

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

Tuesday, 22 August 2023

6.30pm to 9.58pm

Record of the meeting

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

Present: Councillors: McDonald (Chairperson), Shokar (Vice-Chairperson), Brake, Cook, Crozer, Gilbourne, Hamandishe, Louwella Prenter, Mark Prenter and Wildey

Co-opted members without voting rights

None present

Substitutes: Councillors:
Browne (Substitute for Campbell)
Gulvin (Substitute for Clarke)
Howcroft-Scott (Substitute for Jackson)
Perfect (Substitute for Anang)

In Attendance: Steve Chevis, Senior Public Health Manager
Lee-Anne Farach, Director of People and Deputy Chief Executive
Steve Fenlon, Deputy Chief Medical Officer, Chief Medical Officer Directorate, Kent and Medway NHS
Ally Hiscox, Associate Director, Patient Pathways Team, Kent and Medway NHS
Andy McNally-Johnson, Head of Corporate Accounts
David Reynolds, Head of Revenue Accounts
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust
Michael Turner, Principal Democratic Services Officer
James Williams, Director of Public Health
Paul Woodford, Forward Trust Regional Manager

189 Apologies for absence

Apologies for absence were received from Councillors Anang, Clarke, Campbell and Jackson.

190 Record of meeting

The record of the meeting held on 20 June 2023 was agreed and signed by the Chairperson as a correct record.

Members were advised that the record of the Joint Meeting of Committees held on 24 May 2023 had been agreed at the last meeting and had been included with the papers in error.

191 Urgent matters by reason of special circumstances

There were none.

192 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.

193 Substance Misuse Services (Treatment and Enforcement) Update

Discussion:

Members considered a report which set out the recent developments in substance misuse treatment services. The report also provided an overview of the mobilisation of a new contract and service provider to support Medway residents affected by substance misuse and a high-level overview of the collaboration between criminal justice and treatment services to address the wider impacts of substance misuse on society.

The following issues were discussed:

Digital Services – Members were advised that while some services were available digitally, face to face support was provided where needed. The service also provided outreach work.

Monitoring of goals – the point was made that previous providers had promised a better service and how goals were monitored was queried. The Senior Public Health Manager (Vulnerable Adults) advised that there were quarterly performance review meetings. In addition, the 2021 Drugs Strategy required there to be a Combat Drugs Partnership, which provided additional

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scrutiny. The Director of Public Health commented that the performance of the service had improved and there was now a mechanism to work across the system.

In terms of how the quality of the service was measured, Members were advised that a holistic, collaborative approach was required. An individual's needs would be assessed and then a care plan developed. As people had a wide variety of needs, success was measured by how well the client was recovering.

In response to a query about breaking generational cycles of abuse, the answer lay in meeting clients' needs and the definition of recovery was subjective. The Director of Public Health added that there were various avenues for support. The Council had a good relationship with the NHS on this issue and he felt the Combat Drugs Partnership would start to show the benefits of collaboration. The service was part of a wider system and there was a need to look at the underlying issues why people became addicted and how to provide individual support.

Prisons – noting the widespread availability of drugs in prison, how the service knew whether it was effective in prisons was queried. Members were advised that the Combat Drugs Partnership included the prison and probation services, as well as the police.

Hub premises – Members were advised that the service had found premises in Gillingham and there were also satellites elsewhere in Medway. The previous premises had not been fit for purpose and were unsuitable for effective recovery work.

Extent of substance misuse – it was suggested that testing wastewater could be considered as an effective means of establishing the extent of drug use in Medway.

Continuity of care between custody and community – it was noted that the target of 75% of people accessing treatment in a secure setting being picked up and engaged in community services was not being met. In response to how the self-assessment tool was used, it was clarified that this tool was for commissioners to assess how well the system was performing. More information on the improvement trajectory was available.

Removing blockages – the point was made that many people used drugs as a coping strategy for other issues. What the Council could do to help remove some of these blockages and stop a “revolving door” syndrome was questioned. Members were advised that this issue would be raised with Combating Drugs Partnership.

Shortage of GPs – whether any extra services or specialist nurses were being provided in areas poorly served by GPs was queried. Members were advised a number of specialist nurses and doctors were available. Plus, services in areas where customers lived would be examined and, if needed, bespoke services

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would be provided. This was a new service and its impact across Medway as whole would be assessed.

Deprivation levels in Medway – in terms of whether the Supplementary Substance Misuse Treatment and Recovery Grant was shared with other providers, Members were advised that there was a separate pot for in patient detox services, but the main part of the grant was given to providers to develop the best services they could.

Transition – in response to a query about how the transition to the new provider looked from the Council's perspective, the Director of Public Health commented there had been a rigorous process to select the new provider, who had been challenged to deliver outcomes. He considered the new provider would provide a good service, but the challenge was for the system to blend together to support vulnerable people and not just rely on one provider. In addition, adult social care worked very closely with the provider.

Decision:

The Committee agreed to:

- a) note the report.
- b) request an update to the March 2024 meeting, including details of the continuity of care between custody and community pick up rate.

194 Kent and Medway NHS and Social Care Partnership Trust (KMPT) Update

Discussion:

Members considered a report on progress at the Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Members were advised that Dr Jackie Craissati, the Chair of KMPT, had also been appointed as Chair of the Dartford and Gravesham NHS Trust.

The following issues were discussed:

Delayed discharge/Bed pressures – regarding the fact that days lost to those Clinically Ready for Discharge were at the highest level since August 2022 (13.3%), Members were advised there were several causes but there was some seasonal variation. A new beds strategy had been launched with the aim of moving patients through system as quickly as possible. Data was monitored daily.

In terms of what was being done to reduce the number of patients readmitted in a shorter time than expected, the readmission rate was benchmarked against other providers and the rate in 2021/22 had been lower than the national rate.

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Out of area placements – a Member commented that a report in 2016 had recommended there should be no out of area placements. Whether KMPT adhered to that recommendation was questioned. The Director of Partnerships and Transformation at KMPT advised that the aim was to get all inappropriate placements down to zero over the next three years. The lack of specialist facilities in Kent and Medway was being addressed in the beds strategy. The beds strategy also aimed to reduce specialist out of area placements to a minimum. In 2022/23 there had been seven out of area placements from Medway.

Regarding how many out of area placements were a result of clinical reasons and what percentage should be treated in Medway if that was possible, Members were advised that out of area placements were monitored daily and there was an escalation policy if needed.

Compliance with personal support plans – noting that compliance was at 43%, what was being done to improve this was queried. The Director of Partnerships and Transformation responded this was monitored monthly and counter measures were requested. Staffing issues had been one of the main causes.

Acute Inpatient Wards – the Care Quality Commission (CQC) inspections had found issues with restricted practices at all their hospitals. What staff training was in place was queried, so this was kept to a minimum. The Director of Partnerships and Transformation commented that a number of issues had been dealt with within 28 days of receiving the notification from the CQC. Work was underway on the estates issues and other initiatives to make improvements.

Vacancies – noting that the vacancy rate was 20% with high staff turnover, whether this was spread across the Trust, or whether there was one specific area, was questioned. In response, Members were advised the Trust was still managing to provide care and was looking at how use the workforce in different ways. Some long-term vacancies were being reviewed.

In terms of the impacts of vacancies on waiting lists, it was critical the whole workforce was used as efficiently as possible. A question was asked what services would look like if there were full staffing levels. Members were advised that modelling on this was quite complex.

Staffing issues – questions were asked about retaining trainees, progressing the results from the staff survey and the extent to which agency staff were used to fill vacancies. Members were advised that the staff survey results were similar to other providers. In terms of what was being done to eliminate all red outcomes in the survey, the Director of Partnerships and Transformation acknowledged there were still a lot of areas which needed improvement. The aim was to develop a coaching culture, so staff felt empowered to make improvements for patients. A request was made for more details on which positions had vacancies.

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Ruby Ward – Why Ruby Ward was still being closed was questioned when there was a shortage of dementia beds. Members were advised the ward was relocating to the Maidstone site and would be a new, state of the art unit. It was hoped that this would be completed by the end of the year and online in the first quarter of 2024. In response, the point was made that this still meant a service moving out of Medway and a firmer commitment on when the ward would open was requested. An undertaking was given to provide an update.

Unsafe clinical practice – a Member commented that the fact only 59% of staff would feel confident that the Trust would address concerns about unsafe clinical practice was unacceptably low.

Physical violence - in terms of what happened when this occurred, Members were advised that if a staff member was the perpetrator there were clear HR policies to follow. The aim was to reduce violence and aggression overall in wards by 15% over the next 3 years.

Prevention – how KMPT and others helped prevent mental health was queried. Members were advised the Trust worked with the voluntary sector and there were a number of initiatives.

Restraining of patients - a Member asked how rates at the Trust compared to the national position. The Director of Partnerships and Transformation commented that restraining rates were monitored monthly. A comparison with the national position would be obtained and shared with Members.

Waiting lists for complex needs – in response to comments expressing concerns at long waiting times, Members were advised the aim was to reduce waiting lists significantly for complex emotional difficulties.

Whistleblowing – Members were assured that the Trust was confident in the whistleblowing procedures. Whistleblowing was reviewed by the Board every six months. In light of the recent Letby murder case, staff had been reminded how to raise concerns and an external organisation had been commissioned to help with this. A Member commented that the staff survey showed staff were still scared to speak up. The Director of Partnerships and Transformation commented the Trust wanted a culture that was open and inclusive.

Strategic ambitions - Members were advised there was an operational plan that underpinned the Trust's strategic plan. Further information could be provided to Members.

International nurses – an assurance was requested that every effort was made to recruit locally to not take away skills from other countries and whether this would affect the projected budget break even position was questioned. Members were informed that the Trust used the NHS England programme of international nurses to avoid depletion. The Trust was confident it would break even. A Member commented that paying staff the correct level of remuneration would solve a lot of problems.

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Dementia backlog – Members were advised that the Trust was on target to eliminate the dementia backlog by the end of September and was working with GPs to improve the diagnosis rate.

Mental Health Together Service - in response to whether this was a new service, Members were advised this was a new way of working which looked at the patient as a whole, when well and not well. An update could be provided in the next report.

Racial abuse – a concern was expressed that the report did not reference this when the CQC reports showed many BAME staff were racially bullied or harassed. The Director of Partnerships and Transformation commented that any behaviour of this sort was unacceptable.

In conclusion, Members remained concerned about the level of service provided and did not feel reassured about progress in tackling waiting lists or the results of the staff survey. It was suggested that the Trust come to all future meetings for the foreseeable future in order to offer assurances that improvements were taking place.

Decision:

The Committee agreed to note the report and requested that the Trust provided updates at all future meetings, on a thematic basis.

195 Emergency Transfer of Medway and Swale Transient-Ischaemic Attack Service

Discussion:

Members considered a report about an emergency service transfer of the Medway and Swale TIA (transient-ischaemic attack) service that was effective from 26 June 2023. The report explained what led to the emergency service transfer, the timeline involved, the options considered, how the service is currently operating, and the potential number of patients affected by this change.

In response to a comment that it had been disappointing the Committee had not been told about this change and had found out about it through other channels, the ICB representatives acknowledged this should not have happened, apologised and undertook to make sure this did not happen in future.

The following issues were discussed:

Transport times – it was noted that when the acute stroke service had been moved from Medway, the Committee had previously been told that the TIA service was a mitigation for this. Statistics from the Southeast Coast Ambulance Service showed that it took 90 minutes to transport patients to a place of care. The consultation on stroke review service had said over an hour

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was too long. Members were advised that TIA was different to a stroke and most TIA patients were referred by their GP and did not arrive by ambulance. There was no wish for patients to travel more than they needed to and the ICB wanted to treat patients as close to home as possible and felt people would not be disadvantaged in terms of outcome by travel times. The providers of the TIA service (Maidstone and Tunbridge Wells NHS Foundation Trust and Dartford and Gravesham NHS Foundation Trust) had been issued with information about providers and organisations (including the voluntary sector), commissioned and non-commissioned that could support patients and carers to access their services. The Medway and Swale Health and Care Partnership had been helpful in collating this information to share with providers and referrers to aid in conversations with patients.

In relation to Members' comments about the emergency stroke pathway and SECamb travel times to stroke units, Members were advised that the Integrated Stroke Delivery Network was responsible for monitoring the effectiveness of the pathways, including travel times. People were able to access patient transport services if eligible. If not eligible, there were a range of other services provided by the voluntary sector and also commissioned services to ensure patients are not disadvantaged with regard to travelling to Maidstone or Dartford for TIA management.

Returning the service to Medway – Members asked if the ICB planned to recruit staff and bring the service back to Medway. The ICB representatives responded that the issue was not about funding but the availability of a skilled workforce. Virtual treatment had become more common since Covid. It was always desirable to deliver services as close to home as possible but important to ensure the service is also safe and viable.

The plan was for the service to be brought back to Medway, provided the stroke clinicians supported the model and the timelines around TIA services set out in national guidance could be safely delivered. Currently the stroke clinicians did not feel the service could be delivered safely in Medway hence the current model had been implemented and included virtual elements such as video and telephone appointments with stroke experts so that as much of the care as possible could be delivered locally. Patients were able to be seen in person in clinics as well should virtual appointments not be suitable to meet the needs of the patients.

Prevention – Members were advised there was a national campaign on prevention and the ICB was looking at how primary care could better recognise TIA symptoms.

Remote care – noting not everyone was able to access remote care, whether help could be provided in Healthy Living Centres was queried. Members were advised that assessment and potential diagnosis was done by GPs and patients were then referred to the TIA service who would then determine what diagnostics are required and onward refer for those. Members were advised that some patients would still be seen face to face.

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Safe local diagnostic pathway – a concern was expressed that this element of the pathway may not be implemented until at least quarter 4 of 2023/24 due to an IT system implementation that was not scheduled until the end of quarter 3, therefore what assurance could be given around whether this remained on track and who was responsible for this system implementation. The Director of Public Health commented that the Council was part of the Integrated Stroke Delivery Network so could give some assurance on monitoring progress against that. Members were also advised that responsibility for Ordercomms (the electronic IT system which allowed diagnostic tests to be ordered instantly) was the responsibility of Medway NHS Foundation Trust and not the ICB and so support from partners was welcome to support its timely implementation. Once implemented, this would allow diagnostics to be delivered locally.

Decision:

The Committee agreed to:

- a) note the report.
- b) express its disappointment at not being informed of this emergency transfer at the time.
- c) request that the ICB, in the case of any future emergency service transfers, notifies the Committee as soon as possible that consultation will not take place and the reason for this.
- d) request a report to the October meeting setting out whether the TIA service will be coming back to Medway and when this will happen and, if not, what are the reasons.

196 Revenue Budget Monitoring 2023/24 Round 1

Discussion:

Members considered a report which presented the results of the first round of the Council's revenue budget monitoring process for 2023/24.

Comments were made that the £17m projected overspend was due to cuts by central government in the funding to councils. The point was also made that in 2022/23 the Government had provided additional support of £23m to the Council and in 2023/24 the Government had awarded a ring-fenced household support grant.

In response to queries about what was being done to reduce pressures and what management actions on locality services had been taken, Members were advised that the adult social care team was looking at joint working to determine the right journey for someone contact adult social care. The Council was also looking to see if the Council could deliver residential care through its trading companies. There were several care providers that were inadequate or required improvement and the quality assurance team was working with these

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providers to support them with improvements. In response to whether the Council could reclaim money for this work, Members were advised this was not possible.

Each budget line was being closely examined but many services were statutory, and demand was increasing. Councils now spent 70% of their budget on social care, compared to 40% in 2011.

Decision:

The Committee agreed to:

- a) note the results of the first round of revenue budget monitoring for 2023/24.
- b) note that Cabinet approved the virement of £500,000 from the independent fostering agency budget to the internal fostering budget to reflect the increased internal fostering rates.
- c) note that Cabinet instructed the corporate management team to implement urgent actions to bring expenditure back within the budget agreed by full Council.

197 Capital Budget Monitoring 2023/24 Round 1

Discussion:

Members considered a report on the results of the first round of the Council's capital budget monitoring process for 2023/24.

In response to a query, the Director of People commented that she was confident the family hubs would start soon.

A request was made for an update on the Healthy Living Centre at the Pentagon in Chatham.

Decision:

The committee agreed to:

- a) note the results of the first round of capital budget monitoring for 2023/24.
- b) note the changes made to the capital programme as set out in 7.1 to the report.
- c) request an update in the next report on progress with the Healthy Living Centre at the Pentagon in Chatham.

**198 Council Plan Performance Monitoring Report & Strategic Risk Summary
Quarter 1 2023/24**

Discussion:

Members considered a report on performance in Quarter 1 and also a review of strategic risks.

In response to the expected review of the Council Plan, a suggestion was made that each Overview and Scrutiny Committee review the relevant parts, although it was noted responsibility for scrutiny of the Plan overall was with the Business Support O&S Committee.

Decision:

The Committee agreed to note the Q1 2023/24 performance against the measures used to monitor progress against the Council's priorities and to also note the strategic risks that fell under the remit of the Committee.

199 Work programme

Discussion:

A suggestion was made that, in terms of possible topics for Task Groups, the GP Access Task Group should resume its work. In response, it was clarified that the Cabinet had considered the report from the GP Task Group in June and scrutiny activity had therefore ended.

It was also suggested that all three Group Leaders be asked to write to the Government welcoming the opening of the Community Diagnostic Centre.

The Chairperson commented that he had asked for updates on pharmacies and dentistry.

In terms of the Committee's previous decision to hold training events with health partners, it was suggested this be online at first and then smaller, structured, site visits.

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) submit for consideration as a potential task group topic the issue of the impact of air quality on health.

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- c) hold a special meeting on 20 September to discuss the planned procurement and service development process for the community contracts held by the Integrated Care Board and also a Member Briefing on this issue at 7pm on 20 August.
- d) note the response to the SECamb quality account 2022/23 as set out at page 83 of appendix 2 to the report.
- e) consider a suggestion that all three Group Leaders be asked to write to the Government welcoming the opening of the Community Diagnostic Centre at the next agenda planning meeting.

Chairperson

Date:

Michael Turner, Principal Democratic Services Officer

Telephone: 01634 332817

Email: democratic.services@medway.gov.uk