

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

Tuesday, 17 October 2023

6.30pm to 9.36pm

Record of the meeting

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

- Present:** Councillors: Anang, Brake, Campbell, Clarke, Cook, Crozer, Gilbourne, Hamandishe, Jackson, Louwella Prenter, Mark Prenter and Wildey
- Substitutes:** Councillors:
Browne (Substitute for Shokar)
Myton (Substitute for McDonald)
- In Attendance:** Jackie Brown, Assistant Director Adult Social Care
Louise Clack, Programme Director for Urgent and Emergency Mental Health – NHS Kent and Medway
Steve Fenlon, Deputy Chief Medical Officer, Chief Medical Officer Directorate, Kent and Medway NHS
Councillor Teresa Murray, Deputy Leader of the Council
Michelle Pink, Customer Relations Manager
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust
Sheila Stenson, Chief Financial Officer and Deputy Chief Executive, Kent & Medway NHS & Social Care Partnership Trust
Michael Turner, Principal Democratic Services Officer
Sandy Weaver, Complaints Manager for Social Care
James Williams, Director of Public Health

299 Election of Chairperson

In the absence of the Chairperson and Vice-Chairperson, it was agreed that Councillor Louwella Prenter would chair the meeting.

300 Apologies for absence

Apologies for absence were received from Councillors McDonald and Shokar.

301 Record of meeting

The records of the meetings of the Committee held on 22 August and 20 September 2023 were agreed and signed by the Chairperson as correct.

302 Urgent matters by reason of special circumstances

There were none.

303 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

Councillor Hamandishe declared a Disclosable Pecuniary Interest in agenda item 7 (Kent and Medway NHS and Social Care Partnership Trust (KMPT) 2023-2026 Strategy Briefing) as he was employed by the Trust.

Later in the meeting, Councillor Browne declared a Disclosable Pecuniary Interest in agenda item 9 (Section 136 Pathway and Health-Based Place of Safety Service Improvement) when reference was made to the awarding of a contract to Hestia, as she was employed by the latter.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

304 Annual Complaints and Compliments Report 1 April 2022 to 31 March 2023

Discussion:

Members considered the annual complaints and compliments report which provided information on the number, type and other information on adult social care complaints received during the period April 2022 - March 2023.

The following issues were discussed:

- **Localities and complaints** - it was clarified that adult social care worked across three localities. Locality 1, which had received the highest number of complaints, was the area where most providers and the acute trust were located.
- **Total number of people supported** – in order to provide context for the number of complaints received, a Member asked what the total number of contacts was for adult social care. The Assistant Director – Adult Social Care replied the service supported about 5,000 people.
- **Communications** – noting that poor or a lack of communication was a significant factor in the number of complaints, what was being done to improve communications was queried. The Assistant Director – Adult

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

Social Care advised that staffing was a major factor as a number vacancies in front line social care were filled by locums. She was looking at how this area could be fully resourced and moving to an allocated care model where a social worker worked with a specific person, meaning greater continuity of care which should help to improve communications.

- **Complaints about financial issues** – a Member queried whether this related to billing issues or fraud. The Assistant Director – Adult Social Care advised some complaints related to billing and incorrect information where the team had not been informed by providers in a timely manner. A system was being implemented where care providers could upload correct care information as it was provided. Financial assessments could also give rise to complaints.
- **Upheld complaints and financial redress** – A Member queried the rationale for how assessment figures were calculated. Members were advised this would depend on the details of an individual case, whether injustice had been caused and the time and trouble taken to make a complaint. If the issue being complained about could not be put right, then a financial remedy would be appropriate.
- **Complaints from ethnic minorities** – regarding the number of complaints from ethnic minorities and whether any barriers existed to making complaints, the Assistant Director – Adult Social Care advised the Council was aware the number of people from ethnic minorities supported was lower than it should be, some of which was due to cultural issues. More needed to be done with regard to hard-to-reach groups and to look at whether there were any barriers. Therefore, the number of complaints from this group was lower.
- **Pre-covid complaints figures** – regarding the comparison of complaints received by year, whether the pre-covid figures were available was queried. Members were advised this information was available, but not to hand. There had been a steady decrease in the number of complaints in recent years.
- **Timeliness of response** – whether the aim of replying to social care complaints within 20 working days was appropriate was queried. Members were advised the Council aimed to respond within 20 working days if that was possible. If a response was going to take longer then the complainant would be told, where there would be valid reasons for that.
- **Private care providers** – regarding the costs involved in dealing with complaints relating to private providers, Members were advised the Council had a statutory responsibility to arrange placements, so the costs were met by the Council. However, there had been discussions with private providers to remind them about that mistakes on their part incurred costs for the Council.

Decision:

The Committee agreed to note the report.

305 Attendance of the Deputy Leader

Discussion:

Members considered a report which provided an account of the role of the Deputy Leader of the Council, who had responsibility for Adult Social Care and Public Health.

The following issues were discussed:

- **Recruitment of social workers and agency staff** – noting the recent recruitment of seven newly qualified social workers, whether recruitment would continue with the aim of replacing agency staff was queried. How long agency staff remained with the Council was also questioned. The Deputy Leader commented that the intention was to recruit as many newly qualified social workers as possible, noting that they needed supervision. Staff had been asked to bear with the Council while efforts were made to improve the budgetary situation and review the MedPay scheme. By showing staff they were supported and valued, this was a way to reduce the number of agency staff. However, agency staff were also seen as a valued part of the workforce.

The Deputy Leader commented a reorganisation in 2019 had led to a reduction in staffing and resources. The aim was to return to the allocated model of care so someone would see the same social worker. Some agency staff had converted to permanent staff, and it was important to continue to highlight the benefits of this. Any agency staff who did not work to an acceptable standard were asked to leave early on in their employment. In response to a question about how many permanent staff had been lost compared to agency staff, an undertaking was given to provide this information to Members.

- **Increase in the over 65 population** – a point was made that the document had conflicting figures for the estimated growth in the over 65 population by 2025 and what figure was used for budgeting was queried. The Assistant Director – Adult Social Care commented that the discrepancy was due to the local account document relating to a different time period to the holding to account paper. This was being rectified for the future. Budgeting was not based on these demographic figures but rather the number of people currently supported and the projected increase in the coming years.
- **Hypertension Heroes programme** – the possibility of the team carrying out wider health checks was suggested, such as BMI and cholesterol. The Deputy Leader commented that wider health checks were provided

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

through the Council, and this needed to be encouraged and widened. The Director of Public Health advised that training would be needed if the Hypertension Heroes were to carry out additional health checks. Whilst the suggestion could be looked at, he did not want to dilute the impact of NHS health checks, where data collected was sent straight to GP database. The Hypertension heroes signposted people to other services, which was probably the safest option. He undertook to look at whether the specialist NHS Health Checks team could offer further support to community events.

- **Working with the Integrated Care Board** – a point was made that the ICB had made decisions that could be interpreted as being detrimental to the delivery of local NHS services for the population Medway. The Deputy Leader commented that it was important to be part of the ICB in order to argue the case for Medway, which needed more resources, and she did not feel the ICB was yet prioritising Medway. The ICB was still in an early stage of development and was having to reduce its budget by 30%.
- **GPs in Medway** – the importance of making a case to the ICB for more GPs in Medway was emphasised and reference was made to the recent GP Task Group and a point was made that the Task Group should have continued its work, which was prevented as Cabinet had decided to adopt the recommendations from the Interim report. The Deputy Leader considered the Task Group's report to be good and the fact that more GPs had not been met with did not diminish its impact. Taking the report to Cabinet in June 2023 was the appropriate thing to do and it meant work could start on actioning the recommendations. Regarding her attendance at Task Group meetings, the Deputy Leader commented she had been unable, for good reasons, to attend two of the meetings.

A Member queried what progress had been made on the strategy to address the shortfall of GPs in Medway. The Deputy Leader commented the ICB recognised more work needed to be done and that GP numbers were increasing. The Primary Care Strategy was also addressing the need to have a variety of different practitioners available in GP practices and for practices to work together. There was a focus on training GPs, including working with the medical school. At the Government level there was a need to review how GPs were contracted and funded, with many wanting to move to a salaried position.

- **Social prescribing** – the Deputy Leader agreed with a comment that social prescribing was not a substitute for appropriate medical intervention.
- **Digital inclusion** – suggestions were made about how to ensure people were not digitally excluded, including drop-in sessions, the use of hubs and libraries and support through volunteers in GP surgeries. In terms of

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

the number of people without access to the internet, a digital and accessibility policy was being developed which would look at this.

- **Health and Wellbeing Board** – the Deputy Leader advised work was underway to change the focus of the Board from what had become a scrutiny function in some ways to ensuring everyone present could focus on how their organisation could contribute to an issue.
- **Number of carers** – in response to whether the Council knew the total number of carers in Medway, the Deputy Leader advised the real number was not known. The Council only supported people who requested a carer's allowance but encouraged people to come forward for support.
- **Women's health** – in response to a comment welcoming the focus on this, the Deputy Leader commented this issue had not received any prominence in the past. She outlined the action that was being taken to develop a women's health strategy. She detailed the recent focus on Menopause, with Medway hosting a joint ICB and Medway Council world Menopause event that was very well attended.
- **Digital tools and mental health** – a Member commented on the focus placed on people self-managing their mental health. A client may only see a support worker one hour per month. There were a lot of mental health apps on market, but the data was not fed back to the NHS. A suggestion was made that the Council's digital strategy should identify the most useful mental health apps and how to signpost people to services. The Deputy Leader agreed this was something worth looking at.

Decision:

The Committee agreed to note the report and thanked the Deputy Leader for her attendance.

306 Kent and Medway NHS and Social Care Partnership Trust (KMPT) 2023-2026 Strategy Briefing

Having earlier disclosed an interest in this item, Councillor Hamandishe left the room for the discussion and did not participate.

Discussion:

Members considered a paper which updated the Committee on the previous KMPT Strategy, the background to the current Strategy and the monitoring of progress within the current Strategy.

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

The following issues were discussed:

- **Staff retention and turnover** – levels of turnover were queried, particularly at Executive level, and details of the Trust's staff retention plans were requested. Members were advised that general staff turnover for June/July was 18% in Medway and further details would be provided to Members. This represented a reduction from the previous three months and was about average for comparable Trusts. The Trust had a retention and recruitment programme. The current Chief Executive would retire on 1 November and the new Chief Executive, the current Deputy with 6 years' experience at the Trust, would take over. The Chief Operating Officer had been at the Trust for 2 years. Members were assured there was stability in the executive team.
- **Bullying** – a Member asked whether bullying was an issue at the Trust. The Director of Partnerships and Transformation advised that bullying was monitored through the independent Freedom to Speak Up service. There was also an annual staff survey. He did not believe bullying was a problem, but more action was needed on equality and inclusion.
- **Mental Health Nurse Pilot** – in response to why a pilot with the police had not continued, Members were advised there were some initiatives underway but some of this transformation sat with the ICB.
- **Ruby ward and mental health bed provision** – a discussion took place about the new Ruby ward being built in Maidstone and the reasons for the closure of the ward at Medway Maritime. Members were advised the new unit would have more beds than the previous ward and were invited to visit the new unit, which it was hoped would open in early 2024. The Assistant Director – Adult Social Care added that there was a partnership approach towards moving from mental health beds to community provision.
- **Tackling racism** – a Member referred to the statement in the Strategy about ethnic minority staff experiencing less racist violence and aggression and commented this was a poor choice of words as one member of staff experiencing less racism would mean the objective had been met. The Director of Partnerships and Transformation responded that a monthly reporting system sat beneath this and any staff experiencing racism was unacceptable. An assurance was given that Trust wanted to be as free from racism as possible.
- **Baseline data** – regarding what data was available in order to measure progress in meeting objectives and what benchmarking took place, Members were advised that benchmarking was built in. Underneath the Strategy there was more data and trajectories to measure progress. The Trust was still gathering data for baselines and acknowledged progress in some areas would be over a three-year period. A Member made the point that KMPT had made improvements in recent years.

Decision:

The Committee agreed to note the report.

307 Emergency Service Transfer of Medway and Swale TIA (Transient-Ischaemic Attack) Service

Discussion:

Members considered a paper which updated the Committee on the future of the Medway (and Swale) TIA service as requested at the 22nd August 2023 meeting of the Committee. The Deputy Chief Medical Officer commented that the ICB was working hard to deliver what the Committee wished to see.

The following issues were discussed:

- **Travel times and travel Assistance** - in response to a query about what travel assistance was available and whether the impact of further travel on patients with suspected TIA had been assessed, the Deputy Chief Medical Officer advised travel assistance was available if needed. In terms of the impact on patients, TIA was an early warning but was not a stroke. A TIA referral meant patients were placed onto preventative pathway to reduce the risk of progression to a stroke. Most patients are referred into the TIA pathway by their GP, others from the Emergency Department at Medway Hospital. The service then assessed the level of risk and advised on treatment and further investigation. Adding an additional journey should not jeopardise patients, but it was important this was monitored. Some treatment was delivered locally but some needed specialist surgery, which required travel. An undertaking was given to provide Members with details of who provided the travel assistance.
- **Patient feedback and monitoring** - an update was requested on patient feedback received in respect of the multi-stakeholder working group set up to complete the emergency service transfer. Members were advised that the working group met fortnightly to work on a solution and monitor the existing situation and patient numbers.
- **Risks** – in response to a query about what tools were used to mitigate risks, Members were advised that risks were reported to the Kent and Medway Integrated Stroke Delivery Network (ISDN), which included representation from the Council. There were a number of targets in respect of TIA treatment and benchmarking information was available.
- **Return of the service to Medway** - Members were advised a decision on this would be made by the ISDN on 31 January.

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

- **Increase in wait times** - whether there had been an increase since the emergency service change was queried. Members were advised this information would be provided to the ISDN.

Decision:

The Committee agreed to:

- a) note the report and request an update at the March meeting, including whether there had been an increase in waiting times since the service change (to be preceded by a briefing note on the latter before the March meeting).
- b) ask the ICB to inform the Director of People and Deputy Chief Executive of the proposal on the future of the TIA service, prior to this being considered at the Integrated Stroke Delivery Network (ISDN) Programme Board on 31 January.
- c) delegate authority to the Director of People and Deputy Chief Executive to submit comments on the proposal to the ISDN Programme Board, following consultation with the Chairperson, Vice-Chairperson and Opposition Spokespersons.

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

Discussion:

Members considered a report which informed the Committee of the decision made by NHS Kent and Medway Integrated Care Board on 5 September 2023 to approve the Section 136 Pathway and Health Based Place of Safety Service (HBoS) Improvement Decision Making Business Case (DMBC).

The Programme Director for NHS Kent and Medway updated Members that a contract had been awarded to HESTIA, a third sector provider, for a 5-bed crisis house in Medway from December and the safe haven unit would be located on the MFT site and operate 24/7 from April. Councillor Browne disclosed an interest as an employee of HESTIA and left the meeting for the remainder of this item.

The following issues were discussed:

- **Centralisation of the HBPoS within Kent and Medway** – Members were advised there were currently five assessment rooms across three hospital sites. This led to difficulties in retaining staff as the teams were very small. Staff were looking forward to working in a bigger team in a centralised unit.

Health and Adult Social Care Overview and Scrutiny Committee, 17 October 2023

- **Mental Health Nurse Pilot with the Police** – why this had not been continued was questions and the Programme Director advised that, while the pilot had been helpful, the impact on reducing S.136 cases had not been as great as expected. KMPT were being commissioned to provide a one-hour urgent response service for the police and ambulance service.
- **Arrests and assessments** - in response to a query when it was decided that a person would be arrested instead of being detained under S.136, Members were advised that each police custody suite had access to a mental health clinician who they could refer to. This allowed, where appropriate, for a person to be diverted from the prison system to the health system. The Assistant Director – Adult Social Care added that Advanced Mental Health Practitioner could also assess a person to see if they needed to be sectioned and that there were different routes to try and stop people being sent to a police station. Work was underway on looking at how to ensure the police only intervened in a mental health case when appropriate.
- **Mental health services in Medway** – with reference to the loss of mental health beds in Medway, when Medway would receive the same level of service as other areas was queried. Members were advised that there were no acute inpatient facilities in Medway, but an assurance was given that Medway had the same level of community mental health services as in Kent. The NHS long term plan was to find alternatives to acute mental health beds, which should be last resort. The first crisis house would be in Medway in December and the first co-located safe haven from April.
- **Impact of proposal on police** – Members were advised that travel impact assessments showed a likely reduction in ambulance and police travel time and that the police were in favour of the proposal.

Decision:

The Committee agreed to:

- a) note the decision made by NHS Kent and Medway to approve the Decision-Making Business Case.
- b) request an update on the new centralised Health Based Place of Safety Service after a meaningful period of time.

309 Work programme

Discussion:

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

**Health and Adult Social Care Overview and Scrutiny Committee, 17 October
2023**

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) discuss at the next agenda planning meeting whether to add to the work programme a report on the performance of the Integrated Stroke Delivery Network (ISDN), including stroke provision in Medway and an update on the hyperacute stroke units and SECAMB's performance regarding call out times for TIA cases.

Chairperson

Date:

Michael Turner, Principal Democratic Services Officer

Telephone: 01634 332817

Email: democratic.services@medway.gov.uk