

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

**Tuesday, 31 March 2015**

**6.30pm to 9.20pm**

**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, Griffin, Adrian Gulvin, Pat Gulvin, Maisey, Murray, Shaw and Watson

**Co-opted members without voting rights**

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

**In Attendance:** Jon Amos, Account Manager, Kent and Medway, South East Coast Ambulance Trust  
Ian Ayres, NHS West Kent CCG Accountable Officer  
Dr Alison Barnett, Director of Public Health  
Michele Golden, Head of General Practice, Care Quality Commission  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
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  
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs  
Solaru Sidikatu, Senior Legal Assistant  
Ian Sutherland, Deputy Director, Children and Adult Services

**892 Record of meeting**

The record of the meeting held on 27 January 2015 was agreed as correct and signed by the Chairman.

**893 Apologies for absence**

Apologies for absence were received from Councillors Christine Godwin, Irvine and Kearney and Dr Ussher (Healthwatch Medway CIC representative).

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

There were none. However, the Chairman took the opportunity of welcoming the new Deputy Director, Children and Adults Services and informed the Committee that a new Chief Executive had been appointed for Medway NHS Foundation Trust, Lesley Dwyer, and she would commence employment at the hospital around the end of May/beginning of June.

**895 Declarations of interests and whipping**

Disclosable pecuniary interests

There were none.

Other interests

There were none.

**896 Member's Item - Community Meals Project**

**Discussion:**

Councillor Murray introduced her Member item and thanked officers for their response to her questions. She explained that, during a recent Council debate discussion had taken place about the community meals service which caused her concern about the future of the service. She stated that there had been insufficient time to undertake a complete analysis of the service and requested that the matter be considered again at a future meeting. In her view there was scope to broaden the service and she was keen to investigate the possibility of working with Medway Norse to see whether they could work with the Council on this development.

The Director of Children and Adults Services stated that, while it was legitimate to consider the future of the service, it would not be appropriate for the Committee to enter into discussions with Medway Norse as this could be challenged by other providers.

Other Members stated that they supported the possibility of broadening the service but did not believe it would be helpful for one company to have a monopoly of the service.

A number of Members referred to the timings of delivery of community meals and issues which arose from some of the recipients receiving them too early in the day and then leaving the meals uneaten.

**Decision:**

The report was noted.

## 897 Care Quality Commission - Approach to Inspection of GP Services

### Discussion:

The Head of General Practice, Care Quality Commission (CQC) gave an introduction to the approach to the inspection of GP services. She set out the areas of inspection undertaken by the Care Quality Commission and, in relation to inspecting GP services, stated that the inspections had commenced in October 2014. The five key questions asked, in relation to GP services, were:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

The Care Quality Commission was keen to ensure that when mistakes were made by GP services that lessons were learned.

She then responded to Member questions/comments which included:

- **Sanctions available to the Care Quality Commission.** She stated that the ultimate sanction the Care Quality Commission has in relation to an inadequate service that does not improve in the required timescale, the registration of that service could be cancelled but this action would be rare.
- **What was the current situation in relation to Medway GP inspections?** –It was explained that as part of the pilot scheme 19 GP practices in Medway were inspected but not rated, since then 11 practices had been inspected and it was anticipated that the reports would be released shortly, showing that 8 were categorised as being good and 3 required some improvement. It was pointed out that Medway had a large proportion of single handed practices with larger than average patient lists which could cause issues in relation to access to a GP.
- **The importance of timely access to GPs to avoid unnecessary attendance at Accident and Emergency at the hospital.** - The Chief Clinical Officer, NHS Medway, in connection with the issues raised about access to GPs stated that the responsibility for commissioning of GP services rested with NHS England rather than the Clinical Commissioning Group. He then referred to the variation in funding across Clinical Commissioning Groups and stated that it was possible this could impact on access to GP services

The representative from Medway Pensioners Forum set out some issues which had been raised by Forum members in connection with GP services, in particular around the need for a named GP for people over 75 and the lack of clarity and accessibility of the CQC reports on GPs.

The Head of General Practice, CQC, stated that the Care Quality Commission were looking into ways of making reports available more speedily and ways of engaging further with the public. She requested that her email contact details were given to Medway Pensioners Forum in order that contact could be made outside of the meeting and for this information to be set out in the record of this meeting, (shown below), for all Members of the Committee:

[michele.golden@cqc.org.uk](mailto:michele.golden@cqc.org.uk)

The representative from Healthwatch Medway offered the services of Healthwatch with regards to making contact with the public and this was welcomed.

In response to a question, the Head of General Practice, CQC confirmed that work was ongoing in relation to prescribing practices to ensure that adequate care was taken around repeat prescriptions.

**Decision:**

The representative from the Care Quality Commission was thanked for her presentation and the report was noted.

**898 Acute Mental Health Inpatient Beds Review Update**

**Discussion:**

The Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) gave an operational update to the Committee and tabled a presentation in respect of section 136 of the Mental Health Act detentions.

He referred in particular to the increased of the need for out of area acute inpatient beds and the variability of that figure. Delayed discharges were also impacting on this and he referred to the reasons why the delays were taking place, some because of housing issues, a number waiting for specialist treatment and some for further decisions about their care.

Members of the Committee expressed their concerns about the inappropriateness from a patient and carer perspective, and high cost, of out of area placements particularly in the light of the decision to close acute inpatient beds in Medway and provide the beds elsewhere.

As far as section 136 of the Mental Health Act detentions were concerned he explained what happened when the Police take a member of the public to a place of safety and informed Members about the process that needed to be followed. He stated that a place of safety could be a hospital (a section 136 suite), or a police station. An assessment of the person's mental health state would take place by mental health professionals and the person would then either be detained under a section of the Mental Health Act, admitted informally

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or they could go home with follow up where appropriate. He stated that in Kent and Medway only 10-12% of those detained were admitted to hospital.

Measures were now being put in place through the Mental Health Crisis Concordat to enable agencies to work together to reduce the number of section 136 detentions which take place. Training for the Police was taking place to assist them to deal with people presenting with mental health problems and NHS Medway CCG were facilitating this. Members referred to the need for mental health problems to be assessed and actioned appropriately particularly bearing in mind the numbers of people in the criminal justice system and in prisons who had mental health problems.

Concern was expressed at the prospect of the Police not continuing with the street triage service as they considered the scheme was too resource intensive. The Interim Director of Operations, KMPT explained that alternative plans were being considered.

The Chief Clinical Officer, NHS Medway CCG stated that the Health and Wellbeing Board had recently considered the Mental Health Crisis Concordat and signed up to its aims, but agreed that there was more to be done to ensure all parties worked together to achieve the best outcome. Lessons could be learned from successes in other parts of the country.

Reference was made to recent Board meetings of Kent and Medway NHS and Social Care Partnership Trust and NHS Medway CCG where the high cost of out of area placements was mentioned in terms of risk to the financial viability of KMPT and the point made that the cost of out of area placements over a year was similar to that estimated for the provision of an 18 bed unit. It was felt that the money could have been better spent to provide acute inpatient beds in Medway rather than having to bear the recurring cost of out of area placements.

The Interim Director of Operations, KMPT stated that he did not disagree that there were currently too many people going out of area for inpatient beds but agreed to talk to the Committee at a future date about the plans in Medway to avoid hospital admissions.

In response to a Member concern about what was happening today for people needing appropriate care, the Chief Clinical Officer, NHS Medway CCG stated that consideration had to be given to value for money but assured the Committee that all people requiring treatment were receiving that assistance, albeit sometimes outside of Medway.

A question was asked about the proportion of costs shared between KMPT and NHS Medway CCG in relation to out of area beds and a request made that further details on this should be available to the Committee as soon as possible.

**Decision:**

- (a) A report be submitted to the Committee, as soon as possible, about the shared cost of out of area placements to both KMPT and NHS Medway CCG;
- (b) The report was noted.

**899 Urgent Care Review Update**

**Discussion:**

The Programme Director, Urgent Care Redesign, North Kent CCGs introduced a report giving an update on the Urgent Care Review.

She gave an overview of the review which had initially been discussed at the Committee in September 2014 and set out the timelines. In response to a question she stated that the detail of the specification would be known at the next update (in June).

The Healthwatch Medway CIC representative queried the cost of the redesign and the percentage compared to the total cost of services being commissioned. It was stated that the cost of the redesign was likely to be in the region of £400,000.

During discussion about engagement with the public, the Chief Clinical Officer, NHS Medway CCG stated that he would welcome the assistance of Healthwatch Medway in this regard.

Reference was made to one of the redesign principles suggesting that ambulance services should be empowered to make more decisions to treat more patients and allow them to make referrals in a more flexible way. This was welcomed but with the proviso that lines of communication were improved as there were occasions when referral letters to GPs, for instance, were not followed through by the patient.

The Committee thanked the Programme Director, Urgent Care Redesign, North Kent CCGs for her presentation to the Committee.

**Decision:**

The report was noted.

**900 Patient Transport Update**

**Discussion:**

The NHS West Kent CCG Accountable Officer introduced the update on the procurement process to be followed in connection with patient transport services.

He explained that the current contract would expire in June 2016 and the process for re-procurement was being carefully put together. He emphasised that there would be no change as far as the service users were concerned, because the specification for what they should receive was set nationally. On this basis, Members agreed that there was no need to consult the Committee in terms of there being any substantial change or development. He explained that the only change would be around tightening the specification about what the providers needed to include as part of the contract requirements to ensure that a robust, resilient service could be delivered. He stated that the future contract would be in three parts, one covering Darent Valley Hospital (which it originally stated in the report would be a separate procurement process), one for renal transport as they involved a stable and predictable set of journeys and one for the rest of the transport services. He explained that it was considered that removing the Darent Valley Hospital service was likely to incur extra cost so it had been decided to include this in a separate part of the same contract.

In response to Member questions he stated that there was nothing to stop one single provider getting all three contracts and that it was possible the existing provider may bid. He did emphasise, however, that a rigorous evaluation of all bids would take place. In relation to the local patient engagement event in Medway, he was uncertain but it was likely that the event had taken place.. He undertook to confirm this outside of the meeting. He stated that the cost of the procurement exercise would be in the region of £482,000 plus VAT. Confirmation was given that as part of the contract award evaluation a high proportion of the award would be weighted on performance compared to cost.

Members welcomed the more stringent approach to the drawing up of the service specification and the likely improvements that would ensue.

**Decision:**

The report was noted.

**901 South East Coast Ambulance Trust Update on Emergency Operations Centres**

**Discussion:**

The Account Manager, Kent and Medway, from South East Coast Ambulance Trust (SECamb) introduced the update on the Trust's plans to move from three Emergency Operations Centres to two and to develop a new Trust Headquarters alongside one of the new Centres.

In relation to the plans for the Emergency Operations Centre East, and in response to a Member question, he stated that the centre would be likely to be in Kent or Medway and a decision taken as to the exact location would be mid 2017 after the development of the Emergency Operations Centre West.

**Decision:**

The report was noted.

**902 Council Plan Q3 2014/2015 Performance Monitoring Report**

**Discussion:**

A request was made for future reports to contain more quantitative data around the number of people who had been through each initiative/project, the aspirations around them etc.

The Director of Public Health, in response to a question relating to the move back to Chatham of the Drug and Alcohol Treatment Service, stated that she was impressed with what was on offer there. In relation to the Better Medway project she stated that she was pleased there were a number of Better Medway champions present at the meeting and the intention was for all recruits to take their knowledge back to their everyday work.

Concern was expressed about the disappointing figures relating to smoking cessation and obesity which was shared by the Director of Public Health. The Chief Clinical Officer, NHS Medway CCG, however, stated that from data collected by the CCG there did appear to be a reduction in people smoking, and the point was made that the data collected often differed across different organisations making it difficult to assess the true position.

**Decision:**

The quarter 3 performance against the Key Measures of Success were noted.

**903 Work Programme**

**Discussion:**

The Democratic Services Officer informed the Committee that there would be an update on the Care Act to the next meeting. The Director of Children and Adults Services pointed out a typographical error on page 123 of the agenda where it should have stated that the Head of Better Care Fund and the Programme Manager for the Care Act would start in January 2015 rather than January 2016. She stated that both managers were now in post.

**Decision:**

The Committee noted the amendment to the line in the report on page 123 of the agenda and that there would be an update on the Care Act for the next meeting.



**Chairman**

**Date:**

**Rosie Gunstone, Democratic Services Officer**

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