

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

Tuesday, 20 June 2023

7.02pm to 9.33pm

Record of the meeting

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

Present: Councillors: McDonald (Chairperson), Anang, Brake, Cook, Crozer, Gilbourne, Jackson, Louwella Prenter and Wildey

Co-opted members without voting rights

Emma-Sue Willows (Healthwatch Medway)

Substitutes:

Councillors:
Gurung (Substitute for Shokar)
Myton (Substitute for Mark Prenter)
Gulvin (Substitute for Clarke)
Howcroft-Scott (Substitute for Hamandishe)
Browne (Substitute for Campbell)

In Attendance:

Rachel Bulman, Senior Consultant, CPC Project Services LLP
Louise Clack, Programme Director for Urgent and Emergency Mental Health – NHS Kent and Medway
Lee-Anne Farach, Director of People - Children and Adults' Services
Evonne Hunt, Chief Nursing Officer, Medway NHS Foundation Trust
Dr Logan Manikam, Interim Public Health Consultant
Taps Mutakati, Director of System Collaboration, Kent and Medway Clinical NHS
David Reynolds, Head of Revenue Accounts
Michael Turner, Principal Democratic Services Officer
Bobbie Walkem-Smith, Engagement Manager, NHS Kent and Medway
James Williams, Director of Public Health

63 Apologies for absence

Apologies for absence were received from Councillors Campbell, Clarke, Shokar, Mark Prenter and Hamandishe.

64 Record of meeting

The record of the meeting of the Committee held on 9 March 2023 and the record of the Joint Meeting of Committees held on 24 May 2023 were agreed and signed by the Chairman as correct.

65 Urgent matters by reason of special circumstances

There were none.

66 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

In relation to agenda item 7 (Medway NHS Foundation Trust - Quality Account 2022/23), Councillor Brake disclosed that he was a Governor of the Medway Foundation Trust, nominated by the Council.

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

Discussion:

Members considered a report on the 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.

The following issues were discussed:

- **Ambulance conveyance** – it was clarified that an interim arrangement with a mental health ambulance provider to convey people from a S136 place of safety to onward care or home was in place. A three-year contract for a bespoke Mental Health Ambulance conveyance service was currently being procured under a full Tender process. SECamb did not currently convey people from a S136 Place of Safety to onward care or home and it was confirmed that this would continue with the new proposed arrangements.
- **Capital funding bid** – in response to a query about this process, Members were advised that the Trust had worked closely with NHS England on the bid and the process had been relatively straightforward.

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There had been a ceiling on bids and the Trust felt they had received as much funding as was possible.

- **Staffing levels** – whether the savings from the proposals should be used to recruit more staff or increase the number of beds was queried. Members were advised some of the savings would be on agency staff who were currently needed due to the dispersed structure. There would also be efficiencies as a result of medical staff and Approved Mental Health Professional (AMHP) staff not having to travel across sites. The projected savings would be realised but these could fluctuate, and the actual figure would be reflected in the final business case. In terms of beds, the places of safety were rooms where people could stay for 24 hours. There was no plan to increase capacity as service improvements had reduced demand.
- **Mental Health nurse/Police pilot** – the Committee was informed that lessons had been learnt from the pilot, the most significant of which was the need for police to have quicker access to clinical advice. There was now a 24/7 clinical advice helpline which the police could access, which had led to a 50% reduction in S.136 cases.

Mental health investment in Medway – assurances were sought that the mental health needs of Medway residents would be met, that the proposals would be delivered, and a consistent service provided. The lack of detail in the report about when projects would be delivered was also criticised and reference was made to the history of mental health services moving out of Medway, generating a lack of trust in some cases. How long the new system would take to be embedded was also queried and an assurance was sought that the proposals would satisfy demand in Medway.

Members were advised that the new investment would allow patient pathways to be enhanced and there would also be other improvements such as a new crisis house in Medway. There had already been additional investment in psychiatry services in the Emergency Department and additional funding for 1 year for the Sunlight Centre and a safe haven in the Emergency Department from August. There was also a wider mental health transformation programme for Kent and Medway.

Members were assured that the future proposals were tangible and had timelines attached to them. The report mainly focused on consultation on the places of safety proposals and included some other service improvements. There had been no intention to mislead about deadlines.

- **Crisis houses** - Members were advised that a crisis house was being procured in Medway, with the possibility of three more within Kent and Medway, for use by the Medway population. No locations had been identified for the latter but if a suitable site was found in Medway, then one would be located there.

In response to a query about what model would be used and the length of the contracts, it was clarified that crisis houses were improvements to the system but were not part of the S136 pathway proposals. The model selected was delivered by the voluntary sector with KMPT gatekeeping access and in reaching as an when needed. It would be a maximum of a 7-night stay with close working with the mental health provider. Two four bedded crisis houses were being procured with a 3-year contract and a five bedded 1-year contract. A philanthropist had offered to buy a property in Kent or Medway and give this to the voluntary sector to operate as an additional crisis house.

- **Rationale for proposal to locate in Maidstone** – Members were advised there were a variety of reasons why Maidstone had been chosen. 50% of Medway service users detained under S136 were currently conveyed to Canterbury, with the remainder to Maidstone or Dartford. The timescales for the original bid had been tight and the bid had been reviewed with partners after funding was received and the advantages and costs of the different options were examined. Locating the health-based place of safety unit in Maidstone meant it could be co-located with a mental health in patient unit, in line with best practice. The site also had outdoor space, which would provide better care. Options in Medway were considered but they did not offer co-location. The Assistant Director Adult Social Care assured Members that her team had been involved in this project and did not have concerns and felt there would be no impact on Mental Health Act assessments. Kent Police also supported the proposals.
- **Custody suites** – the point was made that custody suites could be used when there was no health place of safety capacity but this very rarely happened and only under exceptional circumstances when an individual was displaying extreme violence and aggression – the Emergency Departments were the default HBPoS when KMPT HBPoS were full Police custody suites were not the best environment for someone with mental health issues and prevented the police from concentrating on their main role. As mental health practitioners were in short supply, what would happen if staff could not be recruited was queried. In response, Members were advised this was why a co-located place of safety was planned. This would allow the police needed to concentrate on their job. The Clinical advice helpline had been well received by the police and had reduced S136 cases. A centralised site meant clinicians would be on hand to help with assessments and there would be a better environment for de-escalation. Police custody may be appropriate in very extreme circumstances if a person was violent and needed to be restrained, but this rarely happened now. Centralisation would lead to a more robust service and require less staffing.
- **Mental health services in Kent and Medway** – a request was made for figures showing the percentage of Medway users of each mental health

service, in order that a comparison could be made across other authorities in Kent.

Decision:

The Committee agreed to:

- a) note the consultation on the proposed health-based places of safety (HBPoS), to be taken into account in the Decision-Making Business Case (DMBC) to support and inform the decision making within the Integrated Care Board.
- b) request a briefing paper showing the percentage of Medway users of each mental health service.
- c) request an update on the wider mental health transformation programme in Medway to a future meeting.
- d) welcome the decision of the Integrated Care Board to use a private mental health ambulance service and recommended this as the preferred model, so as not to increase pressure on SECAmb.

68 Kent and Medway Integrated Care Board - Community Dermatology Services Procurement Options

Discussion:

Members considered a report regarding the outcome of the procurement process for dermatology services.

Members were advised that the Integrated Care Board (ICB) had decided to remain with the current providers and not award any new contracts at this stage. The aim was to harmonise the specification for the two contracts covering Kent and Medway. The ICB considered the current provider continued to provide a good service. The procurement process would be re-started and Members advised of the revised timetable and the provider would be asked to provide Medway specific data, if possible.

A Member asked if more information could be provided on what services would be provided in Medway and when they would start. The Director of System Commissioning and Operational Planning, NHS Kent and Medway advised this information could not be provided now but would be at the end of the procurement process. The Sussex Community Dermatology Service had improved the service and cleared the previous backlog. Services in Medway were of a good quality and the ICB wanted to maintain that.

It was suggested that, while waiting for the procurement process to conclude, there was a risk that efficiencies and ideas for improvement might be lost. Members were advised that the Sussex Community Dermatology Service was committed to providing a good service and would not want to lose that

reputation. The risk mentioned was there but was small. The performance of the provider was regularly monitored and was on track to deliver the key performance indicators.

A Member questioned whether the ICB was confident the service had been procured correctly and whether it could cope with a sharp rise in referrals. The Director of System Commissioning and Operational Planning, NHS Kent and Medway commented there had been a big increase in patients since covid, however this would plateau, and the provider was confident it could deal with the increased levels.

In response to whether the contract with the current provider could be extended, Members were advised that this could not be answered now as it would jeopardise the procurement process. However, an update could be given after the procurement process had ended.

Decision:

The Committee agreed to note the report and request a further report when the procurement process had concluded, including Medway specific data.

69 Medway NHS Foundation Trust - Quality Account 2022/23

Discussion:

Members considered a report on the Medway NHS Foundation Trust Quality Account 2022/23. The Trust had requested the Committee to submit a response.

A proposed response to the Trust was set out in paragraphs 3.1 and 3.2 of the report. Members were advised that there was an error in the proposed response. The reference in paragraph 3.1 of the report to 48% of the 1605 adult patients who had died having received good or outstanding care was not correct. This 48% figure related to the fact that, of the 151 structured judgement reviews, 48% of those cases were rated to have received good or excellent care.

A Member commented that the Trust was in a much better place than 12 years ago. A request was made for the RAG ratings to show trends in future reports. In response, it was clarified that this was an issue for future progress reports from the Trust's Chief Executive.

Regarding data quality and delays on discharge, whether this had improved was queried. Members were advised that work was ongoing regarding discharging patients who were fit to go home. Data discharge figures were available but were not included in the Quality Account

In response to a comment about patients waiting over 40 weeks for treatment, the Chief Nursing Officer advised a reduction in this over the next 12 months

was a priority. It was important to carry out harm reviews for those patients who were waiting.

An assurance was sought about the processes around the contents of the Quality Account and that there were plans to address targets which had not been met. The Chief Nursing Officer assured Members there were many development plans which were monitored regularly, and that data drove the improvements.

Decision:

The Committee agreed to:

- a) approve the draft response to Medway NHS Foundation Trust Quality Account, as set out in paragraph 3 of the report but as amended above.
- b) re-affirm the delegation to the Director of People to agree responses to Quality Accounts, following consultation with the Committee Chairman, Vice-Chairman and Opposition Spokespersons, where the timings do not allow the Committee to agree a response.
- c) request that the next update to the Committee from the Trust include data on discharges.

70 Council Plan Performance Monitoring Report and Strategic Risk Summary Quarter 4 2022/23

Discussion:

Members considered a report on performance in Quarter 4 2022/23 on the delivery of the programmes and measures in the Council Plan which fell under the remit of the Committee which was: People. This report also presented the quarter 4 2022/23 review of strategic risks.

Members were updated on the three performance indicators with a red status.

PH13 - Rate per 100,000 of self-reported 4-week smoking quitters aged 16 or over (cumulative) (Q3 22/23) – the Director of Public Health advised this was an ambitious, stretch target. Higher rates generally were in more disadvantaged communities, which was a challenge. In 2012 smoking prevalence in Medway residents aged 18+ had been 25.5%, compared to the current rate of 14.5% in 2021. This demonstrated the effort being taken to tackle this significant threat to the public's health.

ASCOF 1C(2i) - Percentage of clients receiving a direct payment for their social care service – Members were advised that the decrease in the numbers of people in receipt of a direct payment was due to the transfer of people attending a day service via a direct payment to a commissioned service in order to recoup the 20% VAT cost. New staff had been recruited which would help

address the backlog of direct payment referrals and increase the number of people in receipt of a direct payment.

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 the team was working hard to keep people at home and living independently, where that was appropriate.

Decision:

The Committee agreed to note the Quarter 4 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.

71 Work programme

Discussion:

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

It was reported that the Southeast Coast Ambulance Trust had recently requested a response on their Quality Account for 2022/23. This was being dealt with under officer delegated powers and the final response would be reported to the next meeting for information.

Noting that the Deputy Leader had attended the agenda planning meeting, a Member commented on the importance of Overview and Scrutiny being independent of the Executive. The Chairperson assured Members the Committee would seek to hold the Cabinet to account and would remain independent of the Executive. The Deputy Leader had asked to attend so she could outline her political priorities.

A Member referred to the fact that Members were now expected to view agenda papers electronically and would not receive hard copies of agendas. A request was made for the Committee to look at how, in the light of this, the Council applied its disability policy in relation to employees. Members were advised this would be a matter for the Business Support O&S Committee.

Decision:

The Committee agreed to:

- a) note the report and agree the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes, outlined in italic text on Appendix 1.
- b) note the business considered by the Committee during 2019-2023 as outlined in Appendix 2 to the report.

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- c) request a briefing paper be provided on the number of people in Medway subject to Deprivation of Liberty Safeguards (DOLS) arrangements.
- d) hold an online event with key health partners so that Members, particularly new councillors, can gain a better understanding of how the Council worked and interacted with partners.

Chairman

Date:

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