

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

Tuesday, 21 June 2016

6.30pm to 9.50pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: Wildey (Chairman), Purdy (Vice-Chairman), Franklin, Freshwater, Hall, Howard, Iles, Khan, McDonald, Murray, Potter and Shaw

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum)

Substitutes: Councillors:
Bhutia (Substitute for Fearn)

In Attendance: Barbara Peacock, Director of Children and Adults Services
Ian Sutherland, Deputy Director, Children and Adults Services
Dr Andrew Burnett, Interim Director of Public Health
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Shena Winning, Chair - Medway NHS Foundation Trust
Justin Chisnall, Company Secretary, Medway Clinical Commissioning Group
Helen Martin, Director of Planned and Urgent Care, Medway Community Healthcare
Jan Guylar, Head of Legal Services/Deputy Monitoring Officer
Malcolm McFrederick, Executive Director of Operations, Kent and Medway NHS and Social Care Partnership Trust
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Michael Turner, Democratic Services Officer

71 Announcements

Members observed a minute's silence in tribute to Jo Cox MP, who had been killed in her West Yorkshire constituency on 16 June.

On behalf of the Committee, the Chairman thanked Barbara Peacock, Director of Children and Adults, for all her work at Medway and wished her well in her new role as Croydon's new Executive Director for People.

72 Apologies for absence

Apologies for absence were received from Councillor Fearn and Dr Ussher.

73 Record of meeting

The record of the meeting held on 17 March 2016 and the Joint Meeting of Committees held on 18 May 2016 was agreed as a correct record and signed by the Chairman.

74 Urgent matters by reason of special circumstances

There were none.

75 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

76 Update on Medway NHS Foundation Trust

Discussion:

The Chief Executive of Medway NHS Foundation Trust introduced this report which informed Members of progress made since the report considered at the last meeting of the Committee held on 17 March (minute no. 874).

Members raised a number of questions and comments as follows:

- **Medical Model** – in response to a comment that the reduction in the average length of stay on acute wards may not be a positive development as some people discharged themselves voluntarily, the Chief Executive advised that the figures did not include this group. However, the fact that some people voluntarily discharged themselves probably showed a breakdown in communications. A Member asked for more information on how the Trust had achieved this reduction. The Chief Executive commented that this Model was a contemporary way of providing care and was based on an established model elsewhere. She undertook to provide more detail in writing about how the Model worked.
- **Home First** – in response to a comment that there was a lack of confidence in community services being available to provide care to people when they needed it and that it had been a case of a redistribution of funds rather than an injection of funds into community services, the Chief Executive commented on the positive feedback she

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had received regarding this service. There was a need for the whole system to work together and provide support on a 24 hour basis as happened in acute services and a need to provide Home First at scale.

In response to a comment made about a negative experience of a , whose individual needs had not been met, the Chief Executive undertook to discuss this case with the Member outside the meeting but commented it appeared the circumstances, as described, suggested the constituent had not been cared for under Home First.

- **Staffing** – a Member asked how many nurses had left the Trust due to inadequate performance. The Chief Executive was unable to give figures but emphasised that staff were managed through a performance management framework. In terms of recruitment, she responded that the Trust was now attracting more interest when vacancies were advertised but would like to see more experienced nurses applying as opposed to people wishing to become a nurse. She was pleased to report that more staff were now remaining in employment each month than were leaving.
- **Emergency Department** – a Member asked about the roadway improvements and access to the hospital from Windmill Road. The Chief Executive responded that this was part of the improvements to the department and the Trust would be working with the Council to address what was a bottle neck.
- **Next phase of the Recovery Programme** - A Member commented she had been impressed on a recent tour of the hospital by the new facilities and it was clear that visible progress had been made. Other Members congratulated the Trust on the progress made whilst recognising that further improvements were still needed. A Member asked how confident the Chief Executive and Chairman were that the Trust would come out of special measures this year. The Chairman of the Trust commented that the Trust had no choice but to get out of special measures. They were the last Trust to be in special measures for more than three years and the other two that had been in that position were no longer stand alone trusts. The Chairman of the Trust commented that the Board was confident the recovery was becoming embedded but there was a need to quicken the pace of progress and no longer be subject to special measures by the end of the calendar year.
- **Finance** – in response to a question about the implications of the £52.5m 2015/16 year end deficit and plans to address this, the Chief Executive explained that the background to this had been an over reliance on agency staff, who were more expensive than permanent staff. The Trust hoped to agree a budget deficit for 2016/17 of around £45m and savings of £40m were planned over the next three years. The plans to address the deficit were part of what was a single recovery programme. There was a need to improve the quality of care and make efficiencies and reduce the over reliance on acute care where it did not add value.

The Chief Executive commented, following a question from a Member, that the amount spent on compensatory payments when mistakes had occurred was not significant in proportion to the deficit.

The point was also made by a Member that the Trust was not alone in operating at a deficit.

- **Going smoke-free** – there was widespread support from Members for this policy. The Chief Executive commented that this had been well supported by the Council and Public Health. Patients and staff would need to be supported in the run up to becoming completely smoke free in October 2016. Some Members had concerns about the impact of the ban on nearby residents and streets but were confident this was being addressed and asked that local councillors be kept informed. Regarding queries about enforcement, the Chief Executive acknowledged that more surveillance would be needed in the initial period. The Trust was working with the Council on providing support in nearby streets. A Member queried if e-cigarettes were included in the ban and, if so, whether this conflicted at all with the position of the Council's Public Health team on this matter. The Chief Executive confirmed e-cigarettes were included. The Interim Director of Public Health advised that he fully supported the policy and commented that whilst e-cigarettes were less harmful they should not be used in an environment where people were being encouraged not to smoke, given that they could normalise smoking.

- **Other issues**

The Chief Executive confirmed that no analysis had been carried out into the implications for the NHS in Medway if the decision in the EU referendum was to leave the EU.

As to whether the hospital's reputation was deserved, the Chief Executive acknowledged they had lost the confidence of the community and some staff although she felt the reputation at times was not fully deserved. This had an obvious impact on staff morale and the Trust were keen to showcase excellence.

Reference was made to a review of lifestyle services such as Wi-Fi and TV for patients. The Chief Executive referred to contractual issues which prevented her from giving an update but undertook to look into when she could report back to Members on this review.

A Member queried the use of private hospitals and whether patients were being directed there to relieve pressures in the NHS. The Chief Executive and the Accountable Officer for the CCG clarified that all patients had the right to decide where their care was provided. If there were long waiting times then a GP may suggest private treatment, but it would be for the patient to decide. However, the vast majority chose the

NHS. The Trust successfully contracted out a number of medical services.

The Chief Executive undertook to provide details of the percentage of staff who were EU (non British) nationals.

A Member asked if food menus at the hospital could detail calorific values.

Decision:

The Committee noted the progress report from the Trust.

77 Proposed Development of the Health Service or Variation in Provision of Health Service - Relocation of Stroke Beds from St Bartholomew's Hospital

Discussion:

The Company Secretary of Medway Clinical Commissioning Group (CCG) introduced this report which advised the Committee of a proposal to relocate stroke community rehabilitation beds from St Bartholomew's Hospital to space secured by Medway Community Healthcare (MCH) at Amherst Court, Chatham managed by Avante Care and Support. In the view of NHS Medway CCG and Medway Community Healthcare this was not a substantial service reconfiguration. The Company Secretary commented that the current building was not suitable for modern health care in a number of ways. The beds would be moved to a more suitable location offering several improvements but the service model and staff would not be changing.

The Director of Planned and Urgent Care at Medway Community Healthcare added that other sites had been looked at but Amherst Court was seen as the best option given it was a modern residential home with single en suite rooms, lounge and kitchen areas to help with rehabilitation, more parking spaces for visitors and available beds. The home had a very person centred attitude to care with an emphasis on social interaction. Drop in sessions were planned in the coming weeks for staff and patients to answer any queries they might have.

Several Members acknowledged the largely positive nature of the proposal but were critical that the Committee had not been informed of the proposals at a much earlier stage, particularly given the planned move would be taking place imminently in July/August. In response, the Company Secretary (CCG) apologised for any impression given that the Committee had not been involved. He assured Members he had presented the proposal at the earliest possible time given the formal agreement to use Amherst Court had only recently been secured. If the Committee decided the proposal was a substantial variation then the CCG had prepared for that situation and would adjust their timetable accordingly, albeit this would be an inconvenience. Once there was clarity about the wider review of stroke services in Kent and Medway, the CCG would be in a better position to consider the future of community stroke beds. The

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view of the CCG was that changes arising from this review would entail significant variations.

The fact that it was only a two year contract was a concern for some. The Company Secretary commented that it was not unusual for NHS contracts to only last two years and in fact the previous contract had been for one year.

A Member expressed concern that, following a site visit by two Members of the Committee, patients with dementia currently at Amherst Court were having to move. An assurance was given that existing residents would not be disadvantaged and more detail on this was promised.

In response to a question from a Member, it was clarified that stroke patients would have a discrete area at Amherst Court but would be welcome to use communal areas such as the café. There were benefits for both organisations in co-location and opportunities to learn from each other.

A Member queried whether locating stroke patients in a residential home might send the wrong message.

The CCG's vision was to provide care close to home and there was no suggestion at this point that this approach would change at the end of the contract. If the position were to change the Committee would be informed in good time.

A Member referred to the wider review and commented on the difficulty of assessing whether this proposal was a substantial variation in isolation given the interrelationship with the wider review. The CCG acknowledged that ideally the two would connect but there were other services at St Barts which needed to be relocated and other factors had driven the timescales. A pragmatic decision had been made to relocate now.

A Member asked what contingency plans were in place if Avante Care and Support experienced financial difficulties. Members were advised that if the site was to close, then the CCG would urgently secure additional beds elsewhere following discussions with the Council. If there were issues about the quality of care then the CCG would deal with these rigorously and care would continue. Significant due diligence had been carried out.

Members asked for an assurance that they would be kept better informed in future. Whilst they had concerns about the process followed by the CCG there was a consensus that the Committee should not delay the move by agreeing it was a substantial variation. It was pointed out that this was not the first time the Committee had not been informed of a significant change, as the same had happened with the closure of the personality disorder unit.

It was agreed that Members be given an opportunity to visit Amherst Court.

Decision:

The Committee agreed:

- a) that the proposed development or variation to the health service as set out in the report and Appendix A is not substantial;
- b) that a letter be sent to the CCG formally requiring that this Committee is informed, and regularly updated, on the CCG five year strategy and 2016/17 commissioning intentions (and annually the commissioning intentions) so that the Committee can plan the areas Members would like to scrutinise in more detail and liaise with the CCG about any forthcoming proposals for substantial variations or changes to the Health Service, so that there is a proper timeline for consultation with the Committee.
- c) to also advise the CCG that the above in no way detracts from the CCG's responsibility to inform Members of areas of change regarding substantial variations or Regulation 23.

78 Acute Mental Health Inpatient Bed Review Update

Discussion:

The Chairman welcomed the new Chief Executive of Kent and Medway NHS and Social Care Partnership Trust (KPMT), Helen Greatorex, who stated she was happy to meet with Members over the coming weeks to discuss any particular issues or concerns they had.

The Executive Director Operations KMPT introduced this report which set out the response from the Trust in respect of the request for regular updates on the position with the acute mental health inpatient beds review.

The update covered the following areas:

- The contracting round 2016/17, including the creation of short term additional younger adult bed capacity (which had now been completed);
- Younger adult bed usage, including acute inpatient out of area placements and delayed transfers of care;
- The work of the national Emergency Care Improvement Programme;
- Section 136 (Mental Health Act 1983) assessments and the joint working with the Police and South East Coast Ambulance Service NHS Foundation Trust;
- Single point of access and;
- Closer working with social workers

The Executive Director referred to paragraph 7.3 of his report and apologised for missing text which meant the report incorrectly gave the impression that there was not close working between the Trust and the Council. In fact joint working was taking place and there was excellent engagement.

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A Member referred to Section 136 assessments and commented that it was not acceptable for people with mental health issues to be held in cells and, instead, beds should be found for them. The Executive Director agreed but pointed out only 20% of S136 detentions involved people with mental health problems. The Trust was trying to reduce S136 detentions where mental health was not a factor and was keen that people did not unnecessarily end up in A&E or a S136 suite

With regard to progress with recruitment, Members were advised that this was on target at present and updates would be provided to the Committee.

In response to a query about whether the Trust had the expertise to deal with the younger adult group, Members were advised that the age range was 18-65 so, as it did not involve any under 18s, the Trust felt competent to deal with the people falling into this group.

A Member referred to the £4.4m cost last year of providing external beds and made the point that this could have been better used to provide a ward in Medway and also asked how many out of area beds were a necessity. The Chief Executive of the Trust responded that the Trust wanted to see patients treated in beds in Medway and looked after by the Trust's staff rather than placed in private beds. Addressing this would take time and required joined up working with other agencies. Discussions were taking place with commissioners who had asked the Trust to provide additional beds and services. There was a separate budget for out of area beds where placements were a necessity.

Decision:

The Committee noted the report and asked for a further progress report at the next meeting.

79 Council Plan End of Year Quarter 4 2015/16 Performance Monitoring Report

Discussion:

The Deputy Director introduced this report which summarised the performance of the Council's Key Measures of Success for Q4 2015/16 as set out in the Council Plan 2015/16.

Target PH11 (Number of users of opiates that left drug treatment successfully) – in response to a request for clarification of the commentary in relation to this target, the Interim Director of Public Health advised that the target measured success in terms of clients who had come off drugs and stayed off them for a period of time and were no longer a user of the service. He advised that performance was now on target. It was agreed that briefing note be sent to Members on this target.

Target ASC19 (Percentage of clients accessing services through a direct payment) – in response to a request for more information about the success of

this target, the Deputy Director advised that there was a dedicated team in place to promote direct payments as well as promotional campaigns. Direct payments were seen as a more flexible way of meeting needs. The Council recognised that this was not for everyone but a growing number of clients were opting for direct payments. Performance had not been as good as other councils but it was pleasing to see that take up was now increasing.

Target AS13 3 (Permanent admissions to residential and nursing care homes per 100,000 population) – the Deputy Director clarified, in response to a question, that the figure of 3 admissions referred to related to a quarter.

Decision:

The Committee:

- a) noted the Q4 2015/16 performance against the Key Measures of Success used to monitor progress against the Council Plan 2015/16, and:
- b) asked for a briefing note on Target PH11 (Number of users of opiates that left drug treatment successfully)

80 "Getting Better Together" Medway Adult Social Care Strategy

Discussion:

The Deputy Director – Children and Adult Services introduced the report which advised the Committee that the strategy articulated a vision for the development of adult social care in Medway over a four year period, based on six strategic priorities – Prevention, Personalisation, Partnership, Integration, Innovation and Safeguarding. The primary aim of the strategy was to prevent and reduce social need by providing effective support so that citizens maintained their independence. Wherever possible and appropriate, the Council would support citizens with eligible social care needs to remain in or return to their own home, so that they could maintain important relationships with family, friends, and continue to actively be a part of their own community.

Members then raised a number of points and questions which included: -

- **Purpose and readability of strategy** - in response to a comment that the strategy represented an idealised vision of adult social care which was not always reflected on the ground, the Deputy Director commented that the strategy had been developed in response to requests from service users and employees for greater clarity about what the Council considered good quality social care to look like. It was important to effectively monitor performance and delivery against the strategy and he was keen to develop more qualitative measures. The Deputy Director highlighted that this would be overseen by the Adult Social Care Improvement Board chaired by the Leader. Some Members recognised the aspirational nature of the strategy and

commented that if this led to improvements in adult social care then that was clearly a positive development. Whilst the high level nature of the strategy was accepted, some Members felt the document, whilst reading well in parts, was difficult to understand in places and could be repetitive (particularly the business opportunities sections of the Market Position Statement). The point was made that for use at a grass roots level it needed to be much simpler and easier to read. The Deputy Director commented that feedback so far on the strategy had been positive but he acknowledged there may be a need to provide separate material when talking to specific audiences. He saw the document as iterative in nature and there would be roadshows with staff and service users to secure broader engagement. The Deputy Director commented that he understood Members' concerns and would take them on board.

- **Target Audience** – the target audience was questioned and the point was made that if the strategy was meant to encourage people to think about the future and possible future care needs then probably another way of doing that was needed.
- **Older peoples care market/planning** – a Member noted that the strategy acknowledged that the number of smaller care homes would decrease in the future but noted that planning applications for larger homes had been refused by the Council. In response to a question about how the strategy could be used to address this within the Council, the Deputy Director replied that the strategy would support more integrated working within the Council, and specifically influenced work being developed with Public Health and Housing. A Member hoped the strategy could be used as a driver to secure more extra care housing.
- **Digitisation** – in response to comments, the Deputy Director stated that digitisation was important but information needed to be provided in a range of media and in a way it could be understood. It was important staff were properly trained so they could provide service users with information about care or be able to sign post them. In response to a comment about older people finding technology expensive, he noted that a proportion of older people used technology extensively. In addition, technology could offer significant benefits to older people and improve their quality of life and help reduce isolation. It could also free up staff time so they could provide better quality care.
- **Direct payments** – in response to a request for an assurance that older people in particular would not be pressured to take up direct payments, the Deputy Director assured Members that no-one would be required to receive direct payments if they did not wish to.
- **Co-ordination of services** – the importance of a service stepping in where another had not met a user's needs was emphasised by a

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Committee Member. The Deputy Director responded that this was central to the strategic priority of integration to ensure that each individual receiving health and care services had their needs met in a well co-ordinated and joined up way.

Decision:

The Committee agreed to recommend the Strategy to Cabinet for approval with the proviso that the readability of the document should be improved for other audiences.

81 Work Programme

Discussion:

The Democratic Services Officer introduced this report which advised Members of the current work programme for discussion in the light of latest priorities, issues and circumstances, giving Members the opportunity to shape and direct the Committee's activities.

In response to a question about the timescales for the Dementia Task Group commencing work, Members were advised that discussion were taking place about the possible scope of the Group. Of the Task Groups that had been agreed for this cycle, the Dementia Task Group was next in line to begin work.

Regarding the proposed update on various GP issues, it was agreed that the report should focus on waiting times for GP appointments and the future of the GP practice at Canterbury Street.

Decision:

The Committee agreed to:

- a) note the current the work programme attached at Appendix 1 to the report;
- b) agree the following additions to the Committee's work programme:
 - waiting times for GP appointments and the future of the GP practice at Canterbury Street to be added to the work programme for August 2016
 - a progress report on Home First be submitted to the October meeting (to include the position on home nursing capacity)
 - an update on staffing at NHS 111, together with details of training undertaken, be submitted to the October meeting.
 - The Portfolio Holder for Adult Services be held to account at the January 2017 meeting of the Committee, to align with scrutiny of the Medway Safeguarding Children's Board
- c) Note that a Member visit to NHS 111 at Ashford will take place and agreed that an all Member briefing on dentistry take place in October 2016.

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Chairman

Date:

Michael Turner, Democratic Services Officer

Telephone: 01634 332817

Email: democratic.services@medway.gov.uk