

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

11 AUGUST 2015

## PROPOSED DEVELOPMENT OF THE HEALTH SERVICE OR VARIATION IN PROVISION OF HEALTH SERVICE – (MOVE OF MEDOCC FROM QUAYSIDE TO MCH HOUSE)

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### Summary

This report advises the Committee of a proposal under consideration by the Medway Community Healthcare (MCH) to move MedOCC from Quayside to MCH House. In the view of MCH this is not a substantial change or variation.

## 1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

## 2. Background

2.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny

Committee for the purposes of the consultation and only that Committee may comment.

2.2 The terms “substantial development” and “substantial variation are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.

2.3 In the previous protocol on health scrutiny agreed between Medway and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial. These are still relevant and are set out below

- *Changes in accessibility of the service. For example, both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.*
- *Impact of the service on the wider community and other services, including economic impact, transport and regeneration.*
- *Number of patients/service users affected. Changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.*
- *Methods of service delivery eg moving a particular service into a community setting from an acute hospital setting.*

2.4 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations (attached as Appendix A). The questionnaire has recently been updated. It asks for information relating to the factors listed in paragraph 2.3 above, seeks assurance that the proposed change meets the Government’s four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and also seeks information the Committee may need to demonstrate it has considered in the event of a decision to exercise the right to report a contested service reconfiguration to the Secretary of State for Health.

2.5 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in

certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area or it has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

### **3. Proposed service development or variation**

- 3.1 This report advises the Committee of a proposal under consideration to relocate MedOCC from Quayside to MCH House with effect from around September 2015. This is predominantly for two reasons, the operational issues with the building itself and to improve service delivery by co-locating services together in order to share resources and enable cover seven days a week and extended hours.

### **4. Advice and analysis**

- 4.1 The Committee needs to determine in discussion with the responsible person whether or not the proposed reconfiguration is substantial and therefore subject to the formal requirement for consultation with Overview and Scrutiny.
- 4.2 If the proposed reconfiguration is substantial the Committee should be advised of the date by which the responsible person intends to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny Committee comments must be submitted.
- 4.3 If it is agreed that the proposed change is not substantial the Committee may make comments and recommendations to the Commissioning body and or Provider organisation as permitted by the regulations in relation to any matter it has reviewed or scrutinised relating to the planning, provision and operation of the health service in Medway.

## 5. Risk management

- 5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>
Restricted access	Landlord as restricted number of keys available to MCH.	Hard to mitigate this action due to the nature of the service and the access required. moving premises obviously solves this
Residents now in building	To reduce insurance premium the landlord has now let parts of the premises. This has caused security issues with drugs being stored on site.	Locked doors on cabinet.
People still attend old premises after move	People who have attended before go to the old location.	Ensure when appointment is booked triage are clear regarding new building, new signs would also need to be put up.
Limited parking	Parking reduced when lorries park outside.	At busy times ensure staff park at additional car parks to enable more patient car parking

## 6. Consultation

- 6.1 This has been discussed with the NHS Medway Clinical Commissioning Group.

## 7. Financial implications

- 7.1 There are no financial implications for Medway Council arising from this report.

## 8. Legal implications

- 8.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

8.2 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

8.3 There are no additional legal implications for the Council, which has not already been considered within the report.

## **9. Recommendations**

9.1 The Committee is asked to consider the proposed development or variation to the health service as set out in this report and Appendix A and decide whether or not it is substantial together with the consequential arrangements for providing comments to the relevant NHS body or health service provider.

### **Lead officer contact**

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### **Appendices**

Appendix A – Substantial Variation Assessment Questionnaire

### **Background papers**

None

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**MEDWAY COUNCIL**

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## Health Overview and Scrutiny

### Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

**Commissioning Body and contact details:**

**Current/prospective Provider(s): Medway Community Healthcare**

**Outline of proposal with reasons:**

We would like to move MedOCC from Quayside to MCH House with effect from around September 2015. This is predominately for two reasons – one related to premises and the other service delivery:

- 1) The Quayside building is proving problematic of late:
  - a. we have been given a restriction on the number of keys that we are allowed, which is causing operational issues given the number of shifts and staff involved
  - b. The landlord, to enable payment of a reduced insurance premium, now allows members of the public to sleep and reside in the property. This causes us problems with security as we have drugs on site
  - c. The current location has many issues such as flooring, currently through an internal safety report, there are many trip hazards, unable to clean the floor effectively due to flooring lifting there has been discussions with landlords which have not realised any change

Given we have shifted part of the service to MFT, the impact of this will be Monday to Friday 6.30 pm – 1.00 am and Weekends 7.00 am through to 1.00 am.

- 2) We would like to consolidate the admin and referral processes for our planned care bookable services and link this to our single point of access that is currently provided by MedOCC. Co-locating these services together at either Ambley Green or MCH House will enable us to share resources and provide cover 7 days a week/extended hours

MCH House is 4 miles away from the current base and has free parking and ease of access given its proximity to road, rail and bus links.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

Decision by 6 July if possible to allow notice on lease, move date September / October 2015.

**Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The service will remain as it is currently delivered along with existing opening times. The move is only in relation to geographical site.

By doing this we will also be able to consolidate the admin and referral processes for our planned care bookable services and link this to our single point of access that is currently provided by MedOCC. Co-locating these services together at either Ambley Green or MCH House will enable us to share resources and provide cover 7 days a week/extended hours – this would alling to the urgent care review currently being undertaken by commissioners.

**Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

The CCG have considered this request at the contractual performance meeting.



**Test 2 - Consistency with current and prospective need for patient choice**

The service is currently offered at a range of sites,

Quayside  
 Medway Hospital  
 Sittingbourne Memorial  
 Sheppey Hospital  
 Home Visits (where it necessities)

this would continue with the exception of Quayside appointments being offered at MCH House.

**Test 3 - A clear clinical evidence base**

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

Clinically the service will not change.

**Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety****Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The service will remain as it is currently delivered along with existing opening times. The move is only in relation to geographical site.

We envisage no impact on patient flows.

**Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

As above

**Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

No diversity impacts identified.

**Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

We do not envisage any changes to patient flows, this is not a financial decision.

No change would prevent a more positive experience environmentally for patients and staff. The current location has many issues such as flooring, currently through an internal report, there are many trip hazards, unable to clean the floor effectively due to flooring lifting there has been discussions with landlords which have not realised any change.

More recently, the service has experienced a number of electrical issues resulting in unplanned downtime causing unnecessary disruption.

**Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

MCH House, has free parking and has a close by bus stop for public transport and there is a local train station.

**Is there any other information you feel the Committee should consider?**

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

MCH do not believe this to be a substantial change or variation on the basis that there is no proposed change to service provision and is only a change of base.