

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

**Tuesday, 18 June 2024**

**6.30pm to 9.27pm**

**Record of the meeting**

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

**Present:** Councillors: McDonald (Chairperson), Louwella Prenter (Vice-Chairperson), Anang, Barrett, Campbell, Crozer, Gilbourne, Hamandishe, Jackson, Mark Prenter and Wildey

**Co-opted members without voting rights**

There were none.

**Substitutes:** Councillors:  
Browne (Substitute for Cook)  
Joy (Substitute for Hyne)

**In Attendance:** Jackie Brown, Assistant Director Adult Social Care  
Steve Chevis, Senior Public Health Manager  
Lee-Anne Farach, Director of People and Deputy Chief Executive  
Amelia Greensill, Interim Regional Manager East Kent and Medway, Forward Trust  
Donna Hayward-Sussex, Chief Operating Officer, KMPT  
Teri Reynolds, Principal Democratic Services Officer  
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust  
Debbie Taylor, Service Manager, Leaving Care  
Dr David Whiting, Acting Director of Public Health

**74 Apologies for absence**

Apologies for absence were received from Councillors Cook and Hyne.

**75 Record of meeting**

The record of the meeting held on 14 March 2024 was agreed and signed by the Chairperson as correct.

**76 Urgent matters by reason of special circumstances**

There were none.

**77 Disclosable Pecuniary Interests or Other Significant Interests and Whipping**

Disclosable pecuniary interests

Cllr Browne declared that she worked for a charity that provided services within the Medway area but it was not specifically mentioned in the agenda and she was not involved in any bidding of contracts or operational services that related to the business on the agenda and therefore she would continue to take part in the meeting.

Other significant interests (OSIs)

Cllr Crozer declared that he was Chair of Trustees at AMAT UK, which worked with the Substance Misuse Service, he therefore took no part in the discussion of item 7 and would leave the room if AMAT UK was specifically mentioned.

Other interests

There were none.

**78 Tributes to James Williams**

The Committee paid tribute to James Williams, the Council's Director of Public Health, who had very sadly passed away in May. The Chairperson, the Opposition Spokesperson, the Acting Director of Public Health and the Director of People and Deputy Chief Executive all paid tribute to James, recognising his transformational approach to public health delivery, his inspirational leadership and his humble and caring nature and fantastic humour, all of which he would be remembered so fondly for. A minute's silence was then held in James' memory.

**79 "Power of the Crowd" Annual Report of the Director of Public Health 2022 - 2023**

**Discussion:**

The Acting Director of Public Health introduced the "Power of the Crowd", the Annual Report of Medway's previous Director of Public Health (DPH) for 2022-23. He explained that DsPH had a statutory duty to produce an annual report setting out their professional view about the health of the local area. This report had focussed on the challenge and benefits of investing more effort into community engagement and developing local networks.

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

- **Collaborative working** – in response to a question about how collaborative working was maximised and advertised across the community and voluntary sector, it was explained that through the Integrated Care Partnership, which includes the Integrated Care Board (ICB), Medway

## Health and Adult Social Care Overview and Scrutiny Committee, 18 June 2024

Council and Kent County Council and through the Swale and Medway Integrated Care Partnership, Medway Council worked in partnership to maximise opportunities for collaborative working.

- **Women's health** – reference was made to the menopause in particular and the need for this be explicitly addressed. It was explained that the next meeting of the Health and Wellbeing Board would be dedicated to women's health, bringing together the ICB, Public Health and clinicians to talk about key issues, the National Women's Health Strategy and how it was implemented locally.
- **Food poverty and food waste** – in response to a question about what work was being done to address the imbalance of food wastage and food poverty, it was explained that there were a number pieces of work and research taking place on this issue, which included looking at local people's perceptions around food and the natural environment and how that could be used to inform the development of Medway's local food policy.
- **Communication with residents** – the Committee were supportive of the report and wanted to know how it was being communicated to the wider population. It was explained that there was a communication strategy in place and that weekly messaging via various social media opportunities took place, alongside the Better Medway website. New opportunities for engagement and communication were always explored and officers would consider whether there was an opportunity to provide regular briefings to Ward Members to assist them in disseminating information to their constituents.
- **Involvement of people with lived experiences** – in response to a question about how engagement and collaboration took place with those with lived experience, it was explained that as part of the development of the Joint Local Health and Wellbeing Strategy, engagement with people had taken place. This had included online surveys as well as focus group discussions to ensure views were gathered from people that were less often heard. In addition, reference was made to the Health Determinants Research Collaboration with the University of Kent, which had set up a Public Advisory Group to look at how Public Health were communicating and how this could be improved. Emerging trends from findings of engagement were continuously considered in order to stay current and relevant in meeting the needs of Medway.
- **Gamification model** – a question was raised about how Medway could use a gamification model to incentivise people to eat better, be more active and place a more positive focus on their health and wellbeing. In response it was explained that there had been some app development to support services, but this had not included gamification at this stage.

- **Using intelligence gained from others** – it was asked if intelligence from others, such as hospital admissions or volunteers, was gathered to use as live data. It was confirmed that intelligence across the system was used quickly to identify and address emerging trends promptly.
- **Foetal Alcohol Syndrome Disorder (FASD)** – reference was made to national FASD awareness day/month in September and whether there would be any events during this period to help raise awareness. Officers undertook to explore this further.
- **Weekend campaigning** – reference was made to the need for some public health awareness work to take place at weekends in order to widen reach and it was confirmed that the team did cover some weekend events to help reach more people.

### Decision:

The Committee noted the Annual Public Health Report for 2022/23 and requested officers to explore the possibility of recognising FASD awareness month in September 2024

## 80 Integrated Care Strategy Update

### Discussion:

The Acting Director of Public Health introduced the report which updated the Committee on the Kent and Medway Integrated Care Strategy Delivery Plan. He explained it was an illustrative document at a strategic level, setting out key strategies and activities that partners across Kent and Medway would lead on to contribute to delivering the Integrated Care Strategy.

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

- **Meeting Medway's needs** – concern was raised that because the strategy covered the whole of Kent and Medway, there might not be sufficient focus on Medway. In response officers explained that the Council worked with Integrated Care Board and Kent County Council colleagues as a system and through the partnership the Council was able to and did advocate the required needs for Medway.
- **Family hubs** – Members sought further information about the family hub model. Officers explained that the hubs covered a variety of places across Medway and enabled professionals to work together and embed services within the community. Opportunities to provide some adult services at the hubs during quieter periods were also being explored. Officers undertook to provide more detailed information on the family hubs to the Committee via a briefing note.

- **Indicators** – in response to a question about the indicators and whether they were ambitious enough, officers confirmed that the indicators were realistic, based on data available from statistical neighbours, local data and trends and were set to demonstrate what could be achieved with intervention, whilst indicating success.
- **Transition from children to adult services** – in response to a question on how young people were supported with their transition to adult services, the Assistant Director, Adult Social Care, explained there was a dedicated team in Adult Services which worked closely with Children's Social Care which was now supporting young people from the age of 17, rather than 17 and a half, however it was recognised that more focus on this area was needed.
- **PTSD and unaccompanied asylum seeking children** – in response to a question about how young refugees were supported with Post Traumatic Stress Disorder, it was explained that unaccompanied asylum seeking children were supported through Children's Social Care and the Care Leavers Team and were able to access services to meet need in the same way as other children in care, whilst recognising there were capacity issues in the health service.

### **Decision:**

The Committee noted the Kent and Medway Integrated Care Strategy Delivery Plan and requested a briefing note on family hubs.

## **81 Substance Misuse Treatment Services Update**

### **Discussion:**

The Head of Public Health Programmes introduced the report which provided an update on the substance misuse treatment service. He explained that progress was being made with good outcomes and the services had settled well since the contract commenced a year ago. There were risks relating to the uncertainty of future funding but that collaborative partnership working would help to safeguard the service.

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

- **Alcohol** – concern was raised that despite being the substance that causes the most significant harm, there was not enough emphasis on alcohol. Officers confirmed that alcohol was the reason for more deaths in Medway than drugs and reassured the Committee that substance misuse encompassed alcohol too. There was also a specific alcohol pathway, treatment which was continuing to improve.
- **Individual Payments Scheme** – the representative from Forward Trust (the service provider) explained that the project, which aimed to achieve

sustainable employment for people in substance treatment, was due to commence in July and was already running successfully in other areas.

- **Staffing and vacancy rates** – reference was made to the 13 vacancies quoted in the report. Officers undertook to provide exact staffing figures to Members but confirmed that the vacancy rate had reduced. Recruitment had been a challenge due to a lack of trained substance workers and staff being deterred by fixed term contracts. The vacancy rate was impacting most on service's outreach work. Following a further query, it was added that an opportunity escalator was in place where individuals that had completed treatment could work as peer support. There were further traineeship opportunities once someone had abstained from substance misuse for 3 years. The Forward Trust representative undertook to provide the fall-out rate from the scheme.
- **Support for ex-prisoners** – in response to a question about how ex-prisoners were supported by the service, officers explained there was a Continuity of Care Toolkit which enabled the service to work as a system, with the prison and probation services, to assess an individual's pathway and identifying particular areas for that person that required support and solutions.
- **Young people services** – officers explained that research was currently being undertaken to explore the reasons behind young people's use of substances and that the service was looking to develop an all age service for young people, with an age appropriate response to service users.
- **Mental health support** – a question was raised about how the service supported its clients to also access mental health services, as being a person who used substances could often be a barrier to accessing mental health services. In response officers confirmed that there was a Co-occurring Condition Protocol in place. A survey was currently underway with frontline workers to gain their views and knowledge about the protocol and why they might not be using it. This would then lead into the development of pathways and through the mental health transformation, ensuring co-occurring conditions was recognised across the system. The Forward Trust representative added that she had seen improved linkage between mental health and substance misuse support.
- **Foetal Alcohol Syndrome Disorder (FASD)** – reference was made to FASD and whether potential FASD was a factor for service users. Officers explained that women of child-bearing age were advised and supported in relation to FASD risks but undertook to take the suggestion back, as it could be something explored with all service users to further understand a patient's needs.

- **Interventions through schools** – a question was raised about whether as a preventative measure, collaboration took place with schools. In response officers confirmed that they did collaborate with the education sector, youth service and the youth offending team but always welcomed further opportunities to engage with young people about the risks of substance misuse.

### **Decision:**

The Committee noted the report and requested a briefing note providing more information in relation to vacancy and staffing levels, fall-out figures from the opportunity escalator scheme and the Co-occurring Conditions Protocol survey results.

## **82 Kent and Medway NHS and Social Care Partnerships Trust Strategy Update**

### **Discussion:**

The Director of Transformation and Partnerships and the Chief Operating Officer and Deputy Chief Executive from the Kent and Medway NHS and Social Care Partnership Trust (KMPT), introduced the report which updated the Committee on the trust's Organisational Strategy for 2023-26. He highlighted some of the key successes and challenges which included eliminating the backlog on dementia assessments caused by the pandemic, improvements in recruitment and retention, the opening of Ruby Ward and the embedding of safe havens.

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

- **Dementia** – reference was made to the new model of care, the first pilot of which was taking place in June 2024 and it was asked how quickly it would impact change. The KMPT representatives explained that the pilot had begun in South Kent the previous day and innovative feedback had been received. It was expected that the pilot would scale out at pace with a phased approach that would include a multi-disciplinary assessment across system colleagues to improve diagnosis rates, which they acknowledged were still not acceptable. It was also suggested that the next update from KMPT have a dementia focus.
- **Safe havens** – in response to a question about the one team approach in relation to safe havens and whether that model would continue in the long term, the KMPT representatives explained that it was a successful initiative and a positive model of sustainable partnership working that would be retained.
- **Community Mental Health Framework (CMHF)** – the KMPT representatives explained that the CMHF would fundamentally change the way partners work to help the population. It would provide a more holistic

approach to meet people's needs and would be less about a patient's specific diagnosis. It was an opportunity to embrace individuals with a multi-agency approach at the front door where patients could be supported with difficulties they might be experiencing with employment, housing and benefits, as well as their mental health needs. It would also enable responses to be quicker.

- **Use of the term BAME** – reference was made of the advice to stop using the term BAME (Black and Minority Ethnic) and to instead be more precise and it was asked what support and mentoring was provided to staff. The KMPT representatives confirmed that the Trust had already agreed to move away from BAME categorisation and was working alongside its Inclusion and Diversity Programme to explore how the Trust could support staff from diverse backgrounds.
- **Ruby ward** – in relation to the opening of Ruby Ward (a 16 bed in-patient service), reference was made to the old Ruby Ward on the Medway Maritime Hospital site, which had previously closed. It was explained that during that closure process, KMPT had offered transport support for families from Medway to visit their loved ones and it was asked if this was still on offer. The KMPT representatives explained that work was still underway to ascertain the demand and in the interim some volunteers were able to provide a taxi service to families. It was also asked if the percentage of Medway patients placed in Ruby Ward had reduced since its relocation. It was explained that this was not anticipated as it was a facility that was used to support patients across Kent and Medway, in the same way the old Ruby Ward had been, but this would be looked into and reported back.
- **The Well Led Review** – reference was made to the review undertaken by Deloitte, the outcome of which had provided 13 recommendations to strengthen the functioning of the Board and the way in which the organisation was led. The KMPT representatives undertook to provide more detail on the recommendations via a briefing note.
- **Staff vacancy rates** – questions were asked about recruitment, retention and the Trust's vacancy rate. The KMPT representatives explained that the vacancy rate of the previous month had been 11.9%, which was high compared to other local trusts but was one of the lowest in the region when compared to other mental health trusts. In relation to the talent pool, this was monitored and was shared as a system to help plug gaps, but it was difficult to manage depending on the skill sets available and the gaps in workforce.
- **Incidents of violence** – reference was made to incidents of violence by patients and the suggestion of using body-worn cameras. The KMPT representatives explained this was being explored for in-patient services



only. CCTV had already been installed at in-patient services and a policy was being worked on in relation to body-worn cameras, whilst learning from the experiences of partners using them already, such as the police and ambulance services. Reference was also made to staff reporting incidents and the KMPT representatives explained that they were working on a culture shift in the organisation to ensure staff felt more able and supported to report incidents with clear messaging from the Executive Team that every incident was taken seriously and that reporting was not made onerous for staff.

### **Decision:**

The Committee noted the report and requested a briefing note updating the Committee on workforce data including agency staff figures, the impact of initiatives relating to incidents of violence against staff, staff survey outcomes, the thirteen recommendations of the Well Led Review by Deloitte and the transport support provision for families of patients placed in Ruby Ward.

## **83 Care Experience as a Protected Characteristic**

### **Discussion:**

The 16+ Service Manager introduced the report which requested the Committee's views on the Council adopting care experienced as a protected characteristic given the stigma and discrimination faced by care experienced people. She stated that Medway Council was aspirational for its young people and by implementing this suggestion, other Council services and its partners would need to specifically consider any impact on care experienced people.

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

- **Children in care figures** – officers confirmed that at the time of writing the report, Medway had 167 open care leavers to the service and 475 children in care. These figures fluctuated daily.
- **Care leaver support** – officers confirmed that some young people would not accept packages of support from the Care Leaving Service, through fear of discrimination, and gave examples such as young people in prison or even at school.
- **Leisure facilities for children in care** – reference was made to a previous pledge to children in care, which had included a commitment to more leisure opportunities being made available to children in care. It was requested that information on the most current leisure offer to Medway's children in care was provided. In response to comments, Members were advised that this information specifically did not fall within the remit of this Committee and therefore the information would be provided via a briefing note.

### Decision:

1. The Committee noted the comments of the Children and Young People Overview and Scrutiny Committee, as set out in the supplementary agenda and agreed that its comments be forwarded to Council for consideration at its meeting on 18 July 2024.
2. The Committee also requested a briefing note in relation to the Council's current leisure offer for its children in care.

### 84 Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 4 2023/24

#### Discussion:

The Director of People and Deputy Chief Executive introduced the report which set out the performance in quarter 4 of 2023/24 on the delivery against the Council's priorities that fell within the remit of this Committee. She explained that three indicators remained significantly below target, which were the same as previous reports, as were the reasons for their stubborn poor performance.

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

- **Dementia friendly settings** – reference was made to the target around the number of new dementia friendly settings and the withdrawal of national Alzheimer's Society support. The Acting Director of Public Health confirmed that Medway had been fairly successful in delivering, with partners, dementia friendly settings and this would continue with other partners engaged in the programme.
- **Social care** – the Committee suggested that social care needed further focus in its forthcoming meetings and suggested a thematic approach to its work programme.

#### Decision:

The Committee noted the report and requested a briefing note to provide more information on dementia friendly settings.

### 85 Work programme

#### Discussion:

The Principal Democratic Services Officer introduced the report and explained that the capital and revenue budget quarterly monitoring reports needed to be added to the next meeting on 20 August 2024. It was also confirmed that she would shortly be providing a rescheduled date for the visit to the South East Coast Ambulance Service site in Gillingham.

## **Health and Adult Social Care Overview and Scrutiny Committee, 18 June 2024**

A comment was made about the lateness of the supplementary agenda for the meeting. The officer confirmed that this had provided minutes of another committee meeting held the previous week which, following drafting and clearances, were not available until that day to be shared with the Committee for its information. She confirmed that every effort was always made by the team to avoid last minute supplementary information but occasionally timings meant there would be occasions where information would be shared late.

### **Decision:**

The Committee noted the report and agreed 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.

### **Chairperson**

### **Date:**

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