

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

Thursday, 17 December 2015

6.30pm to 9.30pm

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, Khan, McDonald, Murray, Opara, Potter and Shaw

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and Dr Greg Ussher (Healthwatch Medway CIC representative)

In Attendance: Dr Alison Barnett, Director of Public Health
John Britt, Head of Better Care Fund
Margaret Dalziel, Director of Clinical Operations, Acute and Continuing Care, Medway NHS Foundation Trust
Lance Douglas, Interim Head of Better Care
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Amanda Gibson, Discharge Lead, Medway NHS Foundation Trust
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group
Rosie Gunstone, Democratic Services Officer
Angela Knight, Associate Director, Specialist Assessment and Placements, NHS Swale, NHS Medway and NHS Dartford, Gravesham and Swanley CCGs
Barbara Peacock, Director of Children and Adults Services
Solaru Sidikatu, Senior Legal Assistant
Ian Sutherland, Deputy Director, Children and Adults Services
Phil Watts, Chief Finance Officer

586 Apologies for absence

There were none.

587 Record of meeting

The record of the meeting held on 1 October 2015 was agreed as correct and signed by the Chairman.

588 Urgent matters by reason of special circumstances

There were none.

589 Chairman's announcement

The Chairman informed the Committee that the Chief Operating Officer at NHS Medway CCG will be leaving shortly and he and the Committee wished her well and thanked her for the support she had given the Committee over the years. He also took the opportunity to get agreement to vary the order of business to take agenda item 9 (Supporting People at Home – Intermediate Care and Reablement Strategy) as the first item.

590 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

591 Report on the progress of the Improvement Plan for Medway NHS Foundation Trust

Discussion:

The Chief Executive and the Director of Clinical Operations, Acute and Continuing Care from Medway NHS Foundation Trust (MFT) introduced a report on progress against the Care Quality Commission (CQC) Improvement Plan and progress with regards to mortality rates at the hospital. In particular the following points were raised:

- **Mortality rates**

The Chief Executive of MFT explained there was a sustained decrease in the Hospital Standardised Mortality Ratio (HSMR) but there was still more work to be done. Responding to a question she confirmed that the Emergency Department and Surgical Department were now involved in collating the data and mortality and morbidity meetings took place monthly with good attendance from specialities sharing learning and good practice.

- **Care Quality Commission report**

In relation to the CQC inspection report this had now been received by the Trust as a draft on which comments were now being made. The report was, however, embargoed, so the Chief Executive, MFT explained that she could not discuss it. She stated that it should be available publicly a few days prior to the Quality Summit, which was now scheduled for 8 January 2016.

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The Chief Executive, MFT did refer to changes to the management structure in that she had set up 12 clinical directors which have entailed the removal of a layer to those providing direct care to senior management and this involved the inclusion of a senior matron role. A new clinical governance strategy was being developed to ensure care of a high calibre was delivered across the hospital. It was important for those departments which were working well to share their good practice and learning to replicate in other sections. The buddying with Guys and St Thomas' Hospital was ongoing.

The Committee was notified that the hospital had been successful, in applying for and receiving funding from the Emergency Care Improvement Programme, supported by the CCG.

Reference was made to financial pressures at the hospital and problems retaining and now recruiting staff which meant that more agency and locum staff were needed, increasing costs incurred by the hospital. The Chief Executive, MFT referred to the fact that staff were unsure of the direction of the hospital and more work was being done in this regard.

Members felt that the CQC report would be unlikely to contain any surprises but may well conclude that more needed to be done particularly to ensure better lines of communication across the hospital. The renovated minor injuries unit and children's emergency department were commended by Members as being much improved.

Responding to a query the Chief Executive, MFT welcomed the revised guidelines in respect of end of life care and stated that the Liverpool Care Pathway had not been used for some time. She agreed to send further details of the prevalence of chronic obstructive pulmonary disease (COPD) and stroke to the Committee as a briefing note.

Some Members expressed concern about the handover arrangements at Medway Maritime often involving agency staff which sometimes lead to delays. The Chief Executive, MFT acknowledged that there had been such difficulties but work was ongoing with staff in an attempt to improve this situation. She also responded to a question on endoscopy and stated that there were good clinical leads in this area.

A question was put forward about staff morale and the Chief Executive, MFT stated that there had been a 32% response from staff on the last survey. She confirmed that there was a zero tolerance policy on bullying in the Trust but there could be areas where staff perceived they were being bullied at times when their performance was being managed.

Reference was made to the presence at the hospital of two Labradors who had been used as therapy dogs at the hospital. Members thanked the representatives of MFT for their attendance.

Decision:

The Committee requested:

- (a) a report to the 26 January 2016 meeting on the CQC inspection findings and next steps;
- (b) further details of the prevalence of chronic obstructive pulmonary disease (COPD) and stroke to the Committee as a briefing note.

592 Joint report on Complete Care Pathway from Admission to Discharge

Discussion:

The Deputy Director, Children and Adults and the Discharge Lead for Medway NHS Foundation Trust introduced a joint report on the Complete Care Pathway from admission to discharge and responded to Members' questions.

The Deputy Director, Children and Adults explained that it was important for both organisations to work more closely together and stated that, although there were still sometimes areas of disagreement, positive work was being undertaken to ensure that unnecessary delays did not happen. He emphasised that, rather than waiting for things to happen sequentially, processes could happen simultaneously to make them more streamlined. Reasons for delays were outlined and it was clarified that not all the delayed discharges were attributable to social care. The most important thing was to ensure patients were safely discharged with appropriate support in place.

The Deputy Director, Children and Adults then referred to the work of the Integrated Discharge Team and to the Emergency Care Improvement Programme (ECIP). It was stated that the ECIP are working on three themes at the hospital: Admission Prevention and Avoidance; Patient Flow; Discharge and Community Care.

The Discharge Lead for Medway NHS Foundation Trust, in response to queries, explained that as far as delivery of equipment was concerned, some equipment was kept in stock, while larger items needed to be ordered. She also stated that the Decision Support Tool took approximately a week to process.

The Deputy Director, Children and Adults explained that he received a daily list of failed discharges which was examined to find emerging trends; Medway Community Healthcare were also involved in the process.

Decision:

The Committee agreed that the Chairman, Vice-Chairman and spokespersons of the Committee, with a representative from Adult Social Care, should arrange to meet with the Emergency Care Improvement Team from NHS Medway

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Foundation Trust on an agreed dated in January 2016 to receive their feedback on their assessment of the way the system was coping with winter pressures.

593 Personality Disorder Service

Discussion:

Discussion took place about the recent closure of the Personality Disorder Unit and Members expressed their disappointment that the unit, which appeared to be providing an effective service for people with a personality disorder in line with good practice guidance from the Kings Fund and National Institute for Health and Care Excellence, had closed.

A view was put forward that it was important for any innovation or pilot to be transparent, to have a clear business plan including a sustainable financial plan, and to have key milestones with performance indicators in order to assess whether it was successful so that it could be appropriately monitored as the scheme progressed. Members requested that a letter should be written to Kent and Medway NHS and Social Care Partnership Trust setting out this view.

Concern was expressed by some Members about the future provision for people with a personality disorder in Medway and sought reassurances that it would be replaced with a quality service.

The Chief Clinical Officer, NHS Medway Clinical Commissioning Group (CCG) explained the measures had been put in place to ensure that people with a personality disorder received a more tailored service to meet their needs and stated that it was not appropriate, or cost effective, to continue with a service that was not working.

Decision:

The Committee agreed that the Chairman, on behalf of the Committee should write to Kent and Medway NHS and Social Care Partnership Trust setting out their view that in any future innovations they should put in place a transparent financial business case, with appropriate key milestones and performance indicators in order to be able to assess whether the desired outcomes were being achieved.

594 West Kent Neuro-Rehabilitation Centre (Knole Centre) Closure

Discussion:

The Associate Director, Specialist Assessment and Placements, NHS Swale, NHS Medway and NHS Dartford, Gravesham and Swanley CCGs introduced a report on the closure of the neuro-rehabilitation unit (Knole Centre) at Sevenoaks.

She explained that in April, Kent and Medway NHS and Social Care Partnership Trust (KMPT) had served notice on the grounds of not being able

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to guarantee the quality, safety and cost of the service. She then set out the measures put in place to address the gap in service provision which was by purchasing treatment on an individualised cost per case basis with a range of independent providers who could meet the level of rehabilitation needs.

Members expressed their disappointment that earlier consultation had not taken place which could have enabled the Committee to comment on the proposals in a timely fashion.

Decision:

The Committee noted the report.

595 Supporting People at Home - Intermediate Care and Reablement Strategy

Discussion:

The Director of Children and Adults Services introduced an update on the earlier report on the Intermediate Care Strategy and she and the Interim Transformation Lead Adults responded to Members' questions.

Members were informed that there were four strands to the implementation which were as follows:

- Home to assess
- Community equipment
- Telecare services
- Procurement and market engagement

In relation to the community equipment this was a major piece of joint commissioning between the Council and NHS Medway Clinical Commissioning Group (CCG), under the pooled s76 budget, and this had gone to the market with a contract to be awarded early next year.

More needed to be done with regards to telecare and assisted technology but this now had a growing role in helping people to retain their independence.

The Chief Clinical Officer, CCG stated that the implementation of the Intermediate Care and Reablement Strategy was a good example of joint working and would have real benefits. He emphasised that risk was assessed to ensure that people had the appropriate support they needed in the community once they were discharged.

The Interim Transformation Lead Adults explained the competitive dialogue process to the Committee and stated that bids had now been invited for the community equipment contract. He also stated that it was hoped to reduce the reliance on investment in beds and to transfer that money into supporting people in the community.

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Members thanked the Director and the team working to implement the Intermediate Care and Reablement Strategy and accepted that this was the start of a process. Some Members expressed caution that this new way of working had yet to be tested to ensure it was successful and concern was expressed that there may be some patients who were excluded from opportunities due to financial constraints.

The Interim Transformation Lead Adults stated that all patients would be assessed and if they were eligible for services the cost of telecare was minimal, a few pounds a week. In response to a question, he confirmed that the needs of people with protected characteristics were assessed throughout the implementation of the strategy and not just at the commencement of the process.

Some concerns were expressed that the new provider of community equipment might not be keen to ensure that the needs of people living in rural communities were catered for. It was explained that this would all be considered as part of the competitive dialogue process. The representative from the Pensioners Forum raised some issues about pensioners being taken to hospital by ambulance, not admitted and returned home awaiting a scan but no further contact had been made with the patient since. The Chief Clinical Officer, CCG agreed to discuss this matter outside of the Committee.

Following a further question, the Interim Transformation Lead Adults explained the reference to building resilient communities by stating that work was ongoing with the voluntary sector to assist them to support more vulnerable people to stay at home. The Deputy Director, Children and Adults explained an example of this where the voluntary sector was setting up community interest companies, in Hoo and Walderslade initially, to establish a network of volunteers, so rather than paying for care, the money was being used to pay the community interest companies to support people in their homes. Some concern was expressed about reliance on the voluntary sector and the use of staff from care homes to support patients because of the fact that some areas were struggling to recruit staff.

The Director of Children and Adults Services set out measures the Council was involved in to promote Medway as a place to work, this was something which health and social care partners wanted to promote jointly.

The Deputy Director, Children and Adults commended the work being done by unpaid carers across Medway and referred to the activity promoted by the Carer's Partnership Board to support carers.

Decision:

The Committee noted the progress on the implementation of the Intermediate Care and Reablement Strategy and in particular the positive market response so far.

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596 Draft Capital and Revenue Budget 2016/2017

Discussion:

The Chief Finance Officer gave a brief introduction to the draft capital and revenue budget 2016/2017 and explained that it was based on the principles contained in the Medium Term Financial Plan. He responded to Members' questions. The Chief Finance Officer agreed to share with the committee any proposals for the 2.0% additional Council Tax to fund social care pressures.

Reference was also made to the recurrent cut in the public health budget and the need for more information around the impact and consequences of not spending in certain areas.

The Committee was informed that paragraph 8.2 of the report had been left in by mistake as it related only to Children and Young People's Overview and Scrutiny Committee.

Decision:

The Committee noted the draft capital and revenue budget for 2016/2017 proposed by Cabinet on 24 November 2015 and requested further details of the Council Tax proposals once they are developed.

597 Council Plan Quarter 2 2015/2016 Performance Monitoring Report

Discussion:

The Director of Children and Adults Services gave a brief introduction to the Council Plan quarter two performance data in relation to this Committee.

Decision:

The Committee noted the quarter two 2015/2016 performance against the Key Measures of Success used to monitor progress against the Council Plan 2015/2016 in relation to this Committee.

598 Work programme

Discussion:

The Democratic Services Officer introduced the report and asked whether any member of the Committee would be interested in representing the Chairman at a Care Quality Commission Quality Summit relating to Medway NHS Foundation Trust to be held on 8 January 2016 at Priestfield Stadium. She explained that the Quality Summit had been moved and now clashed with a meeting of the Joint Health Scrutiny Committee with Kent (JHOSC).

Councillor McDonald volunteered to attend.

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Decision:

The Committee:

- (a) agreed that the Health and Wellbeing Board should be held to account on 26 March on progress against priorities in the Joint Health and Wellbeing Strategy, to include an update from the planned Health and Wellbeing Board workshop to be held on 26 January 2016 on system performance across health and social care;
- (b) noted that the dementia commissioning intentions report would be considered on 26 January 2016;
- (c) noted that an organised visit to a selection of Medway venues by Kent and Medway NHS and Social Care Partnership Trust would be arranged for 1.30pm on 21 January 2016 with the Deputy Director, Children and Adults and the Consultant in Public Health in attendance. Anyone interested in attending would need to contact the Democratic Services Officer by no later than 5 January 2016;
- (d) agreed that an initial letter be sent by the Chairman of the Committee to the Chief Executive of South East Coast Ambulance Trust expressing the Committee's concerns about the breach of its licence and the issue set out in the report relating to the defibrillator policy, requesting his attendance at the 17 March 2016 meeting to update the Committee on progress against the action plan developed by the Trust in response to the conditions imposed;
- (e) noted the update on selection of in-depth review topics set out in the report;
- (f) noted the details of the changes at Rochester Community Healthy Living Centre in Delce, relating to changed opening hours, as set out in the report;
- (g) added to the work programme for 26 January 2016 meeting a report on a review of 'blue light' conveyances for Swale residents;
- (h) noted the changes to the anti-coagulation clinic opening times across Medway as circulated to the Committee;
- (i) noted that Councillor McDonald would represent the Chairman at the Care Quality Commission Quality Summit to be held on the morning of 8 January 2016 at Priestfield Stadium in Gillingham;
- (j) noted that there would be an update on patient transport to the 26 March 2016 meeting.

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2015**

Chairman

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