Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Thursday, 1 October 2015 6.35pm to 9.20pm

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,

Fearn, Franklin, Freshwater, Griffin, 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

Dr Steve Beaumont, Chief Nurse, Medway NHS Foundation

Trust

Helen Jones, Assistant Director, Partnership Commissioning Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical

Commissioning Group

Rosie Gunstone, Democratic Services Officer

Malcolm McFrederick, Executive Director of Operations, Kent

and Medway NHS and Social Care Partnership Trust Alison Shepherd, Head of Partnership Commissioning

Solaru Sidikatu, Senior Legal Assistant

lan Sutherland, Deputy Director, Children and Adults Services Councillor David Brake, Portfolio Holder for Adult Services

377 Record of meeting

The record of the meeting held on 11 August 2015 was agreed as correct and signed by the Chairman.

378 Apologies for absence

Apologies for absence were received from Councillor Khan and Dr Ussher, the Healthwatch Medway representative.

379 Urgent matters by reason of special circumstances

There were none.

380 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

381 CQC Report - Medway NHS Foundation Trust

Discussion:

The Chief Nurse, Medway NHS Foundation Trust introduced the report on the Care Quality Commission (CQC) inspection which took place in August. He explained the measures which had been put in place to divert some ambulances from the hospital between 7am and 12 noon on two days to allow the Trust to recalibrate and put in place some group training. The exercise had been carefully managed and a strict criteria adhered to for those people who were diverted elsewhere to ensure patient safety. No further diversions had taken place.

He stated that the full Care Quality Commission report was due in mid October, following which the Trust would be permitted to challenge the findings if necessary, so the report would be likely to become publicly available in November 2015.

Some Members expressed their concern and put forward the following comments and questions:

- bearing in mind the latest visit by the CQC had been an announced one, the comment was made that the outcome had been disappointing;
- questions were asked as to the cost of the diversions of ambulances. The Chief Clinical Officer, NHS Medway CCG stated that details of resourcing costs for the diversions would emerge once there was a debriefing meeting. Members requested these details as and when they were available;
- the handling of media coverage was queried as some Members considered could have been handled better. The Chief Nurse stated that it had been a system-wide response to the hospital's request for mutual aid and that NHS England had managed communications;
- questions were asked about the stability of the new leadership and disappointment was expressed by some Members that the Chief Executive of the hospital had not been able to attend this meeting. It was hoped she would be present at the next meeting when the full CQC report would be discussed;

- discussion took place about the meaning of the term 'medically fit for discharge'. The Chief Clinical Officer, NHS Medway CCG explained that this term meant different things to different groups and as such a stakeholder event had recently been held to attempt to define the meaning and to set down clear procedures for planning for discharge at the point at which someone was admitted to hospital in order to streamline the process and avoid delay;
- in response to questions about the buddying of the Trust by other Trusts
 the Chief Nurse referred to links with Guys and St Thomas's Hospital in
 London and the Chief Clinical Officer, NHS Medway CCG referred to the
 support which the CCG had put in place which included regularly observing
 processes taking place at the hospital and feeding back any comments to
 the Trust;
- the Chief Nurse undertook to discuss with the representative from Medway Pensioners Forum, outside of the meeting, some concerns shared with her by a family using the new Children's Emergency department;
- further to concerns expressed about improving public perception of the
 hospital and also improving the morale at the hospital, the Chief Nurse
 stated that increased communication was going on at the hospital to
 encourage the staff who were very committed to working there. He stated
 that a communications plan was being developed in order that a more
 proactive stance could be taken with regards to positive messages about
 the hospital.

The Deputy Director, Children and Adults Services set out for the Committee the measures which the Council had taken in response to the request for mutual aid and stated that by putting in additional staff to assist the Integrated Discharge Team, along with other measures internal to the Trust, 50 more than usual medical discharges had taken place. Delays in discharge from the hospital had reduced during that period from 41 to 25, one third of the delayed discharges related to social care issues, two thirds to health issues. He emphasised the need to learn from the exercise and ensure an embedding of this to bring about continual improvement.

Decision:

The Committee noted the report and requested the attendance of the Chief Executive of Medway NHS Foundation Trust to the next meeting of the Committee to consider the full CQC report.

382 Acute Mental Health Inpatient Bed Review Update and Update on CQC Inspection

Discussion:

The Executive Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) started his introduction to the report by extending an invitation to Members of the Committee to a visit to any of the KMPT establishments.

He set out the key findings in the CQC report on the Trust which received an overall rating as 'requires improvement' with the element of caring rated as 'good'. He emphasised the fact that the CQC noted that across the Trust there were kind, caring, compassionate and passionate staff who treated people with dignity and respect, wanted to deliver good quality care and wanted to improve. Members of the Committee commended the Trust on this.

The Executive Director of Operations, KMPT advised the Committee of the Trust's plans for a single point of access and the open dialogue scheme, which enabled an immediate response at the point of crisis, as these had shown promising outcomes. Members commended both schemes and requested that, in the case of the open dialogue scheme, KMPT should be vigilant to ensure that the needs of people who do not have family support are adequately met. It was stated that, with regards to the single point of access work was ongoing to ensure that a directory was available to staff at the single point of access to signpost clients to assistance with housing, debt and other types of advice.

Members put forward the following comments and questions:

- in response to a concern being expressed about the lack of acute beds in the area, the Executive Director of Operations, KMPT explained that the trust would provide the number of beds which were commissioned from them;
- a request was made to NHS Medway CCG to increase funding on mental health as the point was made that the CCG spend 10% of its budget on mental health compared to the regional average of 12% so, in the view of Members, this was an area where further investment was needed, particularly in an attempt to reduce the number of people being admitted to hospital;
- discussion took place about the closure of the Personality Disorder Unit at Park Avenue in Gillingham and Members expressed their disappointment at this decision. The Chief Clinical Officer emphasised that the unit had been a pilot for which one off funding had been agreed by the CCG. Following requests for key performance data from KMPT it did not appear that the unit had been successful so further funding could not be provided. This was on the basis that it did not represent good value for money or improved patient outcomes. He stated that a mental health needs analysis and gap analysis would take place in order to assess the best way forward for the

service. As part of this discussion he explained that there were some patients identified by KMPT as having tier 4 Personality Disorder needs who had long stays in hospital. The CCG would be discussing the matter with KMPT and NHS England. He undertook to provide further details of CCG spend on mental health to the Committee. The Chairman reminded Members that the topic of the personality disorder service would be the subject of a further report to the Committee. In the meantime, the Chief Clinical Officer stated that further information was available on the CCG website;

- questions were asked about the issues of concern highlighted by the CQC in relation to Littlestone Lodge and the point was made by Members that these were vulnerable elderly people who deserved better care. The Executive Director of Operations, KMPT explained some of the measures put in place by the Trust to mitigate the problems and stated that the CQC had lifted the initial warning notices. He provided a reassurance to Members that robust performance management was in place. He also confirmed that, as far as he was aware, as part of its duty of candour, the Trust had apologised to service users and carers at Littlestone Lodge about the identified shortcomings;
- further to a query about the level of external bed days, the Executive
 Director of Operations, KMPT explained that there was often a peak during
 the summer months but the Trust were trying to mitigate this as best they
 could.

Decision:

The Committee noted the report.

383 Attendance of the Portfolio Holder for Adult Services

Discussion:

Members received an overview of progress on the areas within the terms of reference of this Committee and covered by the Portfolio Holder for Adult Services as set out below:

- Community Care
- Better Care Fund
- Partnership Commissioning (Adults)
- Older People Service
- Telecare/Telemedicare
- Services for People with Learning and Physical Disabilities
- Adults Mental Health Service
- Health
- Public Health Lead Member, including Health and Wellbeing Board, commissioning of treatment services for drugs and alcohol

The Portfolio Holder for Adult Services, Councillor Brake, responded to Members' questions and comments as follows:

- Extra Care Housing In response to a query about future planning for extra housing it was stated that discussions were ongoing with the Deputy Leader and Portfolio Holder for Housing and Community Services and the housing section about future plans. It was acknowledged that the existing extra care housing had proved very valuable and had been well received.
- Public Health Budget Concern was expressed about the government's plans to reduce the public health budget. In response to a question, the Portfolio Holder for Adult Services confirmed that the Council had responded to the consultation from the Secretary of State for Health.
- Support for Medway NHS Foundation Trust The Portfolio Holder for Adult Services commended the work undertaken by adult social care officers and in particular the Deputy Director, Children and Adult Services in response to the recent request for mutual aid from Medway NHS Foundation Trust. Further to a question he stated that each case needed to be considered on its merits and would be kept under review. He would be unable to give a blanket assurance that the level of support given recently could be sustained on a permanent basis, but as on this occasion the service would react during 'surge' episodes.
- **Deprivation of Liberty Safeguarding** Reference was made to the amount of stress caused to patients and their families around the topic of deprivation of liberty safeguarding and the need for high levels of sensitivity to be shown, along with as much guidance as possible.
- Information Portal Responding to a question the Deputy Director, Children and Adults Services confirmed that the initial response on the user testing of the information portal showed that more needed to be done to ensure assessment processes could be speeded up through the Portal and that in addition to the provision of improved information and advice that there were more opportunities for direct transaction.
- Integrated Sexual Health service It was stated, in response to a question, that the Integrated Sexual Health service is about to be commissioned with a new provider moving into the premises.
- A Better Medway Champions Members commended the Portfolio Holder for Adult Services on the success of the A Better Medway Champions scheme. He explained that there were now over 130 Better Medway Champions from across 18 different groups including businesses, St John's Ambulance service and pharmacies. He referred to attending a recent award ceremony where 33 more A Better Medway Champions were recruited.

- Turning Point substance misuse A concern was expressed by the Healthwatch Medway representative about the provider of substance misuse services, Turning Point. The Director of Public Health requested that further details were shared with her about those concerns outside of the meeting.
- **Social Isolation** Discussion took place about social isolation and the representative from the Medway Pensioner's Forum referred to discussions at that Forum about social isolation and the plans for breaking down barriers to enable more older people to socialise.

The Portfolio Holder for Adult Services thanked the Committee for their work through the year.

Decision:

The Committee noted the responses from the Portfolio Holder for Adult Services and thanked him for his attendance.

384 Annual Care Home Report

Discussion:

The Assistant Director, Partnership Commissioning gave a brief introduction to the report on annual care homes and, in conjunction with the Head of Partnership Commissioning, answered Members' questions.

It was pointed out that it was important to keep up with the changing market, the changing demand in relation to care homes in line with the personalisation agenda in order to allow people to live independently and well for as long as possible.

The Chairman stated that a list of care homes across Medway would shortly be shared with all Members of the Committee and he encouraged as many Members as possible to organise visits to the care homes within their own wards.

The Assistant Director, Partnership Commissioning stated that under the Care Quality Commission's inspection regime 30 care homes in Medway had been inspected, 18 had been graded as good with 2 being inadequate. There were 33 care homes in Medway and 1,300 beds with a vacancy rate of around 60 at any one time. She outlined work ongoing with NHS Medway CCG to support staff in care and nursing homes with the more complex support needed, particularly for those dealing with clients with dementia.

Members put forward the following comments and questions:

• Fair cost of care and the National Minimum Wage – Discussion took place about the need for a decent wage for care workers bearing in mind the valuable work they undertake. The Assistant Director, Partnership

Commissioning confirmed that care businesses generally were in agreement with taking part in the Fair Cost of Care exercise.

- Access to care homes Responding to a question the Head of Partnership Commissioning confirmed that it would be possible to find out further details about the numbers of Medway residents able to access care in the area but it would be unlikely that figures could be obtained for numbers choosing to move into Medway for their care. This information would be circulated to the Committee outside of the meeting.
- Quality of care Further to a question the Director of Public Health referred to work being undertaken across Medway care homes to identify root causes of infection. She explained that there would be a conference next month on infection control. In addition, an informal meeting of the Health and Wellbeing Board was planned to consider how the Local Plan could be developed to have a positive impact on health. This would include looking at the housing needs of older people to influence housing provision. The Deputy Director, Children and Adults Services referred to work being undertaken with the two homes identified as being inadequate and both were now showing significant improvement and no cause for ongoing concern.
- Care in the community Responding to a question, the Deputy Director, Children and Adult Services gave a reassurance that the Council did not commission the short fifteen minute care visits in the community. He acknowledged a view put forward that in some large nursing homes it was possible for people to feel isolated.
- Vacancies in the care system A suggestion was made that more use could be made of the 60 vacant beds in the care system for use temporarily by people subject to delayed discharge from hospital. The Assistant Director, Partnership Commissioning stated that these vacancies fluctuated and were needed within the system. If they were removed it could cause significant problems.

Decision:

The Committee noted the report.

385 Council Plan Q1 2015/16 Performance Monitoring Report

Discussion:

Members received a report on the quarter one 2015/2016 performance against the priority for the Committee which was 'Adults maintain their independence and live healthy lives'.

Members put forward the following comments and questions:

- Carers' assessments concerns were expressed about the continuing poor performance on this indicator. The point was also made that some carers may not be identified as carers, particularly where they were elderly and looking after their children who returned home as adults when they were suffering from mental health problems, addictions etc. The Deputy Director, Children and Adults Services set out the measures being put in place to increase numbers of staff dealing with carers' assessments as there had been a significant increase in demand since the introduction of the Care Act. He also stated that the Carers Partnership Board was looking at its terms of reference to see if carers' assessments were being delivered in a way which makes sense to carers. A request was made for the information provided to the Carers Partnership Board to be shared with the Committee by means of a briefing note.
- Stoptober further to a question, the Director of Public Health stated that the Stoptober campaign aimed at stopping people from smoking was a nationally organised campaign focussing on Stoptober so was unlikely to refer to the recently introduced ban on smoking in cars. In response to a further query the Director of Public Health did not think the ban on people smoking in cars would include the use of e-cigarettes.

Decision:

The Committee:

- (a) noted the quarter one 2015/2016 performance against the Key Measures of Success used to monitor progress against the Council Plan 2015/2016
- (b) requested a briefing note from the Deputy Director, Children and Adults Services in relation to the information provided to the Carers Partnership Board as set out above.

386 Work programme

Discussion:

The Democratic Services Officer notified the Committee that, following a reference from this Committee's last meeting, there was a discussion at the meeting of Regeneration, Community and Culture Overview and Scrutiny Committee on 29 September 2015 about the possible use of vacant land at Gillingham Business Park for parking of lorries, as they were causing problems for patients wishing to access Medway Community Healthcare's premises there. Unfortunately the owner of the vacant land was currently unwilling for the land to be used for parking lorries. However, discussions with the landowner were continuing and officers were requested to continue to monitor the situation via parking and community wardens.

Discussion then took place about the need for urgency for NHS Medway CCG to bring to Committee the report on the Personality Disorder Service. A request was made that for the Chief Clinical Officer, NHS Medway CCG to make

contact with the Deputy Director, Children and Adults Services and the Democratic Services Officer within the next two weeks to set a date for the report to be brought forward.

Decision:

The Committee:

- (a) agreed the action requested at the pre-agenda meeting as follows:
 - 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
 - The dementia commissioning intentions report be submitted to the 17 December 2015 meeting
 - A briefing note would be circulated on the Death from Drug Addiction Group.
- (b) agreed, subsequent to the visit to Medway NHS Foundation Trust, that the following information would be supplied:
 - A joint report from Medway NHS Foundation Trust and Children and Adults Services setting out examples of the complete pathway of care from admission to discharge, explaining, from both perspectives, problem areas where patients were 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 were not required to pay for television licences in the community. (This was highlighted as an issue particularly where patients were bed bound and had no access to wifi either, it was considered there could be a lack of mental stimulation while they remained in hospital).
- (c) noted that there would be a report on the Personality Disorder Service to a future meeting of the Committee; (with details of timings to be notified to the Deputy Director, Children and Adults Services and Democratic Services Officer within the next two weeks);
- (d) noted the response from the meeting of Regeneration, Community and Culture Overview and Scrutiny Committee as set out in the discussion above;
- (e) noted the agreed approach for scrutinising Kent and Medway NHS and Social Care Partnership Trust would be:

"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".

Chairman

Date:

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