

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

**Tuesday, 23 June 2015**

**7.00pm to 9.25pm**

**Record of the meeting**

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

**Present:** Councillors: Clarke (Chairman), Purdy (Vice-Chairman), Bhutia, Franklin, Freshwater, Griffin, Khan, McDonald, Murray, Opara, Potter and Shaw

**Co-opted members without voting rights**

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

**In Attendance:** Dr Alison Barnett, Director of Public Health  
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust  
Rosie Gunstone, Democratic Services Officer  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Wayne Haywood, Interim Programme Manager, Care Act  
Morag Jackson, Chief Operating Officer, Medway NHS Foundation Trust  
Helen Jones, Assistant Director, Partnership Commissioning  
Ivan McConnell, Director of Transformation and Commercial Development, KMPT  
Solaru Sidikatu, Senior Legal Assistant  
Ian Sutherland, Deputy Director, Children and Adult Services  
Shena Winning, Chair - Medway NHS Foundation Trust

**46 Record of meetings**

The record of the meeting held on 31 March 2015 and the record of the Joint Meeting of all Committees held on 27 May 2015 were agreed as correct and signed by the Chairman.

**47 Apologies for absence**

An apology for absence was received from Councillor Fearn.

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

There were no urgent matters. However, following a request from the Chairman it was agreed to move agenda item 5, Member item – Care in the Community to later in the meeting, to follow the report on acute mental health inpatient beds to allow partners at the meeting to have their items dealt with first. This was agreed.

**49 Declarations of interests and whipping**

Disclosable pecuniary interests

There were none.

Other interests

There were none.

**50 Medway NHS Foundation Trust**

**Discussion:**

The Committee extended a warm welcome to Lesley Dwyer, the newly appointed Chief Executive of Medway NHS Foundation Trust (MFT) and also paid tribute to the sterling work of the Acting Chief Executive, Dr Phil Barnes, for all he had achieved whilst covering the post including his expertise in bridging the gap between clinical and managerial staff. They requested their thanks to be passed to him.

The Chair of MFT gave a brief update on progress and explained that while the new Chief Executive had only been in post since May she had been kept involved in developments at the hospital. She also stated that Dr Barnes would continue at the Trust as Medical Director.

The Chief Executive of MFT then set out the background to her being appointed to the Trust and explained the experience she brought to the role in tackling similar issues in Australia with a failing Trust and undertaking a journey of improvement. She stated that it would be important to plan beyond the 18 month Improvement Plan and to bring partners, stakeholders, service users and staff with them, and to embed a spirit of optimism in what was being achieved. This was particularly important leading into a further inspection in August by the Care Quality Commission.

In response to a request, an offer of a visit to the hospital by Committee Members was agreed and the Chief Executive of MFT undertook to contact Democratic Services to plan the event.

The Chief Operating Officer of MFT referred to improvements at the Trust over the past few months in particular:

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- There had been improvement and stabilisation of the senior team at the hospital
- With regard to the four hour waiting target at Accident and Emergency, since the introduction of a frailty pathway, this had improved considerably and the Trust was now in the top 30% in the country in achieving this target
- The new paediatric unit at the hospital was open and well received
- The Trust had engaged a new “super-buddy”, one of the London teaching hospitals, Guy’s and St Thomas’ Hospital, to assist them in areas where it had been identified help was needed
- There were still some workforce shortage issues and this was being addressed partly by considering some overseas recruitment and supporting local staff by creating a hospital based ‘bank’

The Chief Executive of MFT responded to a number of questions as follows:

### **Relationship between clinicians and management**

- Although the troubled relationship between clinicians and management at the hospital had improved this area still required further work. The appointment of a Chief Quality Officer at the hospital was helpful in this regard.
- The Trust was at the forefront of most hospitals in appointing a Chief Quality Officer and part of her role would be to identify useful information (rather than data) to enable the Trust to understand what worked and what did not and to learn from best practice

### **New Patient Administration System**

- The new Patient Administration System was working very successfully and this was, in part, due to the fact there was now no alternative to the system

### **Government announcement in relation to overseas recruitment restrictions**

- It had yet to be seen how the recent government announcement in relation to overseas recruitment would impact on the Trust’s plans to recruit some overseas staff

### **Impact of the continued 24/7 MedOCC service on reducing numbers of people accessing Accident and Emergency**

- The continued 24/7 MedOCC service had directly impacted on reducing numbers of people accessing Accident and Emergency by 27-28%

**Comments about progress in the Improvement Plan p35**

- The comments in the Improvement Plan were correct at the time of publication but things set out in the Plan attached to the agenda had now improved
- Work was ongoing to improve ambulance handover times

**Resident and Councillor engagement**

- Engagement with residents and Councillors in the improvements at the hospital would be welcomed

**Number and cost of agency staff at the hospital and retention of staff**

- A briefing note would be provided outside of the meeting to explain the number of agency staff used at the hospital and the associated costs
- Exit interviews were offered to staff who leave the Trust

**The usefulness of work undertaken by Medway Pensioners Forum in relation to the frailty pathway**

- As a result of the new frailty pathway, the length of stay in hospital for frail elderly patients had reduced from 17 days to 6 days. It was hoped this could be reduced further as it was better for their recovery for them to be returned home as speedily as possible
- It was stated that the work of Medway Pensioners Forum with the hospital Trust had been very valuable in relation to frail elderly patients

**Progress made with improving mortality figures**

- Mortality figures at the hospital had improved and were now closer to what would be expected

**Attempts by MFT to gather feedback from patients**

- Responding to a comment about the method of gathering feedback by texting patients about their choices it was stated that more needed to be done about the Trust's communication with patients to ensure an appropriate balance of consultation methods was achieved

The Committee made clear to MFT that the Trust had the support of Members and thanked the Trust for attending the meeting and responding to questions.

The Chief Clinical Officer of NHS Medway CCG, following a question previously notified to him, explained that while NHS England had turned down the application from the CCG for joint commissioning, a new application for full delegated commissioning would be made to NHS England in July.

The Healthwatch Medway representative, also responding to a question sent to him prior to the meeting, updated the Committee on the views of service users of the hospital which in the main had been positive. He stated that Healthwatch Medway had fortnightly engagement events in the foyer of the hospital where they spoke to patients, families and staff. Staff in particular were now more confident in speaking to them and the patients expressed particular positive comments about Accident and Emergency and the new paediatric department. The comment was made that not everyone was happy to be pursued for their feedback.

### **Decision:**

The report was noted.

## **51 Acute Mental Health Inpatient Beds**

### **Discussion:**

The Chairman stated that it was proposed to reduce holding the Trust to account to alternate meetings to endeavour to introduce a more meaningful dialogue. He also suggested it might be helpful for a representative from the Committee to engage with the Trust and report back to the Committee.

The Director of Transformation, Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Chief Clinical Officer, NHS Medway Clinical Commissioning Group (CCG) stated that the advance notice of questions for the meeting had been very helpful.

The Director of Transformation, KMPT then explained that the Trust was committed to working closely with NHS Medway CCG, as their commissioners, to deliver a high quality service. The Chief Clinical Officer, NHS Medway CCG explained that historically the commissioning of acute beds had been undertaken by Kent and Medway PCT but was now being commissioned by NHS Medway CCG and had to be contained within necessary financial constraints.

In relation to the table on page 68 of the agenda he stated that, since the introduction of a new contract with NHS Medway CCG, the risk in relation to out of area placements now rested purely with the CCG.

He discussed the importance of catering for the high number of patients with a personality disorder and referred to the success of the new unit in Medway. Reference was also made to the high number of section 136 detentions in Medway but research showed that 80% of people, who would normally have been admitted to hospital, could be de-escalated in 48 hours. These detentions had a significant impact on the Crisis Resolution Home Treatment Team who were spending 4 hours per patient assessing such cases which meant they were prevented from undertaking their main role in supporting people at home.

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In response to questions,( some of which he had received prior notice of) he stated the following:

### **The high level of section 136 detentions in Medway and availability of beds for both sectioned and voluntary admissions**

- Training was being undertaken with the Police to provide education in an attempt to reduce the number of section 136 detentions
- The crisis pathway hostel, which was available 5 days and 4 nights a week, had reduced attendance at Accident and Emergency by 80%

### **Cost of new build of an 18 bedded ward**

- The cost of building an 18 bedded ward to the required standard would be £6m and the operating/running costs would be £1.5m a year to provide the right therapeutic care and the required level of staffing
- KMPT could only ever supply what they are commissioned by the CCG to provide

### **Out of area bed usage**

- If a bed was not available locally KMPT would attempt to find the nearest available bed but this could sometimes mean it was a long way from Medway. KMPT would then attempt to repatriate the person as soon as possible to Medway

### **Action taken in response to the notice to improve issued by the Health and Safety Executive**

- Improvements had been put in place since the notice to improve had been issued by the Health and Safety Executive, due to out of date safety procedures, and it was hoped this could be remedied shortly

### **Use, and availability of, the patient transport bus**

- In relation to patient transport it was stated that this was provided if requested. The bus KMPT previously used was no longer available as it had only been used by four people in six months. It was made clear that free car parking was available at the various sites

### **Invites to Committee Members to stakeholder meetings**

- In the event of further stakeholder meetings, contact would be made by KMPT with Democratic Services to invite Members of this Committee to attend

Further details in relation to the new mental health decision unit were requested. This would be made available in a briefing note along with an update on the street triage scheme and section 136 detentions.

A number of members of the Committee expressed concern at the proposal made earlier in the meeting that KMPT be invited to attend alternate meetings particularly as Members considered that there were some important ongoing issues which needed to be kept under review. The view was also put forward that, particularly for the benefit of new Members of the Committee, it was important to continue with scrutiny at each meeting.

It was then proposed that, in addition to reducing attendance by KMPT at Committee to alternate meetings, that a cross party discussion should take place to discuss the possibility of adopting a different approach to scrutiny of KMPT.

### **Decision:**

The Committee agreed that:

- (a) With immediate effect KMPT should be invited only to alternate meetings of the Committee; and
- (b) A cross-party meeting be arranged to enable Members to discuss a different approach to scrutinising KMPT.

## **52 Member's item - Care in the Community**

### **Discussion:**

Councillor Purdy introduced her Member item in relation to care in the community and explained the reasons behind requesting the item. She thanked the Deputy Director, Children and Adult Services for his comprehensive report but stated that, from her contact with Medway service users she had concerns about the appropriateness of some of the care provided. She referred to the need for close monitoring of the care services to ensure value for money but also quality of service to the public. A number of examples were given of occasions when the quality of care provided were not at an acceptable level, for example people receiving meals at appropriate times.

Other members of the Committee, including the representative from Medway Pensioner's Forum, gave similar examples and felt that more detail was needed as the elderly, in particular, were often reticent about complaining in case services were withdrawn or made worse.

A question was asked about the significant increase in demand for Deprivation of Liberty Safeguarding and what impact this had had. The Deputy Director, Children and Adult Services explained that there had been an 18 fold increase in demand last year which the Council had addressed by investing in the service. He stated that there had, however, been an impact on other services including the officers who were involved in best interest assessments.

The Deputy Director, Children and Adult Services welcomed the Member item and stated that he was keen to ensure that any intelligence and feedback on the service was made known to him. He assured Members that quality assurance was very important but he was keen for there to be a triangulation of information about quality and value for money.

Councillor Purdy put forward the suggestion that this could be a suitable topic to put forward for an in-depth scrutiny review. Other Members considered that more information would be useful ahead of coming to that conclusion.

### **Decision:**

The Committee requested that a more detailed report from the Deputy Director, Children and Adult Services be programmed for the next meeting setting out how quality and value for money was monitored.

## **53 Adult Complaints Annual Report**

### **Discussion:**

The Deputy Director, Children and Adult Services introduced the annual report on adult complaints and compliments and drew attention to a number of highlights in it. Responding to questions he stated

### **Page 87 paragraph 6.7 Complaints received**

- That the complaints listed rolled over at the end of the year but these were still in the same accounting period

### **Re-forming of the Learning Disabilities Partnership Board and Councillor involvement**

- the Learning Disabilities Partnership Board was being reformed and consideration would be given to representation on that Board by Councillors

### **Deadline for statutory complaint responses**

- in relation to response times for complaints there was no statutory requirement to respond within 10 days and that this timing had been chosen to fit with the corporate standard. Consideration could be given to extending this to 20 days

A view was put forward that the report was very detailed and could perhaps be simplified for the next report. Other Members, however, considered the current content was necessary and helpful.

It was proposed that the extension of responses to complaints of 20 days should be recommended to the Assistant Director, Communications, Performance and Partnerships.



**Decision:**

The Committee recommended to the Assistant Director, Communications, Performance and Partnerships to consider extending the deadline for responses to complaints to 20 days.

**54 Care Act Update**

**Discussion:**

The Interim Programme Manager for the Care Act gave a brief introduction to the key changes set out in the Care Act, spoke of the changes made to meet the Council's obligations from 1 April 2015 and preparations for the second wave of reforms that take effect from 1 April 2016.

**Decision:**

The report was noted.

**55 Work programme**

**Discussion:**

A copy of Appendix 2 to the work programme was tabled at the meeting as that Appendix had been omitted in error from the agenda papers.

The Democratic Services Officer drew attention to paragraph 5 of the report which set out the process for the selection of the next round of scrutiny task group topics. She explained that the matter would be considered next at Business Support Overview and Scrutiny Committee on Thursday evening and if that Committee agreed with the proposal of commencing the round with the housing task group, this should start in late August/early September. She encouraged Members to contact her with any suggestions about task group topics prior to 23 July 2015 as they would need to be discussed the following day at the pre-agenda meeting.

**Decision:**

The Committee agreed that:

(a) The work programme should be amended to reflect the following:

- Attendance to be arranged for alternate meetings only for KMPT (their next attendance to be 1 October 2015)
- A report be added to the business for the next meeting setting out more detail relating to care in the community

(b) Members send any suggestions for in depth scrutiny task group topics to the Democratic Services Officer by 23 July 2015.

**Chairman**

**Date:**

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