

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

Thursday, 17 March 2016

6.30pm to 9.35pm

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, Griffin, Khan, McDonald, Murray, Opara and Shaw

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and Matthew Durcan (Healthwatch Medway CIC representative substitute)

Substitutes: Councillors:
Avey (Substitute for Franklin)
Tranter (Substitute for Potter)

In Attendance: Barbara Peacock, Director of Children and Adults Services
Ian Sutherland, Deputy Director, Children and Adults Services
Ian Ayres, NHS West Kent CCG Accountable Officer
Dr Andrew Burnett, Interim Director of Public Health
Geraint Davies, Acting Chief Executive and Director of Commissioning, South East Coast Ambulance Service
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Amanda Gibson, Discharge Lead, Medway NHS Foundation Trust
Rosie Gunstone, Democratic Services Officer
Jan Guylar, Head of Legal Services/Deputy Monitoring Officer
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Shena Winning, Chair - Medway NHS Foundation Trust

868 Apologies for absence

Apologies for absence were received from Councillors Franklin, Freshwater and Potter. Apologies were also received from Dr Usher (Healthwatch Medway) and Dr Green (NHS Medway Clinical Commissioning Group).

869 Record of meeting

The record of the meeting held on 26 January 2016 was agreed as a correct record and signed by the Chairman.

870 Urgent matters by reason of special circumstances

There were none.

871 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

Councillor Clarke, Chairman, declared an interest in agenda item 5 (Scrutiny of South East Coast Ambulance Trust) as his brother-in-law works for South East Coast Ambulance Trust.

872 Chairman's announcement

The Chairman welcomed the interim Director of Public Health to his first meeting of the Committee and stated that Helen Greatorex had been appointed as the new Chief Executive at Kent and Medway NHS and Social Care Partnership Trust and that she would take up the post in June.

873 Scrutiny of South East Coast Ambulance Trust

Discussion:

The Chairman stated that since the despatch of the agenda for the meeting the Members of the Committee had been made aware of the publication of the report by Deloitte into the Red 3/Green 5 Pilot review but had not had sufficient time to thoroughly read the report. He confirmed that the Committee knew the Chairman of the South East Coast Ambulance Trust had resigned and that the Trust's Chief Executive was taking mutually agreed leave of absence.

The Acting Chief Executive and Director of Commissioning from SECAMB explained that because of the publication of the Deloitte report he intended to just give a brief update and synopsis of the report.

He stated that the Trust accepted that the pilot had been conducted outside of the normal governance process and that it had caused a non-compliance of the Trust's contractual standards. A new Chairman of the Trust had been appointed, Sir Peter Dixon who came from Imperial College in London so had wide experience. He confirmed to the Committee that the pilot had stopped last winter and that a review of patient harm had concluded that there had been no harm to patients as a result of the pilot. A further report would be published in June and he offered to come back to the Committee at that point to go through the findings in more detail. Monitor had requested a governance review and this was being conducted to ensure that the appropriate governance measures are put in place.

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The possibility of a return Member visit to NHS 111 Control Centre in Ashford was suggested and Members agreed this would be helpful, particularly for new Members of the Committee.

While concern was expressed about the pilot the Committee spoke favourably about SECAMB and its previously very good reputation. The Trust was commended for its innovative approaches over the years and for the work it had been undertaking in relation to frequent attenders at accident and emergency with people with mental health problems.

There was a general view expressed that the NHS 111 service had not been working well and some examples of this were expressed during discussion. The Acting Chief Executive and Director of Commissioning, SECAMB, explained that there were ongoing reviews of the way that the NHS 111 service was working to see how it could be improved. He stated that, unlike many areas of the country, the South East Coast had not experienced quite the same staffing problems but there were ongoing issues with ensuring sufficient staff over weekends.

In responding to Members' questions it was stated that the staff at the NHS 111 call centres needed to keep to the script as they were not clinicians, however they did have an option of escalating a call to a clinician where appropriate. Some Members felt that the lack of opportunity to deviate from a script was unhelpful. The suggestion was made that the commissioners of the NHS 111 service should act proactively and invest further in training and development of the service to ensure that it was fit for purpose rather than reacting to a report into a service failure.

The Healthwatch Medway representative expressed grave concerns about the contractual standard (imposed by the CCG) of having a target of no more than 10% of NHS 111 calls being transferred to 999 received. It was stated that should this number be exceeded there would need to be dialogue with the commissioners as to how and why this has happened. An offer was made, and accepted, for the Healthwatch Medway representative to discuss the contractual standards outside of the meeting.

Discussion took place about the morale of staff and the Acting Chief Executive and Director of Commissioning, SECAMB, stated that the morale was now low and that this had not been helped by the recent negative, and often inaccurate, press coverage. He emphasised the importance of putting forward more positive comments.

Reference was made to a pilot in East Kent against which NHS 111 would be benchmarking itself to see whether further improvements could be made to the service. It was agreed that this would be shared with the Committee later in the year.

Decision:

The Committee:

- (a) Agreed that a Member visit to NHS 111 in Ashford is arranged;
- (b) Requested a further report on the benchmarking with the East Kent pilot on NHS 111 and 999 be brought to the Committee later in Autumn 2016;
- (c) Requested an update on staffing at NHS 111, including training undertaken.

874 Action Plan following the Care Quality Commission inspection of Medway NHS Foundation Trust

Discussion:

The Chairman welcomed the representatives from the hospital and, referring to the previous item, stated that he welcomed as much joined up working as possible. He stated that the Committee would be interested to have a copy of the implementation plan and the key parameters which the Trust was measuring on a weekly basis, to check progress.

The Chief Executive, Medway NHS Foundation Trust (MFT) explained that she had not been able to share the implementation plan with the Committee at this stage as although it had been submitted to the Care Quality Commission (CQC) on 8 February 2016 it had not yet been signed off. She anticipated that she would be able to share the details with the Committee by the end of March 2016.

The Chief Executive, MFT then made the following points:

- The attendance at Accident and Emergency over a two day period in the last fortnight had been almost 400 people which was unprecedented. The building had been built for 50% less capacity than the current intake. Responding to a question she stated that she did not know the cause of this unprecedented demand but that it seemed to match what was going on elsewhere in the country
- Staffing – at present there was a 50% vacancy rate for nurses in the Emergency department and 28% vacancy rate for nurses overall, hence an over reliance on agency staff remained in order to ensure patient safety
- The mortality rates at the hospital were now much more in line with other hospitals across the country
- She was confident that the information gleaned across the Trust was now much more accurate and that learning from serious incidents was taking place
- The Trust were disappointed by the letter from the Chief Inspector of Hospitals at the Care Quality Commission to the Secretary of State, Jeremy Hunt, MP, implying a lack of progress, particularly after the Quality Summit which had been positive
- Very recently the Trust had been able to shut one of the escalation wards in the hospital which was encouraging

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- An outbreak of the Norovirus had required the closure of a couple of wards but this outbreak was also being felt in the community as well as the hospital
- The Trust was now going to be re-inspected on 29 and 30 March by 11 inspectors who would predominantly be looking at the Emergency Department, frailty pathway, staffing and safety, to see how the hospital establish who goes where and what systems were in place to ensure patient safety
- Each patient in the Emergency Department now has a named nurse, even if they have to be seen in corridors and they are being provided with a bell to signal for assistance if needed. This did not mean the hospital condoned the practice of using corridors for patients but reflected the need to do so on occasion
- From Monday 21 March there would be a single phone number for General Practitioners (GPs) to call to allow them to speak to a consultant at the hospital
- Responding to a comment from the representative from Medway Pensioners Forum she stated that particular attention was being paid to cleanliness at the hospital to avoid infection and that new machinery had been purchased to assist with this. She added that it was entirely appropriate for patients to insist on ensuring that anyone treating them had washed their hands prior to coming into contact with them
- Further to a question about cancer referral waiting times it was stated that the CCG had agreed six remedial actions for the Trust and where they were unable to meet the deadlines those people were contacted personally

Members then made a number of comments including:

- Reservations were expressed about the letter to the Secretary of State by Sir Mike Richards which was felt to be unhelpful
- It was also stated that it was less than helpful for the Care Quality Commission to take so long to approve the improvement plan submitted by MFT
- Staff at the hospital were commended for their work in trying to put in place improvements at a time of great pressure and demand
- There was a need to address the shortage of GPs in Medway in order to take pressure off the hospital
- The Quality Summit, which is set up by the Care Quality Commission after an inspection for all stakeholders, had been very positive and there had been an upbeat attitude from everyone involved in it
- The view was expressed that the new management structure had been a positive move

The Accountable Officer, CCG explained that in order to develop primary care in Medway a Director of Primary and Community Care had been appointed and it would be their responsibility to take forward some of the issues raised during the meeting in an attempt to reduce demand on the hospital. She stated that the CCG's Five Year Plan contained a number of initiatives as the current

model of care could not continue. More work would be done to try to work with people in the community in order to identify issues early on, to work with regular attenders of the hospital and those at high risk of being admitted.

The Chairman stated that consideration would be given outside of the meeting as to whether or not an invitation needed to be extended to the Chief Executive and Chairman of MFT to attend the June meeting to give a further update.

Decision:

The Committee:

- (a) Noted that the implementation plan and the key parameters against which MFT were being measured weekly would be shared with Members by the end of March 2016;
- (b) Consideration would be given, outside of the meeting, to whether the Chief Executive and Chairman of MFT needed to be invited to the June 2016 meeting of the Committee to give a further update.

875 Patient Transport Update

Discussion:

In welcoming the Accountable Officer, West Kent Clinical Commissioning Group (CCG) the Chairman stated that the Committee appreciated the fact that its concerns expressed about the former patient contract had been taken into account in the new contracts.

The Accountable Officer, West Kent CCG explained that previously there had been one contract for patient transport in Kent and Medway. There were now three contracts, one for renal services, the second for Darent Valley and the third for the rest of Kent and Medway. There had been a lot of professional and patient input into the process in order to achieve the right contracts which had all been awarded to G4S. He stated that G4S had achieved a level of 65% in quality and 35% for value for money, and that although it was not the cheapest option it was the best on quality. The contracts would commence on 1 July 2016 and the six year contracts had been signed. Existing NSL (the existing provider) staff would be transferred across to G4S. All vehicles had been ordered and would be adaptable to various circumstances.

The representative from the Pensioners' Forum requested further details about the eligibility criteria in order that she could advise members of the Pensioners' Forum. The Accountable Officer, West Kent CCG undertook to pass this to the Democratic Services Officer. He also undertook to include Medway Pensioners' Forum in any consultation with interested groups in the future.

The Accountable Officer, West Kent CCG explained that under the new contract for patient transport if a patient had booked transport in advance the vehicle should be available one hour before, two hours if booked on the day. In

response to a query from the Committee he stated that there were clauses in the contract to protect against non-compliance and it would be possible to terminate the contract if it did not work but he was confident this would be the absolute last resort.

In terms of population predictions he confirmed that account had been taken of data from the Local Plan regarding forecasts of population growth and it had been anticipated that 316 patient journeys would be undertaken in the first year of the contract.

In response to a question about non-eligibility it was stated that where people were not eligible for patient transport they were signposted to volunteers. A written update of the statement of the contracts going live would be available in July and an update to the Committee would be provided in November 2016.

Decision:

The Committee agreed that there would be a written statement of the patient transport contracts going live in July 2016 and an update back to the Committee in November 2016.

876 Medway Health and Wellbeing Board - Review of progress

Discussion:

Councillors Brake and Gulvin attended the meeting and responded to Members' questions. Councillor Brake gave a brief introduction and paid tribute to the work of the former Director of Public Health and to her involvement and engagement with the Health and Wellbeing Board since its formation. He also welcomed the new Interim Director of Public Health and emphasised that there was high activity even between meetings of the Board.

The following summarises the comments and responses:

- Reference was made to the potential impact on people suffering from social isolation of the recent budget cuts on the Council's support services such as the Sunlight Centre and cuts in Public Health
- In relation to the benefits of allotments, Councillor Brake supported their use and where access was restricted to some sites because of the fact they were built in hilly areas which could inhibit their use the Committee agreed this should be investigated further with relevant officers
- Councillor Gulvin referred to the opportunities being presented for telecare and digital services to be extended which should assist in preventing people from feeling isolated
- Both Councillors Brake and Gulvin emphasised that mental health was very much an important part of the Health and Wellbeing Board agenda and its focus
- Reference was made to the important role that Councillors can play in their own wards by supporting residents to socialise and integrate with others

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- Councillor Brake referred to the work being undertaken through Public Health in relation to preventing obesity amongst all ages
- Councillor Brake undertook to let the Pensioners Forum representative have additional copies of the booklet distributed at a recent social isolation event
- In response to a request for a particular focus from the Health and Wellbeing Board's work for the next time the Board is held to account the Committee were invited to put forward a topic for specific scrutiny

Decision:

The Committee agreed:

- (a) To request the relevant officer from the Regeneration, Community and Culture Directorate to investigate access issues in relation to a number of Medway allotments which may be preventing people from being able to use them
- (b) That when the Health and Wellbeing Board are next held to account by the Committee a topic of specific scrutiny is selected at the pre-agenda meeting from the Health and Wellbeing Board's areas of work and notified to the Health and Wellbeing Board Members.

877 Joint follow up briefing on Discharge Planning

Discussion:

The Deputy Director, Children and Adults introduced the report on discharge planning and emphasised the importance of this in connection with support for the hospital. He referred to the report considered by the Committee in December 2015 and stated that this report updated on that position. He also mentioned that the Chairman, Vice-Chairman and one of the opposition spokespersons had met recently with the lead for the Emergency Care Improvement Team at the hospital which had been helpful in setting the scene with regards to the pressures felt across the health and social care system.

The Discharge Lead at MFT stated that the figures for discharge from the hospital were checked weekly and averaged 25-35 a week. The numbers of delays attributable to social care had gone down but the numbers of people waiting for continuing healthcare/nursing care had increased.

It was stated that the formerly named "Home to Assess" scheme would in future be referred to as "Home First" and this would be commenced on 4 April 2016. Responding to a query the Discharge Lead at MFT stated that the scheme was a multi agency one, led by Medway Community Healthcare. The plan was for an Occupational Therapist to attend the patient at home within 5 hours of discharge and assess what was needed. Once this was established plans would be put in place for them to receive the necessary care.

The Deputy Director, Children and Adults confirmed that it was the Assistant Director, Partnership Commissioning who was the lead on commissioning of

the “Home First” scheme which reduced down the need to engage with 18 organisations down to two, which should assist with reablement.

Members welcomed the introduction of the “Home First” scheme and stated that they would be keen to learn how the success of the scheme would be measured to ensure it was having an impact on reducing re-admission to hospital. The view was put forward that, compared to similar authorities, Medway had fewer extra care homes. The Deputy Director, Children and Adults stated that work was being undertaken with Oxford Brookes University on housing research and that more work needed to be undertaken to see how assistive technology could help people to remain independent. He also stated that the “Home First” scheme was similar to one which had been successful in Gloucestershire but had been adapted specifically to Medway.

There was a discussion about the difficulties around the fact that if someone chose a specific nursing home which had no vacancies this could bring about delays in hospital. The Discharge Lead, MFT stated that work was being done to ensure that in such cases the families are given advice about similar properties in the area that were able to offer a place. The point was made that there was sufficient numbers of beds in care homes in Medway although if the patient had dementia this could often bring about difficulties in placing them.

The Deputy Director, Children and Adults stated that the mobilisation of the hospital based Discharge Team had improved communication within the hospital.

Further to a query about whether early discussions took place with relatives about care home facilities, the Discharge Lead, MFT confirmed that early discussions did take place with relatives where it was clear that the patient was unlikely to be able to return to their home and would be in need of residential care.

Decision:

The Committee requested a briefing note on the implementation of the “Home First” scheme and an update on nursing home capacity.

878 Council Plan Q3 2015/16 Performance Monitoring Report

Discussion:

The Chairman informed the Committee that there were only six of the key performance indicators which remained under the new Council Plan.

Decision:

The Committee noted the report.

879 Work programme

Discussion:

The Democratic Services Officer introduced the report on the work programme and stated that a decision was needed as to whether or not the Committee wished to provide comment to the Care Quality Commission on the forthcoming inspection of South East Coast Ambulance Trust. The view of the meeting was that this should be further discussed outside of the meeting between officers and leading Members of the Committee.

Decision:

The Committee:

(a) Noted the following:

- The Adult Social Care Strategy should be programmed for 21 June 2016 meeting
- An all Member briefing on dentistry be set up
- A briefing note would be circulated to the Committee by the Accountable Officer, NHS Medway CCG in relation to acute inpatient mental health beds following the publication of a Kent Health Overview and Scrutiny Committee paper on 25 February as set out in 3.1 of the report
- A future report would be brought to the Committee in relation to the proposed closure of St Bartholomew's Hospital in Rochester

(b) Agreed that the Chairman, Vice-Chairman and spokespersons of the Committee in conjunction with the Designated Scrutiny Officer should determine whether or not to comment on the Care Quality Commission's inspection of South East Coast Ambulance Trust;

(c) Noted the outcome from the meeting with the Lead of the Emergency Care Improvement Programme in relation to potential areas of future scrutiny, and a further briefing note be sent to the Committee as set out in paragraph 5.5 of the report;

(d) Agreed that the next Task Group on "how far has Medway gone in becoming a dementia friendly community" should be set up with a membership drawn from this Committee in the ratio 3:1:1 as set out in paragraph 6.3 of the report.

Chairman

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