

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

Tuesday, 24 June 2014

6.30pm to 9.50pm

Record of the meeting

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

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

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and Priti Joshi (Substitute - Healthwatch Medway CIC representative)

In Attendance: Dr Alison Barnett, Director of Public Health
Elizabeth Benjamin, Senior Lawyer - Litigation
Alison Burchell, Chief Operating Officer, NHS Medway Commissioning Group
Rosie Gunstone, Democratic Services Officer
Stephen Ingram, Head of Primary Care, NHS England, Kent and Medway
Ivan McConnell, Director of Transformation and Commercial Development, KMPT
Angela McNab, Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust
Barbara Peacock, Director of Children and Adults Services
David Quirke-Thornton, Deputy Director, Children and Adults Services
Dr James Thallon, Medical Director, NHS England, Kent and Medway

71 Record of meeting

The record of the meeting held on 8 April 2014 and the record of the joint meeting of all Committees were agreed as correct and signed by the Chairman.

72 Apologies for absence

An apology for absence was received from Dr Ussher.

73 Urgent matters by reason of special circumstances

There were no urgent matters.

Under this item the Vice-Chairman of the Committee referred to the fact that the Chief Executive of Medway NHS Foundation Trust had declined an invitation from the Chairman to attend the meeting. She requested that both he and the Chairman of Medway NHS Foundation Trust be invited to the next meeting particularly bearing in mind the difficulties faced by the Trust currently. It was agreed that in the event they were unable to attend on 19 August 2014 a special meeting of the Committee would be requested.

The Chairman also referred to an invitation which had been extended to him and the Portfolio Holder for Adult Services, Councillor Brake, to attend a Care Quality Commission Quality Summit at Medway Maritime Hospital on 4 July 2014 and stated that an update would be provided at the next meeting of the Committee when the hospital are in attendance.

74 Declarations of interests and whipping

Disclosable pecuniary interests

Councillor Igwe declared a DPI in agenda item 6 (Acute Mental Health Inpatient Beds Review Update) as he is a mental health nurse practitioner working in Kent and Medway and stated that he would leave the room during discussion of the item.

Other interests

Councillor Etheridge declared a non-pecuniary interest in agenda item 6, (Acute Mental Health Inpatient Beds Review Update), agenda item 8 (support for carers) and agenda item 9 (Quality of care and value for money – adult social care in Medway) in relation to her role as a carer for her son.

Priti Joshi declared a non-pecuniary interest in agenda item 5 (petitions) on the grounds that she is Chair of the Ethnic Minority Forum who have been involved in meetings relating to Izzatt Day Service.

75 Petitions

Discussion:

The Chairman stated that there were two petitions to be considered, one relating to Delce Medical Centre the other relating to Izzatt Day Service. As far as the Delce Medical Centre petition was concerned he reiterated the advice given that all discussion needed to be about planned provision for healthcare in Delce rather than about the specific contract details of an individual GP.

(a) Delce Medical Centre petition

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Lady Mandy Richardson-Mills, on behalf of the lead petitioner, introduced the petition relating to Delce Medical Centre and explained the concerns felt by the patients of that Centre.

She stated that since the suspension of Dr Elapatha by the General Medical Council (GMC) a series of locum doctors had been put in place, which meant that in the opinion of the patients, continuity of care was compromised. The reason for this was that a high proportion of patients had multiple long-term conditions. They felt that Dr Elapatha had known the patients for many years and was very familiar with their medical history. The situation for those patients now was that they had appointments with a series of different locum doctors and with a short appointment time, the patients did not feel they had sufficient time to deal with their complex medical issues. It was pointed out that the Delce Medical Centre was well positioned, hosted a number of clinics, and it was also very accessible by public transport. The petitioners were also concerned that the GMC appeared to have suspended the doctor because of contractual issues. Lady Richardson-Mills also asked why NHS England had not consulted with the patients at the practice.

The Medical Director, NHS England, Kent and Medway and the Head of Primary Care, NHS England, Kent and Medway responded to the petitioners and questions put forward by Members of the Committee. They made the following specific points:

- While NHS England was responsible for contracting with Dr Elapatha they had no influence over the GMC decision about his suspension
- The GMC does not suspend a GP purely in relation to contractual issues
- It was agreed that the Rochester Healthy Living Centre is well sited, fit for purpose, with good public transport links and makes for an excellent location for a GP surgery. Confirmation was given that there were no plans to close the Rochester Healthy Living Centre building
- In the event Dr Elapatha agreed to disclose full details of his case it should be possible for NHS England, Kent and Medway to meet with the patients of Delce Medical Centre (without that permission it would not be appropriate for the matter to be discussed openly)
- Dr Elapatha has a duty to ensure a service is provided for the patients at the Delce Medical Centre and NHS England, Kent and Medway would be monitoring the service he put in place through locums whilst he cannot practice
- While it was accepted that there were some benefits to patients from attending a single-handed practice, this did place a heavy burden on those individual GPs. It was explained that there was a general trend nationally to move away from single handed practices and in the future NHS England, Kent and Medway would be seeking to encourage larger practices and mergers/federations where possible as and when single handed practice GPs came up for retirement. This would allow a wider range of services to be provided more efficiently
- It was confirmed that the quality of the service is monitored by NHS England

- It was accepted that the existing arrangements for patients at Delce Medical Centre were not ideal and that a speedy conclusion to the issues was desirable for all concerned

Further discussion took place about the means by which the Committee could give assistance. It was agreed that a letter should be sent to the GMC stressing the need for an early resolution between themselves and Dr Elapatha and that Healthwatch Medway could facilitate a meaningful discussion between NHS England, Kent and Medway with the patients of Delce Medical Centre but that this could only include details relating to Dr Elapatha's case if he consented to this.

(b) Izzatt Day Service

The lead petitioner in relation to the petition requesting retention of the Izzatt Day Service did not attend the meeting. A statement from the lead petitioner and Councillor Price was, however, handed round at the meeting to explain that the landlord Orbit had agreed to permit the ladies to continue to meet there for no charge which had been welcomed. There was also a good level of dialogue with Age UK looking at some of the very specific transportation needs for some of the service users who have limited mobility and CVS were currently attempting to seek a volunteer to assist with activities. The Committee noted this information.

Decision:

(a) It was agreed that, in relation to the Delce Medical Centre petition:

- (i) a letter be sent to the GMC, on behalf of the Committee, stressing the need for an early resolution with Dr Elapatha in the interests of the patients of the Delce Medical Centre;
- (ii) Healthwatch Medway are asked to facilitate a meaningful discussion between NHS England, Kent and Medway with the patients of Delce Medical Centre with the proviso that Dr Elapatha gives consent to the disclosure of the relevant documentation;
- (iii) NHS England, Kent and Medway should be invited to attend a future meeting of the Committee to discuss plans for the future provision of primary care

(b) The Council's response to the petition relating to Izzatt Day Service was noted.

76 Acute Mental Health Inpatient Beds Review Update

Discussion:

The Chief Executive, Kent and Medway NHS and Social Care Partnership Trust (KMPT) stated that she did not need to introduce the report but was happy to respond to any questions. She apologised that revised data had just been circulated prior to the meeting.

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Responding to specific questions raised during debate, she and the Director of Transformation and Commercial Development made the following points:

- Younger adults related to patients aged 18-65 years although the upper limit was often flexible to take account of patients who were over 65 but physically healthy
- No explanation could be given as to the high peak of demand took place during last summer although this had happened nationally
- One reason why the level of demand for acute beds had flattened since could be because of the success of the additional community services put in place including that of the Personality Disorder unit in Gillingham. This had also impacted on reducing admissions to A&E of patients with mental illness
- The street triage pilot was continuing as funding had been sourced to continue with it in conjunction with NHS Medway CCG and Kent Police. This scheme was proving very successful and had brought about a reduction in section 136 detentions. A training video had been produced to assist Police Constables to understand the most appropriate response in cases involving mental health issues and the scheme was being considered for roll out nationally
- It was agreed that data demonstrating the impact of the different workstreams and the benefits/outcomes being achieved and forecast from the reconfiguration on the need for acute beds should be shared with the Committee with an accompanying explanatory summary
- Clarification would be provided about the number of serious incidents relating to acute mental ill health across Kent and Medway rather than just those relating to 'A' block
- Clarification would also be provided about the figure of £34,320 on page 44 to confirm this was the cost of young adults in Kent being placed out of area
- The increase to 174 beds would take place gradually but all should be in place by Spring 2015
- It was agreed that contact would be made with Healthwatch Medway to explain how service users and carers views are taken into account in the reconfiguration plans and to update on how KMPT would be involved in the 'Sign up to Safety' campaign which had just been launched by NHS England

The Vice-Chairman paid tribute to KMPT's work in Park Avenue in relation to the Personality Disorder Unit and other Members congratulated the Trust on the success of the Street Triage scheme.

Members made the point about the historically low investment in mental health, adolescent mental health in particular, which meant that many young people were reaching adulthood without having had the benefit of receiving treatment at an earlier stage. This meant that by the time they reached early adulthood they were often in need of acute care.

During discussion it was agreed that discussion should take place between the Senior Public Health Intelligence Manager and the Director of Transformation and Commercial Development, KMPT to determine the most appropriate format for future reporting on acute beds to ensure that the Committee can consistently monitor progress with the reconfiguration plans.

Decision:

The Committee agreed that:

- (a) a further report should be brought to the next meeting to update the Committee on progress taking into account the comments made above;
- (b) discussion should take place between the Senior Public Health Intelligence Manager and the Director of Transformation and Commercial Development about the most appropriate format for reporting data back to the Committee to ensure a consistent method for monitoring progress

77 Update on report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Implications for Medway Council

Discussion:

The Director of Public Health gave a short introduction to the update on the Mid Staffordshire NHS Foundation Trust Public Inquiry and referred to the fact that the Head of Democratic Services had written the section relating to implications for Overview and Scrutiny in paragraph 5.

The Director of Children and Adults emphasised that the implications were relevant for both children and adults and, as stated in the report, Medway's Young Inspectors had recently reviewed Healthwatch and their report had been responded to by the organisation.

Concern was expressed during the meeting about the absence of the Chief Executive of Medway NHS Foundation Trust at the meeting bearing in mind the concerns Members had about the future of the hospital. A request was made that this concern should be recorded in the record of the meeting. The Medway Pensioner's Forum representative reiterated the need to revisit the issues at Medway Hospital and gave her account of some of the issues and concerns about the hospital being raised at the Medway Pensioner's Forum.

In the light of the comments made in the Inquiry report about the failings of Overview and Scrutiny in Mid Staffordshire all Members were concerned to ensure that training was put in place at an early stage to enable Overview and Scrutiny Members to be effective and robust in challenging health services. It was particularly important that local Healthwatch, Health and Wellbeing Boards and Overview and Scrutiny Committee Members were given support to understand the complexities of the health service as Councillors, as lay people, did not always have the level of professional expertise to know how best to challenge.

The Director of Children and Adults referred to the impending release of the Care Quality Commission (CQC) report about Medway NHS Foundation Trust in July and suggested that training could follow that. This could provide a case study to enable discussion about what effective scrutiny of that process would be. The CQC could potentially be invited to play an active part in the training. The Director of Public Health suggested that the training could also encompass further direction on the roles and responsibilities of Health and Adult Social Care O&S Committee and the Health and Wellbeing Board.

The Director of Children and Adults undertook to consult the Chairmen of both this Committee and Children and Young People's Overview and Scrutiny Committee, following consultation with the Director of Public Health, the Chief Operating Officer, NHS Medway CCG and the Care Quality Commission to agree the format of Member training.

Decision:

It was agreed that the Director of Children and Adults consults with the Chairman of both Health and Adult Social Care O&S Committee and Children and Young People's O&S Committee in consultation with the Director of Public Health, the Chief Operating Officer, NHS Medway CCG and the CQC to agree the format of Member training. This training should take place shortly after the release of the CQC report relating to Medway NHS Foundation Trust.

78 Support for carers

Discussion:

The Deputy Director, Adult Services introduced a report on the support to carers in Medway and responded to Members' questions.

Members commended the report and welcomed any support to carers. In response to a question the Deputy Director, Adult Services confirmed that the reference in paragraph 3.3 of the report related to money from a pooling of funding with NHS Medway Clinical Commissioning Group (CCG).

The point was made that it would be very useful to have feedback on how many took up the option of a carers' break through the Carers Support Payment fund and what outcomes were achieved. The Chief Operating Officer, NHS Medway CCG reassured Members that GPs had been briefed on the importance of identifying carers and on the availability of the Carers Support Payment fund so that they could promote this to carers.

The Deputy Director, Adult Services referred to a briefing he had attended at the Department of Health in relation to the implementation of the Care Act and it was now clearer what it would mean in practice. He referred to the success of partnership working with the CCG in mapping an approach for GPs to ensure that they have access to live data so they know whom to approach for assistance when signposting carers to services. He stated that there was also

extensive feedback from the Carers Partnership Board who were able to feed in their experiences into the commissioning process to improve outcomes. In response to a request he undertook to share with Members the dates of the Carers Partnership Board.

In response to a question about information held on carers with protected characteristics the Deputy Director, Adult Services stated that neither the local authority nor the CCG held accurate data in relation to this but did not make any assumptions. Members requested a briefing paper on this subject prior to the next meeting. The Director of Public Health then referred to one of the recommendations of the Health Inequalities task group, which was that consideration should be given to the use of health equity audits across council services to determine action that would reduce health inequalities and this example of carers with protected characteristics may well be a useful case study.

During discussion tribute was also paid to young carers and the group of young carers who had been introduced to the benefits of telecare and technology to support family members, which had been well received.

Decision:

- (a) The Deputy Director, Adult Services was thanked for his report;
- (b) It was agreed that officers should give consideration to reporting back to the Committee on using a health equity audit around the topic of carers with protected characteristics.

79 Quality of care and value for money - adult social care in Medway

Discussion:

The Deputy Director, Adult Services introduced the report on quality of care and value for money of adult social care in Medway and responded to Members' questions.

In response to a question about Medway College of Social Care he explained that this was a virtual college and had been very successful in ensuring that free training was available to providers for their workforce on important social care issues such as infection control, dementia care etc. There was a small fee for attendance at some training but the majority were free to the providers and the college was able to meet the needs of the Clinical Commissioning Group as well. Local providers lead the training and high quality trainers had been brought in to deliver training across the sector, which was valued.

A briefing note relating to the work of the Medway College of Social Care was then requested.

Further to a question about the last inspection of adult social care it was stated that this had taken place at the end of 2010. The Deputy Director, Adult Services explained that the Care Quality Commission would be reintroducing

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inspection of adult social care. Once this took place he would share the findings with the Committee along with any peer reviews, which may take place.

Decision:

- (a) The report was noted;
- (b) It was agreed that a briefing note would be provided on the topic of Medway College of Social Care

80 Adult Social Care - Annual Complaints and Compliments Report - April 2013 to March 2014

Discussion:

The Deputy Director, Adult Services introduced the report on Annual Complaints and Compliments for the period April 2013 to March 2014 and responded to Members' questions. He also pointed out that the Service Manager responsible for managing the complaints service, the Business Improvement Manager, was present in the audience.

During discussion the Deputy Director, Adult Services stated that he welcomed complaints, including anonymised ones, from organisations such as the Medway Pensioner's Forum and confirmed, in response to a question, that there was no blame culture attached to the organisation and he encouraged staff that had made errors to be open about them to enable learning to take place.

A request was made that in future reports it would be useful if the table, shown on page 78 of the agenda, showing complaints by team compared to previous years, could show the actual number of service users in each category. This information would enable Members to appreciate what sort of percentage of the service users had complained.

The Healthwatch Medway representative stated that Medway people from various Medway communities did not feel they had accessible information about how to make complaints about adult social care and recommended an easy read booklet produced by the Local Government Ombudsman which can be found on the following link:

<http://www.lgo.org.uk/making-a-complaint/>

The Deputy Director, Adult Services stated that he would welcome details on the booklet to see whether the Council's own leaflet could be improved upon. He also referred to meetings, which had already taken place between Healthwatch Medway and the Partnership Commissioning Team and undertook to continue these discussions. He also confirmed the role of advocates who were used in cases where service users lacked capacity to take decisions about their care.

Decision:

The Deputy Director, Adult Services and the Business Improvement Manager were thanked for their report.

81 Work programme

Discussion:

The Democratic Services Officer introduced the work programme and pointed out that a letter from The NHS Blood and Transplant service had been circulated at the meeting, which referred mainly to reductions in blood mobiles in Ashford in Kent but also pointed out that there were no changes proposed for the Medway service.

She referred to the need to programme the Annual Public Health report for the December 2014 meeting and gave notice of a service change to dermatology, which would be reported to the 19 August 2014 meeting.

During discussion there was a request for the Committee to consider a report on adolescent mental health, which had been programmed for Children and Young People's Overview and Scrutiny Committee possibly by having a joint meeting of the two Committees. The Director of Children and Adults also referred to the topic of young people with disabilities 0-25 age range and suggested that this could also be a topic for joint scrutiny.

Decision:

It was agreed that:

(a) the following reports be added to the work programme:

- a consultation on a proposed change to the dermatology service to be reported to the 19 August 2014 meeting
- the Annual Public Health report for the December 2014 meeting

(b) a discussion between the Chairmen of this Committee and Children and Young People's Overview and Scrutiny Committee should take place to consider how best to take forward the issues raised above which affect both Committees.

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Chairman

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