

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

**Thursday, 11 December 2014**

**6.30pm to 11.00pm**

**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, Gilry, Christine Godwin, Griffin, Adrian Gulvin, Pat Gulvin, Murray, Shaw, Watson, Juby and Royle

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Dr Greg Ussher (Healthwatch Medway CIC representative)

**Substitutes:** Councillors: Juby and Royle

**In Attendance:** Barbara Peacock, Director of Children and Adults Services  
Kim Carey, Interim Deputy Director - Children and Adults Services  
Dr Alison Barnett, Director of Public Health  
Dr Phillip Barnes, Acting Chief Executive, Medway NHS Foundation Trust  
Alison Burchell, Chief Operating Officer, NHS Medway Clinical Commissioning Group  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Sally-Ann Ironmonger, Senior Public Health Manager  
Sharon Dosanjh, Head of Mental Health Commissioning, Medway CCG  
Malcolm McFrederick, Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust  
Michael Turner, Democratic Services Officer  
Julie Keith, Head of Democratic Services  
Phil Watts, Chief Finance Officer Designate  
Christine Wilson, Head of Legal Services  
Shena Winning, Chair - Medway NHS Foundation Trust  
Morag Jackson, Chief Operating Officer, Medway NHS Foundation Trust

**582 Record of meeting**

The record of the meeting held on 30 September 2014 was agreed as correct and signed by the Chairman.

**583 Apologies for absence**

Apologies for absence were received from Councillors Kearney and Maisey.

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

There were none.

**585 Declarations of interests and whipping**

Disclosable pecuniary interests

There were none.

Other interests

Councillor Etheridge declared an interest in any reference to mental health as her son was in the care of mental health services.

**586 Medway Maritime Hospital - CQC Inspection**

**Discussion:**

Members considered a report on the findings of the unannounced Care Quality Commission (CQC) Inspection of the Emergency Department at Medway Maritime Hospital on 26 August 2014. The Inspection report had been published on 26 November 2014.

The Chair of the Medway Foundation Trust outlined the main findings of the CQC inspection in August 2014 and provided an update on progress in improvements being made in response to the CQC's findings. The Chair advised that CQC had carried out a further inspection on 9 December. The Trust's Chief Operating Officer then described in detail the measures that had been put in place in response to the August inspection, which mainly related to the Emergency Department (ED) and included the following:

- Clinical leadership in the Emergency Department had been strengthened and additional consultant capacity had been brought in
- More than 96% of patients were now assessed within 15 minutes of arrival in ED and those who were not had been reviewed to see if they had come to any harm. No-one who had waited longer than 15 minutes had come to harm
- Patient flow through the hospital had been improved, with three new models of care introduced to help with this

## Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014

- A new frailty unit was expected for early summer 2015 to improve services to the frail elderly. In the meantime a multi disciplinary team (including a geriatrician) would assess all frail elderly patients. A new children's emergency department was due to open on 22 December
- Note keeping had been improved and regular audits now took place
- A move to an electronic registration system would take place in February 2015
- New chief nurses had been appointed with one focusing on learning and development
- Medical care at weekends had been improved with patients now seen by consultants and specialists
- A new patient administration IT system would give real time information

With the exception of the redevelopment of the ED there were, within reason, no restrictions on funding to implement these improvements.

The Chief Operating Officer then reported on the informal feedback the Trust had received from the CQC following the 9 December inspection. CQC, in informal feedback, had recognised that small improvements had taken place and expressed their confidence in the new management team. They had witnessed evidence of better teamwork between doctors and nursing staff. The CQC had observed that people were not being released quickly enough from theatres and documentation was poor. In conclusion, the CQC still rated the Trust as inadequate but were encouraged to see some improvements.

The Chairman thanked the representatives from the Trust for their honest appraisal of the issues.

The Committee then had a wide ranging discussion and raised a number of questions and issues as summarised below:

### **The Action Plan in response to the CQC Inspections**

Some members expressed frustration that the CQC expected dramatic improvements in such a short period of time. There was also some concern at the numerous action plans produced by the Trust since it had gone into special measures which were never completed. It was not surprising therefore that some staff struggled to know what was expected of them.

A member asked why the action plan contained 100 measures and commented this was too detailed for staff to absorb. In response the Committee were advised that the action plan covered a wide range of issues. Some of the actions were small but nevertheless important. The Chair of the Trust added that the action plan was dynamic and focused on turning the organisation around. The aim was to ensure staff took responsibility for actions relevant to them to help drive the organisation forward.

A member asked if the Trust had any plans to achieve ISO accreditation in order to achieve the systems and structures that were needed. In response

## **Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014**

members were advised that the Trust did wish to look at ISO accreditation for some of their systems.

### **Accident and Emergency**

There was general frustration from members that the redevelopment of the ED had not yet started, particularly as this could have prevented some of the problems highlighted by the CQC inspections. The Chief Operating Officer for the Trust replied that the business case had been signed off and was with the Department of Health for approval before capital funding could be released to enable the work to start. She acknowledged it would relieve some of the existing pressures and solve some of the environmental problems.

Several members asked why the funding had not yet been approved and whether the Committee could do anything to help progress this. It was agreed that the Committee should make representations to the appropriate body to establish the latest position and why funding had not been released. It was suggested that the portfolio holder for health should be asked to add his support to these representations.

The CCG representatives commented that many people who attended the ED did so as they saw it as a convenience. The Medway on Call Centre (MedOCC) service had been moved to the hospital and non-essential visits to A&E were now redirected there.

### **Staff Training and Development**

The lack of systematic staff training and development was a serious concern for members who asked why this had not been taking place. In response the Chief Operating Officer agreed about the importance of this and replied that the new Director of Workforce would address training and development needs, specifically in A&E. Whilst the Trust could provide a framework for training and support nothing would change without the commitment of staff. Staff would receive training on the new IT systems.

### **Engagement with Patients and Public**

A member expressed surprise at the lack of involvement with patients and the public in the new action plan and asked what engagement was proposed. In response the Chief Operating Officer agreed on the importance of patient and family involvement and had been struck by the absence of this in her brief time in post. She advised that the Trust planned to use national models of engagement and would link with Healthwatch on this. In response to a comment that some staff had been told not to speak to Healthwatch, the Committee were assured that the new Board actively encouraged staff to talk to appropriate bodies about any concerns. The Medway Pensioners Forum representative reported that at recent meetings with staff at the hospital it had been apparent that staff were committed to patient and public engagement. She reported a sense of working together.

### **Comparative Information and Data**

A member asked what plans were in place for the Trust to arrange for independent verification of its data.

In response to a query about comparative information on visits to the Medway hospital and staffing levels, the Chief Operating Officer undertook to provide this information based on nationally set parameters.

### **The New Trust Board**

The Trust representatives commented that the new Board was stable and committed to seeing through the improvements needed.

### **Flow and Discharge of Patients**

The Clinical Commissioning Group were looking for an assurance that everything was being done to support and improve the discharge process, acknowledging that not all issues were within the Trust's control and all partners had a role to play.

### **Beds**

In response to a question about whether the Trust was able to cope with increased demand over winter, members were advised by the Trust's Chief Operating Officer that an increase in the number of patients and more severe illnesses was expected over winter and the new models of care referred to would help with this. Additional beds had been opened but an urgent review was needed to see if there was enough capacity. However, the critical issue was not the number of beds but having systems in place to make sure people were moved to a more appropriate environment as quickly as possible and where they were released home that support was available for them. Members also requested further information by way of a briefing note from the Medway CCG on action being taken to address the particular needs of frail elderly people for whom services away from a hospital setting would deliver better outcomes.

### **Decision:**

The Committee:

- a) agreed to write to the appropriate body to ask why funding for the redevelopment of the Emergency Department had not yet been released and seeking urgent action to enable this to happen
- b) agreed to place on record their thanks to the representatives from the Trust for attending and answering members' questions

**587 Petition on Health and Lifestyle Trainers (HALT) Service**

**Discussion:**

Members considered a report regarding a petition presented at the Council meeting on 16 October 2014 calling on the Council to save the Health and Lifestyle Trainers Service. The lead petitioner had exercised his right under the Council's Petitions Scheme to refer the matter to this Committee for review. The report also addressed further questions from Members in relation to this matter.

Mr Bennett, the Lead petitioner, spoke about the unique nature of the service and its successes. He acknowledged not all of the targets had been met but pointed out these had been extremely ambitious for a new service. The service increasingly focused on delivering behaviour change, often working with people least likely to engage with public health initiatives. Mr Bennett felt that the way in which the Council had described the decision about the end of the contract had been confusing. In any event the effect of the decision had been that this valuable service had come to an end and staff had been made redundant. Finally Mr Bennett referred to legal advice he had received which stated there was a weakness in the Council's diversity impact assessment which meant Cabinet had not been able to reach a proper view on this matter.

Councillor Cooper, the Local Member, spoke in support of the petition and commented on the vital work the service provided in one of the most deprived wards in the country. The decision to end the contract also called into question the viability of the Sunlight Centre.

A member of the public who attended a support group at the Sunlight Centre also spoke in support of the service and asked the Council to reconsider its decision.

The Director of Public Health responded and apologised for any unintentional confusion caused by terminology used in the report. She advised the Committee to carefully distinguish between the contract with the current service provider (Sunlight) for the HALT service having now come to an end and the fact that a decision had yet to be taken whether or not to procure the service again. She agreed with comments made by the lead petitioner about the effectiveness of public health services but given the significant financial challenges facing the Council decisions about the award of contracts had to be carefully taken and it was prudent to pause the process until the Council's budgetary position was clearer. The Council would continue in the meantime to provide a range of public health services.

A member proposed that Cabinet should reconsider its decision taken on 28 October 2014 to note the expiry of the existing contract given that as a result of the petition further relevant information (such as the equality and diversity assessments) had come to light which showed there was more to this issue than at first appeared. The HALT team had provided a service across Medway

## **Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014**

and it was arguable that the decision to end the contract would in the end cost the Council more due to the type of interventions the team made. Cabinet should therefore carefully consider the long term consequences.

The Head of Legal Services advised the Committee that the contract with the Sunlight Development Trust had ceased on 30 November 2014 in accordance with its terms. There was therefore no contract for the service currently in place, and so no extension would be possible – any continuation of the service would require a new contract.

On this basis the proposal to ask the Cabinet to reconsider its decision on 28 October 2014 to note the expiry of the contract was ruled out.

In respect of the viability of the Sunlight Centre other members, whilst sympathetic to the situation users of the service found themselves in, felt that there were many other organisations who did not receive funding from the Council and had no option but to secure alternative funding. If it was decided to re-procure the contract then HALT would be able to bid for it.

A member then moved that the Committee should note the expiry of the HALT Service Contract with the Sunlight Development Trust and that a decision as to whether to de-commission or re-procure the service would be taken as part of the 2015-16 budget process.

This was put to the vote and was carried.

### **Decision:**

The Committee noted the expiry of the HALT Health and Lifestyle Trainers Service Contract with the Sunlight Development Trust on 30 November 2014 and that a decision as to whether to de-commission or re-procure the service would be taken as part of the 2015-16 budget process.

## **588 Review of Progress in Relation to The Medway Adult Mental Health Social Work Team and Objectives**

### **Decision**

The Committee agreed to defer this item until its next meeting.

## **589 Acute Mental Health Inpatient Bed Review Update**

### **Discussion:**

The Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced a report which set out the response from Kent and Medway NHS Social Care Partnership Trust in respect of the request for regular updates on the position with the acute mental health inpatient beds

## Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014

review. In particular the Committee was updated on progress in enhancing community based mental health services and the impact this was having on reducing the use of acute inpatient beds. Reference was made to a new therapeutic hostel in Medway and the success of a new Crisis Café.

The Interim Director responded to members' questions as follows:

**95% Occupancy Rate** - in response to a question about how much importance the Interim Director attached to the 95% occupancy rate, the Interim Director replied that it was a useful measure but bed availability and providing the right service were the most important issues. A supplementary question expressed some concern that this was a different answer to that given at previous meetings.

**Value for money** - a Member commented that it was apparent not enough beds had been commissioned and the significant amounts being spent on out of area beds (up to £2m) called into question the Trust's business case given that the Committee had previously been told that lack of finance was the reason why extra beds could not be provided in Medway. A member asked what the business case was for commissioning external beds and how many were needed for clinical reasons as opposed to a lack of availability. Dr Green commented that the focus should be on providing proper care not the number of beds. He accepted out of area beds were expensive but suggested that overall it provided some economies, as permanent extra beds in Medway were not needed. He added that external bed use was now much lower and there was evidence the strategy was working. The Interim Director also felt that the provision of appropriate services was more important than the number of beds per se.

**Comparative information** - a member asked if comparative information on the provision of mental health beds was available. An undertaking was given to send members a link to a website which allowed mental health services to be compared.

**Crisis Plans** - in response to a comment about the importance of people being quickly readmitted when another crisis arose, the Interim Director replied that improvements had been made in ensuring that patients had an effective crisis plan. In addition, services were being developed to allow a crisis response team to respond to crisis referrals within one hour.

**Complaints and patient engagement** – In response to a question if the Trust felt there were still too many complaints, both the Interim Director and Dr Green replied that complaints were encouraged as a means of improving services. Conferences for service users and carers were being used by KMPT as a mechanism for feedback. The Healthwatch Medway representative commented that recent KMPT stakeholder events and carer engagement work had been good.



## Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014

**Transport** – Whilst noting recent action taken by KMPT in relation to transport for patients, their families, carers and visitors Members were concerned that the issues relating to transport raised in 2013 at the Joint Health Overview and Scrutiny Committee with Kent and in Medway's referral to the Secretary of State for Health did not seem to be being addressed in any systematic way. The Committee asked for assurances that families of service users placed in out of area beds were being reimbursed for their transport costs when visiting relatives as these costs could be significant. Reference was also made to negative feedback about the appearance of the bus provided for use by relatives and carers locally.

**Primary Care mental health service** – the Committee welcomed this pilot in Rochester and Strood but questioned the capacity of only three CPNs to cope with demand.

### **Decision:**

The Committee agreed

- a) to note the report and to request that future update reports should provide a breakdown between use of out of area beds for clinical reasons as compared with their use due to a shortage of beds in Medway and
- b) to recommend the Cabinet, under the item later on the agenda relating to 2015/16 revenue and capital budgets, to reinstate 2 WTE posts in the Mental Health Social Work Team.

### **590 Annual Public Health Report of the Director of Public Health 2013/14**

The Director of Public Health presented the Annual Public Health Report for 2013/14 which focused on the health of Medway's older population and made recommendations for Medway Council and partners. An audit of progress against the Annual Public Health Report for 2012/13 was also included. Members welcomed improvements in the levels of childhood obesity in Medway as compared to national averages.

Members welcomed the significant reduction in the number of hospital admissions for falls in the over 65 population.

A member referred to measures to combat illegal tobacco and referred to difficulties in persuading HMRC to help in pursuing prosecutions. The Director of Public Health undertook to follow up on this issue.

A member referred to the disappearance of large numbers of bungalows from the housing stock in Medway and suggested that public health make representations to amend the local plan to help alleviate this given that bungalows were the most suitable type of housing for elderly people.

## **Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014**

A member felt that the references in the report to the private rented sector and fuel poverty should be strengthened and that Public Health should seek opportunities to raise the standard of housing via the Council's Housing Strategy. In response the Director of Public Health commented that her team worked closely with colleagues in housing and referred to a winter warmth scheme being funded by Public Health.

### **Decision:**

The Committee noted the Annual Public Health Report 2013/14 and the audit of progress against the recommendations in the Annual Public Health Report 2012/13 and thanked Dr Barnett and her team for their work in producing the report.

### **591 Six Month Update on Health Inequalities Task Group Review**

Members considered a report on progress in implementing the recommendations made in the report of the Review of Health Inequalities in Medway undertaken by the Scrutiny Task Group during October 2013 – February 2014 and approved by Cabinet on 13 May 2014.

Members welcomed the new licensing post which allowed evidence to be gathered to promote public safety and public health through the licensing agenda.

The pensioner forum representative commented that some GPs continued to on occasion dismiss concerns raised by the elderly as being inevitable due to old age and felt this was a health inequality that needed to be addressed. Dr Green replied that this was unacceptable and any examples should be reported.

A member requested further information on the tool produced by public health for addressing health inequalities through proportionate universalism and the Director of Public Health agreed to circulate this to members.

### **Decision:**

The Committee noted the progress made against the recommendations from the Review and that further updates on health inequalities would be included in the annual report from the Health and Wellbeing Board.

### **592 Capital and Revenue Budget 2015/2016**

#### **Discussion:**

The Committee discussed a report on the Council's draft capital and revenue budgets for 2015/16. The Head of Finance Strategy introduced the report and invited the Committee to consider the draft budgets and forward any comments

## Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014

to the Business Support Overview and Scrutiny Committee for onward referral to Cabinet and full Council.

With reference to the range of proposed savings in adult social care, as set out in paragraphs 5.4 to 5.9 of the report, members asked for assurances that any savings proposed in budgets used to fund home care would not compromise quality of care for these vulnerable service users.

The Director of Children and Adults Services advised that the Dynamic Purchasing System was a framework model involving a range of providers and designed to achieve reduced costs whilst sustaining high quality provision. She assured the Committee that the implementation of the new system would be carefully monitored and that monitoring would include consideration of direct service user feedback. The Director also stated that Medway did not use 15 minute appointments in social care.

The Committee discussed proposed savings from the Adult Social Care Transport budget and noted that the reduction in expenditure would be achieved by changes in the Service Level Agreement between the C and A and RCC Directorates as a consequence of the transfer of Napier and the Enhanced Care Unit to Agincare.

With regard to the proposed introduction of an administration fee for self-funders (paragraph 5.5 of the report), the proposal to consider capping community care costs (paragraph 5.6) and the introduction of a Dynamic Purchasing System (paragraph 5.7) Members asked if any consultation had been undertaken with service users likely to be affected. The Director advised that these proposals were still under consideration and that decisions had yet to be made as part of the budget setting process. She confirmed there would be consultation with service users.

With reference to the possibility of capping community care costs in conjunction with implementation of the Care Act, the Director of Children and Adults undertook to clarify the definition of an "older person" in light of the statement in paragraph 5.6 of the report they would be excluded from such a policy. She advised the Committee that work was underway to look at how such a change could be structured and consideration would be given to the approach being adopted by other local authorities in the South East.

The Committee expressed concern at the reduction from three to one administrative post in the Mental Health Social Work Team, which officers had advised was inadequate to safely carry out legal duties under the Mental Health Act 2007 and to ensure safeguarding procedures are followed. In light of discussion earlier in the meeting about Mental Health services, progress in the provision of acute mental health inpatient beds and the reliance on health and social care working together to achieve the best outcomes for patients, service users and their families the Committee agreed to recommend the Cabinet to reinstate 2 WTE vacant administrative posts in the Mental Health Social work Team thereby bringing the establishment back to 3 WTE

## Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014

### Decision:

- (a) The Committee noted the draft capital and revenue budget for 2015/16, proposed by Cabinet on 2 December 2014
- (b) The Committee recommended the Cabinet to reinstate 2 WTE vacant administrative posts in the Mental Health Social work Team thereby bringing the establishment back to 3 WTE
- (c) The Committee placed on record its thanks to the Chief Finance Officer and Head of Finance Strategy for their work on 2015/16 budget preparations

### 593 Council Plan - 2014/2015 Quarter 2 Performance Monitoring

#### Discussion:

The Director of Children and Adults introduced the report which summarised the performance of the Council's key measures of success for the Council's key priority: "Adults maintain their independence and live healthy lives" as set out in the Council Plan 2013/15, for the period July – September (Quarter 2) 2014/15.

She highlighted progress with key projects and the significance of the Better Care Plan in supporting the improvement journey for Medway Maritime Hospital with a particular focus on reducing usage of the Accident and Emergency Department.

#### Decision:

The Committee noted the Quarter 2 -2014/15 performance against the key measures of success used to monitor progress against the Council Plan 2013/15.

### 594 Work Programme

#### Discussion:

The Head of Democratic Services introduced the report. With reference to paragraphs 3.2 and 4.2 in the report she advised the Committee that since the agenda –planning meeting discussion of a report on the Dementia Strategy had been re-programmed for discussion by this Committee at its next meeting on 27 January 2015 rather than 31 March as printed in the agenda.

It was also noted that one item falling within the terms of reference of this Committee had been added to the Forward Plan of Cabinet decisions since the agenda- planning meeting; this was a report on the Contract for a Homecare Services Framework which would be considered by Cabinet on 16<sup>th</sup> December 2014.

## **Health and Adult Social Care Overview and Scrutiny Committee, 11 December 2014**

The Committee was advised that the Children and Young People Overview and Scrutiny Committee would be responding to the invitation from the CQC to submit comments ahead of its inspection of Sussex Partnership Foundation Trust (which provides Children and Adolescent Mental Health Services for Medway).

It was requested that all members of this Committee should have an opportunity to review the draft response from this Committee to be submitted to the CQC ahead of the inspection of KMPT in March 2015.

### **Decision:**

- (a) The Committee agreed the addition of reports on a Dynamic Purchasing System, Dementia Strategy and the new approach to CQC Inspection of GPs to the agenda for the Committee meeting on 27 January 2015
- (b) The Committee agreed an Annual Report on Care Homes should be presented each September
- (c) The Committee agreed to submit comments to the CQC ahead of its inspection of KMPT on 16 March 2015 and to delegate authority to submit a commentary, based on evidence available to the Committee over the last year or so, to the Deputy Director Customer Contact, Leisure, Culture, Democracy and Governance, in consultation with the Chairman, Vice Chairman and Opposition Spokespersons.

**Chairman**

**Date:**

**Michael Turner  
Democratic Services Officer**

Telephone: 01634 332817

Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)