

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

Thursday, 16 March 2017

6.30pm to 9.25pm

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, Bhutia, Fearn, Franklin, Howard, Mrs Josie Iles, Steve Iles, Khan, McDonald, Murray and Shaw

Co-opted members without voting rights

Paddy Powell (Healthwatch Medway CIC Representative Substitute)

Substitutes: Councillor Mrs Iles for Councillor Hall, Paddy Powell for Dan Hill

In Attendance: Ian Sutherland, Director, Children and Adults Services
Glynis Alexander, Director of Communications, Medway Foundation Trust
Lesley Dwyer, Chief Executive, Medway Foundation Trust
Peter Gates, Programme Manager, Substance Misuse
Aeilish Geldenhuys, Head of Public Health Programmes
Linda Jackson, Interim Assistant Director, Adult Care Services
Stuart Jeffery, Chief Operating Officer, Medway NHS Clinical Commissioning Group
Michael Ridgwell, Programme Director of the Kent and Medway STP
Caroline Selkirk, Accountable Officer, Medway NHS Clinical Commissioning Group
Kate Ako, Principal Lawyer – People
Jon Pitt, Democratic Services Officer

839 Apologies for absence

Apologies for absence had been received from Councillor Phil Hall, with Councillor Josie Iles attending as substitute. Apologies had also been received from Dan Hill of Healthwatch, with Paddy Powell substituting and also from Christine Baker of the Medway Pensioner's Forum.

840 Chairman's Announcements

The Chairman informed the Committee that he had agreed to a request from Medway Foundation Trust for them to provide an update on the Care Quality Commission inspection findings as part of the Work Programme item on the agenda. It was agreed that the Work Programme item would be considered immediately after Kent and Medway Sustainability and Transformation Plan agenda item.

841 Record of meeting

The record of the meeting held on 24 January 2017 was approved and signed by the Chairman as a correct record.

842 Urgent matters by reason of special circumstances

There were no additional agenda items. However, the Chairman had agreed to a request from Medway Foundation Trust for an update to be provided on the findings of the Care Quality Commission (CQC) inspection of Medway Maritime Hospital. The update would be provided as part of the Work Programme item on the agenda.

843 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

844 Sustainability and Transformation plan - Transforming Health and Social Care in Kent and Medway

Discussion

The Programme Director for the Kent and Medway Sustainability and Transformation Plan (STP) introduced an update on the Plan. Four themes of transformation were proposed by STP. These were care transformation, productivity and modelling, enablers and system leadership.

It was anticipated that the Case for Change document would be published by the end of March 2017 and it was proposed that this be presented to the Committee at the June 2017 meeting. It was also suggested that this update would include details of the service models being developed, particularly the Local Care Model. Local care provision was seen as being central to STP development. Eight proposed local care interventions had been set out in the STP document. To date, there had been a particular focus on elderly and frail patients. Work would now be undertaken to develop plans for other groups of

patients. Two waves of consultation were expected, the first being in east Kent and the second in the remainder of Kent and Medway.

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

Closing of budgetary gap – A Member noted that the STP proposals aimed to close a significant budgetary gap. She was concerned that this would be at the expense of jobs or services and sought more detail on the financial controls to be put in place to deliver the STP. The Programme Director advised that the aggregate deficit for the end of 2015/16 was £110 million. The deficit was forecast to grow to 500 million by 2020/21 if no action was taken. The aim was to deliver approximately two thirds of savings from productivity and efficiency savings and one third from changing the way in which care was delivered. Further details would be provided to the Committee on financial control measures.

Public Engagement – A Member was concerned whether the composition of the STP oversight groups would facilitate effective public engagement. Details of events planned for Medway was requested. The Programme Director said that a number of listening events had already been held with further events due to take place. Healthwatch Medway was a Member of the Patient Participation Group as part of the engagement process. Further engagement and consultation would be required. The Medway NHS Clinical Commissioning Group (CCG) Accountable Officer advised that the CCG was planning engagement events and that a programme would be finalised by the end of April. The focus would be on presenting the work rather than on presenting a formal proposal for consultation at this stage. It was suggested that the Council could support the engagement process, particularly with regard to hard to reach groups.

The Healthwatch representative said that Healthwatch Medway was pleased to be part of the Patient Advisory Group and asked what further engagement activities were planned. The Committee was informed that this would include further listening events.

Patients in acute beds – In relation to the figure quoted of 32% (1,000 people) who were in an acute hospital bed without having a medical need to be there, it was confirmed that audit walks of hospital wards had been undertaken to confirm this figure.

General Practice Staffing – In response to Members who asked how many GP vacancies there were in Medway and how the challenges presented by an increased population were being met, the CCG Accountable Officer said that there was not a vacancy figure available for Medway. It was estimated that across Kent and Medway, there was a shortage of 245 GPs with there currently being 136 GP vacancies. A figure could be provided for Medway. There were not enough doctors available to meet this need, therefore it would be necessary to provide care in a different, multi-disciplinary way. A Member asked how many other medical professionals it would take to provide a service equivalent to that provided by a GP. The Accountable Officer said that it was not possible

to provide a figure for the number of other medical professionals who would be needed to provide the equivalent service of a single GP as staff roles varied.

Adapting the model of care delivery would be necessary to meet the challenges presented by the increasing population. Two thirds of GP practices were single handed GPs. It would be increasingly important for smaller practices to collaborate to serve larger populations of between 30,000 and 50,000. Care Navigators would play an important role to direct people to the care professional best able to help them. The expansion of other non-GP roles was also being investigated, such as Advanced Nurse Practitioners and Paramedic Practitioners, with a view to reducing the pressure on GPs. There were an increasing number of future GPs going through training but it would take time before they were ready to enter practice.

Ensuring that GP practices had patient mobile numbers was also important. In Medway, 60% of patient mobile numbers were currently held by practices with 18 GP appointments a day being released as a result. It was anticipated that increasing the percentage of patient mobile numbers held to 90% would increase the number of daily appointments released to between 30 and 40.

The CCG had in the last year funded a number of practices to move to a universal web based operating system. It was anticipated that 45 of the 51 practices in Medway would be using the system by May 2017. Use of the system would enable practices to see details of patients registered with other practices.

Work had been undertaken with the Fire Service to undertake falls assessments within the home. This enabled direct referral to fall services which helped to reduce demand on primary and acute care provision.

Rehabilitation Services – A range of rehabilitation services were required to meet patient need with the underlying philosophy being that the best bed for a patient to be in was their own bed. Appropriate support would be put in place to help facilitate this. Work was being undertaken to identify individuals at the most risk of being admitted to hospital in order to develop a plan that would enable them to be discharged from hospital once medically fit.

Decision

The Committee:

- i) Noted the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and the Case for Change document and commented on the progress made.
- ii) Agreed that an update on the STP, including the Case for Change, would be presented to the June 2017 meeting of the Committee.

845 Medway CCG Operational Plan 2017 to 2019

Discussion

The Chief Operating Officer of Medway NHS Clinical Commissioning Group (CCG) introduced the CCG Operational Plan. This had been presented to the Medway Health and Wellbeing Board two days earlier, with the comments made by the Board having been circulated to the Committee. These comments had included the need to ensure that the impact of the proposals on children and also, information on Medway as a place for care professionals to work, were both included in the Executive Summary.

The Plan was framed around nine 'must do's' which had been set out by NHS England. It included the following sections:

- Sustainability and Transformation Plan – this section was replicated in all CCG operational plans across Kent and Medway
- Finance and Quality, Innovation, Productivity and Prevention (QIPP)
- Local care – this included the Medway Model, GP Forward View, Healthy Living Centres and prevention work
- Primary care, community services, prevention, integration and coordinated care
- Urgent and emergency care
- Planned care
- Cancer
- Mental health
- Learning Disabilities: Transforming Care
- Improving Quality
- Enablers – this includes areas of work such as IT and Estates which will facilitate improved services in relation to the other areas.

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

Reference to young people – In response to a question that asked why reference to young people had not been made in the Executive Summary, the Chief Operating Officer confirmed that this had been an oversight which would be addressed.

Role of engagement – The CCG had invested in engagement activity as it was considered core to the work being undertaken. Work was taking place with the Council to ensure that the importance of engagement was championed. A meeting with Council officers had taken place the previous evening. The advice of Healthwatch would also be welcome.

A video had been produced to highlight work undertaken regarding models of care. This would be shared with the Committee. Opportunities for further digital engagement were being explored.

Impact of Brexit – In response to a Member question that asked about the impact of Brexit on service provision, figures for the number of EU citizens employed in healthcare in Medway were not immediately available. Work would be undertaken to establish these figures and the impact of the UK leaving the European Union, following the meeting.

Healthy Living Centres – A Member was concerned that rent costs and low occupancy rates were presenting a barrier to the Healthy Living Centres in Medway becoming a success. The CCG Accountable Officer acknowledged that Healthy Living Centres had not proved to be as successful as anticipated to date. Work was being undertaken to address the low occupancy levels and to help support healthcare professionals at the Centres to work together effectively. Work was also being undertaken to address the affordability of the Centres. Services were starting to be linked to the Medway Model. One example of this was the community geriatrician who was working out of the Woodlands surgery in Gillingham. This provision would be rolled out to all Healthy Living Centres by June 2017. It was anticipated that the Centres would eventually host a full range of healthcare providers but the work required community development and engagement in order to make it a success.

Need to improve cancer treatment – In response to a Member question about the need to improve cancer treatment in Medway, the Chief Operating Officer said that a need had been identified to improve treatment locally, particularly with a view to improving one year survival rates. Encouraging people to stop smoking was an important element of this as lung cancer, which was often caused by smoking, was one of the hardest cancers to detect early. The Council's Public Health team had worked significantly on this, while Medway Maritime Hospital had banned smoking across the hospital site.

Preventative work – A Member mentioned a scheme in Manchester that had proactively targeted people most likely to need treatment for lung cancer through the identification of risk factors and asked if anything similar had been done in Medway. The STP Accountable Officer said that, although not related to cancer, an audit tool was being used to identify patients of each GP surgery likely to have difficulties because they were frail. A Clinical Variation Team was working to ensure that the tools provided were being used effectively.

Use of technology – In response to a question that asked how the public would be educated about the role of technology in improving the patient experience, the CCG Accountable Officer mentioned the importance of GP practices having patient mobile numbers, as discussed during the presentation of agenda item number 5. Increasing use was being made of mobile apps. There was a need to promote the existence of such apps, with support from the Council being welcome. A promotional video was due to be produced during the next few weeks.

Mental health consultation – A Member of the Committee asked whether local mental health organisations had been involved in the development of mental health provision. It was confirmed that a number of organisations had been involved. It was noted that a Street Triage service for mental health issues

was now operational in Medway. This provision saw a mental health nurse accompany Police officers on patrol in an unmarked police car in order to help address mental health needs.

Decision

The Committee reviewed and commented on the contents of the Medway NHS CCG Operational Plan.

846 Medway Mental Health Strategy - Progress Update Paper

Discussion

The Interim Assistant Director of Adult Social Care introduced the update on the development of the Medway Mental Health Strategy. She apologised that the Executive Director of Commercial Development and Transformation at Kent and Medway NHS and Social Care Partnership Trust had been unable to attend the meeting.

A mental health workshop had taken place in October 2016 with there being a specific stream of the Kent and Medway Sustainability and Transformation Plan (STP) to address mental health. Although the STP covered the whole of Kent and Medway, the Mental Health Strategy being developed would be specific to Medway. There would be an emphasis on seeing mental health as being of equal importance to physical health and wellbeing. Work was being undertaken to develop the shape of local care provision for people with mental health needs and for this to be delivered in conjunction with meeting physical health and environmental needs, such as suitable housing. Integration was required between these pathways.

Mental health was particularly important given that one in four people would experience a mental health issue during their lifetime. There was a need to ensure that local people were able to effectively access the services available locally and to enable them to access appropriate information and services so that they were best able to support themselves. Other challenges identified included making effective use of the voluntary sector, raising awareness amongst clinicians and having a local workforce able to effectively meet the mental health needs of the population. Enabling people to leave acute care provision as quickly as was safe was also important given accepted medical opinion that providing care in the patients' own home was preferable.

The Three Conversation Model was being used to have initial conversations with patients, building on what was working in peoples' lives. The focus was on conversation rather than assessment. There was a need to better understand the needs of people who frequently presented to services with mental health issues, in particular to understand the underlying reasons and to ensure that people were not moved from one care pathway to another.

There had been an increase in the diagnosis of personality disorders in Medway. The support needs of this group could be particularly complex, which

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required specialist service provision. Child and adolescent mental health services (CAMHS) were also noted to be an area requiring improvement.

A Case for Change would be developed by the end of March with it being proposed that the draft Strategy be presented to the Committee in June 2017.

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

Mental health provision– A Member felt that there was insufficient sharing between organisations of how people with mental health issues could be supported and that issues were being missed. The Member welcomed the Three Conversations Model and said that there was a need to work with housing associations to address mental health issues. In relation to personality disorders, the Member considered that the specialist personality disorder unit had been working well prior to its closure. The service provided since had not been good enough, with this having previously been acknowledged by the Chief Executive of KMPT. There had been a rise in people in Medway with personality disorders since the closure of the unit. The Member also asked whether the funding for Street Triage was secure rather than being a pilot and was concerned that homelessness caused by mental health issues was not being adequately addressed.

The Director of Children and Adults Services said that specific concerns would be addressed through the development of the Mental Health Strategy. It was understood that Street Triage was not a pilot but would be subject to review. This would be clarified. An engagement workshop had taken place, which had been facilitated by a national leader of the Time to Change Programme. It was recognised that a dedicated resource was required following the closure of the personality disorder service. There was a need to redouble efforts with homeless people who had mental health issues. Further work to develop the Mental Health Strategy would be undertaken between March and May with a view to having a draft Strategy for the Committee to scrutinise in June 2017. The Interim Assistant Director of Adult Social Care added that there was a need to develop an understanding of why some individuals were particularly high users of blue light services.

CAMHS, service continuity and homelessness – A Member said that the waiting list for CAMHS provision remained too long and emphasised that the parents and carers of the children and young people accessing the service also needed support. There also needed to be a continuity of provision of all mental health services to ensure that service users knew how to access a particular services. Many people with mental health difficulties found it hard to sustain a tenancy with the result that they could end up homeless. Early intervention was required to stop problems escalating.

The Interim Assistant Director of Adult Social Care said that people with mental health difficulties were sometimes reluctant to engage with support services. Mental health providers needed to persevere in these cases. Work was being undertaken to address social isolation with there being a need to join up existing networks. It was confirmed that the CAMHS service was being

recommissioned to provide a service specific to Medway. There was also a need to increase the number of family therapy interventions.

Decision

The Committee noted and commented on the progress made on the development of the Medway Mental Health Strategy and agreed that the draft Strategy be brought to the Committee for consideration in June 2017.

847 Adult Substance Misuse Recommissioning

Discussion

The Head of Public Health Programmes introduced the report, supported by the Programme Manager for Adult Substance Misuse and Domestic Abuse. The service had last been recommissioned three years ago, with the previously separate services for alcohol misuse, opiate misuse and criminal justice having been brought together into a single service.

Good progress had been made during the last three years, with a significant improvement in successful outcomes amongst those accessing the service. The proportion of clients completing treatment dependence free had gone from bottom to top quartile. The commissioned service was provided by Turning Point, which a number of the Committee Members had recently visited. There was one year left under the current agreement, with the service needing to be recommissioned.

It was recognised that improvements needed to be made to the service given the relatively high rate of representation and also that a number of clients had been in treatment for over ten years. There was a need to consider how service users could be better supported to recover from dependency, to better engage the voluntary sector and to make more effective use of advocates. A service redesign, based upon a full needs assessment, was underway. It was proposed that a detailed model be presented for consideration by the Committee in June 2017.

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

Foetal Alcohol Syndrome – In response to a Member question, the Head of Public Health Programmes advised that work with health visitors was being strengthened to provide training related to alcohol misuse in pregnancy. This would enable the provision of ante-natal and post-natal checks. Community and hospital based teams provided education about the risks associated with drinking during pregnancy.

Support for substance misusers and families – A Member said that they would like to see more help for families provided as a result of the recommissioning. She highlighted cases of older people in their 70's or 80's housing grown up children, as old as their 40's or 50's, as a result of them being unable to cope living on their own due to dependency. Key workers had

provided initial support in such cases but there had not been sufficient follow up. The recommissioning should consider how to provide practical support in relation to substance misuse. The issues associated with ongoing methadone use also needed to be considered as it was clear that some people being provided with methadone in Medway were in an increasingly poor state of health.

The Head of Public Health Programmes advised that work was taking place with Turning Point to segment client groups. It was acknowledged that family and carer support was not robust enough. There was a need to strengthen work with organisations such as Carers First to enable them to offer support on an ongoing basis. It was clarified that someone still using methadone would not be classified as having completed the Turning Point programme dependency free.

Reliance on voluntary sector – A Member raised concern with regard to the proposed apparent reliance on voluntary sector providers to support adult substance misuse provision. She asked what engagement had taken place. The Head of Public Health programmes provided assurance that there would not be a reliance on the voluntary sector for service provision, although there would be engagement as this element of the service would be procured and not just expected.

Transitional Arrangement – Officers confirmed that a mobilisation programme would be put in place for a minimum of three months to ensure smooth transition from one provide to another in the event that an alternative provider was commissioned to Turning Point.

Members of the Committee gave thanks for the visit that had been organised to Turning Point.

Decision

The Committee:

- i) Noted the report and commented on the proposal to proceed with the recommissioning of redesigned specialist treatment services (Option 3) during 2017 for a contract start date of 1 April 2018.
- ii) Agreed that following a needs assessment, which would include patient and stakeholder engagement, the recommended service model would be presented to the Committee prior to contract award.

848 Dementia Task Group Report - 'How far has Medway gone in becoming a Dementia Friendly Community'

Discussion

The Committee discussed the Task Group report. A Member considered that the recommendation to designate a Medway Dementia Ambassador to

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represent the Council at external events and functions should be revised to specify that two ambassadors should be appointed. Some other Members agreed with this view. The Member also felt that all Councillors had a role to play in promoting Medway as Dementia Friendly Community. It was agreed that the role of Ambassador was not considered to be a political one .

The same Member said that, although there were a large number of recommendations, implementation of them would not be financially costly to the Council. The Member also noted that an update on the implementation of the recommendations was due to be presented to the Committee in January 2018 and hoped that the majority had been implemented by then.

A Committee Member felt that there may be too many recommendations to enable their delivery to be monitored effectively and suggested that some recommendations could be combined, particularly in relation to making facilities and services dementia friendly. Another Committee Member said that a large number of recommendations had been needed to ensure that the significant amount of evidence collected by the Task Group could be covered by the recommendations.

The Chairman of the Committee, who had also been Chairman of the Task Group, stated that he would wish for the recommendations to remain as agreed by the Task Group, aside from agreeing the minor change proposed to the wording of one of the recommendations made by the Health and Wellbeing Board.

In relation to recommendation 9 ii), which recommended that Cabinet commits to support Medway Dementia Action Alliance and The Alzheimer's Society in their efforts to identify a mechanism through which the Medway Dementia Action can be supported, a Member advised that this had been partially addressed following the Citizens' Advice Bureau and Healthwatch having recently secured external funding for dementia action.

Decision

The Committee:

- i) Considered the report and recommendations made by the Dementia Task Group, set out at Appendix 1 and noted the comments from the Health and Wellbeing Board.
- ii) Agreed to remove the word "diagnostic" from recommendation 22 of the Task Group report, as recommended by the Health and Wellbeing Board.
- iii) Agreed to refer the recommendations and content of the report to Cabinet on 9 May, subject to any comments made by the Regeneration, Culture and Environment Overview and Scrutiny Committee.

849 Council Plan Quarter 3 - 2016/17 Performance Monitoring Report

Discussion

The Interim Assistant Director of Adult Social Care introduced the report. She advised the Committee that a pilot project had taken place with Kent Fire and Rescue aimed at reducing social isolation. Other work to reduce social isolation had included the running of coffee mornings in Gillingham with there being an increasing number of people wishing to take part.

The Three Conversation Model, part of the Adult Social Care Improvement Programme, had just gone live. The Model emphasised the need to talk to people and to make them feel that they were being listened to. The piloting of the model was due to take place over 13 weeks.

There would be a focus on encouraging the direct payment of Adult Social Care funding to individuals. There had been a slight increase in uptake but it was hoped to increase the level. Councillors could have a role to play as advocates of direct payments. There had been a sustained reduction in the number of people entering residential care.

There had been a rise in hospital discharge Delayed Transfers of Care (DToC) but the figures remained within target. There had been a rise nationally during the winter.

A Member of the Committee said that she would advocate direct payments once she was satisfied that the people claiming them were receiving sufficient support with the process. The Member also questioned why more equipment provided as part of Adult Social Care provision was not reused. The Interim Assistant Director of Adult Social Care said that there were specific targets in relation to this and that targeted work was being undertaken. However, much of the equipment was specific to the needs of the individual client.

Decision

The Committee considered the quarter 3 2016/17 performance against the key measures of success used to monitor progress against the Council Plan 2016/17.

850 Work programme

Discussion

The Chief Executive and the Director of Communications of Medway Foundation Trust introduced an update on the inspection of the Trust by the Care Quality Commission (CQC), the findings of which were due to be published the next day.

The Trust had been placed in special measures in July 2013 due to concerns with regard to the safety and appropriateness of care being provided at

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Medway Maritime Hospital. The Trust had been in special measures for 41 months, which was the longest period for any hospital trust in the country.

The latest inspection had been undertaken in November 2016. This had acknowledged major improvements at the Trust including sustained improvement in mortality rates and improved care in the emergency department. The care and compassion of staff had also been recognised. Areas highlighted as outstanding included women and children's services and research. The hospital was also proud of achievements made with regard to its fractured hip pathway.

Overall, the inspection had identified 13 'must dos' for the hospital to address, which was a significant improvement on the 46 identified in August 2016. The overall ratings included good for caring, good for being effective and good for being well led. Maternity and gynaecology were rated as outstanding for caring with no services having been rated as inadequate. An overall rating of requires improvement had been given, with the recommendation to National Health Improvement being that the hospital exited special measures. Although the hospital was contributing a significant amount to the budget deficit across Kent and Medway, it was not being recommended that the hospital be placed in financial special measures as the hospital was on course to deliver the deficit target it had agreed to for the current year.

The annual staff survey had shown the most positive results for five years and had received one of the highest response rates in the country. Survey results had improved in 44 key areas, with a decline in one area.

It was recognised that the hospital still faced challenges, particularly in relation to workforce, emergency department waiting times, access to elective surgery and cancer treatment. The CQC was due to return for a limited inspection in six months time.

The Chief Executive was proud of work by staff to improve the hospital and acknowledged the support of Medway Council and of the Committee. The Committee congratulated the Chief Executive and hospital staff on the work undertaken that had enabled it to exit special measures.

The Democratic Services Officer introduced the remainder of the Work Programme report. The Committee was updated on a meeting of the South East Regional Health Overview and Scrutiny Network and a separate meeting of a Sub-group established to undertake scrutiny of South East Coast Ambulance (SECAMB) as part of its improvement journey. It was also noted that some Members had recently visited the Turning Point drug and alcohol misuse service in Chatham, which was commissioned by the Council. A further visit to the Turning Point Recovery Hub in Gillingham was due to be arranged.

Decision

The Committee:

- a) Considered whether any changes needed to be made to the work programme attached at Appendix 1. It was agreed to add items on the Kent and Medway Sustainability and Transformation Plan and the Medway Mental Health Strategy to the Work Programme for June 2017 meeting.
- b) Agreed the suggested additions and changes to the Committee's work programme, as set out in paragraph 3 of the Work Programme report.

Chairman

Date:

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