of awareness amongst GPs that some blood pressure drugs were less effective in these groups. The Deputy Director of Public Health commented the NHS blood pressure health checks targeted areas of higher deprivation. He would look into the comment about GP knowledge.
- **High blood pressure amongst children** – noting that this was on the increase, the importance of machines which fitted children was emphasised as adult blood pressure machines were not suitable. The Deputy Director of Public Health undertook to discuss this with the team.
- **Old blood pressure machines** – in response to a comment that many machines in people's homes were very old and potentially unreliable, the

Deputy Director of Public Health agreed but felt the key was to identify people at high risk and if a home reading was high then this would prompt the resident to consult a GP to check the result.

Decision:

The Committee agreed to:

- a) note the comments of the Health and Wellbeing Board.
- b) note the Annual Public Health Report 2022/23.

671 Council Plan Performance Monitoring Report and Strategic Risk Summary Quarter 3 2022/23

Discussion:

Members considered a report on the Council Plan 2022/23 and also the Quarter 3 2022/23 review of strategic risks.

The following issues were discussed:

- **Performance Indicator ASCGBT001 (% of long-term packages that are placements)** – the Assistant Director Adult Social Care advised that a deep dive to examine what was behind the increase in people going into residential or long-term nursing care showed that the majority were patients who had been discharged from Medway hospital. The Council was working to find placements in residential care. A review of the placement would be done to make sure it was the most suitable for an individual as the Council considered this to be someone's home.
- **Performance Indicator ASCOF 1C(2i) (Percentage of clients receiving a direct payment for their social care service)** – the Assistant Director Adult Social Care advised this figure had reduced slightly. This was due to the fact that if a day centre received income over a certain amount, then they were required to pay VAT and if a person received a Direct Payment then the centre could not reclaim VAT and people were having to be moved from direct payments to a commissioned service.
- **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)** – Members were advised this had improved by 7% since Q2 but remained red. A point was made that this had been persistently red and what was being done across the Council to help with this was queried, particularly with the planning team to ensure the Local Plan provided for this type of accommodation. The Assistant Director Adult Social Care assured Members the team worked with the planners to discuss types of care accommodation needed and

was also in discussions with the housing team on using properties in the community as supported living accommodation.

- **Performance Indicator PH13 smoking (Rate per 100,000 of self-reported 4-week smoking quitters aged 16 or over (cumulative) (Q2 22/23)).** The Deputy Director of Public Health commented that the pandemic had significantly affected the number of face-to-face NHS health checks and smoking cessation sessions had moved to be delivered online. Smoking cessation rates were now back up to pre covid levels where the service was provided by the Council but not where the service was delivered in GPs and pharmacies. The reasons behind that were being explored. A Member commented the figures were disappointing and concern was expressed in the big rise in vaping, especially among young which could lead them to progress to smoke. In any event vaping was still a risk. The Deputy Director of Public Health commented that vaping is useful for people wishing to stop smoking but it was clear it was better not to vape at all. The team was now seeing people using vapes for a long period of time and there was a concern that children were starting to use vapes which may be an entry to smoking cigarettes. The evidence for the latter was starting to build and if it increased then the policy on vaping would change.

In response to a query, Members were advised that if someone stopped smoking and moved to vaping then that would be classed as a success in terms of the Performance Indicator, as this was the approach taken nationally.

Decision:

The Committee agreed to note the Quarter 3 2022/23 performance against the measures used to monitor progress against the Council's priorities and also noted the amended Strategic Risk Summary as set out in Appendix 2 to the report.

672 People Directorate Risk Register Summary

Discussion:

Members considered a report which presented the Directorate risks for the People Directorate which came within the remit of the Committee.

The following issues were discussed:

- **Risk DL 13 readiness for CQC assurance review** – Members were advised a briefing note on this would be provided as the interim guidance had now been received. A Member commented that the Cabinet should prioritise providing sufficient resources to ensure the new demands of the CQC could be met and also queried whether there was good oversight by the Cabinet of the standards the CQC expected so that the experience of children's social care performance monitoring was

not repeated. The Director of People assured Members that a sum of money had been secured for improvement work but whether that was sufficient given the guidance had just been released was unclear. The Director felt performance information was in a better place but benchmarking information would not be available until the CQC process developed.

- **DR 12 Safeguarding Backlog of Enquiries** – the Director of People commented the backlog remained a concern but assured Members that efforts were being made to tackle this.
- **Risk DR14 re-commissioning children’s nursing service** – an undertaking was given to provide an update for Member on this process.

Decision:

The Committee agreed to note the People Directorate Risk Summary.

673 Better Care Fund Plan 2022/23

Discussion:

Members considered a report which provided an overview of the current Better Care Fund Plan (BCF Plan). This would enable the Committee to review the potential content of the draft 2023 – 2025 BCF Plan for Medway and the context, helping to inform the development of this Plan.

The following issues were discussed:

- **Supported Living and Intermediate Care and Reablement** – a Member queried how ambitious the Council was in terms of using this service as a way of preventing people quickly returning to hospital and also promoting independence. Members were advised the contract was out for tender now and the specification had captured lessons from covid and past contract experience. The Council was very ambitious and wanted a flexible service to meet needs. Intermediate care was just one aspect of discharge from hospital and the whole discharge pathway was being looked at.
- **Supporting unpaid carers** – noting that over 50s were being encouraged to return to work, the point was made that often the reason this group, often women, had left work was to undertake an unpaid caring role and they should not feel pressured to go back to work. Whether the Better Care Fund could be used to secure the position of this group of people was queried. Members were advised there was a high uptake of assessments of carers. Where necessary, carers were referred to services they required. The Team had not seen any evidence of this group feeling pressured to return to work. The Assistant Director Adult Social Care commented more could be done to ensure that when

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assessments for people receiving care where done that the carer was also assessed.

- **Sharing of data** – a concern was expressed about agencies not sharing data effectively, given the importance of this in identifying hard to reach communities. Members were advised GDPR could be an issue, but data was shared in an informal way. There was funding to digitalise adult social care records but the reforms to share this data across the country was on hold.
- **Resources in Medway** – an assurance was sought that the pooled budgets with the Integrated Care Board worked in a way that benefited Medway. Members were advised that the partnership commissioning team was part of the Council but was funded from the Better Care Fund (BCF) and worked across health and adult social care. Any decisions to use BCF funding in Medway were considered by the joint commissioning managing group and this enabled the Council to control expenditure. BCF funding was based on Medway's footprint and Medway received its own funding allocation.

Decision:

The Committee agreed to note the BCF Plan for 2022 - 2023 and recommended that its comments be included in the development of the BCF Plan for 2023 - 25.

674 Member's item - GP Access Task Group

Discussion:

Members considered a report on a Member's item raised by Councillor Murray, in relation to the GP Access Task Group. The Member's item was as follows:

"At the last meeting of this Committee, following a discussion on the Interim GP Access Task Group, the following was agreed:

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

A number of Members spoke during the debate in favour of the Committee agreeing to forward the report and recommendations to the Cabinet. The decisions made by the Committee (on the Chairman's casting vote), demonstrated that the Committee could not agree on a final set of proposals to be forwarded to the Cabinet.

Paragraph 11.2 of the Overview and Scrutiny Rules state: "If an Overview and Scrutiny Committee cannot agree on one single final set of proposals or recommendations to the Council or Leader/Cabinet (as appropriate), then a

minority view which is supported by the largest minority, but at least three members, may be prepared and submitted for consideration by the Council or Leader/Cabinet (as appropriate) with the proposals and recommendations supported by the majority of the Committee. The names of those who dissent may, at a member's request, be recorded on the main submission." Therefore, I request that (at least) three Members of this Committee indicate their support for a minority view which is to submit the GP Access Task Group interim report and interim recommendations to the next meeting of the Cabinet (4 April 2023)."

Councillor Murray introduced her Member's item and commented this procedural mechanism had been used so that the report from the Task Group could be considered by the Cabinet. She did not agree with the view that the report's findings were insufficient. She accepted the Task Group had not seen as many GPs as they would have liked but the Group had spoken to key practitioners and allied professionals who shared good practice and ideas. The people who the Task Group had engaged with felt the report was an excellent piece of work. There had been no forward planning about how this work could be progressed after the elections and this was the time to forward the recommendations.

Councillor Murray advised that all of the Labour and Co-operative Members on the Committee supported the request for a minority report to Cabinet.

Decision:

The Committee agreed to note that

- a) once at least three Members of the Committee have indicated their support for a minority view, the GP Access Task Group interim report and interim recommendations (as set out at Appendix 1) will be submitted for consideration by the Cabinet at its next meeting (4 April 2023).
- b) if a minority report is submitted now, no further minority report can be submitted at a later date.

675 Work programme

Discussion:

The Committee considered a report on its work programme.

The Chairman thanked all Members for their contributions over the last four years, in particular those Members who were not standing in the local elections in May and for whom this would be their last meeting of the Committee.

Decision:

The Committee agreed to approve the proposed work programme, as set out at Appendix 1 to the report.

Chairman

Date:

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