

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

## WORK PROGRAMME

Report from: Richard Hicks, Director of Regeneration, Community and Culture

Author: Rosie Gunstone, Democratic Services Officer

### Summary

This report advises Members of the current work programme for discussion in the light of latest priorities, issues and circumstances. This report gives Members the opportunity to shape and direct the Committee's activities.

#### 1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.1 (v) General Terms of Reference, each overview and scrutiny committee has the responsibility for setting its own work programme.

#### 2. Background

2.1 Appendix 1 to this report sets out the existing work programme for the Committee.

#### 3. Agenda planning meeting

3.1 Members will be aware that Overview and Scrutiny Committees hold agenda planning meetings on a regular basis. An agenda planning meeting was held on 17 September 2015 and the following was agreed:

- A report be added to the business for 17 December 2015 meeting on the full Care Quality Commission inspection report of Medway NHS Foundation Trust
- It was noted that the dementia commissioning intentions report would move to 17 December 2015 meeting and be considered at the 12 January 2016 Cabinet meeting
- A request was received from Councillor Murray for a briefing note on the Death from Drug Addiction Group. This would be shared with all Members of the Committee.

#### **4 Forward Plan**

- 4.1. The latest Forward Plan of forthcoming Cabinet decisions was published on 28 August 2015:

<http://democracy.medway.gov.uk/mgListPlanItems.aspx?PlanId=231&RP=115>

- 4.2. The following items listed on the forward plan relate to the terms of reference of this Committee. The Committee is asked to identify any items it may wish to consider as pre-decision scrutiny (where dates permit) in addition to those listed in Appendix 1.

<b>Cabinet date</b>	<b>Title</b>	<b>Comment</b>
27 October 2015	Gateway 5 report – Homecare Services	
27 October 2015	Review of Adult Drug and Alcohol Treatment Services	
24 November 2015	Health Protection Report	
12 January 2016	Dementia Strategy – Approval of Commissioning Intentions	Already listed for this meeting

#### **5. Feeding into Care Quality Commission inspection of Medway Maritime Hospital**

- 5.1. Following the delegated authority given at the last meeting to the Deputy Director, Children and Adults Services, in conjunction with the Chairman, Vice-Chairman and spokespersons of this Committee, a letter was sent on behalf of the Committee to feed into the Care Quality Commission inspection of Medway Maritime in August 2015. A copy of this letter is appended as Appendix 2 to this report.

#### **6. Visit to Medway Maritime Hospital – 3 September 2015**

- 6.1. On 3 September 2015 the following attended a visit to Medway Maritime Hospital:

Cllrs Bhutia, Clarke, Franklin, Freshwater, Griffin, Opara, Potter and Shaw  
Cath Foad, Healthwatch Medway  
Christine Baker, Medway Pensioners' Forum  
Ian Sutherland, Deputy Director, Children and Adult Services  
Rosie Gunstone, Democratic Services Officer

- 6.2. The group were met by Shena Winning, Chair of Medway NHS Foundation Trust (MFT) who welcomed them to the hospital and explained that while the Care Quality Commission had undertaken a recent inspection of the hospital the outcome of that visit was not yet known. She did, however, refer to the fact that the Care Quality Commission had commended the passion of the hospital staff and identified some areas of outstanding practice.

- 6.3. In response to questions about issues facing the Trust, the Chair of MFT stated that one of the problems was staffing particularly as the hospital was full at 98% capacity, (85% is the target number). She explained that overseas recruitment had been used but often the medical staff used the hospital as a training ground prior to then moving to London or further afield. The over reliance on agency staff was obviously having an impact on the financial position of the Trust. The Care Quality Commission had also suggested there should be a cap on the number of agency staff used at each Trust which at present was being exceeded.
- 6.4. The group was then split into two and visits were undertaken to the following areas:
- Elderly care and Sapphire ward
  - Surgical Assessment Unit and orthopaedic area/trauma unit
- 6.5. At the conclusion of the tours the group reconvened with Shena Winning and the Deputy Director, Children and Adult Services and requested further information on the following:
- A joint report from Medway NHS Foundation Trust and Children and Adult Services setting out examples of the complete pathway of care from admission to discharge, explaining, from both perspectives, problem areas where patients are being held in the system causing a delay in their discharge. It was suggested that it could also be helpful for the Committee to meet the Integrated Discharge Team in this regard.
  - A report from Medway NHS Foundation Trust setting out the approach to the provision of free television access and television access generally across the wards particularly with regards to over 75s who are not required to pay for tv licence in the community setting. This was highlighted as an issue particularly where patients are bed bound and with no access to wi-fi either there could be a lack of mental stimulation while they remained in hospital.
- 6.6. Members thanked Shena Winning and the staff who had been involved in the organisation and delivery of the visit.

## **7. Personality Disorder Service**

- 7.1. NHS Medway CCG has notified the Committee of a decision taken by the CCG Commissioning Committee not to support the continued funding of the Personality Disorder Unit at Park Avenue in Gillingham on the grounds that it did not believe that the investment had demonstrably improved quality or outcomes or represented value for money. This was a pilot project put in place by KMPT, which they asked the CCG to support, on a one off non recurrent basis . Decisions as to whether the CCGs would commission this service in the future were entirely dependent on KMPT providing evidence of it achieving its objectives and providing a business case to support.
- 7.2. The CCG did not commission this service. KMPT are choosing to discontinue the service.

- 7.3. Attached as Appendix 3 to this report is the briefing supplied which also sets out concerns about the resilience of the Crisis Resolution and Home Treatment Team.
- 7.4. The CCG has undertaken to report back on progress to the next meeting of the Committee on future commissioning plans for patients with a personality disorder.

## **8. Informal Member meeting – future working with Kent and Medway NHS and Social Care Partnership Trust**

- 8.1. At the meeting of the Committee held on 23 June 2015 it was agreed that that a cross party discussion should take place to discuss the possibility of adopting a different approach to scrutiny of KMPT.
- 8.2. On Friday 11 September 2015 the Chairman, Vice-Chairman and opposition spokespersons met with the Deputy Director, Children and Adult Services and the Democratic Services Officer. At that meeting the following was agreed as the way forward for scrutinising the trust:

“To scrutinise the service in the round and the analysis of all the community services in order to test whether the community interventions have been successful”

## **9. Financial and Legal Implications**

- 9.1. There are no financial or legal implications arising directly from this report.

## **10. Recommendations**

- 10.1 Members are asked to consider whether any changes need to be made to the work programme attached at Appendix 1 to the report, subject to the additions detailed in paragraph 3.1 of the report;
- 10.2 Members are asked to agree the action requested following the visit to Medway Maritime Hospital as set out in paragraph 6.5 of the report.
- 10.3 To note that there will be a report on the personality disorder service to a future meeting of the Committee.
- 10.4 To note the agreed approach for scrutinising Kent and Medway NHS and Social Care Partnership Trust as set out in 8.2 above.

**Lead officer contact**

Rosie Gunstone, Democratic Services Officer

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**Appendices:**

Appendix 1 – work programme

Appendix 2 – copy of letter to Care Quality Commission in relation to Medway NHS Foundation Trust

Appendix 3 – briefing from NHS Medway CCG in relation to Personality Disorder Unit

**Background papers:**

None



**Work Programme  
Health and Adult Social Care Overview and Scrutiny Committee**

<b>17 DECEMBER 2015</b>			
Council Plan Monitoring Q2 (2014/15)	Performance reviews	Director of Children and Adult Services	To scrutinise the performance against council plan monitoring in relation to indicators that fall within the remit of this committee.
Draft Capital and Revenue Budget	Pre-decision scrutiny	Chief Finance Officer	To scrutinise the draft Capital and Revenue Budgets for 2016/17

<b>26 JANUARY 2016</b>			
Acute mental health inpatient bed update	Community issue	Chief Clinical Officer NHS Medway CCG/Chief Executive, KMPT	To scrutinise progress on the implementation plan (and every other meeting until further notice)

<b>17 MARCH 2016</b>			
Council Plan Monitoring Q3 (2014/15)	Performance reviews	Director of Children and Adult Services	To scrutinise the performance against council plan monitoring in relation to indicators that fall within the remit of this committee.

<b>DATE TO BE DETERMINED</b>			
Update on the priorities of the Health and Wellbeing Board for 2015/2016	Holding to account		
Access to GP practices and the future supply of GPs	Holding to account		All Member briefing to be arranged
Urgent Care Review	Community issue		
Intermediate care beds	Community issue		
Mortality figures from Medway Maritime Hospital	Community issue	To be agreed	To scrutinise progress by the independent working group set up to consider mortality figures for the hospital (*every six months from 28/01/2014)
Further information on public access defibrillators	Community issue	Director of Corporate Affairs & Service Development - SECamb	To receive further feasibility study on Public Access Defibrillators

**Note:** Six monthly updates were requested by means of briefing notes on the action plans from the Mortality Working Group – starting July 2013 (next update to be dealt with at the Member briefing scheduled for early New Year) and \*subsequently to coincide with attendance by Chief Executive of Hospital.

**Dates of future meetings:**

17 December 2015, 26 January 2016, 17 March 2016

Items yet to be programmed:

- (request for joint meeting with Children and Young People's Overview and Scrutiny Committee to be arranged to consider transition for adolescents with mental health problems and young people with disabilities 0-25 year age group).
- NHS England, Kent and Medway - to be invited to discuss primary care arrangements – on a date to be agreed.
- Urgent Care review

**Work completed in 2015/2016:**

31 March 2015

- Acute mental health inpatient bed update
- CQC – Approach to Inspection of GP Services
- Quarter 3 Council Plan monitoring
- SECamb report back and update on Emergency Control Centres
- Member item – Community meals project
- Patient transport update
- Urgent Care Review Update

23 June 2015

- Acute mental health inpatient bed update
- Adult Complaints Annual Report
- Attendance of new Chief executive and Chair of Medway NHS Foundation Trust
- Update on Care Act
- Member item – Councillor Purdy – Care in the Community



Our ref: Ian Sutherland  
Date: 25 August 2015

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To whom it may concern

**Re: CQC Inspection of Medway NHS Foundation Trust  
Q2 Acute Hospital Inspections**

On behalf of Medway Health and Adult Social Care Overview and Scrutiny Committee, I would like to thank you for inviting us to comment as part of the inspection of Medway NHS Foundation Trust (the "Trust").

I think it is important to highlight the improvements that have taken place over the past year. These are set out below:

The Committee accepts that the Trust is still in the early stages in the delivery of the Implementation Plan but have been encouraged by the enthusiasm of the previous acting Chief Executive, Dr Phil Barnes and lately the new Chief Executive, Lesley Dwyer in starting to tackle the many issues facing the Trust. The Committee would particularly wish to commend the continued effort and dedication of frontline staff who have endeavoured to provide high quality care during this challenging period. The Committee warmly welcomed the appointment of a Chief Quality Officer at the Trust and look forward to seeing how that appointment brings about improvements. The Committee were also keen to find out how the super-buddy scheme that is in place at the hospital is helping promote the sharing of good practice within the Trust.

The Trust has been very receptive to requests for attendance at meetings of the Health and Adult Social Care Overview and Scrutiny Committee over the past year and at the 23 June meeting, a large contingent of the Senior Management Team attended to advise on progress and on the positive aspirations of the Trust.

Medway Council continues to work closely with the Trust as a key partner in the delivery of care across the health and social care system in Medway, and this is a strengthening partnership. The new Chief Executive and Trust Chair attended a recent workshop organised by the Medway Health and Wellbeing Board which explored ways to improve care out of hospital and care at home. A key focus of this partnership has been to improve the capacity and capability across the local health

and social care system in Medway to ensure that people remain in hospital no longer than is clinically necessary, and that the arrangements after discharge home are appropriate to their ongoing needs. Over the past three months, the Council and other key partners including the Trust and the CCG have undertaken considerable work to improve the pathways and processes that prevent delayed transfers of care to support the effective operation of the integrated discharge teams especially for patients with complex needs. The Council has also worked with Geriatricians to develop a specific “frailty pathway” for those over the age of 80 as well as developing a “Home to Assess” trial across the health and social care system. This is ongoing and forms a central element of the work on the Winter Resilience Plan.

The Committee felt that the delay in the Trust receiving funding for the Emergency Department improvements could well have contributed to successive poor inspections because facilities were clearly not fit for purpose. The view was also put forward that the high cost of employing consultants at the Trust and the plans for the intended merger with Darent Valley had placed undue pressure on the Trust and been to the detriment of the improvement agenda. More recently, we note that Monitor’s advice that many Foundation Trusts should revise their plans for recruitment in order to be financially sustainable may be difficult for the Trust. We believe that the Trust has tried hard to comply with CQC’s recommendations on staffing levels and any constraints on their plans to staff the agreed recovery strategy could delay their ability to fully meet national standards for patient safety.

Some areas where the Committee has ongoing concerns are set out in the record of the meeting held on 23 June 2015 to which I am setting out a link below for your information:

<http://democracy.medway.gov.uk/mgConvert2PDF.aspx?ID=3154&T=1>

The Trust has been invited to attend the next meeting of the Committee on 1 October 2015 at which details of the CQC inspection report have been requested.

We wish them well in their continuing endeavours to ensure that the people we represent can receive excellent care.

Yours sincerely

**Councillor Trevor Clarke**

Chairman of Medway Health and Adult Social Care Overview and Scrutiny  
Committee

**Briefing**  
**Personality Disorder Service – Medway**

The Personality disorder service was established in late 2013 by Kent and Medway NHS & Social Care Partnership Trust (KMPT) and not formally commissioned by the CCG. Non-recurrent funding of £600k was agreed in 2014-15 on the basis that a detailed evaluation would inform any decisions regarding future funding. Despite requests for information the CCG did not receive the information required (including the business case for the model going forward) until June 2015.

The CCG presented a summary paper along with the business case KMPT had submitted to the CCG committee for a decision to be made regarding funding on 19 August 2015.

The Committee assessed the information presented and made a decision not to support the future commissioning of the service for the following reasons:

- There has not been an overall reduction in total occupied bed days for patients with a personality disorder and overall spend has increased.
- The information provided by KMPT was not 'like for like' for the patients who had accessed the pathway and could not therefore be used as evidence in a reduction in spend. A large proportion of patients who had accessed the pathway had not been in an acute psychiatric bed despite the service being aimed at patients who were high users of mental health beds.
- There are wider concerns regarding the level of vacancies in the crisis resolution and home treatment teams and high caseloads in the community which are having a negative impact on the whole system and result in some patients not being supported at home. It is important that these issues are fully understood and resolved to ensure pathways work effectively.
- It is a priority of the CCG to improve the whole crisis pathway for all mental health patients which is being driven through the concordat work and work is actively happening linked to this.
- Overall the committee did not believe that the investment had demonstrably improved quality or outcomes or represented value for money.

It is important to stress that the CCG is committed to ensuring all mental health pathways are working effectively. The CCG currently invests in the Benchley unit for PD patients, a community outreach service and PD groups run by MEGAN CIC. As a CCG we have been actively leading some of the work around the concordat to ensure that there is a clear framework to take forward the required work.

More recently we have joined up the work of the mental health concordat and the urgent care programme in Medway to identify the "frequent attenders" and ensure crisis plans are available for first responders to assist these patients. This group includes patients with a



**Medway**

***Clinical Commissioning Group***

Appendix 3

personality disorder. In August 2015 the Executive Programme Board approved resilience funding to support an advanced paramedic role to actively support the most frequent attenders (65 patients) who had attended the emergency department more than 11 times in a 10 month period. This model in other areas has resulted in a significant reduction in attendances through the emergency department.

Within the resource available the CCG must ensure that services commissioned deliver demonstrable improvements in quality, outcomes and represent value for money. The CCG has been clear that it is important that the CCG and KMPT continue to work closely together to look at the pathways and service models for crisis as a whole and ensure that the current workforce issues are addressed in order to provide an improved support and pathways of care for the people of Medway.

**Dr Peter Green**  
**Chief Clinical Officer**