Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 17 October 2017

6.30pm to 9.55pm

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, Bhutia, Craven, Fearn, Franklin, Joy, McDonald, Murray, Price and Saroy

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum)

Substitutes: Councillor Price for Councillor Shaw
Councillor Saroy for Councillor Howard

In Attendance: Kate Ako, Principal Lawyer - People
Ian Ayres, NHS West Kent CCG Accountable Officer
Jenny Bartlett, Medway Community Support Outreach Team Manager
Sharease Gibson, Head of Commissioning, Medway Commissioning Group
Stuart Jeffery, Chief Operating Officer, Medway CCG
Amanda Lloyd, Outreach Worker
Jaki Newlands, Outreach Worker
James Pavey, Regional Operations Manager, South East Coast Ambulance Service
Jon Pitt, Democratic Services Officer
Ian Sutherland, Director of Children and Adults Services
Terry Unsworth, Outreach Worker
James Williams, Director of Public Health

390 Apologies for absence

Apologies for absence were received from Councillor Howard with Councillor Saroy substituting and from Councillor Shaw with Councillor Price substituting. Apologies were also received from Councillor Steve Iles.

391 Record of meeting

The record of the Committee meeting held on 22 August 2017 was approved and signed by the Chairman as a correct record.

392 Urgent matters by reason of special circumstances

There were none.

393 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

There were none.

394 South East Coast Ambulance Service Update

Discussion

The report was introduced by the Regional Operations Manager - East for South East Coast Ambulance (SECAMB). The Care Quality Commission (CQC) inspection undertaken in May 2017 had given SECAmb a rating of inadequate. This was disappointing but it was pleasing that the organisation had been rated good for caring. The CQC had been concerned that progress made since the previous inspection in 2016 had been insufficient, particularly in relation to governance and structural challenges. SECAmb had taken steps to address the issues facing it since the May inspection. This included the ongoing delivery of an organisational plan to address the 10 key areas that needed to be most urgently addressed. A new Chief Executive had started with SECAmb on 1 April 2017, with the Chief Executive and majority of the executive team being new to the organisation.

In early October 2017 the CQC had arrived at six SECAmb locations for a surprise inspection. This had included a review of progress made to address the serious concerns raised in the May inspection with regards to medicines management.

SECAmb had voluntarily commissioned Professor Duncan Lewis to produce a report looking at bullying and harassment of staff within the organisation. It had been considered to be important for these findings to be made public. Significant work had taken place on the organisational structure of the Trust. There was now significant interaction between the executive team and frontline staff. This included a programme of listening events to generate organisational learning.

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

CQC inspection rating: In response to Member concerns about the inadequate inspection rating and lack of progress made, the Regional Operations Manager advised that additional staff were needed to meet

demand. The staffing level for paramedics and ambulance staff was adequate with the Trust being in a better position than a number of other trusts. Adequately staffing call centres was more of a challenge as this was a difficult job that was not well paid, with equivalent work elsewhere tending to be better paid. It was not possible to increase the pay for these roles as salaries had to be in accordance with the NHS pay framework. It had been agreed to recruit more staff than required into these roles to allow for turnover and staff subsequently moving into other roles. Adequate numbers of clinicians were needed within the call centres to analyse calls and determine how urgent a response would be required.

A new computer aided dispatch system had been implemented during 2017. This had replaced an old, unreliable system. The transition to the new system had been smooth and had been welcomed by staff. It had been challenging to train control room staff given that the control room had to remain operational. A national Ambulance Response Programme was due to go live on 22 November. This would enable calls to be prioritised more effectively. An update on this would be included in the next report provided to the Committee.

With regards to medicines management, a significant amount of work had taken place since the May CQC inspection. Operational staff had been issued with IPads and supervisors were now able to carry out daily audits of medicines. Compliance was now amongst the best of any ambulance trust.

Ambulance Response Times: A Member shared a concern in relation to ambulance response times. The case of a child who had fallen over and hit his head was highlighted. It had taken over three hours and multiple calls for a medical car to arrive. The paramedic had not been made aware of the child's heart condition, which should have resulted in a priority response.

Another Committee Member highlighted a recent personal experience when they had injured themselves and called 111. The ambulance staff had not been informed by 111 staff of the seriousness of the case and had considered that the call should have received a 999 response.

The Regional Operations Manager agreed that the case highlighted in relation to the injured child was dreadful and could not be defended. It was suggested that both incidents be formally reported so that they could be fully investigated. A number of factors affected ambulance response times. This included ambulances having to wait at hospitals until the hospital was able to remove the patient from the vehicle. The Ambulance Response Programme would help to ensure sufficient capacity in the system through call responses being prioritised more effectively. Calls received went through a triage system which should determine the seriousness of the case and ensure a time appropriate response.

Medway Data: In response to a Member request it was agreed that data specific to Medway would be provided in the next report to the Committee.

Other concerns raised by the CQC: A Member considered that while there were some positives arising from the inspection, such as being good for caring

and frontline staff generally being very good at their jobs, there were significant failings with regards to appraisals, staff communication and engagement and the culture of bullying present at the Trust. It was extremely worrying that the executive team had been found not to have sufficient understanding of risk in relation to call recording failures. Medicines management and storage of clinical records were also serious concerns identified.

The SECAmb representative said that the Lewis report into bullying at the Trust had been voluntarily commissioned. The executive team was largely new to the organisation and did not comprise the people who could be held accountable for previous organisational culture. The executive team were making significant changes. The CQC had recognised that there had already been a cultural change although a lot more progress was required. In relation to medicines management the recent visit had found that the issues identified by the May inspection had been significantly addressed. Regular staff workshops were being held with the executive team becoming increasingly accessible and engaging with staff.

Bullying at the Trust and workplace environment – A Member felt that publication of the Lewis report had been a brave step. The report showed that there were serious issues to address and that staff had been treated very badly. It was questioned whether the perpetrators of bullying and harassment had been disciplined and also what was being done to improve working relationships and reduce staff turnover.

Another Committee Member highlighted other staff related issues facing the Trust. This included staff feeling that they had unmanageable workloads and impossible deadlines, which was likely to result in significant staff turnover.

The Regional Operations Manager said that the first step taken had been to get the Lewis report produced to fully set out the problems. The second step was to engage with staff, which was a significant piece of ongoing work. Feedback was being analysed which would inform the next steps. It was important to create an organisational atmosphere that made people want to work for SECAmb. Ensuring effective leadership and that supervisors led by example was a key part of this. A culture where staff felt supported and able to report poor behaviour needed to be created. Disciplinary action had been taken in relation to some individuals responsible for unacceptable behaviour and there was no tolerance of such behaviour. Further information on this could be provided to the Committee.

Stroke and Vascular Service Reconfigurations: A Member was concerned that the proposed reconfiguration of stroke and vascular services in Kent and Medway was based upon ambulance response times to transport patients to hospital. Without reliable response times, it would be difficult to effectively design and deliver services based upon a smaller number of centres of excellence.

The Committee heard that the future configuration of services would be based upon providing the best possible treatment to patients and that transporting

patients to centres of excellence would result in more effective outcomes than taking them to the nearest hospital. It was acknowledged that there needed to be effective prioritisation of calls to ensure an ambulance response within required timescales.

Varied working practices – In response to a Member who had heard that meal breaks and other working practices could vary between operational areas, the Operations Manager advised that all staff were entitled to a standard length meal break and that work was taking place to ensure that staff were always able to take such a break and to reduce avoidable shift overruns.

Attendance at Committee: Committee Members expressed disappointment that no one from the executive team had been able to attend the meeting. The Operations Manager advised that the Chief Executive had been unavailable and that he would pass on the concerns raised

Decision

The Committee noted and commented on the update provided and agreed that SECAmb be asked to provide an update to the Committee in January 2018.

395 Kent and Medway Patient Transport Services - Performance Update

Discussion

The Accountable Officer of West Kent Clinical Commissioning Group introduced the report. The new patient transport contract for Kent and Medway patient transport services had commenced, with G4S as the provider, in July 2016. Mobilisation of the contract for transport to London hospital trusts had followed in February 2017. The delay of the London mobilisation had been due to there being a lack of accurate activity data available. This had been more problematic than expected due to the unpredictability of journeys into London. It was considered that the renal transport element of the contract was running well.

Performance for the main part of the contract was not good with most failings being connected to transport to London hospitals and hospital discharge. A new G4S management team had started in February, although some key members had been replaced in the last month. The working relationships between hospitals and G4S had been strengthened and these were now considered to be good. New ways of working were being developed to manage patient transport.

There had been significant issues with regards to complaints management, which had resulted in G4S being issued a performance notice. The backlog of complaints had now been cleared and the process for managing complaints improved. A performance notice had also been issued in relation to quality of information. This area was now also improving. There had been difficulties with regards to the eligibility of patients for transport. Work had been undertaken to

clarify eligibility criteria and there had not been any significant issues of patient eligibility for transport for approximately five months.

The Care Quality Commission had visited the CQC a week before the Committee meeting. It was understood that this visit had not identified any serious issues of concern. Independent expertise had been utilised to review patient transport activity, including the suitability of the vehicle fleet and personnel requirements. The illness levels of patients being transported was increasing which would require an increased number of vehicles able to accommodate stretchers and wheelchairs.

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

G4S Representation: A Member was disappointed that no one from G4S was present at the Committee. The Accountable Officer advised that that the relevant person was new in post and therefore he had not considered it reasonable to expect them to attend. However, he would ask them to attend when the next update was presented to the Committee.

Difficulty in foreseeing significant issues and complaints: A Committee Member was very disappointed that it had not been possible to accurately predict the illness levels of patients being transported, particularly the poor condition of patients being transported to London hospitals. Other Members also raised this as being a concern and were particularly concerned given that across the healthcare system, the aim was now to keep people living in their own homes as long as possible. The inevitable consequence of this was that patients being transported would be increasingly frail. Members expressed concern that the appointment of a new executive team could be seen as a possible reason for poor performance. There had been 115 complaints about the patient transport service in July 2017. The Member considered this number to be far too high and questioned what type of issues were complained about the most.

The Accountable Officer said that it had been known at contract award that the information about patients being transported to London hospitals was poor but it had not being appreciated that the previous provider had only charged for 30% of the London journeys being undertaken.

The number of patient transports was in line number forecast in the contract. Although there had been an awareness that the patients being transported would be increasingly ill and frail, this level had been underestimated by commissioners. Newly appointed senior staff were responsible for delivery of the patient transport service. The Accountable Officer considered these individuals to be both competent and experienced. All policies and procedures of G4S had been vetted prior to contract award and it was considered that the procurement process had been undertaken correctly. There was confidence that the best possible provider had been selected. However, there were an increasingly small number of providers in the patient transport market. No NHS ambulance trusts had tendered for the contract. The service provided was improving but it was acknowledged that improvement was not taking place

quickly enough. The tendering process had looked at both quality and price with there being a particular emphasis on quality. The provider chosen would need to score the highest for quality, subject to being affordable. It was confirmed that the independent expertise utilised with a view to improving the service had been paid for by G4S.

Monthly contract monitoring meetings took place between G4S and the commissioner. There were also weekly phone calls. G4S was kept under constant scrutiny and it was considered that G4S managers were much more directly involved in the performance management process than managers had been under the previous transport provider. It was also recognised that G4S had been poor at communicating changes to journey times and scheduling to hospitals. Measures were being taken to address this.

It was acknowledged that 115 complaints was too many but it was noted that this represented a small number of the 18,000 journeys undertaken. The vast majority of complaints were due to patients not being picked up or collected on time. There was a particular issue in relation to journeys following hospital discharge. Service modelling would provide hospitals with a clear indication of the capacity of the transport service. This would enable alternative arrangement to be made where there was insufficient capacity. It was noted that patient transport was currently funded to a level that would cover an average number of patient transport but would not cover every peak in activity. Any change to this would require funding to be found from elsewhere.

Amount of data provided and blame culture: A Member felt that the data provided in the report was not comprehensive enough, particularly in relation to Key Performance Indicators (KPIs) and complaints. They were also concerned that there appeared to be a blame culture whereby individual staff were blamed for system failure. The Accountable Officer said that there was no attempt to hide data and that he had taken the decision not to provide more detailed information in the report. Local G4S management personnel had been replaced following discussion with commissioners. This decision was based upon it being considered that the new management team had skills better suited to delivering the service required.

Personal experience of patient transport service: A Member shared his personal experience of the patient transport service while his partner had been seriously ill and had required transport to London hospitals. The Member's need to travel with his partner had been questioned, although this had ultimately been resolved satisfactorily. Transport had initially been provided by a G4S team based in Kent and subsequently by a London based team. Transport for journeys to hospital had normally arrived in good time but there had often been delays of two to three hours when returning home. There had often been several other patients in the ambulance resulting in there being inadequate space for the Member's partner, given that she had needed to be transported on a stretcher.

The Accountable Officer said that transport to all London trusts had initially been incorporated into the G4S contract. With the exception of Guys and Kings,

responsibility for transport to London hospitals had now been transferred to the trusts. A list of patients who had been provided with a poor service on more than one occasion had been made. These patients would be prioritised in the future. It was recognised that the service from Kent to London hospitals remained poor and it was possible that this would be removed from the G4S contract in the future. Patient transport had historically being treated as a standalone cost that needed to be contained but there was now a growing realisation that it should be considered as part of the wider healthcare system.

A Member noted that there was an expectation that once a contract had been signed, it would be fulfilled and that it was up to the commissioner to ensure that this happened.

Decision

Members considered and commented on the update provided and agreed that a further update should be presented to the Committee in January 2018.

396 Community Services Re-Procurement Programme: Progress Report

Discussion

The report was introduced by the Chief Operating Officer of Medway Clinical Commissioning Group. He was supported by the Head of Commissioning. It was noted that this was the second update presented to the Committee on the recommissioning of community health services. There was a requirement for services to be reprocured as current contracts expired. The reprocurement was closely linked to the Medway Model and local care developments. Public engagement work had started with two meetings having already taken place. It was anticipated that the Committee would be asked to determine at a future meeting whether the proposals amounted to a substantial development of, or variation to, the health service in Medway.

Work undertaken over the last few months centred around the due diligence exercise. This would provide a comprehensive understanding of costs and service models currently in use which would then inform the remodelling and reprocurement of services. This work was due to be completed in October. Work was taking place with the Council's Public Health team to understand local demographics and implications for the services provided. It was noted that due to the need to get NHS England agreement of the assurance processes it was expected that there would be a six week delay in public engagement activity compared to the timescales set out in the report.

A Member said that it was a big undertaking to reprocure such a wide range of services and that services needed to be procured so as to minimise delays in referrals and to avoid people falling into gaps between providers. There was also a risk of services deteriorating if there were too many providers in the market. The Member also felt that engagement sessions tended to be dominated by professionals and that other types of engagement events may

need to be considered in order to successfully obtain feedback from the general public.

The Chief Operating Officer said that risks had been identified as part of the work undertaken to date and that there would be mitigations to reduce risk and ensure that appropriate resources were put into the reprocurement.

A Committee Member asked if further ward level data could be provided in addition to the data contained in the report appendix. It was agreed that this would be provided to the Member outside the meeting.

In response to a Member who questioned how the voluntary sector would be supported to deliver services, the Chief Operating Officer recognised that there was a particular challenge in relation to the care navigation scheme. There was a need to ensure that people providing care navigation were fully trained and had appropriate skills. The voluntary sector would have a role but it was important to build upon the existing core of volunteers and ensure that there was not too much reliance on voluntary sector.

Decision

The Committee noted the CSR programme update and provided feedback and agreed that the next update would be presented to the Committee in January 2018. This would ask the Committee to determine whether the reprocurement of community health services amounts to a substantial development of, or variation to, the health service in Medway.

397 Overview of Medway Community Support Outreach Team

Discussion

The Director of Children and Adults Services introduced the report. He advised that while the Kent and Medway NHS and Social Care Partnership Trust (KMPT) was the main provider of mental health services in Medway, the Council also provided services directly. The Community Support Outreach team was a key element of this provision as well as social workers. The Outreach team worked with people who had first time presentation of mental health to severe and ongoing mental health problems which impacted on their social and daily functioning.

The team delivered 21,000 hours of direct client contact between April 2016 and March 2017 with an average caseload of 104 people at any one time. Clients were supported to live independently in the community. This included people discharged from acute mental health hospitals and those subject to Community Treatment Orders (CTO). Clients were sometimes reluctant to have support due to their symptoms and illness.

A presentation on the role of the Community Outreach Team was given to the Committee. The key points of this were as follows:

- The team had been established in 1989 with the name been changed and current name chosen by service users.
- The service is provided 365 days a year including evening, weekends and bank holidays with office hours of 8am to 8pm during the week and weekends 10am to 2pm.
- Needs based provision tailored to the individual needs of a client was provided by the service.
- There was a low staff turnover within the service with this continuity, consistency and experience being an important strength both for the staff and to working to strengths based approaches for clients.
- Robust induction training was provided to new staff.
- The best outcomes were achieved through partnership working.
- Outreach workers were matched to individual service users. The Outreach worker engaged with clients and listened to their needs, sometimes through the undertaking of several visits.
- An overview of a number of clients who had been successfully provided services by the Community Support Outreach team was highlighted.
- The service was able to work with clients on a short or longer term basis, from 6 weeks through to 18 months or longer.
- The team had recently received an inclusion and diversity award at the Medway Council Make a Difference Awards 2017.

A Committee Member congratulated the Outreach Team on their work and emphasised that it was important for the Council and other organisations to work together to ensure that mental health issues were detected at an early stage.

In response to a Member who asked whether the team received adequate support from other Council departments, the Medway Community Support Outreach Team Manager said that her team were currently working with Housing and that the support provided had been good. Lots of strong relationships had been built between the service, other Council departments and external partners.

A Member asked whether there was scope for the service to be expanded, whether there was a possibility of obtaining a financial contribution from external organisations, how individuals accessing the service could afford it and whether volunteers were used. Officers advised that there was currently no waiting list for access to the service. For most clients, the first six weeks of provision was free unless they were subject to S117 aftercare. For clients needing longer term provision, a preventative and reablement pathway could be followed initially. In order to provide longer term support a longer term needs assessment would be undertaken. Volunteering would be further explored with there being two individuals currently interested in becoming volunteers to support carers. It was recognised that additional provision was needed and it was considered that discussions may be needed with commissioners and partner organisations. It was noted that the Kent and Medway Sustainability and Transformation Plan highlighted the importance of addressing the physical health needs of people with mental health needs.

A Member highlighted the importance of prevention rather simply providing treatment after a crisis point had been reached and questioned what would happen in the event of a client relapse. Another Member was concerned that there were multiple providers of services, which could result in vulnerable people being missed. Officers advised that relapses were followed up with clients and that although there would be a referral process to go through, efforts were made to make this as simple as possible for the client. The service would work with the client to identify their individual needs and signpost them to the most appropriate service.

Decision

The Committee noted the report and commented on the update provided.

398 Council Plan Performance Monitoring Report Quarter 1 2017/18

Discussion

The report was introduced by the Director of Children and Adults Services. The Committee was informed that the '3 conversations' model of practice piloted in Adult Social Care had been completed and was now being rolled out across the service. The model aimed to simplify conversations with service users. More generally, services were being realigned based upon the Medway Model and there was movement towards direct working with GPs in the Primary Care Hub.

An additional £3.9 million of in year funding had been provided as part of an improved Better Care Fund offer. This funding would be allocated to three main areas, Delayed Transfers of Care (DToC), helping to create market stability in the independent care sector and for wider Adult Social Care provision. In relation to DToC, performance had already improved significantly. Work was taking place with health and care services to improve this further.

The Council had provided 2,701 long term service packages for older and disabled people. 858 (31.8%) compared to a target of 28% of these packages were for people in care placements rather than living in their own home. The Council was committed to supporting people to live in their own home for as long as possible.

Performance against the indicator for the percentage of adults with learning difficulties living in settled accommodation was significantly below target. Targeted work in relation to the Accommodation Strategy was taking place to address this. It was recognised that there was the potential for many people currently living in long term residential provision to move into their own accommodation. Review work was being undertaken with this client group. The number of permanent admissions to care homes was reducing. There had only been one admission in the 18-64 age group during quarter 1 and 58 admissions in the 65+ age group.

The Director of Public Health advised that there was evidence that a greater number of cases of flu were likely during the coming winter compared to average. This would place considerable demand on hospital services. An early approach to winter planning was required to ensure ability to cope with demand. The Council had established a seasonal flu task group in response. An action plan had been developed and public health messages spread via the Council's website. NHS England had advised that staff working in care homes, including those employed by private providers, would be able to access a free flu vaccination. In response to a Member question about the effectiveness of flu vaccinations, the Committee was informed that extensive work was undertaken to try to identify the types of flu likely to be prevalent each year and to develop the vaccination accordingly.

Another Member asked why the target for the uptake of direct payments by Adult Social Care clients had been reduced. The Director of Children and Adults Services advised that the previous target had been considered to not be achievable and had been revised accordingly. It was considered that direct payments amounted to a better model of service delivery. Delays in the undertaking of financial assessments had discouraged people from taking up direct payments. Phone assessments were now being undertaken to speed up the process as an alternative to requiring these to be undertaken in person. Work was also being undertaken on an improvement plan. This would be reviewed and an update provided to Committee.

A Committee Member was concerned that some older people were reluctant to travel to the centre of Chatham because of anti-social behaviour. This had an impact on their health and could lead to increased social isolation. In response, the Director of Public Health advised that the Council was looking at possible interventions to reduce social isolation. He was chairing a Task and Finish Group that included representatives from Kent Police to look at how to create a safe environment. An update would be provided to the Committee.

In response to concern that Red Zebra, who the Council and NHS Medway Clinical Commissioning Group were working with on a funding bid, was not a local 3rd sector organisation, the Director of Public Health acknowledged the need to work with local 3rd sector organisations. The funding bid was for up to £500,000, which if successful, would be used for social prescribing and work to reduce social isolation.

Performance in relation to the adult weight management indicator was green and a 4th annual Medway obesity conference was being planned. However, there was a national trend of increasing obesity and addressing the issue would require a long term plan.

A Member was concerned that Medway Maritime Hospital's smoke free policy had not been as successful as claimed as staff were regularly smoking in the hospital grounds which was leading to litter and noise nuisance. The Committee was advised that the hospital was aware of the issue and that disciplinary measures were being considered for staff who continued to smoke within the hospital grounds. The Public Health team had recently visited the

hospital with 22 referrals to the stop smoking service having been made as a result.

Decision

The Committee considered the quarter 1 2017/18 performance against the measures of success used to monitor progress against the Council's priorities and requested that further information be provided to the Committee in relation to direct payments / financial assessments and in relation to the Task and Finish group looking at anti-social behaviour.

399 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 it was anticipated that an informal meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee would take place at the end of October. This would provide an update on progress made in relation to the Kent and Medway Hyper Acute and Acute Stroke Services Review. This would be followed a formal meeting towards the end of November.

Decision

The Committee:

a) Considered and agreed the Work Programme, including the changes set out in the report and the additional items agreed during the meeting.
b) Agreed that an update on the All Age Eating Disorder Service would be added to the Work Programme for consideration in early 2018.

Chairman

Date:

Jon Pitt, Democratic Services Officer

Telephone: 01634 332715
Email: democratic.services@medway.gov.uk

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