

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

**Tuesday, 27 January 2015**

**6.30pm to 9.00pm**

**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), Gilry, Christine Godwin, Griffin, Adrian Gulvin, Pat Gulvin, Maisey, Murray, Shaw, Watson and Irvine

**Co-opted members without voting rights**

Dr Greg Ussher (Healthwatch Medway CIC representative)

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

**In Attendance:** Dr Phillip Barnes, Acting Chief Executive, Medway NHS Foundation Trust  
Alison Burchell, Chief Operating Officer, NHS Medway Clinical Commissioning Group  
Kim Carey, Interim Deputy Director - Children and Adults Services  
Dick Frak, Mental Health Social Care Commissioning Manager  
Jan Galloway, Partnership Commissioning Manager  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
Morag Jackson, Chief Operating Officer, Medway NHS Foundation Trust  
Malcolm McFrederick, Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust  
Barbara Peacock, Director of Children and Adults Services  
Heidi Shute, Corporate Director, Medway Community Healthcare  
Solaru Sidikatu, Senior Legal Assistant

**700 Chairman's announcements**

The Committee observed a minute's silence to mark the 70<sup>th</sup> anniversary of the Holocaust.

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The Chairman also referred to the fact that Councillor Etheridge had left the Committee and welcomed Councillor Irvine following the reallocation of Committee seats at full Council the previous Thursday.

### 701 Apologies for absence

An apology for absence was received from Councillor Kearney.

### 702 Record of Meeting

The record of the meeting held on 11 December 2014 was agreed as correct subject to the removal of Dr Barnes' name in the list of attendees.

### 703 Urgent matters by reason of special circumstances

There were none.

### 704 Declarations of interests and whipping

#### Disclosable pecuniary interests

There were none.

#### Other interests

There were none.

### 705 Review of Progress in Relation to the Medway Mental Health Social Work Team and Objectives

#### **Discussion:**

The Mental Health Social Care Commissioning Manager introduced a report on the review of progress in relation to the Medway Mental Health social work team and objectives. A DVD was shown illustrating the views of stakeholders about the purpose of the service where they were asked what good would look like in respect of the mental health service and Members of the Committee commended the DVD and report.

He reported good progress had been made with the community mental health team at Kent and Medway NHS and Social Care Partnership Trust (KMPT) in terms of joint working and communication. Reference was also made to the fact that, with effect from April, the Approved Mental Health Practitioner (AMHP) out of hours service would be transferring back from Kent County Council to Medway Council and work was ongoing with partners around that transfer.

The Mental Health Social Care Commissioning Manager introduced to the Committee the new Head of the Mental Health Service in Medway who had started earlier this month.

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In response to questions he confirmed that the Mental Health Young Person's Transitions Forum had been established and met four times. He also confirmed that the secondment of a mental health staff member to Early Help Service/Medway Action for Families was still planned to take place. Reference was made to research undertaken by Healthwatch Medway with service users and carers around what had looked like and put forward some of the points made. The Mental Health Social Care Commissioning Manager stated that more was now being done to involve carers and that each social worker was now responsible for ensuring that carers assessments were carried out. The Healthwatch Medway representative at the meeting agreed to share his findings and to pass on contact details of some of his contacts he had made through the South East gender initiative.

Discussion then took place around the decision taken at the previous meeting to recommend the Cabinet to reinstate 2 Whole Time Equivalent (WTE) posts in the Mental Health Social Work Team. The Interim Deputy Director, Children and Adult Services explained that difficult decisions had to be taken when budgets were constrained and this had meant a reduction in back office staff to protect front line workers. Some Members felt that this was counter-productive as it meant the front line highly qualified staff were spending valuable time fulfilling an administrative role rather than using their time with service users. Members were keen to ensure that the Cabinet understood that the earlier recommendation to reinstate two WTE posts had been a unanimous decision.

The Committee also made the point that the demands on the mental health social work team had recently increased due to the obligations for the Council in the new Care Act 2014.

The Chairman, in response to a question, provided clarification that as the recommendation from the last meeting had not yet gone to Cabinet, the Committee wished to reinforce the earlier recommendation.

### **Decision:**

The Committee thanked officers for the report and endorsed the recommendation made at the previous meeting to recommend the Cabinet to reinstate 2 WTE posts in the Mental Health Social Work Team.

## **706 Medway Foundation Trust**

### **Discussion:**

The Chairman reminded Members that there were three topics of focus for this meeting which were as follows:

- An update on the outcome of the 9 December Care Quality Commission (CQC) inspection visit
- Information on winter pressures and measures in place to deal with these

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- An overview of the current position on delayed discharges from the Council's perspective

### **CQC inspection visit**

The Acting Chief Executive, Medway NHS Foundation Trust gave an update on the CQC inspection and referred to the 18-month implementation plan, which would be considered at the 29 January 2015 meeting of the Trust Board. He stated that there were five themes in the plan, each owned by a lead Board member (shown in brackets below), which were:

- Leadership and management, (Acting Chief Executive)
- Workforce (Director of Workforce)
- Emergency flow (Chief Operating Officer)
- Data quality and governance (Director of Health Informatics & Director of Corporate Affairs)
- Quality improvement (Chief Nurse/Medical Director)

On the first assessment of progress against the Implementation Plan he estimated 80% of the actions predicted had been delivered. The CQC had still expressed concerns about the flow of patients through the hospital and the use of additional areas of the hospital to cope with the demand. They had also put forward the need for the acute Trust to work more closely with partners across health and social care in an attempt to reduce demand and improve discharge planning and flow. A visit by the Emergency Care Intensive Support Team had helped in suggesting ways of improving flow through the hospital from A&E to discharge.

It was stated that funding had now been received for the refurbishment of the Emergency Department, which was good news for patients and staff. In response to a question the Chief Operating Officer, Medway NHS Foundation Trust stated that it was likely the refurbishment would take around 18 months to complete.

In response to a request from Members the Acting Chief Executive, Medway NHS Foundation Trust undertook to share the Implementation Plan with them to enable the Committee to monitor progress.

### **Winter pressures**

The Acting Chief Executive, Medway NHS Foundation Trust then set out detail about the winter pressures and pressure on the system during the past six weeks which had been felt nationally but particularly in Kent. He explained the measures, which had been necessary during that period including the cessation of elective surgery but emphasised that all urgent surgery including cancer treatment as well as day surgery had continued as normal. There had been a large increase in frail elderly being admitted during that period and stated that the level of acuity, which is not routinely measured, had been unprecedented. The aim was to ensure that the frail elderly did not remain in hospital longer than they needed to particularly as evidence showed that for patients over 75

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who are bed bound they lose 10% of muscle mass per week which equates to a year of aging.

Reference was made to the success of embedding of MedOCC into the hospital. The Chief Operating Officer, NHS Medway CCG stated that MedOCC had been based alongside A&E for a number of years but in November 2014 moved to a 24/7 service. On average 25% of people who walk through the A&E door are navigated to the MedOCC service to be seen. The CCG had received confirmation in its budget allocation that some “winter funding” allocation was in its baseline for 2015/2016 and had taken an immediate move to gain agreement from the Medway and Swale Executive Programme Board that the MedOCC service should remain 24/7 for 2015/2016 as a key priority area; this was agreed. The CCG was continuing to take forward the longer term urgent care commissioning plans which would take this into account.

The point was made that often the public presented at the hospital because of being unable to see a GP promptly or because a call to NHS 111 had prompted the patient to attend a hospital. The Chief Clinical Officer stated that the commissioning of primary care was the responsibility of NHS England. He referred, however, to NHS Medway CCGs plans to jointly commission with NHS England and stated that these plans would be brought to the Committee at a later date.

The Healthwatch Medway representative referred to work undertaken with users of the hospital in an attempt to gain patient experience which was independently verified and agreed to share this data with the Committee and the hospital.

### **Delayed discharges**

The Chief Operating Officer, NHS Medway CCG stated that there was an increasing interest and understanding nationally around patients who are “medically fit for discharge” as opposed to a “delayed transfer of care” which was a definition that was nationally reported against and much lower than the “medically fit for discharge”. The CCG had been made aware that in other areas of the country local health and social care economies had been asked to produce a plan that significantly reduced these numbers and it was understood that this would be requested of all areas.

In response to Member concerns about the content of paragraph 5.7 of the report, the Acting Chief Executive, Medway NHS Foundation Trust stated that the Trust did have powers to evict patients but that this would be unlikely to be used. The view was expressed that should a patient remain at the hospital for such a long period unnecessarily this would have a detrimental effect on other patients’ human rights as they would be unable to be admitted to the ward.

The Interim Deputy Director, Children and Adult Services referred to the work of the Integrated Discharge Team and stated that the number of cases for social care staff so far this year equated to more than the previous full year. Even with the creation of the Integrated Discharge Team it was not possible to meet

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the demand. She did, however, point out that some people received reablement packages and could reduce readmittance rates.

The Director of Children and Adult Services reminded the Committee that Medway Council had not received any funding from the government in the last allocation of £25m to assist with delayed transfers of care attributable to adult social care nationally. This was “a good news story” in that it signified that there were not significant delayed transfers of care in Medway attributable to adult social care. However, those authorities that did not receive funding from that allocation, including Medway, had since lobbied the government and she was able to announce that a letter had just been received from the Department of Communities and Local Government releasing a further £12m which equated to £120,000 ring-fenced money which had to be spent by the end of March. This money could not be put into reserves and would not be a recurring figure but would enable the Council in consultation with the CCG and Acute Trust to put in place some of the initiatives in the Better Care Fund to see how delayed transfers of care could be improved.

The Chief Clinical Officer, NHS Medway CCG stated that it was likely there would be pressure nationally for the system to work better together to deal with delayed discharges and patients who are medically fit for discharge.

In response to a suggestion put forward relating to guidance for the public about what the hospital expected from them in terms of behaviour the Chief Clinical Officer, NHS Medway CCG explained that there was already something in the NHS Constitution which covered a number of the areas of expectation from the public as far as attendance at hospital was concerned.

Further to a question about the training of staff in care homes to avoid their residents being unnecessarily transferred to the hospital at the end of their lives and the Chief Clinical Officer, NHS Medway CCG referred to training which was being funded by the CCG to help these staff to be empowered to keep the patients in the care home.

### **Decision:**

- (a) The Acting Chief Executive and Chief Operating Officer from Medway NHS Foundation Trust were thanked for their attendance and report; and
- (b) The Healthwatch Medway representative undertook to share with the Committee and Medway NHS Foundation Trust their findings in relation to patient experience at the hospital.

## **707 Acute Mental Health Inpatient Bed Update**

### **Discussion:**

The Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced the report on the acute mental health inpatient bed review update and responded to Members' questions.

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He stated that the situation regarding acute beds was similar to that of the hospital in that failure to discharge patients puts pressure on the system and brought about the need for out of area placements. He informed the Committee that the operational work had reduced bed usage by 8 beds compared to the previous year and stated that it was better to concentrate on community support rather than admitting people to a hospital bed.

In relation to the Emergency Care Intensive Support Team (ECIST) who were assisting the hospital with improving patient flow it had been agreed that the Team would work with KMPT to see if there was anything, which could be done to improve patient flow as far as mental health was concerned. KMPT were the first mental health trust to make use of this Team and he was hopeful that they would be able to improve the whole system, as they are expert at getting health economies to work better together. He referenced the increased use of section 136 detentions by the Police and hoped that the ECIST work could assist in reducing the number. A request was made for data at the next meeting on the number of section 136 detentions locally per head of population compared to other areas.

As far as page 46 of the report was concerned a request was made that in future a glossary of terms is provided. In explaining the single point of access he stated that in future trained mental health nurses would respond to calls to the Crisis team to undertake telephone triage which should give a better patient experience and earlier intervention.

Responding to a question it was stated that a bed would always be found where there was a need for one and that work was ongoing to try to find other ways of dealing with the top 20 users of services who tended not to be the most ill as they were using 7% of the resources. Concern was expressed by Members at the amount of funding used on out of area placements and it was felt that this money could have been used to refurbish A block but the Chief Clinical Officer pointed out that the aim was to keep people out of hospital.

Reference was made to the fact that that back in 2013 the Independent Review Panel, endorsed by the Secretary of State, had put forward recommendations around acute mental health inpatient beds in Medway including the suggested closure of A block (which was deemed unsafe), the development of 174 acute inpatient beds and the strengthening in the community support. Serious concern and disappointment was expressed that in spite of these recommendations the 174 beds had still not been found and A block was still in use.

The Interim Director of Operations, KMPT stated that it was hoped the beds in Maidstone would be opened and A block vacated by the end of February 2015 and confirmed it was still the intention to have 174 acute inpatient mental health beds.

A request was made that at the next meeting the Transformation Programme could focus on service delivery and the impact of intervention. The Healthwatch Medway representative offered to produce data collected on

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patient and carer feedback in relation to mental health and this was welcomed. It was requested that Megan, a mental health service user group, could also be invited to contribute to this report.

### **Decision:**

- (a) The report was noted;
- (b) It was agreed that the additional information from KMPT and Healthwatch Medway/Megan outlined in the discussion above are submitted to the next meeting.

## **708 Dementia Strategy**

### **Discussion:**

The Acting Deputy Director, Children and Adult Services introduced the Dementia Strategy and the Interim Dementia Lead responded to Members' questions.

Members welcomed the Dementia Strategy and the local Dementia Action Alliance. Reference was also made to the benefit of Dementia Friends and the point was made that it was important that the community worked together to understand dementia and support those who have dementia. The challenge for GPs in identifying dementia was referenced. Healthwatch Medway undertook to make contact with NHS Medway CCG to assist them in capturing information relating to patients who are lesbian, gay, transsexual and those undergoing gender reassignment.

The Interim Dementia Lead, in response to a query, confirmed that there was not a separate section in the Strategy relating to carers, as they were a thread that ran through all the commissioning intentions.

She also stated that NHS Medway CCG funded support to care homes to avoid inappropriate admissions. In terms of partners being committed to following through the actions in the Implementation Plan the Interim Dementia Lead explained that the post of Dementia Lead was a joint appointment between the CCG and Local Authority and that there was a real commitment on behalf of partner organisations. Voluntary sector organisations were also assisting with pre-diagnosis support for people but the role of GPs was key to diagnose dementia.

The Healthwatch Medway representative welcomed the person-centred approach throughout the Strategy and offered assistance with making contacts with hard to reach groups.

### **Decision:**

- (a) The Committee noted the update on the changes to the Dementia Strategy and the actions outlined in the revised draft Strategy made to improve the quality of life for people living with dementia in Medway;



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(b) The Committee referred the Dementia Strategy to Cabinet on 10 February 2015 for approval.

**709 Work programme**

**Discussion:**

Consideration was given to the work programme.

**Decision:**

The report was noted.

**Chairman**

**Date:**

**Rosie Gunstone, Democratic Services Officer**

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