Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 22 August 2017

6.35pm to 9.10pm

Record of the meeting

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

Present: Councillors: Purdy (Chairman), Wildey (Vice-Chairman), Aldous, Craven, Franklin, Howard, Steve Iles, Joy, McDonald, Murray, Opara and Shaw

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum)

Substitutes: Councillor Opara for Bhutia

In Attendance: Glynis Alexander, Director of Communications, Medway Foundation Trust
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Glenn Douglas, Accountable Officer - Kent and Medway STP
Linda Jackson, Interim Assistant Director, Adult Social Care
Stuart Jeffery, Chief Operating Officer, Medway CCG
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Jon Pitt, Democratic Services Officer
Karen Rule, Director of Nursing, Medway Foundation Trust
Ian Sutherland, Director of Children and Adults Services
Sandy Weaver, Complaints Manager for Social Care

233 Apologies for absence

Apologies for absence were received from Councillor Bhutia with Councillor Opara substituting. Apologies were also received from Councillor Fearn and from Dan Hill and Paddy Powell of Healthwatch.

234 Record of meeting

The records of the Committee meeting held on 20 June 2017 was approved and signed by the Chairman as a correct record.

235 Urgent matters by reason of special circumstances

There were none.

236 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

237 Kent and Medway Sustainability and Transformation Plan Update

Discussion

The update was introduced by the Accountable Officer for the Kent and Medway STP. The Committee was informed that a traffic light system was being introduced to rank progress made in the development of local STPs. Each STP footprint would also need to create a strategic commissioner.

The role of an STP would be to support local services and deliver the best care possible, maximising the resources available. There was a particular need to deliver procurement efficiencies, which was something that the NHS as a whole had not be able to do well.

The reliance on relatively costly agency staff was a particular problem in Medway and an issue across the whole of Kent and Medway. The aim was to create a medical school in Kent and Medway which would help to reduce this reliance. There also needed to be promotion of the health sector in Kent and Medway as a place to work. This was against a backdrop of falling overseas recruitment, particularly staff from EU countries. It was considered that the size of Kent and Medway made it possible for joint commissioning to maximise cost efficiencies.

In relation to stroke services in Kent and Medway, it was recognised that there was an urgent need to improve provision. This was currently spread across seven acute hospital sites in Kent and Medway, with none of them currently offering full hyper acute stroke treatment.

A Committee Member said that the need for both service improvement and financial savings made it difficult for the public to appreciate that the STP process was about improving services as well as saving money. She was also concerned about the front loading of costs, which she considered was an inevitable part of the STP process and about the need for a strategic commissioner, which would be another layer of bureaucracy. The Member was concerned that the meeting of the Kent and Medway Joint Health Scrutiny Committee (JHOSC), which was due to discuss proposed changes to stroke services, had been delayed. She was, however, pleased to see the accessible ‘Case for Change’ document included in the agenda papers.

The Accountable Officer for the Kent and Medway STP considered that the strategic commissioner may actually reduce bureaucracy given the current fragmented nature of NHS organisations. With regard to the stroke review, it was recognised that the work needed to be progressed quickly, including the commencement for public consultation. However, difficulties in East Kent made going progressing the consultation difficult.

Another Committee Member agreed that the stroke review needed to progress at a faster pace. He noted that the review had first been discussed by the Committee in August 2015 and by the Joint HOSC in January 2016. The Accountable Officer agreed that there was a need to go to public consultation as soon as possible so that discussion could be undertaken about which sites in Kent and Medway should provide acute stroke services.

In response to a Member who highlighted the importance of working together in relation to procurement, the Accountable Officer said that significant progress had already been made and that procurement savings made up a significant part of the overall cost savings process to be delivered as part of the STP.

A Committee Member was concerned that there was a lack of understanding of the specific needs of Medway compared to the rest of Kent. The Accountable Officer said that he understood these concerns but considered that there was a strong case for centralising services on Medway given the large population in the vicinity.

Decision

The Committee considered and commented on the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and agreed that the next update should be presented to the Committee in December 2017.

238 Update on Medway NHS Foundation Trust (MFT)

Discussion

The report was introduced by the Medway NHS Foundation Trust Director of Nursing. The Director of Communications was also in attendance.

A presentation was given to the Committee, the key points of which were as follows:

- The Care Quality Commission report published in March 2017 followed an inspection undertaken in November 2016. MFT had been rated as ‘requires improvement’ compared to the previous rating of ‘inadequate’.
- The Trust was implementing its Recovery Plan in phases. The Plan was addressing the 46 must do and 25 should do actions identified by the previous inspection.

- 13 services had previously been rated as red. This had been reduced to one in the latest inspection. One service had been rated as outstanding in the caring domain.
- Incident reporting was now in line with national averages having previously been one of the worst.
- The staff survey showed improved staff engagement and satisfaction with the best response rate for five years.
- The Recovery Plan was monitored through a quality improvement group. 5 actions had been completed, 1 was on track and 4 were expected to return to their planned delivery dates. 6 actions currently had a red status. In some cases this was due to there not yet being sufficient evidence to close the action.
- Hospital Standardised Mortality Rate had reduced from 120 in January 2014 to 99.
- Phase 3 of an improvement programme, 'Better, Best, Brilliant' had been launched. The programme was now in its best phase with there being a focus on patient flows and operations in order to achieve brilliant.
- Patient experience and satisfaction was improving with the number of different doctors being seen by each patient being reduced through more effective management.
- The level of clinical vacancies was high with the hospital working hard to address this. Reliance on agency staff had been reduced and there was good staff retention amongst those recruited from overseas.
- The Trust's planned deficit of £37.8 million was less than in the previous year. The Financial Recovery plan aimed to reduce this by £12.6 million.

Questions and points raised by the Committee were responded to as follows:

Recruitment – It was acknowledged that there was still more work to be done to improve recruitment, although the Trust was starting to see the number of new starters outnumber leavers. There was an increased number of applicants for advertised vacancies. Close working took place with Canterbury Christchurch and Greenwich universities to target potential job applicants. Safe staffing levels were being maintained through use of daily reviews and escalation protocols. Half of the workforce had responded to the latest staff survey. A variety of other staff engagement methods were being used. Line managers were committed to obtaining day-to-day feedback. The Executive team went on walkabouts to talk to frontline staff and staff and senior manager drop in sessions were also utilised.

Staff Appraisals – A Committee Member voiced concern that staff appraisal completions were relatively low. The staff appraisal system was being reviewed with some departments already having good compliance. The aim was to increase appraisal compliance to above 95% from 75%. The staff survey showed that staff tended to value having clear objectives and regular contact with managers more than appraisal completions.

Children's Services – Children's provision was delivering good performance overall. It was not particularly challenging to recruit paediatric nurses but neo-

natal recruitment was more difficult. There were 2 must do actions related to children's services in the CQC report. One of these was in relation to child patients being segregated from adults. As there was no national standard for this, changes had been made and the action closed following discussion with the CQC. The second must do action related to increasing place specialist cover to ensure that cover was not depleted when the specialist was on leave. Another place specialist had been appointed to address this.

GP Provision – In response to Member concerns about GP provision in Medway being spread too thinly, the NHS Medway CCG Accountable Officer advised that GPs were being encouraged to work in groups serving populations of 30,000 to 50,000. This would enable other medical professionals to support the GPs and to see some of their patients, thereby increasing GP capacity. This was particularly important as one third of Medway GPs were approaching retirement age. The increased use of digital technology was being encouraged, including use of telephone GP consultations. Medway Council and Medway CCG were working together to support the streamlining of services.

IT System Compatibility – A Member said that it was important for other health providers to be able to access the hospital's IT systems in order to access patient information. The Committee was informed that an IT digital workstream was included in the recovery programme and there was also a digital stream in the Kent and Medway Sustainability and Transformation Plan. However, access to other systems would not improve in the short term.

Guys and St Thomas' Buddying and Patient Transport – The Guys and St Thomas' buddying scheme had formally ended earlier in 2017. Medway Foundation Trust had benefited from this shared learning. The arrangement covered processes and culture rather than clinical services. It was not the intention to move patients but there were some services where this needed to happen. Where Medway patients were treated at Guys and St Thomas', patient transport was provided for inpatients but was not provided for the majority of outpatients.

Presentation Contents – A Member highlighted possible inaccuracies in some of the statistics included in the presentation, questioned why evidence was not being gathered more quickly to demonstrate improvement and also asked which improvement areas were considered to be most important. The Member found this difficult to determine from the presentation. The Committee was informed that a quality assurance checking process was undertaken and that actions would only be closed when there was clear evidence of progress. Issues shown as bigger text in the presentation tended to be those that had been mentioned the most frequently in the CQC report. Key workstreams were being prioritised although all areas of improvement were being progressed.

The Director of Public Health highlighted data that showed that the obesity and smoking prevalence figures for Medway were lower than those included in the presentation, although it was acknowledged that this difference could be due to the Trust having used figures that also included Swale. The figures also masked the significant health inequalities between wards in Medway. It was agreed that clarification of the figures would be provided following the meeting**.**

Safeguarding – The Director of Children and Adults Services advised that Deprivation of Liberty Safeguarding (DOLS) training had been provided at Medway Hospital with the Council and Trust working together. A Medway Adult Safeguarding Executive group had been established with the hospital being represented on the group. It was working to improve both safeguarding report rates and incident reviews.

Finances – In response to a Member question about the impact on services of the planned deficit reduction, the MFT representatives advised that a monthly meeting took place with the CQC to review the Improvement Plan. All potential improvements with cost implications went through a Quality Impact assessment. These all had to be signed off by the Chief Nurse and the Medical Director. Cost reductions so far had looked to reduce wastage and duplication. It was intended that there would be no detrimental impact on quality as a result of cost reductions.

Decision

The Committee commented on the progress report produced by Medway NHS Foundation Trust and agreed that a further update should be brought to the Committee in December 2017.

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

Discussion

The report was introduced by the Chief Executive of KMPT. The Care Quality Commission Inspection Report published in April 2017, following the inspection undertaken in January 2017, had rated eight of ten KMPT services as good or outstanding . The Trust was committed to becoming outstanding by autumn 2018.

Newhaven Lodge, an eight bedded rehabilitation unit on the site of Medway Maritime Hospital, had been commended by the CQC for its quality of care.

There was currently one 24 hour liaison psychiatry service available at an acute site in Kent and Medway. This was only staffed by one person overnight. Work was taking place to increase provision.

Street Triage provision had been introduced in Medway in June. This was ongoing provision rather than a pilot. Street Triage involved a qualified mental health nurse attending calls with a police officer. The Committee was advised that the next update presented to the Committee by KMPT would include details of Street Triage activity.

A Committee Member felt it was clear that Street Triage had made a positive impact. However, a number of people that the provision was aimed at had a personality disorder, provision for whom had previously been acknowledged to

be not good enough. The Member questioned how the Personality Disorder Strategy would address this and also what was being done to support people who had previously experienced a mental health crisis. An update on work in relation to eating disorders was also requested.

The Chief Executive of KMPT anticipated that a Personality Disorder Strategy led by clinicians would be able to provide care in way it should be provided. A sequential approach was being adopted for supporting patients and working with patients to make change. A key aim was to avoid unnecessary hospital admissions and to work with people in the community. There was also a need to address some communications issues at the Trust.

In relation to eating disorder provision, this service had been put out to tender and had been awarded to North East London Foundation Trust (NELFT). It was disappointing for KMPT that it would no longer be the service provider, although it was working with NELFT to ensure a smooth service transition.

It was confirmed that KMPT was no longer using any out of area acute beds.

Decision

The Committee noted the content of the report and provided comments.

240 Medway Integrated Urgent Care Redesign

Discussion

The report was introduced by the Chief Operating Officer of NHS Medway Clinical Commissioning Group. It had been anticipated that the next update on the Medway Integrated Urgent Care Redesign would be presented to the Committee in October 2017. This update had been brought forward in order to seek the Committee's view on whether strong public engagement could take place in relation to the redesign, instead of formal public consultation.

Advice received from NHS England had suggested that full public consultation was not required. There had also been changes to Government policy with the requirements for urgent care provision now being stipulated nationally. It was also noted that some neighbouring areas with similar proposals were looking to undertake strong engagement rather than formal public consultation. Undertaking engagement would enable views to be sought on both the urgent care proposals and on the NHS 111 proposals. Formal consultation would, however, be limited in focus.

A first engagement event had been attended by the Chairman and Vice-Chairman of the Committee. 40 people had attended the event and comments in relation to the plans had been broadly positive. Two further workshops were due to be held.

In response to Member concerns about the accessibility of engagement events and parking at Medway Maritime Hospital, Medway CCG representatives

advised that a wider engagement event was planned for September 2017 in relation to the Medway Model and that this would involve a range of partners, including Medway Council. There were also plans to host local events and to engage staff at Healthy Living Centres. With regard to parking, this had been raised a number of times during the recent consultation event. It was anticipated that relatively few people would attend the walk in centre at the hospital during working hours. The Member also suggested that it needed to be made clear that services would still be provided, albeit in a different way.

Decision

The Committee noted and commented on the update provided on the Integrated Urgent Care Redesign and supported the engagement proposals set out in the report.

241 Adult Social Care - Annual Complaints and Compliments Report - April 2016 to March 2017

Discussion

The report was introduced by the Interim Assistant Director of Adult Social Care. The Manager for Social Care Complaints was also in attendance. Adult Social Care had faced significant changes and challenges over the previous 12 months. In relation to complaints, there had been improvements, although some areas remained a concern. The time taken to respond to complaints had increased in recent months. This was partially due to staff changes, with working having being undertaken to address this. Complaints were also becoming more complex with many covering multiple issues that were the responsibility of both the Council and other organisations.

Although the overall number of complaints was down, the number of complaints in relation to communication and finance had increased. The proportion of complaints related to finance that had not been upheld was quite high. Complaint performance was proactively monitored at quarterly meetings. People who had previously made a complaint were being contacted at a later date to ask for feedback on their experience, while job profiles for both managers and frontline staff were now explicit as to where responsibilities lay for acting upon complaints and compliments.

It was noted that financial assessments were once again being undertaken by staff within Adult Social Care. It was anticipated that this would improve the overall experience for service users and ensure that financial assessments were undertaken sooner.

In 2016/17, the Local Government Ombudsman (LGO) had concluded five Adult Social Care complaints referred to them. The LGO found that Medway was not at fault in two of the cases. In once case Medway had been found to be at fault but there had been no injustice. In two cases the Council had been found at fault and there had been injustice.

A Member commented that the figure of 45% for complaints dealt with in 20 days seemed rather low and asked what was being done to address this. The Member also requested that the 2017/18 Annual Complaints and Compliments report provide more context in relation to complaint complexity and the impact on response times. Officers advised that work was being undertaken around responsibilities of individual officers. Complaints were becoming increasingly complex in nature and many required multiple organisations to work together in responding to the complaint, although staff changes at the Council had also had an impact on responses. A Business Manager had responsibility for proactively chasing responses to complaints and complainants were updated on progress in responding to their complaint. Complainants tended to value their complaint being investigated more thoroughly, even if this resulted in the response taking longer.

A Committee Member questioned the process in relation to the reporting of an alleged rape and whether this should have been directly reported to the Police. Officers advised that safeguarding procedures were in place and that an allegation of rape or sexual activity would have been reported to the Police immediately. The care home in question had not reported the allegation to the Council for two days. This should have been reported immediately to the Council as the safeguarding authority.

Another Committee Member considered that the number of complaints made was relatively small and felt that the Council needed to do more to ensure that the public had realistic expectations with regard to the limited financial assistance that was available for care. It was requested that an updated social care guide covering the key issues be produced for Councillors.

Other Committee Members agreed that communications, both internal and external, could be problematic. It was suggested that each department should have a complaints team with processes and training being standardised across these teams. It was also suggested that there should be more consistency in 'out of office' messages so that it was always made clear who to contact when a staff member was on leave.

Decision

The Committee noted and commented on the report presented and requested that the Interim Director of Adult Social Care liaise with the Head of Communications and Marketing with regard to 'out of office' messages.

242 Petitions

Discussion

The Director of Children and Adults Services introduced a petition, signed by 20 members of the public, that had been received. This called upon the Council to oppose the Kent and Medway Sustainability and Transformation Plan (STP) and to not work in partnership in relation to the STP.

The petition had made the following statements:

- Proposals in the STP will mean the merging and closure of NHS services across Kent and Medway.
- The STP would place unacceptable and unsustainable pressure on Medway Hospital, only recently taken out of special measures.
- The proposals also threaten local NHS services through merger and rationalisation alongside social care.

The Director's response had set out the Council's position that it would not oppose the STP. It would look to work closely via STP processes to work in a joined up and integrated way. There would be an emphasis on local care to ensure provision in the patient's own home or as close to it as possible. Medway Maritime Hospital was on an improvement journey and would be supported to sustain these improvements. There had been significant improvements in relation to Delayed Transfers of Care (DToC), with Medway now performing in the top quartile of local authority areas.

The Director's response noted that Medway would continue to need both acute and impatient services. It was logical for rationalisation of services to take place. This could include splitting planned and unplanned care in order to avoid delays to unplanned treatment caused by emergency admissions.

Decision

The Committee noted the petition response and appropriate officer action in paragraph 3 of the report.

243 Work programme

Discussion

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

The Committee was informed that the Chairman of the Committee and the Chairman of the Kent HOSC were due to meet with NHS colleagues on 31 August to discuss progress in relation to the Kent and Medway Hyper Acute and Acute Stroke Services Review and the Kent and Medway Vascular Services review. It was anticipated that a date for the next JHOSC would be set following this meeting.

The South East Regional Health Scrutiny Network SECAmb sub-group had met on 26 June. The next meeting was due to take place on 17 October and will be presented with the findings of the CQC re-inspection. It was agreed that SECAmb should also be asked to attend the Committee meeting taking place on 17 October.

It had been agreed at the agenda planning meeting to put forward three topics for consideration as possible Task Group reviews in 2018/19. The topics were; Physical Activity; Social Isolation (impact for the Council); and Support and Resources for Carers. The Committee was invited to consider which of these topics it wished to put forward for further consideration.

Decision

The Committee:

a) Agreed the work programme attached at Appendix 1, subject to the addition of an update from Kent and Medway NHS and Social Care Partnership Trust (KMPT) in December 2017.

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

c) Indicated its support for Physical Activity, Social Isolation and Support and Resources for Carers as possible topics for Task Group reviews in 2018/19.

d) Agreed that a report on the transition from children's to adult services should be added to work programme for the January 2018 meeting of the Committee.

Chairman

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