

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

Tuesday, 26 January 2016

6.35pm 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)

Substitutes: Matt Durcan (Substitute for Dr Ussher) Healthwatch Medway

In Attendance: Dr Alison Barnett, Director of Public Health
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group
Rosie Gunstone, Democratic Services Officer
Jan Guylor, Head of Legal Services/Deputy Monitoring Officer
Helen Jones, Assistant Director, Partnership Commissioning
Malcolm McFrederick, Executive Director of Operations, Kent and Medway NHS and Social Care Partnership Trust
Barbara Peacock, Director of Children and Adults Services
Ian Sutherland, Deputy Director, Children and Adults Services
Shena Winning, Chair - Medway NHS Foundation Trust

693 Apologies for absence

An apology for absence was received from Dr Ussher, Healthwatch Medway.

694 Record of meeting

The record of the meeting held on 17 December 2015 was agreed as correct and signed by the Chairman.

695 Urgent matters by reason of special circumstances

There were none.

696 Chairman's announcement

The Chairman stated that he would like to place on record the Committee's thanks to Dr Barnett, the Director of Public Health, who was leaving the Council to work as Deputy Centre Director for Public Health England South East in a few week's time. He wished her well in her new job and, on behalf of the Committee, thanked her for her support to the Committee over the years.

697 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

698 Update on Care Quality Commission Inspection

Discussion:

The Chairman welcomed the representatives from Medway NHS Foundation Trust to the meeting and emphasised that the Committee would not be going through the entire report. However, a number of questions had been shared with the Trust prior to the meeting and he hoped they would be addressed as part of the introduction. He welcomed the positive comments in the Care Quality Commission (CQC) Inspection report particularly in relation to maternity and gynaecological services and services for children and young people.

The Chief Executive of Medway NHS Foundation Trust (MFT) explained the background to the latest inspection of the hospital and stated that there was a long list of 'must dos' and a list of 'should dos' to be worked through but she was confident that the Trust had a strong communication plan and was assured that the good practice achieved in some areas of the hospital could be replicated elsewhere.

She set out some of the changes which had taken place within the Trust, including the strengthening of the Clinical Leadership Team, which were helping progress to be made, she did, however, stress that the Trust needed the support of partners with their plans. The most important thing was for Medway Hospital to provide safe care and she was pleased that the CQC inspection had found staff to be caring.

The Chair of MFT responded to a number of questions forwarded to the Trust and stated that three additional Non-Executive Directors had been appointed to the Trust and she felt confident that the board now had the right skills mix and background to be able to successfully challenge the executive.

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In relation to the questions about staff morale she stated that she was confident things would improve now there was more stability at the hospital and the Council of governors and Healthwatch Medway were engaging actively with staff which would enable staff to share any concerns.

At the invitation of the Chairman, the member of the Committee who attended the CQC Quality Summit on 8 January 2016 fed back on his experience of the event and made the following observations:

- The event was well attended and the Care Quality Commission helpfully set the scene by explaining that Medway Maritime Hospital was built to cope with 45,000 attendances but was actually receiving 99,000 people in a year. He stated that 1200 pieces of evidence had been gathered about the hospital and the importance of getting things right was emphasised bearing in mind the length of time the hospital had been classified as inadequate.
- It was stated that the Chief Executive of the hospital had been very frank about the amount of work needed to bring about real improvements at the hospital. His view was that there was a real sense of camaraderie from the Clinical Directors and Board about getting the right systems and culture in place. There was a zero tolerance in place about bullying at the hospital and drop in clinics had been set up to allow staff to talk freely about any problems in this regard;

The representative from the Pensioners' Forum referred to the involvement the Forum had had with the hospital and expressed concern at the staff shortages at the hospital. She also stated that a number of pensioners were expressing anxiety about the possibility of being admitted to the hospital in view of the negative publicity. She queried whether perhaps volunteers or more junior staff could be involved in assisting people with vital access to water, and addressing any infection control and hygiene issues.

In response to the above question, and further questions posed by the Committee, the Chief Executive, MFT made the following comments:

- In February the Trust would be launching their vision and values and this should have a positive effect on the recruitment of new staff
- 100 new nurses had been recruited to the Trust by direct involvement of nurses from the Trust visiting Greece and Spain. These nurses had been targeted to come from areas with similar training styles to those used in Medway and had to prove fluency in English. They would arrive in stages and she would be looking to try to find suitable accommodation in the area for them. She referred to work with the university around this point. They would be subject to the same sort of reviews in post as other nurses. The response to the open day had been unprecedented with a fourfold increase in attendance
- There was an understanding in the Trust that new technology needed to be introduced to give the staff the relevant tools to do their jobs

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- An in-house nursing bank was being set up to reduce the over-reliance on agency staff at the hospital
- The buddying with Guys and St Thomas' Hospital was really helping the Trust to move forward
- The hospital had 300 volunteers who help there and she saw this as a great strength
- The £13.4m given to the hospital for improvements to the emergency department was a loan. The improvements to the minors area had been completed but the majors and resuscitation areas had yet to be started
- The cost of the buddying by Guys and St Thomas' Hospital was funded by the Department of Health
- Any outsourcing would need to be considered carefully to ensure that it only goes ahead if the task could not be completed economically and efficiently in-house
- Before the release of the latest CQC report there was a meeting of 400 staff to brief them on the contents
- Until the new Director of Clinical Operations is in post the Deputy Director of Nursing is providing a focal point for staff to report to in the surgical department
- In future it was intended to streamline the entry into A&E to ensure that the system is fit for purpose and does not require patients having to see a sequence of people, or take a ticket, before being assessed
- In a three year period there had been 178 recommendations purely in relation the emergency department. It was clear that the area needed a complete redesign of the pathway
- In relation to staff feeling undervalued it was stated that with a new clinical leadership in place and new vision and values this should give a clearer direction for staff and improve morale
- Disappointment was expressed about the figures on page 46 of the agenda which indicated that 33% of black and minority ethnic staff had reported experiencing harassment, bullying or abuse from staff. It was emphasised that bullying has no place in the Trust. A further staff survey had been undertaken recently and it was agreed that the findings could be shared with the Committee as a briefing note.
- It was agreed that briefing notes would also be produced setting out plans for new technology and about capital programmes

The representative from Healthwatch Medway explained how they had been very much involved in giving feedback to the hospital but stated that he would welcome being even more engaged in the improvement journey. He stated that, following the appearance of the Healthwatch Medway Chair on BBC South East there had been a surge of positive feedback about the hospital. Counter to that, however, he stated that there had been some negative feedback around agency staff in particular. He queried what more the community could do.

In response, the Chair of MFT explained that more needed to be done around what the community could do to support the hospital but she welcomed the approach from Healthwatch Medway in this regard.

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Discussion then took place about the role of the Board in approving schemes and finances, and it was emphasised that support would be given where it could be clearly seen that quality would be improved as a result of the changes but value for money was also important. A Quality Impact Assessment would be completed when any new plans/changes were developed so that the Board could see the likely impact of those changes.

Decision:

The Committee:

- (a) Invited the Chief Executive of MFT to share with the Committee, at the next meeting, the action plan to address the issues in the Care Quality Commission inspection report, and any further progress made;
- (b) Agreed that the Chair, Vice-Chair and spokespersons of the Committee should consider, outside of the meeting, how best to obtain feedback and patient experience in relation to a specific area of hospital care, such as the frailty pathway and/or mortality, with a view to discussing all relevant issues with the Committee at a later date. (The hospital, Pensioners Forum, Healthwatch Medway, service users, their carers and the voluntary sector would be invited to contribute to that debate once it is programmed);
- (c) Requested a joint report to the next meeting from MFT and the Deputy Director (Children and Adults) on an update on discharge planning;
- (d) Requested briefing notes from MFT on the following topics raised during the meeting:
 - Results of the staff survey
 - Capital programmes
 - Plans for new technology at the hospital

699 Acute mental health inpatient bed review update

Discussion:

The Chairman and Members of the Committee stated that the visit to KMPT services the previous week had been very helpful and informative.

The Executive Director, Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced a report on an update on acute mental health inpatient beds and welcomed the Member visit and extended an offer to those Members unable to attend on that date to visit in the future.

He stated that the Trust was subject to contractual negotiations at present with NHS England and the Trust Development Agency and he hoped to be able to report on this further at a future meeting.

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He referred to a letter by the Chairman on behalf of the Committee and stated that the Trust would be mindful of the advice in that letter with regards to improving planning and design of new and innovative projects prior to receiving commissioning support in order to be able to demonstrate more efficiently the desired outcomes and whether they were being met.

Reference was made to the increase in numbers of younger adults in Kent and Medway being discharged from acute services which was up to 200 compared to 150 in June. However, the number of admissions had not gone down. Some detailed clinical work was currently being undertaken to assess the reason for this on a patient by patient basis.

Discussion took place about the section 136 detentions and it was stated that the criminal justice diversion service was now being extended to Medway and Swale Police Stations in an attempt to reduce the number of such detentions. There had been a positive response from the Police about the fact they now had a mental health practitioner to consult for advice at the Police station.

In response to questions the following points were made:

- It was difficult for the Trust to recruit and retain staff on the basis that the close proximity to London meant that a number of staff were attracted to London because of the enhanced salaries on offer
- Members stated that since the visit the previous week it was easier to appreciate the challenges facing the Trust and to understand that the prevalence of patients suffering mental ill health, and presenting in A&E in crisis, in Medway was far greater than most areas of Kent
- Members were encouraged by the multi-agency integrated approach being taken at the hospital where Occupational Therapists, Psychiatrists, Crisis Resolution Home Treatment Team and Psychiatric Liaison staff all worked together
- Following a question about waiting times it was stated that there was an average 4 week wait for an assessment and 12 week wait for treatment, 90% of patients were seen in 4 weeks and 99% treated in 18 weeks. Handover of staff between shifts normally took no more than 30 minutes
- Further to a question about an invitation received by a Member of the Committee to use talking therapies, the Chief Clinical Officer, NHS Medway CCG explained that these were in relation to primary care mental health services rather than acute mental health care supplied by KMPT
- The talking therapies were aimed at low level mental health problems and seemed to be successful for some people. Some were referred to such services by their GP others would self refer. The Chief Clinical Officer, NHS Medway CCG confirmed that such organisations would, however, always refer patients back to their GP if they felt their problems were more serious and outside of the scope of talking therapy
- Concern was expressed by some Members about the numbers of acutely mentally ill patients being held in the Clinical Decision Unit at Medway Maritime hospital awaiting an inpatient bed. The Executive

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Director, Operations from KMPT acknowledged that this situation was far from ideal and confirmed that such people were a 'hidden demand'. He intended discussing this matter with NHS Medway CCG as the commissioners.

- It was acknowledged that at the moment the information technology used by the mental health trust was not compatible with the Council's adult social care information technology. While Medway Council's social workers were able to have access to the mental health trust's database on a 'read only' basis they could not offer the same service back to the mental health trust. Work was ongoing to remedy this situation.
- In response to a question about the high level of external bed days utilised between April and October 2015 it was stated that no specific reason could be given for this high figure.
- The single point of access for acute mental health services should be operational by the end of March and would be available to GPs as well as to members of the public, patients and carers.
- The Deputy Director, Children and Adults informed the Committee that he was involved in some joint work with KMPT around developing an integrated care pathway across mental health and social care and that staff were enthusiastic about the plans

Decision:

The Committee:

- (a) Noted the report; and
- (b) Supported the ongoing work outlined in the report and requested a further update to the first meeting in the new municipal year.

700 Dementia Gap Analysis and Joint Commissioning Plan

Discussion:

The Assistant Director, Partnership Commissioning introduced the report on the dementia gap analysis and joint commissioning plan which had been written following the adoption of the Dementia Strategy by the Council and Clinical Commissioning Group (CCG).

As part of her introduction she paid tribute to Major Maurice Bernard, OBE who had died recently. She stated that he had been very engaged in the process of developing dementia services until the time of his death. His own personal case study had been quoted in the report.

In addition to the partnership working with the CCG there had been a significant engagement with public health in launching the dementia friends programme. She explained that, following engagement with service users and carers it was clear that a strategic shift in practice was necessary to enable the offer to be

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less about a prescribed set of services, and more about flexibility, to fit with what may be required.

In explaining the content of the Dementia Commissioning Plan it was stated that it was planned to set up a Steering Group to oversee the implementation of the action plan, a Dementia Whole System Summit was also planned for 25 February 2016.

The Chief Clinical Officer, NHS Medway CCG emphasised the importance of early diagnosis as far as dementia is concerned but welcomed the shift in focus for the service.

Reference was made to a visit by a Member of the Committee to a dementia café the previous week and the view was put forward that although the group was well intentioned there seemed to be a gap in the service provided in that it was primarily directed towards the sufferer of dementia rather than there being any real support for the main carer/partner who are often struggling to cope with the life-changing and very significant behavioural changes in their loved one. The Director of Children and Adults Services reminded Members that there would shortly be a Member in-depth task group on 'how far has Medway gone in becoming a dementia-friendly community' and suggested that this feedback could be fed into the scoping meeting for that review.

The Deputy Director, Children and Adults informed Members that there would be a refresh of the Carer's Strategy shortly, which he would bring to the Committee in due course. The carers themselves are contributing to the document so are very much involved in the content.

A Member asked what was being done about minority groups and what contacts were in place. The Assistant Director, Partnership Commissioning explained that existing forums were being used to contact minority groups and that being inclusive was at the heart of the Alzheimer's Society work. A request was made that this information is included in the report back in August 2016. In response to a question it was stated that it was not possible to specify the exact number of people with dementia who were among the numbers of patients waiting for discharge from the hospital. It was stated that the NHS Emergency Care Improvement Programme Team were working on the issue of delayed discharges and how to improve the experience for patients and speed up discharge from an acute bed.

Decision:

The Committee:

- (a) Noted the report;
- (b) Noted that the comments made during the meeting would be shared at the point of scoping the Member in-depth review into how far Medway has gone in developing a dementia-friendly community.

701 Work programme

Discussion:

The Democratic Services Officer introduced the work programme report and reminded the Committee that the report on dementia would need to be added to the work programme.

In relation to the meeting with the Emergency Care Improvement Team at the hospital with the Chairman, Vice-Chairman and spokespersons of the Committee she hoped to be able to notify Members of the date of this meeting shortly. She advised that it was likely to be held in early March 2016.

Decision:

The Committee:

- (a) Agreed to add to the work programme an item on Urgent and Emergency Care Review on a date to be agreed;
- (b) Noted the outcome of the Joint Health Scrutiny (JHOSC) meeting with Kent County Council held on 8 January 2016 as set out in paragraph 5 of the report;
- (c) Noted that the report on 'blue light' conveyances for Swale residents had been dealt with as a briefing note;
- (d) Noted that the Chairman, Vice-Chairman and spokespersons of the Committee, with a representative from adult social care, would be meeting with the Emergency Care Improvement Team at the hospital shortly.

Chairman

Date:

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