

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

**Tuesday, 20 August 2013**

**6.30pm to 10.50pm**

**Record of the meeting**

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

**Present:** Councillors: Christine Godwin, Adrian Gulvin, Pat Gulvin, Hewett, Igwe, Maisey, Murray, Purdy (Vice-Chairman), Shaw, Watson and Wildey (Chairman)

**Co-opted members without voting rights**

Mr Richard Iddenden (Healthwatch)

**Substitutes:** Councillors:  
Juby (Substitute for Councillor Kearney)

**In Attendance:** Richard Adkin, Service Manager Mental Health  
Dr Alison Barnett, Director of Public Health  
Councillor David Brake, Portfolio Holder for Adult Services  
Mark Devlin, Chief Executive of Medway NHS Foundation Trust  
Dick Frak, Mental Health Social Care Commissioning Manager  
Barbara Graham, Legal Advisor  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
Richard Hicks, Deputy Director, Customer Contact, Leisure, Culture, Democracy and Governance  
Dr Amanda Morrice, Clinical Director, A&E, Medway Maritime Hospital  
Barbara Peacock, Director of Children and Adults Services  
David Quirke-Thornton, Deputy Director, Children and Adults Services  
Diane Wright, Head of Commissioned Services, Kent County Council

**281 Record of meeting**

The record of the meeting held on 25 June 2013 was agreed as correct and signed by the Chairman.

**282 Apologies for absence**

Apologies for absence were received from Councillors Griffin and Kearney and Christine Baker.

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

There were none. The Chairman, however, welcomed Richard Iddenden from Healthwatch to his first meeting of the Committee,

**284 Declarations of interests and whipping**

Councillor Christine Godwin declared a disclosable pecuniary interest in agenda items 5 and 10 by virtue of the fact that her husband sits on the Kent and Medway NHS and Social Care Partnership Trust Board. She stated that she would leave the room during discussion of these items.

Councillor Murray declared an interest in any reference to public health as her daughter currently works in public health.

Councillor Juby declared an interest in references to Medway Maritime Hospital as a member of his family works there.

**285 Outcome of NHS consultation on acute mental health inpatient beds redesign in Kent and Medway**

**Discussion:**

The Deputy Director, Customer Contact, Culture, Leisure, Culture, Democracy and Governance introduced a report on the scrutiny undertaken by the Joint Health Scrutiny Committee between Medway Council and Kent County Council in relation to acute mental health inpatient beds.

He stated that the proposals involved the closure of 'A' Block at Medway Hospital, the loss of the 35 adult mental health inpatient beds there and the provision of inpatient beds instead at locations elsewhere in Kent with Medway patients having access to beds at Littlebrook in Dartford and Maidstone.

Whilst Medway Members have accepted that 'A' Block is no longer fit for purpose they have consistently expressed concern at the loss of beds for Medway patients in Medway and the lack of an option to provide an alternative local facility because the NHS have said it would be too expensive.

He emphasised that this report set out the outcome of the work of the Joint HOSC culminating in a majority decision on 30 July to support the reconfiguration subject to various conditions as set out in paragraph 2.6 of the report. He explained that Medway Members had abstained from the vote on 30th July and have asked that this Committee should consider their outstanding concerns set out in paragraph 3.3 on page 17 of the report and whether or not

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the Committee should exercise its right to make a report to the Secretary of State.

He stated that this was a matter for Members. In taking a view the Committee should weigh up the action the NHS was now proposing to address Medway's concerns as set out in para 3.1(b) including additional investment in community based services, provision of a recovery house and access to acute beds in Maidstone. This should be weighed against the concerns Medway Members have expressed over the flawed data on which the proposal was based, the advice of James Fitton, who provided an expert opinion to the Joint HOSC and the absence of local provision in Medway given the size of its population and levels of deprivation. The ongoing heavy reliance on out of area placements should also be borne in mind.

He added that the report from the NHS to the Joint HOSC on 30 July stated that Medway Foundation Trust (MFT) requires Kent and Medway NHS and Social Care Partnership Trust (KMPT) to vacate 'A' Block. Councillor Wildey had sought confirmation of this from MFT and been advised this was not the case and that the Trust had not yet finalised a plan for the reconfiguration of the hospital site post-Keogh, and in any case cannot, under the terms of the lease, serve notice on KMPT.

He emphasised that the Committee was not being asked to revisit the issues in any depth this evening as that had been the job of the Joint HOSC but to decide whether or not this is a service development that can and should be reported to the Secretary of State seeking his intervention. The decisions the Committee was required to take were set out in paragraph 6 of the report.

Richard Iddenden questioned the outcome of the KMPT consultation with service users and whether the feedback had been received. The Deputy Director, Children and Adults stated that this information had been supplied to the last JHOSC meeting.

Following the updated position Members expressed their disappointment at the stance taken by Kent Members at the JHOSC and the lack of confidence they felt they could have in the undertakings given in relation to acute inpatient mental health beds for the area.

It was stated that there had been few assurances that community services were being strengthened, in spite of promises to the contrary. A recent example was given of a family in Medway that had been left without support in spite of their attempts to contact the community mental health team. There also did not appear to be any clear vision about what a centre of excellence would look like.

The point was made that Medway had been forced to press the case for information throughout the process of the review and had to meet the major part of the funding for the independent review undertaken by James Fitton. In

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the circumstances it seemed appropriate now to report the matter to the Secretary of State.

A proposal was put to report the matter to the Secretary of State as set out below. This was unanimously agreed.

### **Decision:**

- (a) That this Committee exercises the power to report to the Secretary of State about the proposed reconfiguration of acute mental health services on the following two grounds:
  - 1. The local authority is not satisfied that the consultation on acute beds has been adequate on the grounds of seriously flawed data presented by the NHS, limited options and other errors made throughout the consultation process and
  - 2. The local authority considers that the proposal would not be in the best interests of the health services in the area of Medway.

And call on the Secretary of State to:

- (i) note the serious flaws in the data on which this service reconfiguration was based and the attempt by the NHS to disregard and dismiss the serious concerns raised about this by the families of service users and Medway Councillors over the Autumn and Winter of 2012/13 and the consequential lack of confidence of Medway Councillors in the methodology used to assess the number of beds required, particularly since reliance and expenditure on out of area acute in-patient placements has increased massively with no clear explanation for this
  - (ii) direct the NHS to ensure that the number of acute mental health beds and community based services in Kent and in Medway are provided at levels equivalent to the highest levels of provision in the comparator areas considered by the independent evaluation commissioned by Kent County Council and Medway Council and provided by James Fitton
  - (iii) direct that Medway residents must be able to access acute psychiatric in-patient beds in Medway rather than being required to travel to provision far away from this main centre of population and relative deprivation
  - (iv) ensure that the action promised by the NHS on 30 July and the additional action called for by the Joint HOSC to strengthen community based mental health services is fully implemented against clear milestones and measurable improved outcomes for service users
- (b) that authority be delegated to the Deputy Director, Customer Contact, Leisure, Culture, Democracy and Governance to take the necessary

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steps to make the report in consultation with the Chairman and opposition spokespersons of this Committee and

- (c) that the West Kent CCG are notified of the decision to report to the Secretary of State by 3 September 2013 as the date on which the report will be made.

### 286 Portfolio Holder held to account

#### Discussion:

The Portfolio Holder for Adult Services commended the Committee on its decision with regard to acute inpatient mental health beds in Medway and informed the Committee of highlights of achievements under this portfolio. This included:

- **Community care** – that Age UK Medway had successfully opened an office in Chatham and that Adult Social Care ended last year within budget, despite significant pressures, and started 2013 leaner and fitter for purpose making back office savings in order to protect frontline care services;
- **Health** – he referred to the improvements, which had been brought about by bringing back in-house the adult mental health social care staff, which he felt, had been the right decision. He referred to the importance of working with partners in tough economic times and paid tribute to the excellent work done by carers. He stated that he was pleased to note the increase in people using personal budgets and direct payments;
- **Older people** – reference was made to the focus on safeguarding vulnerable adults this year;
- **Public Health** – the staff had now moved to the Council and there had been a comprehensive induction programme for them. He referred the enthusiasm with which public health staff had taken on their new roles and the work underway with other Council departments on public health initiatives. He referred to a number of public health initiatives in relation to tobacco control and sexual health and
- **Services for people with a learning disability;**
- **Telecare/telemedicine** – there was excellent work being done to enable people to remain in their own homes where they wished to do so with support from telecare and telemedicine;
- The Portfolio Holder then paid tribute to the staff working across adult social care, the Overview and Scrutiny Committee and support officers.

He was then questioned on the following:

- The regularity of reviews of those people who have personal budgets/direct payments – it was explained that these were generally undertaken annually or could be reviewed at any point if it was felt necessary

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- The suggestion that all Council reports should be required to indicate the public health implications – it was felt that these implications were constantly under review as decisions were taken
- Problems faced by people applying for a mortgage but being refused on the basis that a direct payment was not classified as a stable income (it was agreed that a written response should be given to this question)
- Respite care for carers of people with physical or learning disability – it was stated that this was available although more was needed
- The lateness of the awarding of the Healthwatch contract – it was agreed that the contract had been one of the last in the country to be awarded
- Whether the homes recently privatised had been visited by the Portfolio Holder –it was stated that visits were planned for September with the Deputy Director, Children and Adults
- What would be the biggest hurdle for the forthcoming year? – it was felt that working within budget constraints would be the biggest challenge
- In balancing the budget how did the Portfolio Holder foresee being able to balance this against the needs presented (a written response was agreed for this item)

### **Decision:**

The Portfolio Holder for Adult Services was thanked for his presentation.

## **287 Accident and Emergency Pressures**

### **Discussion:**

The Chief Executive, Medway NHS Foundation Trust introduced his report relating to Accident and Emergency (A&E) pressures and informed the Committee that Medway Maritime Hospital's A&E department sees 90,000 patients every year, a third of whom arrive by ambulance. In this regard the hospital was the busiest in Kent.

Members were informed that since early this year the Trust had been unable to meet its 95% target of waiting for treatment and the pressure appeared to be continuing through the summer. There was also a rise in the acuity of presenting patients and a change in pattern in that more people seemed to be arriving later in the evening. Flow through A&E had also been an ongoing problem. It was clear that the A&E department had not been designed for the volume that was now coming into it and staff were struggling to work in a confined space. Work had been started on plans to release some of congestion but some of these were temporary measures – a longer term redesign was also underway.

The Clinical Director, A&E from Medway Maritime Hospital explained some of the staffing changes, which had taken place and stated that the hospital did try to signpost people to other services where that was appropriate but many

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preferred to attend the hospital. Visits had taken place to other A&E departments to ascertain good practice.

The Committee were informed that a new Senior Treatment Access Route had been devised which had been helpful and in response to questions regarding cleanliness of toilets and other public areas in the hospital it was confirmed that these were also being addressed and a gradual refurbishment section by section had commenced.

A question was asked about how the hospital were keeping patients informed about the changes and challenges and it was confirmed that the public had been invited to a meeting last month on the topic and feedback on patient experience was valued.

Following further questioning the Chief Executive explained the staff rotas of consultants in A&E and stated that although, as in most hospitals, it was not possible to provide a consultant in A&E 24 hours of every day that there would always be one on call. The consultants were present from 8am until midnight during the week and from 9am to 5pm at weekends. He also stated that diagnostic services were available 24 hours a day for urgent tests. In relation to the start and finish time of the 4 hour target this commenced at the point of the person being seen by the navigation staff and ended when the patient left the hospital.

As far as referrals from A&E were concerned it was stated that 7,500 visit the department each month of whom 18% go to MEDDOC, a quarter are admitted to hospital, the remainder are discharged. It was also stated that at present Medway is achieving 88% against the target of 95%, which was acknowledged to be below an acceptable standard at near to the bottom of performance nationally.

Tribute was paid to the nursing staff at the hospital and in response to a question about how the Committee could be of assistance, the Chief Executive requested Members' help in alerting the public to the need for disruption and diversions while refurbishments were ongoing.

Discussion then took place around the distractions of having outpatients clinics in A&E and the fact that sometimes when the nurse calls patients to be seen they can not be heard. The Clinical Director explained that the reason the nurse comes into the waiting room to call for a patient was to ensure they were able to detect any deterioration in patients rather than remaining in a room and calling names using a tannoy.

A question around the possible impact of Fair Access to Care was asked but it was stated that the hospital are not privy to the background of older people presenting at the hospital so would not be able to answer as to whether this could be because they were not eligible for support from adult social care.



**Decision:**

The Chief Executive and Clinical Director, A&E, from Medway NHS Foundation Trust were thanked for attending the meeting.

**288 Review into quality of care and treatment at Medway NHS Foundation Trust**

**Discussion:**

The Chief Executive of Medway NHS Foundation Trust and Clinical Director, A&E addressed the Committee in relation to the review being undertaken at the hospital into the quality of care and treatment. The Chief Executive explained the background to the review being undertaken in that the hospital were among a group of hospitals whose mortality figures had been poor over a two year period.

He expressed the view that the hospital had welcomed the review and felt that the report's findings were fair. He pointed out that unlike a few other hospitals under review the inspection team did not find any sustained failings that required immediate action. It was noted that the Trust had an action plan to improve the quality of care but needed to increase the pace of change. A sub group of the Quality Surveillance Review Group had been set up by NHS England comprising representatives from regulators and interested bodies and they were monitoring progress.

With regard to the previous Committee debates around mortality figures at the hospital Members expressed the view that the view from the hospital during those debates had been that there was nothing for the Committee to worry about which seemed now not to be the case. The Chief Executive referred to a Mortality Working Group chaired by Medway's Director of Public Health and it was confirmed that the Committee would receive further updates from that Group. The Chief Executive explained that he would expect the Committee to want to monitor the work of the Group but to bear in mind that there was a difference between the real time data and that captured as part of the mortality figures, which were retrospective.

In relation to the proposed merger with Dartford and Gravesham NHS Trust it was confirmed that the plans had been paused. Concern was expressed as to the financial stability for the hospital in the light of this information. He then confirmed the hospital had not served notice on Kent and Medway NHS and Social Care Partnership Trust in relation to A block. This was technically not possible due to the nature of the lease, however, the facility would be of value for the redesign of acute medical services currently accommodated in the hospital's Edwardian facilities. In his view, while A block was not suitable for its current purpose he would like to see acute mental health services accommodated in the hospital's longer term plans.

Responding to a question about who should be involved in taking forward the recommendations in the Keogh review, the Chief Clinical Officer, NHS Medway



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Clinical Commissioning Group referred to the various organisations and agencies represented on the Quality Surveillance Review Group and the work it is undertaking.

### **Decision:**

- (a) The Chief Executive and Clinical Director, A&E, were thanked for their presentation to the Committee;
- (b) Members agreed to keep the mortality figures under review by means of regular updates including a report in six month's time.

## **289 Re-commissioning of drug and alcohol services for adults**

### **Discussion:**

The Director of Public Health, assisted by the Head of Commissioned Services from Kent County Council introduced a report around the re-commissioning of the drug and alcohol service for Medway.

It was stated that the six week consultation period would commence once the delegation agreement with Kent County Council had been signed and that the Committee could have further input to the consultation. The background to the re-commissioning was explained and the aim was to commission an integrated service for substance misuse.

A request was made for a colour copy of the needs analysis presented with the report and the Democratic Services Officer undertook to provide this after the meeting.

A request was made for more needle exchanges to be available across the area and for an assurance of good geographical coverage of the service. In response to a number of questions a reassurance was given that the new provider of the service would be encouraged to have good communication links with pharmacies particularly around matters such as revised methadone dosages. It was hoped that the new contract would be in place from April next year with a transition period to follow and it was confirmed that the provider would be encouraged to make use of existing community/voluntary sector support organisations as part of its recovery model.

Responding to a further question it was stated that referrals to the drug and alcohol service could be from any agency or by self referral.

### **Decision:**

The report was noted.

**290 Medway Adult Mental Health Social Work: first year review and options for the future**

**Discussion:**

The Principal Officer, Mental Health introduced a report reviewing the first year of bringing the adult mental health social work team back into the Council on 1 February 2012. He explained the activity of the team, the operational management issues and consultation around Day Resources. He, and the Members of the Committee, paid tribute to the staff and to the work undertaken by the Mental Health Social Care Commissioning Manager particularly around the modernisation of Day Resources.

The Principal Officer, Mental Health then set out the challenges for the team in the future and he and the Mental Health Social Care Commissioning Manager responded to Members' questions. In relation to the reluctance of any of the social work team to volunteer to undertake AMHP (Approved Mental Health Practitioner) training it was stated that this was largely a confidence issue and it was hoped that volunteers would come forward after the next training and development session.

During discussion the Chief Clinical Officer, NHS Medway Clinical Commissioning Group (CCG) requested that the mental health social work team work with the CCG in relation to mapping the impact of Fair Access to Care. He also questioned what time period it was felt would be appropriate to be able to stabilise the current team sufficiently for consideration to be given to outsourcing. It was stated that it was felt approximately three years should be sufficient. The Committee unanimously supported the option of keeping the service within the Council for at least a three-year period to allow for some much needed stability for the team, and freedom from concerns about any impending re-organisation.

A request was made for regular updates on progress for the Committee over the next few years.

**Decision:**

(a) The Committee recommended to Cabinet that:

- (i) the adult mental health social care team should remain in Council management and be reviewed again in 2016;
- (ii) operational working arrangements between the Council's housing teams, its adult mental health social work team and local NHS mental health teams are strengthened to respond to the risk of homelessness to vulnerable adults with mental health problems, recognising that Medway has limited housing resources and many areas of need;
- (iii) the management arrangements set out on page 198 paragraph 2.10.21 be recruited to immediately;

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- (iv) it is noted that the Committee feels it is essential that Medway has at least the national average of acute beds locally to ensure that service users needs are met and other services are not over burdened
- (v) it is noted that the Committee supports the work being carried out in Appendix 3 of the report.

(b) The Committee requested regular updates on progress over the next three years.

### **291 Quarter one Performance report**

#### **Discussion:**

In view of the lateness of the hour it was decided that Members would submit any questions to the Deputy Director, Children and Adults relating to the quarter one performance report.

The Director of Children and Adults did, however, point out that she felt the red indicator relating to carer's assessments should in fact be amber as the performance was better than for the previous year and on target for the end of the year.

The Chairman pointed out that the performance figures would be available at the December meeting

#### **Decision:**

The report was noted.

### **292 Work programme**

#### **Discussion:**

The Democratic Services Officer gave a brief introduction to the report and pointed out that the health inequalities task group needed to be set up. Councillor Shaw put herself forward as the Labour group nomination with Councillor Murray as substitute Member. The Democratic Services Officer undertook to approach Group Whips for the remaining nominations.

#### **Decision:**

The Committee agreed the following:

- (a) To receive information on Local Welfare Provision and an update on Physiotherapy by means of a briefing note;
- (b) That an update on NHS 111 and public access defibrillators should be programmed for the 18 December 2013 meeting;

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- (c) To confirm the setting up of the task group on health inequalities on the basis of 3:1:1 with names to be agreed through group whips (with the exception of the Labour group who nominated Councillor Shaw with Councillor Murray as substitute at the meeting);
- (d) To note that the mental health task group will now report to 8 October 2013 meeting as set out in paragraph 7 above.

**Chairman**

**Date:**

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