

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

Wednesday, 18 December 2013

6.35pm to 11.15pm

Record of the meeting

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

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

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum)

Substitutes: Councillors:
Juby (Substitute for Kearney)

In Attendance: Richard Adkin, Principal Officer Mental Health
Ian Ayres, NHS West Kent CCG Accountable Officer
Dr Alison Barnett, Director of Public Health
Councillor David Brake, Portfolio Holder for Adult Services
Alastair Cooper, Managing Director, NSL Transport
Councillor Pat Cooper
Felicity Cox, Director, Kent and Medway, NHS England
Councillor Jane Etheridge, Deputy Mayor
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
Councillor Stephen Hubbard
Julie Keith, Head of Democratic Services
Councillor Andrew Mackness
Angela McNab, Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust
Helen Medlock, Associate Partner, KMCS
David Quirke-Thornton, Deputy Director, Children and Adults Services

664 Record of meeting

The record of the meeting held on 11 November 2013 was agreed subject to the addition of the names of Cllrs Shaw and Maisey to those in attendance.

665 Apologies for absence

Apologies for absence were received from Councillor Kearney, Barbara Peacock and Richard Iddenden.

666 Urgent matters by reason of special circumstances

There were none.

667 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

Dr Green, declared an interest, under item 5, Petition – St Mary's Medical Centre, Strood, as he explained that his GP practice boundary overlapped with that Medical Centre.

668 Petition - St Mary's Medical Centre, Strood

Discussion:

On behalf of the petitioners, Joanne Halcroft Scott, introduced a petition seeking the Committee's support in resolving the contractual issues, which had arisen at St Mary's Medical Centre in Strood to ensure continuity of care at the practice. She stressed the importance of building on the good work of Dr Pancholi following a period of turmoil for the practice.

She explained that Dr Pancholi and Dr Oshinusi hold the GP practice partnership but that a legal case had been brought against Dr Oshinusi. He had been found not guilty of the charges but would be subject to a further hearing with the General Medical Council. In the meantime the Care Quality Commission have refused registration to Dr Pancholi and Dr Oshinusi.

The Area Team Director, NHS England (Kent and Medway) as commissioner of primary care in Kent and Medway explained the constraints under which NHS England was bound legally in respect of contracting with the Drs at that practice.

Discussion took place regarding what, if anything, the Committee might be able to do to support the petition. A suggestion was made that the assistance of the Health and Wellbeing Board might be sought to bring pressure to bear via NHS England (Kent and Medway) on the General Medical Council to conclude Dr Oshinusi's case prior to the appeal hearing with the Care Quality Commission in March 2014.

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Decision:

It was agreed that the Chairman of the Committee would request the Health and Wellbeing Board to write to NHS England to urge the General Medical Council to conclude their hearing for Dr Oshinusi before the Care Quality Commission conduct their appeal into the practice registration in March 2014.

669 Member item - patient transport

Discussion:

Councillor Purdy set out the reasons behind bringing this Member item by stating that it was as a result of great concerns, which had been brought to her attention regarding the unacceptable service provided for patient transport which had let down Medway residents by not collecting them on time or too early for appointments.

The Chief Officer, West Kent Clinical Commissioning Group apologised to the Committee, accepted the criticism of the service and both he and the Managing Director of the provider of the service, explained that mistakes had been made in the procuring of the service initially which meant that the reality for the provider was very different from the service commissioned. Some of the errors related to an incorrect number of staff, which had to be TUPE'd over to the provider, which the provider was not expecting. The details of the actual journeys and timings had also been seriously under-estimated. He stated that since the provider took over the new contract there had also been delay in addressing the problems hence both commissioner and provider had to accept a proportion of blame.

There was great concern expressed by Members of the Committee that the consequence of these errors was a very poor service to the residents of Medway. Assurances were sought as to when the necessary remedial action would be put in place and a good service provided.

The Chief Officer, West Kent CCG, explained that there would be a re-negotiation of the contract with NSL Transport to take account of the substantial changes needed to the service. Responding to Members' questions he stated that consideration had been given to re-tendering but it was felt that this would not be helpful and cause further delays. He had been assured of NSL Transport's good reputation in other areas of the country and felt that the service should remain with them. He also confirmed that while there would be two members of the original commissioning team involved in the re-negotiation there had been other, very experienced, staff brought in to join them.

The Chief Officer, West Kent Clinical Commissioning Group, noted the risks of going to procurement too early before details of contract activity were known and accepted that Members of the Committee would want to keep the matter under review.

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The Committee thanked Councillor Purdy for bringing the Member item and requested regular updates on progress.

Decision:

It was agreed that a written briefing would be provided by West Kent Clinical Commissioning Group to the Committee by February 2014 followed by an update at the April 2014 meeting.

670 Capital and Revenue Budget 2014/2015

Discussion:

The Finance Manager for Children and Adult Services introduced the capital and revenue budget report for 2014/2015. He updated the Committee by stating that the budget position had improved since the Medium Term Financial Plan had been drawn up and that the predictions were now that there would be a budget gap of £4.8m for next year rising to £17m for 2015/2016.

Members were invited to comment on the areas of savings identified in the report on page 36.

Responding to a question raised, the Director of Public Health undertook to share with the Committee the 32 categories of public health activity referred to under the four headings in the report (page 35).

Following a further question it was stated that the fees and charges work was ongoing and should be ready shortly.

Discussion took place about the underspend in adult social care and the Deputy Director, Children and Adults stated that this was a very modest sum and needed to take account of possible future demands. The Finance Manager for Children and Adult Services referred to opportunities for the local authority in relation to the Integrated Transformation Fund (ITF also now known as Better Care Fund) but it was pointed out that this was not new money and had to demonstrate a health benefit. In view of the fact that some of the money would be taken from the acute sector the Chief Clinical Officer, NHS Medway Clinical Commissioning Group stated that the Foundation Trust was fully sighted on this aspect.

Reference was made to a recent workshop held with key stakeholders, the voluntary sector and black and minority ethnic groups to look at ways in which smarter ways of working could be achieved.

Decision:

The draft capital and revenue budget for 2014/2015 was forwarded to Business Support Overview and Scrutiny Committee.

671 Response from Secretary of State to report from Medway on acute mental health beds redesign in Kent and Medway

Discussion:

The Head of Democratic Services introduced the response from the Secretary of State in relation to the reporting to him of the proposed reconfiguration of acute mental health beds. She stated that the Committee followed a statutory process available to it in making the report to the Secretary of State. The Secretary of State had taken advice from the Independent Reconfiguration Panel and accepted the finding of the Panel that a full review of the matter would not add any value and that the NHS implementation programme should be allowed to proceed as soon as possible.

She pointed out that the Secretary of State commended the work of the Joint HOSC and this Committee in drawing attention to concerns raised by the public and in providing assistance that led to a revision in bed numbers and highlighted the importance of the NHS in:

- precisely what constituted a centre of excellence and how they would be delivered
- clarifying for patients what they could expect to see as a result of the changes
- providing more detail on a transport plan
- keeping O&S Committees informed and able to comment.

The Chairman said he was sure the Committee would have been disappointed at the response and said he was minded to write to Secretary of State but would incorporate any findings from agenda item 10.

Decision:

- (a) The Committee noted the response from the Secretary of State for Health in relation to the reconfiguration of acute mental health inpatient beds and agreed to monitor the implementation of the reconfiguration at appropriate milestones, keeping under scrutiny the areas highlighted in the Secretary of State's letter;
- (b) It was agreed that the Chairman would write to the Secretary of State taking into account any points raised later in the meeting to reflect the Committee's views.

672 Review of Mental Health Services in Medway - in-depth task group report

Discussion:

Councillor Purdy introduced the report and summarised its key findings. She thanked everyone who gave evidence to the review group. She asked for an

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additional point to be included within recommendation 4 to ensure that the mental health awareness training was extended to schools (see below).

The Mental Health Social Care Commissioning Manager responded to Members' questions. He clarified that Kent and Medway NHS and Social Care Partnership Trust (KMPT) had already revised the name of the Medway Integrated Team to reflect the fact that it did not capture the function of the team. The review task group had taken account of national guidance and other sources. The recommendations being put forward would appear to be supported by the independent findings of the Care Quality Commission (CQC) both on their recent visit to Medway mental health services in October and in the most recent national user survey. He explained that subject to the recommendations being accepted the recommendations a detailed implementation work plan would need to be developed with partner organisations. The Chief Clinical Officer from NHS Medway Clinical Commissioning Group (CCG) welcomed the report and stated that it provided a good foundation and consensus to take forward the implementation through joint working. He believed that more emphasis should be placed on prevention and early detection of mental illness and stated that the CCG will be happy to work with officers of the Council on implementation. He also commended the work of MEGAN (an independent peer support group set up in Medway to reach mental health service users) and suggested their involvement in the implementation along with other service users and carers and their supporters.

The Deputy Director, Children and Adults believed the recommendations from the Task Group to be very helpful and could be taken forward without great resource implications. He also felt it would be important to revisit the work undertaken in the light of the recommendations to see what impact had been achieved as a result of the implementation.

The Committee welcomed the findings, emphasised the importance of the mental health awareness training and agreed the recommendations contained in the report to Cabinet with the amendment to recommendation 4 as set out in bold below:

Training on mental health awareness should also be offered to all Medway schools to an identified member of staff in the school, preferably a teacher.

In accordance with standard protocols for scrutiny review's it was agreed there would be a review of the recommendations after six months.

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Decision:

The Committee agreed to refer the Report of the Scrutiny Review Group to Cabinet on 14 January 2014 with the following specific recommendations:

1. Cabinet agree that an Appreciative Enquiry Conference be held in Spring 2014, hosted by Medway Council, to include all relevant agencies to establish a shared vision for the future of Mental Health Services in Medway. This event should be jointly supported and funded by the Council, Medway CCG and the two NHS providers of mental health services in Medway;
2. Cabinet to task the Council's Mental Health Commissioner to explore further the opportunity for social care to be included in the shared care arrangements being developed by Medway CCG and KMPT;
3. Cabinet consider as part of the 2014/2015 revenue budget preparations support for longer-term follow up mental health support services, including the role for Public Health and in partnership with Medway CCG;
4. Cabinet agree that frontline staff should receive mental health awareness training (for example: receptionists, Library and Community Hub staff, housing staff and Sure Start Children Centres);

This training could be provided by service users, carers, social workers, the Public Health Mental Health First Aid Trainer and KMPT staff; to ensure it is grounded in the lived experience locally and is directly relevant. This project could be taken forward as a stakeholder initiative, with the added value of relationship building;

Training on mental health awareness should also be offered to all Medway schools to an identified member of staff in the school, preferably a teacher.

5. This mental health awareness training could also be offered to other key service providers such as Medway's Job Centre Plus and Medway CAB;
6. The Task Group believe that these are important messages for commissioners and providers of CAMHS and universal services to children and young people such as schools, in the feedback from service users and family carers. A copy of the report will be made available to Medway CCG, Sussex Partnership NHS Trust and Medway Schools Forum in order that they can consider these issues further and take action, as appropriate, to help young people protect their mental health and to support their peers;
7. Cabinet agree to Medway Council mental health services adopting an approach of directly involving service users and carers in co-design and co-production of mental health services and through the work of the

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Partnership Commissioning Team to encourage this approach with partner commissioners and providers;

8. Cabinet agree to the identification of a Link worker in Housing and for Adult Social Care managers (in partnership with KMPT) to develop a support duty system to assist the Link worker to deal effectively with housing services clients with mental health needs;
9. Cabinet agree that if services are to continue to be provided from Riverside One that improvements to the reception and waiting areas are made; if services are to be relocated that the new location is welcoming to customers;

A copy of this report will be made available to KMPT, who can consider the feedback of service users, carers and Members of the Task Group in relation to Kingsley House reception and waiting area, taking action as appropriate.

10. Cabinet agree that the Assistant Director for Partnership Commissioning develop opportunities that strengthen dialogue with local young people's organisations, with a view to harnessing the capacity of young people to raise awareness of mental health issues as a means of prevention, earlier intervention and peer support. In addition to work with Public Health to explore their role in helping to raise awareness of mental health issues within schools, to include consideration of the option of involving school nurses.
11. Cabinet agree that the Assistant Director for Partnership Commissioning and the Deputy Director of Children and Adults evaluate the extent to which there can be more flexibility in services to maximise support for young people and their families during transition; whilst respecting the legislative, regulatory and statutory guidance limitations and requirements;
12. Cabinet task the Assistant Director for Partnership Commissioning to raise, via the CCG, the concerns regarding Section 136 arrangements for children and young people in Medway, and the Council's view that a more suitable arrangement to meet local need must be provided;
13. Cabinet task the Deputy Director for Children and Adults and the Assistant Director for Partnership Commissioning to further improve carer assessment arrangements and cover services, in response to feedback from carers to the Task Group.

A review will be undertaken within six months.

673 Implementation Plan - acute mental health inpatient beds reconfiguration

Discussion:

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The Chief Officer of West Kent Clinical Commissioning Group introduced the report with the Chief Executive, Kent and Medway NHS and Social Care Partnership Trust and the Chief Clinical Officer, NHS Medway CCG and responded to the list of issues circulated in advance of the meeting.

The following points were made:

- There was confidence that the 174 beds could be found across the three identified sites but no assurances could be given that the stated number would be sufficient overall bearing in mind the unprecedented increase in demand for acute beds nationally over the past few months which could potentially be sustained
- The detailed implementation plan had been submitted to the Council within the required timescale
- Plans were underway for the crisis house in Medway but this was not to be a health facility as that would require complex regulation
- Regular performance monitoring meetings were held with NHS England about the plans
- In relation to out of area placements it was stated that, at that moment, there were 18 out of area placements across Kent and Medway, but only 5 related to Medway service users
- The concept of 'centres of excellence' was well understood by those commissioning and providing services but it was accepted that more needed to be done to relay that concept to the wider public and service users in particular
- There was now 24/7 support in A&E at Medway Maritime Hospital for people with mental health problems and a third support worker was starting work in January
- GPs were receiving support and training in relation to mental health issues
- Support groups in Medway – particularly MEGAN and Rethink were assisting with work on reaching hard to reach groups in the community to ensure people were supported with their mental health issues
- There were plans for the commissioning of acute mental health for Medway to be dealt with by Medway CCG in the future rather than West Kent CCG
- Following the reporting of the reconfiguration to the Secretary of State information had been requested from the NHS to triangulate evidence
- Clarification was given that beds could not be reserved or allocated to a particular area
- Recognition was given to the fact that if it had not been for the persistence of Medway Members on the Joint Health Overview and Scrutiny Committee the current planning would have been for a lesser number of acute mental health inpatient beds

The Deputy Director, Children and Adults referred to the need for multi-disciplinary working as social care was a vital element of any plans for people with acute mental health problems. As such he felt there was a duty for

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partners to work together to meet the needs of these service users and their carers.

The Chief Executive of Kent and Medway NHS and Social Care Partnership Trust (KMPT) responded to a question regarding the bed usage in Medway, and level of occupancy and stated that she could provide a graph showing the usage at a later date. She stated that at present there were 160 beds across the three sites and that additional funding had been put in place to assist with transporting carers to visit their relatives. There were now six additional beds, which had become available at Dudley Venables House in Canterbury due to the running down of the Psychiatric Intensive Care Unit there. The refurbishment at Dudley Venables House was scheduled to commence in February and be completed by June 2014. Following a further question she then agreed to report back on the number of acute inpatient beds in Kent and Medway, which had en-suite facilities available. An undertaking was also given that beds would not be closed in A block until the additional beds elsewhere were available.

Mr Antonio and Mr Clark, who, as members of the public with direct personal experience of services provided in Kent and Medway for people with acute mental illness, and who had taken part in the full consultation process on acute beds, addressed the Committee.

Mr Antonio made the following points:

- In his opinion there was potential for A block to be adapted at a much lower figure than had been quoted, particularly bearing in mind that few of the inpatient beds currently had en-suite facilities so A block could have been adapted without them. If that had happened the provision would have been in the best place according to need and could have been achieved at a lower cost
- There had been a catalogue of errors in the predictions/information presented as part of the process which he felt to be flawed
- £900k had been spent on out of area placements in one month by KMPT
- In his opinion he felt the Secretary of State should have requested a full review of the reconfiguration plans
- The high level of suicides and unexplained deaths in the area of Kent and Medway was referred to

Mr Clark referred to his own personal experience and detailed some of the shortcomings in the service he felt had been provided by the mental health trust, Kent and Medway NHS and Social Care Partnership Trust, which had led to a very stressful situation for him and his family.

Members expressed their extreme disappointment at the redistribution of acute inpatient mental health beds away from Medway, which they felt could only impact badly on Medway's service users and their carers. The view was expressed that Medway had been served poorly in the overall plans.

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A request was made for more information about the implementation plan for the next meeting. The Chief Officer, West Kent CCG stated that there would not be much that could be shared at that point because the plans would need to go to the KMPT Board meeting in January and as such would not be in the public domain at the time of the Committee's agenda despatch.

Responding to Members' questions he confirmed that, in the event of KMPT not being able to provide the required bed numbers, he would need to give consideration to acquiring them from a different provider.

Decision:

- (a) It was agreed that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice;
- (b) In the interim it was agreed that the information requested at the meeting would be provided to the Committee.

674 Quarter 2 Performance Report

Discussion:

The Deputy Director, Children and Adults gave a brief introduction to the Quarter 2 performance report and responded to Members' questions. He referred to the improvement in completing carers' assessments but stated that still more work needed to be done and it would take a while before carers would feel the impact of the improvements.

Discussion took place about the low take up in relation to a health trainer and the Director of Public Health explained that there had been problems with the provider and staffing levels of the service, which were now being resolved but she also stated that there had been a low number of referrals to the service. The stop smoking service was referred to and it was stated that the Stoptober campaign had been successful. Reference was also made to Nelson Court and tribute was paid to the staff there.

Decision:

Members noted the key measures of success used to monitor progress against the Council Plan 2013/2015.

675 The health of school aged children: The Annual Public Health Report of the Director of Public Health 2012/2013

Discussion:

The Director of Public Health gave a brief introduction to the Annual Public Health Report for 2012/2013, which related to the health of school-aged children.

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The Director of Public Health was complimented on the helpful presentation made on 10 December 2013 to Members on the document and responded to further questions mainly in relation to childhood diabetes.

Decision:

The Committee noted the Annual Public Health Report in relation to its impact on health and adult social care overall.

676 Work programme

Discussion:

The Democratic Services Officer gave a brief introduction to the report.

Members requested that for those items showing “date to be agreed” on the work programme the Democratic Services Officer should contact report authors to finalise dates.

Decision:

It was agreed that:

- (a) the Democratic Services Officer should contact report authors for those items on the work programme showing date to be agreed in order to finalise actual dates;
- (b) scrutiny of the work of the Health and Wellbeing Board should take place at 8 April 2014 meeting;
- (c) the support for carers item will be programmed for the June 2014 meeting;
- (d) the progress of the Integrated Transformation Fund was noted and that further updates would be received in due course.

Chairman

Date:

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