

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

Tuesday, 24 January 2017

6.30pm to 9.00pm

Record of the meeting

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

Present: Councillors: Purdy (Vice-Chairman), Aldous, Fearn, Franklin, Freshwater, Hall, Howard, Iles, Khan, Murray, Shaw and Stamp

Co-opted members without voting rights

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

In Attendance: Councillor David Brake, Portfolio Holder for Adult Services
Ian Sutherland, Interim Director, Children and Adult Services
Andrew Burnett, Interim Director of Public Health
Linda Jackson, Interim Assistant Director, Adult Care Services
Chris McKenzie, Head of Adults Programme Management Office
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Stuart Jeffery, Chief Operating Officer, Medway NHS Clinical Commissioning Group
Kate Ako, Principal Lawyer – People
Jon Pitt, Democratic Services Officer

638 Apologies for absence

Apologies were received from the Chairman of the Committee, Councillor David Wildey and from Councillor Dan McDonald, with Councillor Andy Stamp substituting. Apologies were also received from Dan Hill of Healthwatch, with Paddy Powell substituting.

As the Chairman of the Committee had given apologies, it was confirmed that the Vice-Chairman, Councillor Wendy Purdy, would Chair the meeting, with Councillor Matt Fearn assuming the Vice-Chairman's role of moving the Committee's recommendations.

639 Record of meeting

The record of the meeting held on 15 December 2016 was approved and signed by the Chairman as a correct record.

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

640 Urgent matters by reason of special circumstances

The Chairman announced that there was one urgent matter that she had agreed to add to the agenda. This was a call-in, received from six Members of the Council in relation to Cabinet decision numbers 174/2017 and 175/2017, made at Cabinet on 17 January, to approve the establishment of a subsidiary of Medway Commercial Group to deliver public health services, as set out in appendix 1 of the supplementary agenda.

The Chairman had agreed to accept the urgent item because the next meeting of the Committee after 24 January 2017 would take place on 16 March 2017. Consideration of the call-in by the Committee at this meeting would risk a delay to the establishment of a subsidiary of Medway Commercial Group from 1 April 2017, as per the Cabinet decision. It was confirmed that in accordance with Chapter 4, part 5, paragraph 15.4 of the Council's Constitution, once a decision had been called in, it must be considered by the next available meeting of the relevant Overview and Scrutiny Committee.

641 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

642 Attendance of the Portfolio Holder for Adult Services

Discussion

The Portfolio Holder for Adult Services introduced an update on the service areas that he was responsible for that fell within the remit of the Committee. Work being undertaken by Members and officers in relation to adult mental health was highlighted, including events such as Picnic in the Park, which was aimed at people with mental health difficulties. Some Councillors had attended mental health service meetings and met frontline staff, through which they were able to support a pro-active approach to tackling mental health issues.

Home First and Medway Integrated Community Equipment Service (MICES) had been a priority over the last year, with work having been undertaken with Medway hospital to enable people to be discharged home when they were ready. The Council had responsibility for this service and putting appropriate care packages in place, which was an expense for the Council. In relation to Community Care, there had been successful partnership working.

There had been an increase in the number of safeguarding concerns recorded in Medway. It was encouraging that after closure, the highest proportion of

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

cases in Medway where action had been taken had resulted in the risk being removed. A visit to the Council by the Association of Directors of Adult Social Services (ADASS), was considered to have been useful. ADASS had looked at Safeguarding arrangements. The final report was not yet available but initial feedback had been positive, with a number of strengths and areas for improvement having been identified.

In the area of Public Health, a variety of work was being undertaken to combat drug and alcohol misuse. It was particularly concerning to the Portfolio Holder that of 1,200 people in treatment for substance misuse in Medway, around 25% of these were parents. There was a considerable amount of work being undertaken in relation to telecare and Technology Enabled Care Services (TECS) and there were plans to increase this provision.

The Portfolio Holder advised that he would be present to answer questions in relation to the separate Health and Wellbeing Board update report on the agenda.

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

Achievement of savings: A Member asked what confidence there was that forecast savings would be realised in view of the fact that it had not been possible to realise the planned savings for the current year, particularly those relating to the Adult Social Care diagnostic. She also questioned what had been learnt from the previous experience. The Portfolio Holder advised that how to ensure that forecast savings were made was being carefully considered and he was confident that it would achieve its aims. He was not able to provide further detail due to the budget setting process being ongoing. One example of improving efficiency was Medway Integrated Community Equipment Service (MICES). This had brought together a number of services previously provided by the Council and other providers under a cohesive central provider. Work had been undertaken by Adult Social Care over the Christmas and New Year period to ensure that the service was able to cope with the extra demands of winter, with lessons having been learned from 2015.

Extra Care Housing schemes: A Member said that it was clear that Medway was falling behind other parts of the country in terms of the amount of Extra Care Housing being developed. It was questioned what the Portfolio Holder had done to influence the development of the Local Plan to ensure that more extra care housing was built. The Portfolio Holder said that he had recognised for a considerable time that Extra Care Housing was invaluable for many in the local community and considered it a priority, particularly as it could help to reduce social isolation and enable people to feel part of their local community.

Turning Point – In response to a question that asked for more detail about the Turning Point drug and alcohol misuse service commissioned by the Council, The Portfolio Holder advised that the service demonstrated how drug and alcohol dependency could be overcome and aimed to do this in a way that was sensitive to the needs of the individual. He had visited the service a number of

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

times and suggested that it would be beneficial for a small group of Members to visit Turning Point to see the service for themselves.

Safeguarding: In view of the fact that the number of Safeguarding Adult Concerns recorded in Medway in 2015-16 had increased by 53% when compared to 2014/15, a Member asked whether there could be confidence that no issues were being missed and questioned how cases where individuals re-presented after having previously accessed the service were followed up. It was confirmed that the service was continuing to see an above average proportion of adults re-presenting. A need had been identified to undertake a detailed analysis of drug and alcohol misuse to inform the changes required. Officers were working to identify the risk to the individual and remove the risk, with the progress of individuals being monitored to help minimise the risk of regression. An Association of Directors of Adult Social Services (ADASS) Safeguarding Adults Peer Review had highlighted that there were areas for development, with work to address these already being underway. It was anticipated that the final ADASS report would be provided during February.

Post hospital discharge care: A Member asked how it was determined whether a patient being discharged from hospital could return to their own home or was more suited to another care environment. The case of an individual who had died while in a care home being reassessed to determine the most appropriate place for them to move to, was highlighted. The Portfolio Holder stated that the Council worked with Medway Foundation Trust to enable people to return home as much as possible. Medical opinion was that this was generally the best outcome for the patient, subject to them being provided with an appropriate package of care. Each case was assessed on its individual merit. The Portfolio Holder was sad to hear that a person had passed away while they waited for an appropriate care setting to be found, but was not in a position to comment further without having specifics details of the case. When any change was made in relation to the care of elderly people, it was important to consider all the factors and to involve the family in the decision making process.

Links between Business Intelligence and Public Health: One of the areas for development, in relation to safeguarding, identified by the Association of Directors of Adult Social Services (ADASS) Safeguarding Adults Peer Review was the development of stronger links between Business Intelligence and Public Health. A Member asked what the objective of creating stronger links was. The Portfolio Holder responded that intelligence in relation to care home provision was being developed in order to help ensure high standards with good quality provision.

Post discharge care of private patients: A Committee Member expressed concern that patients referred to private hospitals were not receiving adequate after care and felt that the post-discharge follow up should be the same regardless of whether the patient was being discharged from an NHS or private hospital. The Interim Director of Children and Adult Services advised that the use of private hospitals was normally for specific elective procedures, while

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

emergencies were treated in NHS hospitals. Emergency admissions were more likely to require post-discharge care.

Services of Kent and Medway NHS and Social Care Partnership Trust (KMPT): In response to a Member question that asked what services KMPT provided in the community and how successful they were, the Portfolio Holder said that KMPT provided some services in the community but it was recognised that improvements needed to be made.

Contingency planning for Care Home Places: A Member asked what contingency plans were in place in the event that there were not enough residential or nursing home places in Medway. The Portfolio Holder said that there were sufficient places available at present. Contingency planning involved working with neighbouring areas to facilitate the use of out-of-area homes, where required and vice-versa. The development of business intelligence would help to ensure that sufficient provision was planned for. Consideration could also be given to developing support for specific homes, but this would take time and resource. It was noted that there had been three care home closures in Medway over the last year, with only one of them being due to clinical concerns.

Decision

The Committee thanked the Portfolio Holder for the update provided and agreed that a Member visit to Turning Point would be arranged.

643 Medway Health and Wellbeing Board - Review of Progress

Discussion

The Interim Director of Public Health introduced an update on the Medway Health and Wellbeing Board. It was noted that the Kent and Medway Sustainability and Transformation Plan (STP) was a key work area, with a detailed update on this having been provided to the December meeting of the Committee. There had been close working between Medway Council, Kent County Council and the NHS with regard to the STP. Comment had been made upon presentation of the draft document to NHS England, NHS Improvement and the Local Government Association in October that engagement between the local authorities and the NHS was better than anywhere else in the country. Democratic accountability and Councillor involvement had been central to the development of the Kent and Medway STP.

Smoking Cessation was a key area of work. A joint report from the Council, Medway Foundation Trust (MFT) and Medway NHS Clinical Commissioning Group (CCG) was presented to the Health and Wellbeing Board in April 2016. This had proposed an approach to encourage and enable more people to give up smoking in order to improve the safety and effectiveness of their care. Following this, a policy had been developed. This had been agreed by MFT and it was anticipated that it would be agreed by the CCG on 25 January. The policy would then be presented to the Health and Wellbeing Board on 2

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

February in order to seek its endorsement. Smoking prevention featured strongly in the commissioning plans of local health providers for the coming year.

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

Contribution of the Board to the health agenda: A Member felt it was clear that the Health and Wellbeing Board had been successful in promoting partnership working. However, the extent to which health inequalities had reduced in Medway since its establishment had been minimal and the Member considered that the Board had not made a significance difference to people who became ill. Medway compared badly to other parts of the South East in relation to key health indicators, such as deaths from cancer, heart disease and the overall level of premature deaths. It was questioned what confidence officers had that the Board would be able to contribute to improving performance in these areas. The Interim Director of Public Health said that ensuring that health and wellbeing boards were able to make an impact was a national issue. Reducing health inequalities was challenging due to the number of factors involved. The Interim Director had found co-operation and partnership working between senior leaders in the Council and health partners to be more effective than he had experience elsewhere. The Committee was advised that one year cancer survival rates depended largely on how quickly patients were diagnosed, while five year survival rates were more dependent on the effectiveness of treatment. There was a need to promote screening and encourage people to feel able to present to their GP if they had certain symptoms. Close working with professionals delivering frontline services had a key role to play in reducing health inequalities through education. The Health and Wellbeing Board was an enabler of this and the Interim Director was optimistic of the increasing willingness of organisations to work together. The Portfolio Holder for Adult Services said that the Health and Wellbeing Board enabled health and Council leaders to come together and explained that he had attended a health seminar with 40 health professionals, which was one example of joint working. It was also noted that Healthwatch Medway were Members of the Board and were actively engaging with it.

Education about health conditions and treatment: In response to a Member comment that there was an ongoing need to educate people about the best place to go for treatment for a particular set of symptoms or illness, the Interim Director of Public Health acknowledged that this had always been an issue. Through the contact that service providers had with the public, there was the opportunity for them to provide education, but a member of the public could not be expected to know how serious a particular set of symptoms were and, therefore, which health service they should access. One opportunity was to better educate people who had had a particular illness or condition on where to seek help and how to look after themselves in the event of a recurrence.

Decision

The Committee noted and commented on the information provided in the report.

644 Adult Social Care Strategy 2016 to 2020 - Getting Better Together

Discussion

The Head of Adults Programme Management Office introduced the report on “Getting Better Together”, the Council’s Adult Social Care Strategy and improvement programme. The report explained that a Programme Management Office (PMO) had been established to take forward a number of key pieces of work identified through a diagnostic of services. This supported the wider aims and objectives of the Strategy. The Programme Office would be responsible for delivery of a number of key projects. A strength based model of practice, “3 conversations” supported the vision for Adult Social Care. The Interim Director of Children and Adult Services advised that the Accommodation Strategy aimed to ensure provision of sufficient and suitable accommodation in the area. The provision of nursing home and residential care places was closely monitored with there currently being 25 residential care beds available in Medway and between 5 and 10 nursing home beds. There was pressure in some areas, particularly in relation to EMI (Elderly, Mentally Infirm) care. The Strategy also included a market position statement, with the Council having a statutory responsibility to monitor the local market via an annual review. The largest group of people requiring specialist accommodation was older people, but there was also significant demand and relatively high costs associated with provision for younger adults with a disability, particularly those with complex needs. It was noted that safeguarding was one of the six strategic priorities within the Strategy. The Association of Directors of Adult Social Services (ADASS) Safeguarding Adults Peer Review undertaken in December 2016 had highlighted the need for clearer accountability to the Adult Social Care Improvement Board to ensure that the Board focused on quality in addition to finance and planning considerations.

A Member asked how it would be possible for the work of the PMO to realise planned savings of £3.9 million by 2019/20, given that it had not been possible to deliver forecast savings previously and questioned whether the Strategy would be able to respond to an accumulating failure to deliver planned savings. The Interim Director of Children and Adult Services said it had been anticipated that there would be a delay in achieving savings while the diagnostic was being undertaken and the PMO established. However, it was recognised that substantial financial challenges remained. A range of options had been considered to close the deficit and management actions would help ensure improvement. One example was that the diagnostic had identified a difference in how care managers identified and commissioned individual care. A review team had been established from 1 October to address this. It was noted that the Quarter 3 monitoring report showed a continuing downward trend in demand for long term care for older people. This was due to there being a shift away from long term residential care towards home based and ancillary care.

Decision

The Committee noted the status of the Getting Better Together Improvement Programme.

645 Kent and Medway NHS and Social Care Partnership Trust (KMPT) Mental Health Update

Discussion

The Chief Executive of Kent and Medway NHS Partnership Trust (KMPT) introduced the report. There had been significant achievements over the last six to seven months, with it being anticipated that Medway NHS Clinical Commissioning Group would agree funding, at a meeting due to take place on February 4, for Street Triage provision in Medway. KMPT now had a mental health nurse based in the South East Coast Ambulance Service control room at peak times. This had resulted in six avoidances of attendance at Accident and Emergency, nine ambulances not needing to be dispatched and up to five uses of Section 136 powers being avoided. KMPT had recently been inspected by the Care Quality Commission, with 85 inspectors having visited during a week.

In response to a Member question that asked whether vacancies were being successfully filled and how quickly mental health patients should be seen in hospital, the Chief Executive advised that this was challenging at local and national level, particularly the recruitment of mental health nurses. In Medway, instead of relying exclusively on nurses, there were now a range of professionals working on mental health wards to help alleviate the pressure. These included occupational therapists, social workers, psychology graduates and social workers. Such steps had not been taken elsewhere in the country. There was a national target of four hours for a mental health patient to be seen in an Accident and Emergency Department. Medway was the only hospital in Kent and Medway that currently had a 24 hour mental health service. However, having only one such nurse on duty overnight was insufficient, with a bid being made for national funding to address this. Currently, extra staff could be called in from a Crisis Response Centre in order to ensure that the four hour target was met.

A Member asked what would happen in the event that the CCG did not agree funding for Street Triage Provision, particularly in view of the fact that funding for the Personality Disorder Service had previously been considered to be secure. The Member also asked whether the increase in mental health related admissions over Christmas 2016 had been due to admission of patients who had previously accessed the service. In response, the Chief Executive of KMPT advised that there had been a national increase in mental health emergency admissions over Christmas and that analysis was being undertaken to establish why a number of new patients had been admitted. Street Triage provision was considered to be essential and so the CCG would be asked to reconsider its decision if it decided not to award funding. Other possible sources of funding would be identified. There was now closer working between health bodies due to the development of Sustainability and Transformation Plans and it was

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

considered likely that the request for Street Triage funding would be successful. Clinical teams were reorganising care pathways to determine what the best possible model was and how it could be applied across KMPT. The findings would be presented to the KMPT Board in April.

A Member asked whether those patients previously under the care of the specialist personality disorder service, which had been closed, were receiving care in the community, in accordance with the care they had received at the unit. Work was being undertaken to establish what had happened to the people who had previously accessed the Personality Disorder Service. It was acknowledged that services for those with a personality disorder were not good enough.

In response to a Member question, the Chief Executive of KMPT confirmed that there was a good working relationship between the Salvation Army and Street Triage teams.

A Member asked whether plans to provide paramedics, police and street triage teams with access to the same datasets, in order to identify whether a patient was known to services, had been realised. The Chief Executive stated that this was an aspiration but was not yet available, although the nurse based in the SECamb control centre was able to access common information.

Decision

The Committee noted the contents of the report, provided comments and agreed that a further update should be considered by the Committee in June 2017. It was further agreed that this update should include details of the impact of street triage provision on mental health related hospital admissions.

646 Medway Integrated Urgent Care Redesign

Discussion

The Chief Operating Officer at Medway NHS Clinical Commissioning Group introduced an update on the Medway Integrated Urgent Care Redesign. The project was divided into two distinct parts, face-to-face services and non-face-to-face services. The face-to-face aspect of the work was specific to Medway, while non face-to-face services, which included the reprocurement of the NHS 11 services, was taking place in conjunction with the majority of CCGs in the South East.

The timeline of the redesign had been extended to April 2019, in order to take account of reprocurement of the NHS 111 service in Sussex and work in relation to the Medway Model as part of the Sustainability and Transformation Plan process. The public consultation period had been brought forward to ensure sufficient time for this aspect of the work. Initial engagement work would be undertaken in February and March, along with building a case for change and the identification of options for the redesign.

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

A Member questioned why the work had been brought back to Committee and why the report proposed that the Committee would be asked in June 2017 to determine whether the proposals amounted to a substantial service variation, given that the Committee had previously agreed that the proposed changes were substantial. The Chief Operating Officer said that the Committee had previously requested an update and confirmed that the Committee would not be asked to re-determine whether the proposed changes amounted to a substantial variation as it was accepted that they would be.

In response to a Member question that asked what banding the Integrated Client Assessment Service (ICAS) staff would be, it was confirmed that they would be clinicians, including nurses and doctors.

The Chief Operating Officer advised, in response to a Member question, that the groups of stakeholders who had previously been consulted would be consulted again to help build the case for change and to consult on the proposed options.

A Committee Member asked how many doctors were currently employed at Medway Maritime Hospital and whether this number was rising or falling. It was requested that the Chief Operating Officer provide this information for circulation to the Committee.

Decision

The Committee:

- i. Noted and commented on the update provided regarding the Medway Integrated Urgent Care Redesign and agreed that a further update be brought to the Committee in June 2017.
- ii. Recognised that the proposals amounted to a substantial development of or variation in the provision of health services in Medway, as agreed by the Committee in September 2014.

647 Work programme

The first meeting of a Sub-Group, established by the South East Regional Health Scrutiny Network to undertake scrutiny of South East Coast Ambulance (SECAmb), had taken place on 20 December 2016. It was noted that the minutes of the December meeting had been included as an appendix of the report.

At its November 2015 meeting, the Committee had agreed two recommendations to Cabinet in relation to the risks presented by falling GP numbers and the provision of Street Triage. Since publication of the Committee agenda, Cabinet had considered and agreed the recommendations and asked the Health and Wellbeing Board to consider the matters further. This was due to take place at the next Health and Wellbeing Board meeting on 2 February.

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

A draft of the Dementia Task Group report, 'How far has Medway gone in developing a Dementia Friendly Community?' was due to be discussed and agreed by the Task Group in the week commencing 6 February. It would then be considered by a number of committees, including this Committee, before going forward to Cabinet.

A Member of the Committee said that they were disappointed that the Council had not been represented at the first meeting of the Sub-Group established to scrutinise SECamb. The Democratic Services Officer advised that the Chairman of the Committee had planned to attend but had then been unable to do so.

The Committee noted that it was Councillor Roy Freshwater's last meeting as a Member of the Committee. Councillor Freshwater was thanked for the contribution he had made to the work of the Committee.

Decision:

The Committee:

- i. Noted the current work programme, attached as appendix 1 of the report.
- ii. Agreed the suggested additions and changes to the Committee's Work Programme, as set out in paragraph 3 of the report.

648 Call-In - Health and Wellbeing Traded Services

Discussion

The Labour Spokesperson introduced the call-in of the Cabinet decision numbers 174/2017 and 175/2017 to approve the establishment of a subsidiary of Medway Commercial Group, to be called MCG Health and Wellbeing, or a suitable alternative. This would commission and deliver public health services, as set out in the attached Cabinet report.

Labour Councillors had called in the decision in order to seek reassurance and, as such, they did not oppose the principle of creating traded services or of such services seeking to make a profit. It was acknowledged that Public Health in Medway was performing relatively well.

The call-in had been made in order to test the level of confidence that there was in the capacity for a traded service to be established with there being no resulting detriment to existing services. It was stated that the service would be delivered as a short term contract with defined timelines for services being delivered and that this would lead to a variety of difficulties. These included the transfer of staff, how performance of staff would be effectively managed, what the safeguarding arrangements would be and how redundancy and performance management procedures would be implemented effectively. There needed to be investment in safeguards to ensure that workable contracts were

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

established. It was requested that further information be provided along with details of set up costs and how they would be recovered. Medway Norse's limited ability to make a profit or to obtain contracts from external organisations gave cause for concern that a Public Health traded service could experience similar difficulties. It was considered that the taking on of new provider contracts would increase pressure on partner organisations with a risk being that performance could decline as a result and that insufficient information had been provided to enable a decision to be taken.

In response to the reasons for the call-in set out by the Labour Spokesperson, the Interim Director of Public Health stated that he understood the concerns raised and that these had been taken into account. There were substantial pressures on the Council's budget, with a reorganisation of the Public Health team having been undertaken in order to help address this. Management costs had been reduced by 10% and the cost of some commissioned services had been reduced. However, this would not be enough to meet the financial challenges faced. It was considered that the establishment of a traded service represented an almost unique opportunity to make a profit by providing services elsewhere, with the Council being considered to have an advantage over other potential providers in bidding for contracts. This was due to the Council having delivered the public health provider arm since this responsibility had been moved from the NHS to local authorities in 2011. Medway was one of the few local authorities to have retained direct provision of the provider arm and its performance was very good. With regards to health inequalities, the Provider Arm had performed well in relation to the numbers of people giving up smoking, losing weight and reducing risk factors for cardiovascular disease.

It was acknowledged that there was a risk that other local authorities may be looking to commission fewer services in the future than were currently provided. However, there was a need to test the market, which could only be undertaken by bidding for services. One factor to mitigate against risk was that it would be possible, if required, to bring the provider arm back under the direct control of the Council. Initially, services would only be provided locally. This would also help to reduce the risk of performance of the traded service deteriorating. It was confirmed that the aim was for existing staff to be transferred to the traded service and noted that there had been examples elsewhere in the country of where performance had improved significantly following the establishment of a traded service, particularly in relation to drugs and alcohol. In addition, Public Health had monitored services of an existing separate provider of drug and alcohol recovery services. Work had been undertaken with the provider to address deteriorating performance, with performance having improved. A Recovery Plan would be developed if performance declined subsequently.

A more robust approach had been introduced in relation to performance management in Public Health and a Recovery Plan would be put in place where performance was inadequate. Lessons to be learned from good performance were also being identified. The Director of Public Health would be the contract manager of the new traded service and would be responsible for the close monitoring of performance. It was suggested that performance of the

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

Traded Service should be reported to Overview and Scrutiny and that a future report could provide assurance with regard to the transfer plans.

In the event that the traded service was not established, it would be difficult for current service provision to be maintained at a time when there was a case for expansion and it would also be difficult for existing performance to be maintained.

A Member stated that the Council had a duty to maintain services and that the Committee, therefore, had a duty to accept the Cabinet decision. He also considered that other Members of the Committee were nervous of the traded services proposal because of the private sector element. Another Member disagreed with this, stating that it was duty of the Committee to provide scrutiny to ensure that significant decisions were implemented correctly. They also asked for further details of how performance management would be improved. The Interim Director of Public Health advised that the monitoring of 0-19 services key performance indicators demonstrated how a different approach was now being taken to performance management. Monitoring was more robust, which enabled the monitoring of outcomes, rather than a simple measuring of processes. The same approach would be adopted with the traded service, with the fact that it would be a commissioned service ensuring that performance monitoring would be even more robust than it would be for some in-house Council services.

Following a statement made by the Chairman regarding the options available to the Committee in relation to the call-in, the Democratic Services Officer advised that, in accordance with the Council's Constitution, the Committee should only normally only use the power to refer a matter to the full Council if the decision was considered to be contrary to the Council's policy framework, was not wholly in accordance with the budget or where the call-in had been made by Councillors representing at least two political groups. As the call-in had been made by Councillors representing a single political group, only compliance with policy framework and budget were relevant factors for the Committee to consider.

It was confirmed that the Labour group were requesting referral of the decision to full Council on the basis that it was a matter of substance, insufficient detail had been provided in order for a decision to be made and that there was not sufficient time for the traded service to be effectively established by 1 April. Referral to the full Council would provide Public Health with sufficient time to make preparations for the introduction of the traded service and enable full detail to be provided to Members.

The Democratic Services Officer further clarified the circumstances under which a referral could be made to full Council and asked if the Members of the Committee proposing referral to the Cabinet could provide further detail to explain how the Cabinet decisions were considered to be contrary to the policy framework or not in accordance with the budget. The Members advised that there was no intention to prevent revenue raising where it was not to the detriment of existing services and would be affordable in the future. However,

Health and Adult Social Care Overview and Scrutiny Committee, 24 January 2017

the changes being proposed were considered to be significant and had associated risks, with safeguards being needed and further information and time being required before a final decision was taken. It was considered that there was a risk that performance targets would not be met and that the establishment of a traded company could be financially costly to the Council if it was unsuccessful.

The Committee considered a proposal that the matter be referred to full Council on the grounds outlined above. On being put to the vote, the proposal was lost.

Decision:

The Committee accepted the Cabinet decisions 174/2017 and 175/2017, as set out in paragraph 2.6 of the report and agreed to take no further action.

Chairman

Date:

Jon Pitt, Democratic Services Officer

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