

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

**Tuesday, 30 September 2014**

**6.30pm to 10.45pm**

**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, Pat Gulvin, Kearney, Maisey, Murray and Shaw

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Matthew Durcan (Medway Healthwatch substitute)

**Substitutes:**

Councillors:  
Cooper (Substitute for Christine Godwin)  
Harriott (Substitute for Gilry)  
Iles (Substitute for Adrian Gulvin)  
Turpin (Substitute for Griffin)

**In Attendance:**

Dr Phillip Barnes, Acting Chief Executive, Medway NHS Foundation Trust  
Dr Alison Barnett, Director of Public Health  
Alison Burchell, Chief Operating Officer, NHS Medway Commissioning Group  
Kim Carey, Interim Deputy Director - Children and Adults Services  
Mark Goodman, Interim Commissioning Manager  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
Jan Guylar, Legal Adviser  
Helen Jones, Assistant Director, Partnership Commissioning  
Malcolm McFrederick, Interim Director of Operations, 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  
Solaru Sidikatu, Senior Legal Assistant  
Shena Winning, Chair - Medway NHS Foundation Trust

## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

### 385 Record of meeting

The records of the special meeting held on 6 August 2014 and the meeting held on 19 August 2014 were agreed as correct and signed by the Chairman.

### 386 Apologies for absence

Apologies for absence were received from Councillors Gilry, Christine Godwin, Griffin, Adrian Gulvin and Watson, Dr Ussher and Priti Joshi. The Chairman welcomed Matthew Durcan, the new Healthwatch Medway substitute to his first meeting of the Committee.

### 387 Urgent matters by reason of special circumstances

There were none. The Chairman took the opportunity of thanking the Deputy Director, Children and Adults for his services to the Committee and to the Council and other Members added their personal thanks and good wishes to him for his new position at Southwark.

Tribute was also paid, by a number of Members, to the Principal Officer, Mental Health who is also leaving the Council.

The representatives from Medway NHS Foundation Trust and Monitor were welcomed to the meeting and the Chairman, referring to the supplementary agenda, explained that he hoped to be able to conduct as much of the debate as possible in open session. He stated that, in the event of Members having questions on the exempt papers, they submit them to NHS Medway Clinical Commissioning Group outside of the meeting.

### 388 Declarations of interests and whipping

#### Disclosable pecuniary interests

There were none.

#### Other interests

Councillor Cooper declared a non-pecuniary interest in any reference to NHS Medway Foundation Trust by virtue of the fact three members of her family work at the Trust.

Councillor Etheridge declared a non-pecuniary interest in any reference to mental health as her son is in the care of mental health services.

Councillor Turpin declared a non-pecuniary interest in agenda item 11 Health and Lifestyle Trainers Service by virtue of the fact his sister is a trustee at Sunlight Development Trust.

### 389 Medway NHS Foundation Trust

#### Discussion:

The Chair of Medway NHS Foundation Trust set out her vision for the Trust and explained that she had joined the Trust last year as a non-executive director and Chair of the Audit Committee prior to being made Chair.

She stated that her aim was to ensure that the Trust was well lead, clinically lead, offering good quality care and working well with stakeholders. She referred to the long journey that the Trust was on and emphasised that for some time the Trust had been internally focussed, having a silo mentality. It has also been reactive rather than proactive with a disconnect between management and nursing staff and this needed to change.

Numerous agencies had become involved with the Trust over the past year and she was keen to ensure that the various action plans drawn up in response were merged into one with measured improvements set for short and longer term. The initial plan would be for a period of 18 months, this plan should be able to demonstrate clear improvements. A 3-year plan would then build sustainability and the 5-year plan should bring stability. She stated that leadership training would be put in place and the intention was for the clinicians to take responsibility for their area of work. An experienced Emergency Department clinician had been brought into the Trust from Homerton Hospital to assist in this process and it was hoped his contract could be extended. New appointments would be made on the basis of a year's contract minimum.

Further recruitment was underway to appoint to the new management structure following the resignations of the Chief Nurse and the Director of Strategy and Governance. The deputy Chief Nurse was covering the Chief Nurse post at present. It was hoped that a new Chief Operating Officer would be appointed within the next week and that person would be responsible for the day to day running of the hospital.

The Chair and Acting Chief Executive of Medway NHS Foundation Trust explained the following in response to Member questions:

- One of the key pieces of data being supplied to the Care Quality Commission on a daily and weekly basis was evidence relating to there being an assessment of every patient in A&E within 15 minutes of arrival
- Rather than needing more beds, the Acting Chief Executive felt that more use could be made of the cottage hospitals in Minster and Sittingbourne and Barts Hospital in Rochester for 'step up' facilities as well as 'step down', particularly for patients with long term conditions and the frail elderly, to reduce pressure on the hospital
- The Chair agreed that the vision of the key important things for the hospital to concentrate on was shared by the Board and clinical staff
- The role of the Audit Committee at the hospital had been around controls and discipline and issues such as problems with mortality figures

## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

- Although the latest written report from the Care Quality Commission had not yet been received the Acting Chief Executive stated that the findings were that the initial assessment process in A&E was not as it should be. The clinician from Homerton Hospital had also picked up on this point. The rapid assessment and triage system was not working successfully. Changes in A&E would now mean that each patient would have a formal assessment including vital signs and pain relief within 15 minutes of arrival
- A senior nurse from Homerton Hospital had also worked with staff at Medway Maritime Hospital and this had been very helpful in bringing fresh ideas and more effective ways of working
- The Acting Chief Executive referred to some early supportive discharge schemes from hospitals in East Sussex following hip operations which had been successful by ensuring that community services were put in place to support the patient and schemes like this could be helpful for Medway
- The rates of day care surgery at Medway Maritime Hospital were around 65% compared to 90% at Kings College Hospital and more would need to be done to ensure this improved and that patient safety measures were paramount
- Confirmation was given that there is close working between the hospital and NHS Medway CCG
- It was stated that the hospital responded well to major emergencies and reference was made to the successful way that the multiple vehicle road traffic accident last year on Sheppey bridge had been handled
- The Chair confirmed she was confident that the new Board at the hospital would bring about the much needed stability for the hospital and that the model used to structure the Board was similar to other areas as was the vision for the Trust
- During debate the Chief Operating Officer, NHS Medway CCG offered to the representative from Medway Pensioners Forum an opportunity to participate in a meeting about the whole system approach to frail elderly patient pathways and services.

Members thanked the Chair and Acting Chief Executive and then directed questions to the Regional Director, Monitor who responded as follows:

- He stated that he had absolute confidence in the Chair and Acting Chief Executive at Medway NHS Foundation Trust and in their ability to bring about change but emphasised that progress would be slow as it was a complex situation. The problems had been partly cultural but also practical and he saw it as a huge challenge. In response to a question about how best the Committee could scrutinise the hospital he urged Members to concentrate on general progress rather than pointing out specific single issues
- Prior to the hospital being placed in special measures Monitor had been concentrating primarily on the financial stability of the Trust as they had not been made aware of any specific quality issues. He pointed out that it is not the regulator's role to performance manage the trust in that way.

## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

- There had been no pressure applied from Monitor on Medway NHS Foundation Trust in relation to the proposed merger with Dartford and Gravesham Trust. The merger was a suggestion put forward by the Trust to resolve the financial problems being experienced.
- He confirmed the measures that Monitor had taken to replace the management at the Trust at the point at which it appeared the leadership was failing
- Further to a question about the external factors that may hinder the Trust's progress he stated that the system needed the hospital and would all need to work together to ensure that the required recovery took place

The Regional Director, Monitor was thanked for his response to questions.

### **Decision:**

The report was noted.

### **390 Proposed Development of the Health Service or variation in provision of Health Service - Emergency and Urgent Care Review and Redesign**

#### **Discussion:**

The Chief Operating Officer gave an introduction to the report on the Emergency and Urgent Care Review and Redesign and set out the national context for undertaking the review which was the NHS England 'Transforming Urgent Care Services' document.

She referred to the fact that the current system for urgent care was fragmented and that it was planned to design a single front door 24/7 urgent care model ensuring more integration between health and social care services. A clinical audit had been completed in July/August and a clinical reference group and patient group set up to help in the design of the model. Stakeholder engagement would be commencing shortly and as the plans were considered by the NHS Medway Clinical Commissioning Group (CCG) to be substantial a joint HOSC would be likely, as the changes affect North Kent as well as Medway. There would be a 12 week consultation period but the end result should be much easier access for the public and simplified navigation to the appropriate services.

In response to questions the Chief Clinical Officer explained that the plans were part of the CCGs 5 year strategy and confirmed that the CCG does not commission primary care; this was the role of NHS England.

Members queried the fact that the face to face consultations with the public had taken place in Sittingbourne and Gillingham and may not capture the needs of people from more rural areas of Medway such as the Peninsular. The Chief Operating Officer explained that there had been a consultation with 1,000 people in the emergency department during a three week period in September which would ensure a wider, broad spectrum, of people were consulted.

**Decision:**

- (a) It was agreed that the plans for urgent and emergency care constitute a substantial variation of services for Medway;
- (b) A request was made for the CCG to consult with officers in Democratic Services in relation to the timeline for the consultation.

**391 Acute mental health inpatient bed update**

**Discussion:**

The Mental Health Commissioner, NHS Medway CCG introduced the briefing from the CCG in relation to mental health commissioning and explained that the commissioning of mental health had been simplified now the commissioning was being undertaken across the North Kent area.

She explained that the Personality Disorder Unit in Gillingham was proving to be very successful and referred to the setting up of a single point of contact, which would make access to services easier for the public.

In relation to the monitoring of KMPT's contract the Chief Clinical Officer stated that, as with all contracts, there were good and poor aspects but he felt the relationship between the CCG and KMPT had greatly improved. In response to a further question he stated that the bed numbers shown in the charts in the appendices were the current capacity at the time of the data being captured.

Concerns were expressed by some Members at the numbers of people being sent out of area for acute beds. The Mental Health Commissioner stated that once the 174 acute beds were available this should be less of an issue.

The Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced the appendices to the report produced by KMPT, some of which were in response to questions asked by the Committee at the last meeting. In response to a question about section 136 agreements he explained the measures taken by the Police in attempting to use a place of safety in the area rather than detaining people in a cell.

Responding to a query about the poor results of the recent users survey he stated that KMPT were very disappointed with the results and explained some of the analysis of the findings to Members.

In relation to personality disorders he stated that research had been completed in America and this was being analysed to see if the learning could be used to benefit KMPT service users in Medway and Kent.

He then referred to move of Emerald ward to Maidstone and invited Healthwatch Medway to be part of the patient experience group within the project.

## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

Responding to a question he agreed to send to Members details of the categories of the 39 complaints received over the period of a month. He also undertook to respond to the Healthwatch Medway representative separately about the virtual ward upgrade and review of transport referred to in the appendix to the report.

### **Decision:**

- (a) The report was noted;
- (b) It was agreed that the Director of Operations would send to Members details of the categories of the 39 complaints received by KMPT over the period of a month. It was also agreed that he would respond to the Healthwatch Medway representative about the virtual ward upgrade and review of transport referred to in the appendix to the report and invite a Healthwatch Medway representative to be part of the patient experience group involved in the Emerald ward project.

### **392 Dementia services to meet future needs**

#### **Discussion:**

The Assistant Director, Partnership Commissioning, and the Interim Commissioning Manager introduced the report on dementia services to meet future needs and responded to Members' questions.

The Interim Commissioning Manager explained that he had spent the last five months talking about dementia and that September was World Dementia month. He then set out the backdrop to the production of the dementia strategy and explained that the cost of dementia services was higher than the cost of treating cancer, heart disease and stroke. Currently there were approximately 835,000 in the UK suffering from dementia, 700,000 people in England and 40,000 of those were 65 or below in age. The cost is currently £26 billion a year but is set to rise.

Members were keen to ensure that the document was extended to include specific actions and costings and that these would be shared across all Committees of the Council and finally the Cabinet. The Assistant Director, Partnership Commissioning confirmed that this document was the start of a process and that more detail would be available at a later stage.

Concern was expressed about the reference in the document to the National statement that GPs felt unprepared to deal with the new focus on dementia. The Chief Clinical Officer explained that until relatively recently there had been no medical treatments for dementia, and that even now those treatments tended to slow decline rather than produce marked improvements. Equally patients and families had often delayed seeking help. In respect of vascular and mixed dementia, he referred to work the CCG were doing to reduce the risk of vascular dementia and referred to the Familial Hypercholesterolaemia work done by the CCG and recently published by HEART UK about the measures



## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

which could be taken to prevent dementia particularly following a diagnosis of vascular disease, diabetes etc.

[http://heartuk.org.uk/files/uploads/09-14\\_HEART\\_UK\\_Medway\\_report.pdf](http://heartuk.org.uk/files/uploads/09-14_HEART_UK_Medway_report.pdf)

He encouraged Members to do what they could to reduce the stigma of dementia in Medway and referred to a map of medicine tool used by local GPs, which helped them to navigate routes of referral and support to patients.

Following a Member request the Assistant Director, Partnership Commissioning agreed to include Parish Councils, possibly through the Rural Liaison Committee, in consultation on dementia services recognising their valuable role in community support. Members were keen to ensure that the whole Council and the community of Medway take a joint responsibility for dementia services and dementia awareness.

Members emphasised the important role of carers particularly when they were no longer able to care for their relative at home and they were admitted to residential care.

The Chief Clinical Officer commended the document and stated that it was a good example of how partnership commissioning was working in Medway.

Further to a question the Director of Children and Adults stated that she did not believe details were available of any young carers who were living with someone with dementia but did suggest that there might be an opportunity to introduce the subject of dementia care into Personal Health Social and Economic Education (PSHE) lessons in schools.

In response to a query the Assistant Director, Partnership Commissioning stated that the consultation period on the document would be extended to 30 November 2014 and undertook to bring the report back to the Committee with detailed actions and costings at a later date.

### **Decision:**

- (a) The Committee noted and supported the update on the changes to dementia support services and the recommendation in the draft Strategy made to improve the quality of life for people living with dementia in Medway;
- (b) A further report showing detailed costings and recommendations should be submitted to this Committee as part of wider consultation across the Council and prior to submission to the Cabinet.



**393 Gateway 4 report - outsourcing of Linked Service Centres - Nelson Court and Robert Bean Lodge**

**Discussion:**

The Deputy Director, Children and Adults introduced the Gateway 4 report on the outsourcing of Nelson Court and Robert Bean Lodge. The Vice-Chairman of the Committee, who had requested the item for this Committee, explained that she felt the Committee needed to be better informed about the monitoring of adult social care contracts in particular where they have been outsourced.

The Deputy Director, stated that in the case of Nelson Court and Robert Bean Lodge the transition had been very successful and paid tribute to the staff there. He confirmed that they had all undertaken specific training for dealing with residents with dementia but emphasised the difference between those people suffering from dementia who needed nursing care as opposed to residential care.

Reference was made to day services and the move towards personalisation. The Deputy Director explained that Nelson Court was still offering support to some of the people who had formerly taken part in day services there. He also confirmed that with the exception of one bed, which was for use in a crisis, all the beds at Nelson Court were available to people with dementia.

Members expressed an interest in an offer of an annual report setting out an overview of the quality of care, safeguarding, value for money and the direction of travel of care homes in Medway.

**Decision:**

That an annual report, setting out an overview of the quality of care, adult safeguarding issues, value for money and the direction of travel of care homes in Medway, be added to the work programme for this Committee.

**394 Quarter 1 performance review**

The report was noted.

**395 Health and Lifestyle Trainers Service**

**Discussion:**

The Director of Public Health introduced the report on the Health and Lifestyle Trainers service and explained that as part of the budget setting process it had been decided not to continue with the contract, which expires at the end of November 2014.

Councillor Price, as chair of the Sunlight Development Trust, addressed the Committee and urged them to reconsider this decision. He emphasised that his

## Health and Adult Social Care Overview and Scrutiny Committee, 30 September 2014

chairmanship of the Trust was not a paid position but confirmed he had been involved with the Trust for many years as it was in his ward. He referred to paperwork which he had circulated prior to the meeting setting out the benefits of the Health and Lifestyle Trainers service and referred to case studies of people who had found the service valuable. He also referred to the fact that the Sunlight Development Trust would be faced with redundancy costs, if the service ceased, of between £7,000-£10,000.

Concern was expressed at the lack of information and financial implications contained in the report in particular the health risks of ceasing such as service in one of the most deprived wards in Medway. Reference was made to performance indicators PH10 (percentage of people completing an adult weight management service who have reduced their cardiovascular risk) and PH13 (rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over) and the importance of reducing health inequalities. A suggestion was made that it may be possible to use section 106 monies to contribute towards the cost of the service.

Discussion took place about the required notice for ceasing the contract and the Director of Public Health stated that she would need to look into this outside of the meeting, as her understanding about what was required was different to that stated by Councillor Price.

### **Decision:**

(a) The Committee recommended to Cabinet:

- (i) That an impact assessment is carried out and an assessment of the extent to which ceasing the Health and Lifestyle Trainers service will have an impact on the future targets of the Council and the future health of Medway residents;
- (ii) That no action be taken to cease the service until such time as the Council is in a better position to assess the impact.

(b) It was agreed that the Director of Public Health should investigate the contractual position with regard to notice required to cease the Health and Lifestyle Trainers service contract and, in the interim, provide a briefing note to the Committee on timings for the decision on the service.

### **396 Work programme**

#### **Discussion:**

The Chairman stated that at the last pre-agenda meeting there had been some discussion about the merits of timing items on the agenda in future in an attempt to reduce the length of meetings. The Committee considered this option but did not feel it would be helpful.

**Health and Adult Social Care Overview and Scrutiny Committee, 30 September  
2014**

**Decision:**

The responses sent to KMPT in relation to the consultation documents on Communities of Excellence and People with Lived Experience, circulated outside of the meeting, were noted.

**Chairman**

**Date:**

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