Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 15 November 2016

6.30pm to 10.35pm

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), Aldous, Franklin, Freshwater, Griffin, Iles, Khan, Murray, Opara, Shaw and Stamp

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and Paddy Powell (Healthwatch Medway CIC Representative Substitute)

Substitutes: Councillors: Griffin for Fearn, Stamp for McDonald, Opara for Horward

In Attendance:
Ian Sutherland, Interim Director, Children and Adults Services
Linda Jackson, Interim Assistant Director, Adult Social Care
Dr Andrew Burnett, Interim Director of Public Health
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Jon Pitt, Democratic Services Officer
Kate Ako, Principal Lawyer - People
John Britt, Head of Better Care Fund
Geraint Davies, Acting Chief Executive and Director of Commissioning, South East Coast Ambulance Service
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Helen Martin, Director of Planned and Urgent Care, Medway Community Healthcare
David Selling, Senior Contract Manager, Primary Care Commissioning, NHS England South (South East)

429 Apologies for absence

Apologies were received from Councillor Matt Fearn, with Councillor Sylvia Griffin attending as substitute, from Councillor Dan McDonald, with Councillor Andy Stamp attending as substitute, from Councillor Ann-Claire Howard, with

Councillor Gloria Opara attending as substitute and from Dan Hill of Healthwatch, with Paddy Powell attending as substitute.

430 Record of meeting

The record of the meeting held on 23 August 2016 was agreed and signed by the Chairman as correct.

431 Urgent matters by reason of special circumstances

There were none.

432 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

433 Chairman's Announcements

The Chairman welcomed Councillor Jan Aldous, who had recently been elected to the Council, as a new Member of the Committee.

434 Hospital Discharge Pathway 1: Home First - Update on the Six Month Pilot Scheme

Discussion

The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund and the Director of Planned and Urgent Care at Medway Community Healthcare introduced an update on the pilot scheme that supported patients to return home from hospital and regain their independence. The pilot had taken place for a six month period from April to September 2016.

The pilot had included new ways of working, with a key feature being that reablement of the patient was delivered in the patient's home rather than in a hospital ward or community bed. This freed up hospital beds, relieving pressure on Medway Foundation Trust.

Following the conclusion of the pilot, a new Intermediate Care contract had commenced on 1 October, with Medway Community Healthcare as the lead provider. Following determination that a patient was safe to be discharged from hospital, they would be seen by an Occupational Therapist within two hours. Following this assessment, a reablement package was put in place for up to six weeks to enable the patient to regain full or as near to full independence as

was possible. Many patients did not require the provision of longer term care packages.

The Committee raised a number of points and questions as follows:

Overall Success: A Member of the Committee stated that the figures provided in relation to the pilot demonstrated that it had been a success.

General performance: It was questioned how Delays to Transfer of Care were quantified and it was noted that 940 people had been referred to the Home First pathway, compared to a target of 875. It was also asked whether there were readmissions following the ending of support. The Director of Planned and Urgent Care advised that lessons had been learned from the pilot with regard to facilitation of the enablement package. There were no readmission figures available to provide to the Committee. It was recognised that some patients did not have a suitable home situation to enable them to be discharged there.

Support Criteria: In response to a question about whether there were criteria for determining when intensive support provided should cease, it was advised that this depended on the individual needs of the patient and what they wanted to achieve. It was recognised that being fully independent was not possible in every case.

Service Commissioning: It was confirmed that, following the successful pilot, Medway Community Healthcare had been commissioned to provide the service that had been implemented from October 1.

Ongoing Assessment: In response to Member concerns that patients could deteriorate following their initial assessment and that they may not have appropriate support at home, the Committee was advised that assessments were undertaken by an occupational therapist on a weekly basis. 90% of patients were going home with a social care package and medical support could be provided in the short term. Where patients required long term care and there had been no significant improvement within six weeks, they would be handed over to long term care teams. 77% of patients did not require long term care. In the event of there being specific concerns about a patient, they could be referred to one of a number of partner services. There was a focus on enabling people to return to their own home as this was generally where patients wanted to be.

Care Homes: It was questioned how many people were admitted to care homes following hospital discharge. Concerns were also raised that a care home had recently closed on the Hoo peninsula. It was confirmed that the majority of care home provision was privately provided and figures were not readily available for care home admissions locally. However, a Care Quality Commission profile indicated that there were 61 homes in Medway that did not provide nursing and 13 homes that did provide nursing. Demand for beds was reducing due to reablement work, although there was normally an increase in demand for residential care beds during the winter months.

Decision

The Committee noted the update provided in the report and agreed that an update in relation to the intermediate care pathway should be presented to the Committee in three months time.

435 Scrutiny of South East Coast Ambulance Trust

Discussion

The Chairman advised the Committee that the visit to the NHS 111 Call Centre that had been due to take place on 10 November had needed to be postponed. This and a proposal to establish a regional sub-group to undertake scrutiny of South East Coast NHS Ambulance Trust (SECAmb) had been included as part of the Work Programme item on the agenda (item number 11).

The Acting Chief Executive of SECAmb, introduced a presentation to the Committee, which had been included in the agenda. The main focus of the presentation was on the Care Quality Commission's (CQC) inspection findings, published on 29 September 2016 and work that the Trust was undertaking as a result. The inspection had given the Trust an overall rating of inadequate. As a result, it had been placed in special measures. The individual areas of 'Are services at this trust safe?' and 'Are services at this trust well-led?' had also been rated as inadequate. Two areas, 'Are services at this trust effective?' and 'Are services at this trust responsive?' had been rated as 'requires improvement', while 'Are services at this trust caring?' had been rated as good.

SECAmb recognised its failings and was already delivering a Recovery Plan, which it was anticipated would address the issues that been identified by the CQC. The Plan had been submitted to NHS Improvement and had been endorsed by the CQC. The Trust would be re-inspected within six months. The Acting Chief Executive considered that a realistic target was for this to give the Trust a rating of 'requires improvement.' The expectation was that SECAmb would be able to come out of special measures within 12 months. Six health scrutiny committees and 22 clinical commissioning groups covered SECAmb's geographic operational area. These organisations would all be seeking assurance in relation to the improvement journey ahead. It was noted that the Trust had agreed an overall budget deficit of £7.1 million.

The Acting Chief Executive also advised that a Patient Impact Review published in relation to a Red 3 Pilot had found no evidence of patient harm which could be attributed to the pilot. In relation to public access defibrillators, the SECAmb Board had agreed to undertake a review into the impact of system issues.

The Committee raised a number of points and questions as follows:

Management of the Trust: In relation to Member concerns about management at the Trust, the Acting Chief Executive advised that the previous Chief Executive and Chairman of the Trust had resigned in March 2016 when its

failings had become apparent. Interviews for a new permanent Chief Executive were due to take place on 16 November 2016 and it was anticipated that there would be a four to six month transition period.

Other Staffing Issues: A Member raised concerns about the 44% staff turnover at the Trust, that approximately one third of call handler job posts were vacant and that the staff appraisal completion rate was 60%, which she considered meant that there was a low chance of poor performance being picked up. The Member questioned how the situation had been allowed to become so bad, especially in view of the fact that paramedic courses were oversubscribed. The Acting Chief Executive acknowledged that there were staffing issues, stating that recruitment was being undertaken to address these. It was anticipated that vacant call handler posts would be filled by the end of the year. Recruitment of paramedics was also being undertaken. However, staff retention was a challenge. This was partly because jobs in higher pay bands were available in primary care and other parts of the NHS and there were not currently the resources available to pay ambulance service jobs at a higher level. It was also important to get good quality feedback from staff who were leaving to fully understand their reasons.

Bullying and Harassment: The Acting Chief Executive acknowledged that bullying of staff was a cause for concern and stated that policies and procedures needed to ensure that staff concerns were listened to and that they felt able raise concerns with confidence. Work was undertaken with the person raising the concern and disciplinary procedures were used as appropriate. An appropriate manager, who could listen to concerns of staff, was always on duty. An annual staff survey was undertaken and work was undertaken with trade unions to ensure acceptable conditions for staff. However, changing working cultures was something that would take time.

Role of Healthwatch: It was confirmed that Healthwatch had held a meeting with the Acting Chief Executive of SECAmb and was actively engaged with the organisation. The Acting Chief Executive thanked Healthwatch for their support and it was noted that a mystery shopping activity had been undertaken by Healthwatch.

Funding: A Lightfoot capacity review undertaken three years previously had identified that SECAmb had a £7million structural funding deficit. For the current year, SECAmb's contract only provided 75% of what was considered to be the required level of funding for red 1 responses (the most time critical patients) and 70% of the required level for red 2 responses. Engagement would be needed with service commissioners in relation to this funding challenge.

Innovation: The Acting Chief Executive considered that the Trust had got into difficulties due to it having focused on innovation, as opposed to getting the day job right, although a Member of the Committee was not convinced that there had been significant innovation. The Chief Executive explained that the CQC had recognised innovation undertaken by the Trust. This had included SECAmb being the only ambulance trust to have developed a postgraduate paramedic qualification.

Winter pressures: In response to a Member question that asked whether the service would be able to cope effectively with the extra demand during the winter months, the Acting Chief Executive said that work had been undertaken with Medway Foundation Trust to reduce handover delays. This was against a backdrop of demand being 5% higher than that specified in the contract and handover delays having increased 38% year on year. However, there were concerns about the ability of services to manage winter pressures. A meeting was due to take place on 23 November to discuss winter pressures further. In response to a Member question that asked why this meeting had not taken place in the summer, it was confirmed that an initial meeting had taken place in June. However, it had taken time for clinical risks to be fully understood and for all the key partners to be brought together.

Incident Reporting: In response to a Member who asked for clarification of how incidents were reported, the Acting Chief Executive said that a new data system was being implemented and that staff were encouraged to report incidents of concern. Staff levels were also being increased.

Patient Conveyancing: SECAmb had a patient conveyancing rate, which was the percentage of patients taken into hospital, of 50%. This was the second lowest rate of any ambulance service and compared favourably to an 80% figure for London. The number of qualified paramedic practitioners was being increased and SECAmb was looking at the support of other care pathways, as alternatives to accident and emergency admission.

Patient Feedback: In response to a question about patient feedback, it was confirmed that patient satisfaction levels were over 90% and that few patient concerns were being raised with Healthwatch. The number of complaints received by SECAmb was also low.

Decision

The Committee:

a) Considered and commented on the update provided in relation to SECAmb's inspection findings.

b) Agreed that SECAmb be asked to attend the Committee to provide an update in a further six months.

436 Development of GP Services in Medway

Discussion

In relation to the Risk Management section of the report, the Chairman advised that although there were no direct risks to the Council arising from the contents of the report, he considered that the Council would be potentially exposed to risk in the event that declining GP numbers made it increasingly difficult for residents to get an appointment or care from their GP.

The Senior Contracts Manager, Primary Care Commissioning at NHS England South (South East) and The Accountable Officer at Medway Clinical Commissioning Group, introduced the report. The report set out the challenges facing GP services in Medway and outlined both national and local initiatives to address these challenges and to develop services in a way that provided improved care and access for local patients.

There were around 600 local GP practices in Kent, Surrey and Sussex. General Practice was facing unprecedented challenges, both nationally and locally. These challenges included increasing workloads, recruitment and retention challenges, which was partly due to an increasing number of GPs being aged over 60 and therefore, approaching retirement. Within Medway, 38.6% of GPs were aged over 60. There were 51 practices in Medway and of these, 13 were run by 'single-handed' GPs. The age of some practice buildings was also a challenge.

Some practices had needed to close their lists to new patients for a year, while others had placed a cap on the number of new patients for a period of time. There had also been cases of some practices with multiple branches closing a branch, while other practices had merged with a neighbouring practice and a few had resigned their contracts completely. Rising operating costs were problematic, particularly for smaller practices that could face the same operating costs as a larger practice. There was an increasing reliance on locums due to difficulty in filling vacancies. While the use of locums enabled patients to be seen, locums cost more than their partner or employee counterparts and did not undertake other work associated with the running of a practice.

More positively, it was noted that of 45 GP practices in Medway visited by the Care Quality Commission, 82% had received a good rating.

Following the publication of the General Practice Forward View and the Five Year Forward View, there would be a review of General Practice contracts to ensure consistent funding for all practices. Development of local primary care services would be supported through a National Estates and Technology Transformation Fund. There would also be pilots in relation to new models of care with a better integration of primary care with other local health services.

Nationally, there was due to be £2.4 billion of investment in general practice by 2020/21, a 14% real terms increase. A £500 million national sustainability and transformation package would support GP practices. It had been determined that 18% of the current level of GP appointments would not be needed if care provision was structured in a different way. Over £900 million of capital investment was due to be made in estates and technology infrastructure. Three practices in Medway were set to benefit from improvement grants allocated from this funding. Work was taking place to migrate GP practices to a new computer system that would facilitate information being shared more easily between GPs and other health providers. An increase in communication with patients via, for example, text message and e-mail was also envisaged.

NHS England (South East) would be looking to support the expansion of local GP practices. The aim was to support practices to increase to a size of 8,000 patients or above, as practices of this size were the most sustainable. Discussions were also taking place with practices in relation to how they could work together with Local Care Teams, which between them would care for between 30,000 and 50,000 patients.

A number of Clinical Commissioning Groups were now taking the lead for commissioning local GP services under delegated commissioning arrangements. NHS Medway CCG was intending to apply to take on this responsibility from April 2017. The CCG had established a Primary Care Commissioning Committee to oversee the associated work and the CCG was pleased that the Medway Health and Wellbeing Board had agreed that the Director of Children and Adult Services should attend meetings of the new Committee in a non-voting capacity.

It was not yet clear exactly how much of the agreed investment would be available for primary care in Medway. However, funding would be allocated for the establishment of a community hub in Chatham and an associated feasibility study.

The Committee raised a number of points and questions as follows:

Appointment Availability and Delays: A Member explained the difficulty that they had had in trying to obtain an appointment with a specialist doctor. This had taken four weeks and it had been suggested that the Member could have a consultation by e-mail or text message, which they did not want. Another Committee Member spoke of a case that she knew of where significant delays that had been experienced in providing a child with essential medication. There had been a ten day delay in providing medication and three medical providers had been involved. The CCG Accountable Officer said that these delays were unacceptable and noted that missed appointments put pressure on the provision of services. The use of technologies, such as e-mail and Skype, had a part to play in patient care, particularly where a complex case had a good care plan in place. With regard to the delay in providing medication to a child, the Accountable Officer encouraged the submission of a complaint so that the issue could be fully investigated.

GP Support: It was anticipated that the use of non-GP staff and pharmacists to see some patients in the future would help to alleviate resource pressures. A Member mentioned that there was also a shortage of pharmacists. The CCG Accountable Officer advised that a range of measures would be required, particularly as the average age of GPs running single handed practices was increasing and patient demands were changing. The General Practice Resilience Programme would support GPs over the next three years. One aspect of this was looking at diagnostic services in order to quickly identify areas for improvement support. The new GP contract would aim to make general practice more appealing. Difficulties included that younger GPs often favoured being employees rather than a practice partner and that other areas of

healthcare provision could be more attractive to doctors than general practice. There was also an increasing demand for part time working and a better work-life balance. It was anticipated that the development of other specialisms and enhanced healthcare services, to be delivered via general practice, would help to increase its appeal to those starting their medical careers. The Healthwatch representative advised that Healtwatch was aware that some GPs encountered difficulties in accessing support and that they were working with some surgeries to undertake strategic reviews, a process that included interviewing the practice manager.

Medway Model: The local strategy for the transformation of primary care services set out a programme for the provision of primary and community hubs, which were known locally as the 'Medway Model'. In response to a Member question that asked whether the new model would attract more people into general practice, the CCG Accountable Officer advised that the new contracts would provide increased flexibility and encourage specialisation.

Allocation of Funding: Practices would be supported based upon their individual needs and prioritisation given accordingly in order to ensure that resources were allocated where they were needed the most. Practices with concerns were encouraged to engage with the CCG.

Decision

The Committee:

a) Commented on the report provided and on the implications and issues raised relating to Medway.

b) Recommended that Cabinet notes the risks that falling GP numbers will present to Medway residents and the implications for Adult Social Care.

437 Update on Medway NHS Foundation Trust

Discussion

The Chairman advised the Committee that a further inspection of Medway NHS Foundation Trust (MFT) was due to take place, starting on 29 November. Ahead of this inspection, a summary of the scrutiny that the Committee had undertaken of MFT during the previous year had been submitted to the Care Quality Commission (CQC). This submission had been included as part of the work programme item on the agenda.

It had been announced that Shena Winning had stepped down from her position as the Chairman of the Trust. She had been replaced by Dr Peter Carter OBE, who had assumed the role of Interim Chairman.

Committee Members requested that Sheena Winning's service be officially recognised by the committee as she had stepped up to her role at a very

difficult time and provided support for the CEO while Lesley Dwyer settled into the role.

The Chief Executive of MFT, The Director of Finance and the Lead Matron for Discharge at Medway Maritime Hospital, introduced the report. The report updated the Committee on progress made on the Trust's improvement journey since its Chief Executive and then Chairman had attended the Committee in June 2016.

Further progress had been made on implementation of the new Medical Model, which had been introduced in March 2016. It was acknowledged that previous attempts to improve quality had not always had the desired impact. However, significant improvements had now been realised and MFT was confident that this would be satisfactory to enable the Trust to come out of special measures, which it had been operating under for the previous three and a half years. It was anticipated that the Trust would receive a 'Requires Improvement' rating in the forthcoming inspection. The Trust considered that some of its services, including neo-natal and children's services, were already good. The Chief Executive had confidence in both the management and clinical leadership of the Trust to continue the improvement journey.

The Chief Executive considered that Medway Martime Hospital was now safer than it had ever been. Mortality rates, which had been one of the highest in the country in January 2014, were now in line with national averages with key lessons having been learned from previous patient deaths. A 'call of safety' had helped to ensure the safety of services and that staff were supported to carry out work. The hospital had previously had to resort to providing care to patients in hospital corridors. This was no longer happening. Waiting times for cancer patients were also being normalised. Other positive changes made had included ensuring that complaint logs were reviewed systemically to identify lessons to be learned, increasing engagement with the community, making the hospital cleaner and the introduction of a smoke free policy across the whole hospital site. Patient satisfaction had improved with 85.2% of patients now recommending the hospital.

Within the Emergency Department, the Medical Model was helping to reduce waiting times. 82% of patients were seen and treated within four hours, compared to 73% in March 2016. The ambition was for this figure to improve to over 90%. Nurse vacancy rates had improved significantly, from 65% in November 2015 to 23% in September 2016. These had since reduced to 17%. The hospital was now the best performing in the region with regard to ambulance handover. There had also been a 40% reduction in the number of people medically fit for discharge who remained in hospital. Significant work was being undertaken with partners in this area. MFT was, however, very concerned about the impact that winter could have on service provision and whether these could be managed effectively.

The CQC and feedback from staff surveys had identified the existence of a bullying culture, which the Trust was determined to address. Six 'Speak Up

Safety' champions had been appointed to enable staff to share concerns. Other methods of staff engagement had also been adopted.

MFT had ended 2015/16 with a budget deficit of approximately £52 million, which was equivalent to 20% of turnover. The reasons behind the debt were now fully understood. Service provision in its current form was not affordable. The relatively high cost of agency staff contributed to financial difficulties as there was a premium of 35% on agency compared to non-agency staff.

There was a determination for MFT to stabilise its financial position with the hospital's recovery plan focusing on delivering greater efficiency and cost reduction, while not compromising on patient safety and quality. Savings of £12.6 million were planned for the 2016/17 financial year.

The Committee raised a number of points and questions as follows:

Vacancies: In response to a Member question about the actions taken to improve staff recruitment and retention, the Chief Executive of MFT advised that work was being undertaken to retain staff and that this was viewed as being particularly important. It was noted that some staff who had previously left the hospital had been re-employed and that, as advised previously, nurse vacancy rates in the emergency department were now under a quarter. The hospital worked with staff to support them and to provide development opportunities with the aim of increasing retention.

Staff nationality: The report provided by MFT gave figures in relation to the nationality of staff. This was in response to a question that had been asked at the June 2016 meeting. A Member stated their disappointment that the nationality of staff had been raised as she did not consider it to be relevant.

Progress to date: A Member said that it was evident that significant progress had been made to date and they hoped that the CQC would recognise the improvements made in difficult circumstances. However, there was still more work to be done by the hospital and in the wider public health arena.

Discharge of patients: It was questioned whether there was pressure for patients to be discharged when this may not be in their best interests. The MFT representatives said that suitability for discharge was assessed on a case-by-case basis. Engagement with patients and their families in relation to discharge was not always as effective as it could be. The discharge of frailer patients was a particular challenge and the need to discharge persons who were medically ready was heightened by the risk of complications, such as muscle wastage, infections or falls occurring if they remained in hospital. The Home First project that had been discussed earlier in the meeting would help to reduce discharge delays. The Interim Director of Children and Adult Services advised that figures for Delayed Transfers of Care (DToC) of more than ten days were improving, although it was recognised that there was still more for Adult Social Care and other partners to do. Six aspects of improvements made in Medway had been highlighted in the Department for Health / NHS England publication, Quick Guide: Discharge to Access.

Trust Finances: A Member noted that the Trust had performed £1million better when compared to the planned deficit of £44.5 million during the current financial year. The Chief Executive of MFT said that an obvious conclusion for the CQC inspectors was that the Trust should be in special financial measures due to its budget deficit. However, it was hoped that the transparency and measures being put in place to reduce and manage the deficit would help to avoid this.

The Committee thanked the MFT representatives for the update provided and congratulated them on the progress made so far, while recognising that there was more work to be undertaken.

Decision

The Committee noted the report and commented on the progress made by Medway NHS Foundation Trust.

438 KMPT Mental Health Update

Discussion

The Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust (KMPT), introduced the report. The report provided details of the Trust's current activities, priorities, successes, challenges and opportunities. The Committee had previously been provided with regular updates in relation to mental health bed provision. Following discussion with the Chairman of the Committee, it had been agreed at a pre-agenda meeting held on 6 October 2016 that future reports submitted to the Committee would include a wider update on KMPT's work.

The Committee was advised that a Whole System Mental Health Workshop had taken place on 12 October 2016. The Chief Executive of KMPT had found this to be a very positive experience. Following this, a report had been presented to the Medway Health and Wellbeing Board on 3 November and a Mental Health Strategy was now due to be developed.

The Trust had worked to reduce the use of private inpatient acute mental health beds to a maximum of 15 by the end of October 2016.This was down from 76 beds in June. A plan was in place to ensure that this reduction was sustained and medical professionals were involved in this work.

The Committee raised a number of points and questions as follows:

Engagement and Service Improvement: In response to a question about public engagement undertaken, it was confirmed that a variety of engagement had taken place. There were five engagement representatives for each of the five main towns in Medway, with patients being consulted on the development of services. Improvements had been made with regard to accident and emergency provision, with Medway Maritime being the only acute hospital in

Kent with 24/7 mental health provision. Recruitment was being looked at and a detailed improvement plan was under development.

Personality Disorders and Street Triage: A Member asked what provision was available for the treatment of personality disorders since the closure of a unit and about the provision of street triage. The Member was also concerned that services were not being promoted. The Chief Executive advised that there was some provision locally in relation to personality disorders and that there was some street triage provision in Dartford but that this was not able to cover the whole of Kent and Medway. Street Triage involved mental health workers going out on patrol with police officers. This could help to avoid the need for the Police to use Section 136 powers which allowed them to remove a person to a place of a safety where there were concerns for their wellbeing for mental health reasons. Consideration was being given as to how to work with commissioners, the Police and patients to improve provision. It was noted a mental health crisis hospital admission could be for up to 72 hours.

Brain Injury Unit: In response to a Member question, the Chief Executive advised that there were currently no plans for the brain injury unit in Medway to be expanded.

Mental Health Provision: A Member felt that services should be provided in a suitable environment as close as possible to a patient's home. She was also concerned that there had not been sufficient follow up after previous mental health seminars. It was confirmed that a meeting was due to take place with all relevant agencies following the recent workshop and that providers would be held to account.

Homeless Persons: Concerns were raised about the challenges faced by homeless people and the difficulties they may face in accessing services. The Chief Executive felt that services were not as joined up or robust as they could be and undertook to provide relevant figures in relation to homeless provision.

Discharge of Patients: A Member highlighted achievements made to date in enabling people in acute beds to be discharged to an appropriate place and work being undertaken to reduce readmissions following an emergency stay.

Decision

The Committee:

a) The Committee noted the content of the report and provided the comments as above.

b) Agreed to recommend that Cabinet emphasises to the Kent Police and Crime Commissioner the importance of street triage.

439 Council Plan Quarter 1 2016/17 Performance Monitoring Report

Discussion

The Interim Director of Children and Adult Services, introduced the report to provide an update on Council performance for quarter 1 2016/7 in relation to the measures relevant to health and adult social care. The Committee was advised that, although the report covered quarter 1, figures for quarter 2 were available. A quarter 2 performance update was due to be presented to the Committee at the December 2016 meeting.

The Committee was advised that work had taken place to raise awareness of social isolation, particularly with regard to persons living with dementia. The Fire Service would be helping to identify those who were socially isolated and refer them to the appropriate services.

In relation to the Adult Social Care Strategy, an engagement event had been held at the Brook Theatre in Chatham. An Implementation Plan had been developed and this was due to be considered by the Committee at a future meeting.

Figures for Delayed Transfers of Care showed that Medway had the third best performance of all local authority areas in the South East.

The pressure that winter placed on health and social care provision was an ongoing cause for concern, with work being undertaken to understand how these pressures could be reduced and demand met.

The quarter 2 report would consider the topic of direct payments to clients further and why the volume of these were not meeting targets. It was acknowledged that there needed to be a culture change amongst frontline staff with regard to direct payments. This would be addressed through the joining together of teams, with the aim being for an increase in uptake to be realised by quarter 4.

The Interim Director of Public Health advised that healthy weight performance targets were being met. A key part of this work was encouraging people to be physically active. Besides Public Health, a number of other Council services were also involved in this work.

Decision

The Committee noted the report and considered the Quarter 1 2016/17 performance against the Key measures of success used to monitor progress against the Council Plan 2016/17.

440 Work programme

Discussion

The Chairman advised that the Councillor visit to the NHS 111 Call Centre in Ashford, that had been due to take place on 24 November, had been postponed as not enough Members had been able to attend. It was agreed that the visit would be rearranged with the aim being for it to take place early in the New Year, subject to a sufficient number of Members being available in order to make the visit viable.

A visit to Amherst Court was due to take place on 24 November with five or six Members due to be attending.

The Democratic Services Officer introduced the remainder of the Work Programme report which advised Members of the current work programme in light of the latest priorities, issues and circumstances.

The establishment of a regional scrutiny sub-group had been proposed to undertake scrutiny of SECAmb. It was also proposed that each health scrutiny committee would select two Members to represent it on the regional sub-group. Sub-group work would be reported regularly to each participating Council's own scrutiny committee on a regular basis and participation in the sub-group would not affect the right of individual Councils to undertake their own scrutiny, should they so wish. The proposals were due to be discussed at the South East Regional Scrutiny Network meeting taking place on Friday 18 November. This meeting was also due to include an update on the Kent and Medway Sustainability and Transformation Plan. A Member proposed that the Committee should be represented by one Conservative and one Labour Member. The Chairman proposed that Councillors Royle and himself, both Conservative Councillors, should be appointed as the Committee's representatives on the regional Sub-Group. The Committee agreed this proposal, but some Members of the Committee were not satisfied with this arrangement.

The Care Quality Commission (CQC) had announced that it would be undertaking an inspection of Kent and Medway NHS Social Care and Partnership Trust (KMPT) in the week beginning 16 January 2017. The Committee had been invited to share information relevant to the inspection. It was proposed that a summary of scrutiny undertaken by the Committee over the last year be submitted to the CQC.

Four meetings of the Dementia Task Group had taken place. These had included an introductory meeting, meeting with the Alzheimer's Society, a visit to Crawley to see how it had became one of 12 towns to initially be awarded dementia friendly status and a visit to a Dementia Café. Future Task Group meetings would include a Diagnosis and Post Diagnostic Support Session and a Leading by Example session to consider how the Council could demonstrate leadership in making Medway a dementia friendly community. It was

anticipated that the Task Group's draft report would be presented to the Committee at its March 2017 meeting.

The next meeting of the Kent and Medway Joint Health Scrutiny Committee was due to take place on 28 November. This would receive updates on work undertaken since the last meeting on 4 August on two major service reconfigurations that would affect Medway and Kent, the Kent and Medway Hyper Acute and Acute Services Stroke Review and the Kent and Medway Specialist Vascular Services Review.

Decision

The Committee:

a) Noted the current work programme attached as appendix 1 of the report.

b) Agreed the suggested additions and changes to the Committee's work programme, as set out in paragraph 3 of the report.

c) Agreed that the Committee be represented on the proposed South East Regional Scrutiny Network Sub-group that would scrutinise SECAmb and agreed that Councillors Wildey and Royle should represent the Committee at these meetings.

d) Agreed to delegate authority to the Head of Democratic Services, to, following consultation with the Chairman, Vice-Chairman and Opposition Spokespersons, agree a summary report of the scrutiny undertaken of Kent and Medway Partnership Trust over the previous year, for submission to the Care Quality Commission.

e) Agreed that the previously postponed Member visit to the NHS 111 Call Centre in Chatham be arranged to take place in early 2017.

Chairman

Date:

Jon Pitt, Democratic Services Officer

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