

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

Thursday, 18 January 2024

6.30pm to 9.38pm

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), Anang, Brake, Campbell, Cook, Gilbourne, Jackson, Louwella Prenter, Mark Prenter and Wildey
- Substitutes:** Councillors:
Hyne (Substitute for Clarke)
Pearce (Substitute for Crozer)
- In Attendance:** Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway
Jayne Black, Chief Executive, Medway NHS Foundation Trust
Jackie Brown, Assistant Director Adult Social Care
John Cole, Programme Manager - Health Protection Team, Public Health
Andy Cruickshank, Chief Nurse, KMPT
Ivor Duffy, Chief Finance Officer, NHS Kent and Medway
Tala El Khatib, Interim Public Health Project Officer
Lee-Anne Farach, Director of People and Deputy Chief Executive
Dr Logan Manikam, Interim Public Health Consultant
Councillor Teresa Murray, Deputy Leader of the Council
Dr Ash Peshan
Andrew Rabey, Chair, Kent and Medway Safeguarding Adults Board
Teri Reynolds, Democratic Services Officer
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway
Victoria Widden, Kent and Medway Safeguarding Adults Board Manager
James Williams, Director of Public Health

527 Apologies for absence

Apologies for absence were received from Councillors Clarke and Crozer.

528 Record of meeting

The record of the meeting held on 7 December 2023 was agreed and signed by the Chairperson as correct.

529 Urgent matters by reason of special circumstances

There were none.

530 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.

531 Kent and Medway NHS & Social Care Partnership Trust (KMPT) & Medway Council Patient Pathway Joint Briefing

Discussion:

The Director of Partnerships and Transformation from the Kent & Medway NHS & Social Care Partnership Trust (KMPT) introduced the report which detailed the in-patient journey from admission to treatment and discharge to alternative settings. It highlighted the current processes, challenges and on-going improvement work. It also included an overview of safeguarding activity at KMPT.

Members then raised a number of questions and comments, which included:

- **Communication** – in response to a question about how the information relating to the improvements would be disseminated across the wider workforce, the KMPT representatives confirmed engagement would take place across the Trust and partner organisations, as well as the Community and Voluntary Sector to map out the complexity of support available. In addition, the Assistant Director, Adult Social Care, confirmed that from a social care perspective work was also starting in terms of the communications to ensure referrals are made to the right

Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2024

place.

- **Patient voice** – in response to a question regarding how patients and carers were listened to, the KMPT representatives explained that there was a real focus on community engagement and a commitment to co-production of services. In addition, there had been investment into making services more friendly with an enhanced therapeutic support offer.
- **Discharges** – in response to a question about the timeliness of discharges and whether these were happening too early for patients, the KMPT representatives explained that the focus was on making sure a patient's time in hospital was being spent with the most effective care and that the right support was lined up for patients at the point of discharge to support their continued recovery.
- **Out of area placements** – in response to a number of questions regarding out of area placements, KMPT representatives explained that these predominantly related to females due to there being a lack of inpatient ICU beds within the Trust and therefore work was carried out with providers to secure provision, often elsewhere in Kent, such as in Sevenoaks. It was also confirmed that there were no patients out of area because of a lack of beds as of that day, but when patients were placed out of area due to capacity, rather than because of a specialist need, work was done to get those patients relocated back in area as soon as possible.
- **Impact of universities located in Medway** – it was asked whether the universities located in Medway resulted in a higher demand amongst university students and whether this added pressure to the system. The KMPT representatives explained that this did not increase demand on inpatient facilities as this age group were more likely to require community services and added that universities often provided students with mental health support directly.
- **Kent & Medway Listens** – reference was made to an engagement exercise undertaken by the Community and Voluntary Sector called Kent and Medway Listens and whether responses to that had been taken account of when redesigning services. The representatives present confirmed that they had worked closely with Healthwatch and the Health and Care Partnership but were uncertain about this specifically and undertook to report back on this.
- **Recruitment** – in response to a question about recruitment challenges, particularly for older adult services, officers explained that this was multi-factorial in relation to location, skill sets and facilities that the Trust had, which would be improving with a new ward opening in the near future.

Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2024

- **Care home in Wigmore** – in response to a question about the progress with this new home, it was explained this 73 bed nursing home was due to open in the next few weeks and commissioners had visited the home and discussed the provider's plans for the care home with them.
- **Autism** – reference was made to a possible scheme for those with autism or similar neurological conditions, where they could register themselves for support to assist them with early intervention to avoid going into crisis. KMPT representatives confirmed that the nature of in-patient services was not helpful for those who were neurodiverse so work was ongoing to ensure community services were holistic and joined up to prevent the need for in-patient services. They undertook to find out more and report back.
- **Ethnicity** – reference was made to the data relating to ethnicity, particularly the percentage of black patients accessing in-patient mental health services. The KMPT representatives explained that there were a combination of factors, including the fact that Medway had a higher proportion of Black and Asian people than the rest of Kent and that KMPT was good at capturing this data. Plus, those from black ethnicity were at an increased risk of developing mental health issues.
- **Crisis house and safe haven** – in response to a request for an update on these settings, the KMPT representatives explained that the co-located safe haven at Medway Maritime Hospital was working well and they would report back on the Crisis House. In addition, the Assistant Director, Adult Social Care, explained that options were also being considered in terms of the use of 147 Nelson Road, which currently only operated during the day.

Decision:

The Committee noted the report.

532 GP Access Task Group

Discussion:

The Consultant in Public Health Medicine introduced the report which outlined the progress made in implementing the 14 recommendations made by the GP Access Task Group, which had been approved by the Cabinet in June 2023. He also referred to the unprecedented pressure being experienced in the NHS. The Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway added that there was an error in one of the report's recommendations in relation to the Integrated Care Board (ICB) ensuring that GP practices were following BMA's safe working in general practice guideline. He explained that the ICB had no powers to enforce this but did offer a package of support around wellbeing.

Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2024

The Committee then asked a number of questions and comments which included:

- **Training** – in response to a question about the take up by GPs of training positions in Medway it was explained that it was a little too early to tell but feedback had been positive, and it was felt this would increase interest across the general practice community.
- **GP attraction offer** – reference was made to the GP attraction offer which was working well in terms of supporting GPs to settle in Medway and other areas of Kent with particularly low GP numbers, such as Thanet. It was also mentioned that managed workloads for GPs were crucial to attract more people into the profession.
- **Culture shift in access primary care** – it was acknowledged that there was still much to be done in getting the community to both understand, accept and trust that they can get care from various members of the primary care team, not just GPs. The public should be directed to the professional best placed to meet the individual's needs. Furthermore, the ratio of patient to wider primary care staff was much more positive.
- **Pharmacies** – reference was made to the crucial relationship between general practice and pharmacies and the Pharmacy First service, which would commence at the end of the month. This service would enable pharmacies to provide advice and NHS-funded treatment, where clinically appropriate, for seven common conditions, including sinusitis, sore throat, ear infection, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women. Work on communicating this to the public was ongoing.
- **Efficiencies** – it was confirmed that it cost more for patients to be seen in the hospital's Emergency Department (ED) and therefore focus needed to be put on preventative methods and enabling access to other health services, such as Urgent Treatment Centres, to avoid people attending ED unnecessarily.

Decision:

The Committee noted the updates and progress achieved in implementing the recommendations from the GP Access in Medway Task Group report of June 2023.

533 Kent and Medway Integrated Care Board Community Services Transformation Update

Discussion:

The Director of System Commissioning & Operational Planning for the Integrated Care Board introduced the report which provided an update on the procurement of community services, following previous reports in September and December 2023.

Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2024

The following three visitors representing different organisations and perspectives were then asked about their views on the transformation, the timescales and whether they thought that services would be improved as a result.

- The Chief Executive of Medway NHS Foundation Trust, who responded that for some of the transformation, it needed to happen now in order to improve experience and outcomes for service users.
- The Chief Executive of Medway Community Healthcare, who responded that the timescale was ambitious but again, through the Health and Car Partnership, it was envisaged that some change could be achieved sooner to meet the needs of the community, but that the transformation needed to be done in partnership.
- The Deputy Leader of Medway Council, who responded that services needed to be reviewed and the re-design was an opportunity to revisit service level agreements to gain clarity around expectations to meet demand. However, concerns were raised around the ambitious timeframe and the potential bureaucracy being suggested and the lack of partnership leadership across the process.

Members then asked a number of questions and comments which included:

- **Progress** – in response to comments around further detail and engagement being required, the ICB representatives concurred with this view and explained that work was very much still underway to refine pathways. Although initially there had been 11 services highlighted for transformation, it would not be possible to do all 11 within the timeframe and so focus would be placed on 2-4 of the 11 to ensure transformation was meaningful and effective.
- **Key Performance Indicators (KPIs)** – in response to a request for data and KPIs to inform decision making the ICB representatives confirmed that this work would be done and was key to inform what services to prioritise in order to get the best benefit for service users.
- **Relationships** – the importance of the relationship between partners, including the Council, to deliver this important transformation for Medway residents and Community Health Services was referred to. This needed to sit within an integrated system built on consultation, partner co-design, patient voice and transparency, which was vital for there to be confidence in the system and the service. The representatives from the ICB recognised and acknowledged this, expressing their wish to use the process to deliver the re-design in an integrated way, to build trust and effective relationships with partners.

Decision:

The Committee agreed that the proposals from the Integrated Care Board did constitute a substantial variation or development in the provision of health services in Medway.

534 Kent and Medway Safeguarding Adults Board's Annual Report - April 2022 - March 2023

Discussion:

The Independent Chair and the Manager of the Kent and Medway Safeguarding Adults Board introduced the report which set out the responsibilities and structure of the Board and how the multi-agency partnership delivered against its strategic priorities for the year. The report also provided information pertaining to safeguarding adults reviews and safeguarding activity. They added that they would attempt to provide some information that related to just Medway in the next annual report, where the information was possible to separate out.

Members then raised a number of questions and comments, which included:

- **Multi-agency working** – in response to a query about the risks around multi-agency working and whether there was evidence of learning and improvement in this area, the Board Manager explained that there was some improvement in this area and referred to a multi-agency risk management process the Board was developing to demonstrate best practice in working together for high risk cases. This had been identified in other areas as best practice. The Independent Chair of the Board added that in Medway relationships were well developed and effective, referring particularly to joint working with the Community Safety Partnership and with other organisations, including the Council.
- **Referrals increase** – in response to a question as to whether the increase in safeguarding adults review referrals was due to increased cases or increased awareness of reporting concerns, the Independent Chair explained that the Board had put great effort into raising awareness to the public, as well as agencies with increased engagement from policing and Medical Examiners. There was also a self-assessment process, which agencies completed every 2 years, which included a question on how they make their staff aware of the safeguarding adults review criteria and process. The Assistant Director, Adult Social Care also referred to the work that had been done across the service to raise knowledge and awareness which had seen an increase of 69% over 5 years in referrals for safeguarding concerns.
- **Discharge from in-patient mental health services** – reference was made to a discussion earlier in the meeting about whether these discharges were too soon and the Independent Chair was asked if this was a concern. He responded that the role of the Independent Chair was to understand safeguarding practice and to learn, not attribute blame. When there were issues and areas of concern that were repeated, despite remedial actions, the relevant agency was approached to identify issues

Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2024

and provide assurance, but there would be significant evidence for such challenge.

- **Defensible decision making** – it was suggested this phrase could be misinterpreted and the Board representatives undertook to rephrase this in future reports.
- **Repeat referrals** – in response to a question about whether repeat referrals in relation to individuals were flagged, the Assistant Director, Adult Social Care reassured the Committee that this would be flagged by social care staff in the Council and the staff were being encouraged to use professional curiosity to improve the safety and wellbeing of service users.
- **Training** – reference was made to the large amount of training and support provided by the Board to all organisation, including those from the community and voluntary sector. Case studies were often used to embed learning by both the Board and for in-house staff development within the Council's Adult Social Care service.

Decision:

The Committee noted the report.

535 Work programme

Discussion:

The Democratic Services Officer introduced the report which provided the Committee with its work programme for future activity.

The Chairperson also drew the Committee's attention to a number of visits the Committee had coming up, including a visit to Medway Community Healthcare on Saturday 20 January 2024, as well as forthcoming visits to Ruby Ward (KMPT), the new ambulance station at Twydall and there would also be a visit suggested to Medway Maritime Hospital and its Emergency Department.

Decision:

The Committee agreed the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes, outlined in italic text.

Chairperson

Date:

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