

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

**Tuesday, 16 October 2018**

**6.35pm to 11.10pm**

**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), Bhutia, Clarke, Craven, Fearn, Franklin, Freshwater, Howard, Johnson, Murray, Opara and Price

**Co-opted members without voting rights**

Eunice Lyons-Backhouse (Healthwatch Medway CIC) and Shirley Griffiths (Medway Pensioners Forum)

**Substitutes:** Councillor Johnson for McDonald.

**In Attendance:** Councillor David Brake, Portfolio Holder for Adults' Services  
Sharon Dosanjh, Head of Mental Health Commissioning, NHS Medway CCG  
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust  
Justine Henderson, The Interim Head of Adults' (25+), Partnership Commissioning and Better Care Fund  
Stuart Jeffery, Deputy Managing Director and Chief Operating Officer, Medway CCG  
Chris McKenzie, Assistant Director - Adult Social Care  
James Lovell, Director of Planning and Partnerships, Medway NHS Foundation Trust  
Victoria O'Neill, Legal Advisor  
Simon Perks, Director of System Transformation, Kent and Medway STP, Clinical Commissioning Group Representative  
Jon Pitt, Democratic Services Officer  
Michael Ridgwell, Sustainability and Transformation Plan Director  
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs  
Ian Sutherland, Director of People - Children and Adults Services  
Dr David Whiting, Consultant in Public Health  
James Williams, Director of Public Health

**437 Apologies for absence**

Apologies for absence were received from Councillor McDonald with Councillor Johnson substituting.

**438 Urgent matters by reason of special circumstances**

There were none.

**439 Declarations of Disclosable Pecuniary Interests and Other Significant Interests**

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Councillor Price declared an OSI in agenda item 6 (Sunlight Centre Surgery and Twydall Branch Surgery Proposal Update) as he was the Chair of Trustees at the Sunlight Centre. Councillor Price left the room during discussion of the item. Councillor Price also advised that there may be some discussion of Men in Sheds or the Wellbeing Café during the Director of Public Health Annual Report (agenda item 12) or Medway Mental Health Strategy (agenda item 11), both of which were related to the Sunlight Centre.

Other interests

There were none.

**440 Medway Health and Wellbeing Board: Review of Progress**

**Discussion**

The Committee was updated on the work of the Health and Wellbeing Board since the previous update to the Committee in January 2017. The Purpose of Board was to bring together key organisations and representatives of the public to improve the health of the people of Medway. Key activities of the Board included developing and facilitating the Medway Joint Strategic Needs Assessment (JSNSA) and the Medway Joint Health and Wellbeing Strategy; promoting greater integration, partnership and joint commissioning in the local healthcare system; considering commissioning plans and; producing the Medway Pharmaceutical Needs Assessment (PNA). The Board's work was guided by Joint Strategy which had recently been refreshed and was due to be presented to Cabinet in November 2018. Since January 2017, the Board had looked at issues relating to all aspects of the JSNA. Some of the reports and issues considered included maternal smoking, dementia, the Kent and Medway Sustainability and Transformation Plan, Medway NHS Clinical Commissioning Group's commissioning intentions and health inequalities. This illustrated the

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

importance of the Board in bringing together partners and taking forward important initiatives.

A Member welcomed the opportunity that the Board provided for joint working but had been disappointed by the Board's response to the issue of period poverty. She considered that the Council and partners needed to act to provide free sanitary products for girls. She also called on the Board to offer its support to the related Red Box campaign. The Member highlighted the significant work undertaken in relation to maternal smoking, including that the Portfolio Holder for Adults' Services had chaired a group working with midwives at Medway Maritime Hospital. However, the Member said that there was not enough work being undertaken to ensure that people were aware of the importance of a good pregnancy or how to optimise fertility and how this could be achieved and suggested that this could be highlighted to Members. The Director of Public Health said that some work was taking place in this area and that there was a communications plan in place covering the work of Public Health.

The Portfolio Holder for Adults' Services spoke about the work undertaken by the hospital with new mothers. Regular meetings took place to drive this challenging work, which centred on encouraging mothers to give up smoking during pregnancy and explain the associated risks. The number of people amongst this group in Medway had fallen as a result.

A Committee Member asked for an update on the Medway Young Persons Wellbeing Service since the contract having been awarded to NELFT in April 2017. It was agreed that a briefing note would be provided to the Committee and to the Children and Young People Overview and Scrutiny Committee.

A Member voiced concern that the Snapdragons children's therapy service was no longer allowed to communicate with schools, which was a safeguarding risk, and also that there was a shortage of paediatricians. She also said that there was a shortage of school nurses. The Chief Operating officer of Medway NHS Clinical Commissioning Group said that a number of consultant paediatricians had left the Children's Therapy Service but that there were locums in place and funding available to address the shortage. The Portfolio Holder for Adults' Services said that staff turnover was higher than acceptable and it was agreed that a briefing note would be provided setting out the issue and what had been done to fill the roles. The Portfolio Holder also expressed his concern that some contracts had been commissioned that had underestimated the demand for services. As Vice Chairman of the Procurement Board he would raise the issue with the Chairman. The Director of Public Health agreed to provide figures relating to the number of school nurses in Medway schools.

Other issues highlighted by Committee Members were responded to as follows:

**Local Plan** – A Member asked how consideration had been given to the health consequences of factors such as an increasing and ageing population, during the development of the Local Plan. The Director of Public Health advised that the purpose of the report was to summarise the work of the Health and

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

Wellbeing Board and it was requested that the Member raise the issue separately outside the meeting.

**Dementia Task Group** – It was agreed that figures for the number of people who had received dementia awareness training and the number of dementia champions would be provided to the Committee.

**Suicide Prevention** – Medway's progress on suicide prevention had been reported at the previous Health and Wellbeing Board meeting. The Committee was advised that a number of bids for funding had been made, including one for funding from the Kent Police and Crime Commissioner. £667,000 of funding had been received for suicide prevention across Kent and Medway for the previous year with a second tranche having been received for the next year. A community fund of £85,000 had previously been made available from which local organisations could bid for funding. This would be re-opened once the next tranche of funding had been received. It was requested that a report on suicide prevention be added to the Committee Work Programme.

**Joint Health and Wellbeing Board** – The Portfolio Holder explained that a joint Health and Wellbeing Board had been created to look at issues that affected both Kent and Medway. This had included considering the Kent and Medway Stroke Services Review and supporting the view that there should be a hyper acute stroke unit located in Medway.

### Decision

The Committee noted and commented on the information in the report and agreed the following:

- i) Reports on Suicide Prevention and awareness raising of how to ensure a good pregnancy be added to the Committee Work Programme.
- ii) That briefing notes on the Young Persons' Wellbeing service and shortage of paediatricians within the Children's Therapy Service be provided to the Committee and that the briefing note on the Young Persons' Wellbeing service should also be provided to the Children and Young People Overview and Scrutiny Committee.
- iii) Figures relating to the number of school nurses and number of people who had attended dementia awareness training / the number of Medway Dementia Champions to be provided to the Committee.

### 441 RVS Older Persons Centre

#### Discussion

The report set out progress made on ensuring the future sustainability of the RVS Older Persons' Centre in Chatham. The provision locally is centred around a community café with there being a variety of drop in facilities provided for vulnerable older people. The aim of the offer was to reduce social isolation and loneliness.

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

Following a review of grant funded arrangements, the Council gave notice to RVS that grant funding would no longer be provided for the Centre post March 2018. This was on the basis that grants paid to RVS and to other voluntary organisations were not compliant with procurement and contract regulations and it was not possible to evidence whether good value for money was being achieved. The Council had since embarked on recommissioning VCS services in Medway.

Notice was given to RVS that grant funding, amounting to £35,000 per year, of which £18,000 was attributed to rental fees for the premises, could cease in March 2018. Following a campaign by RVS, service users and volunteers, Cabinet agreed on 10 April 2018 to invest a further £17.5k to match fund the centre until March 2019. Funding was agreed on the basis that officers and RVS would work together to develop a sustainable plan to enable RVS to continue services.

RVS and the Council's Partnership Commissioning team were are working collaboratively to achieve a sustainable plan for the Centre to continue operating once grant funding ends. The preferred option being to relocate the Centre to more cost effective premises that are easily accessible and has good transport links.

Council Officers identified a number of property options which included renting and sharing office space with other partner organisations. RVS investigated these options but they were ruled out due to cost, inaccessibility and not being suitable for running a café.

RVS had engaged with 14 property agencies and reviewed 47 buildings, 45 of which were not suitable. Of the two suitable properties, one had already been leased before negotiations could be completed. RVS had now identified a property with a business case due to be developed. If agreed, RVS would seek to fundraise to take forward the proposals.

A Committee Member said that they had been pleased to hear about a possible partnership development with a local housing association. It was hoped that the new building would be better than the existing premises and the Member felt that the housing association should provide the funding to refurbish the building. She commended the work of RVS staff, both locally and nationally in order to achieve sustainability. A Community Coordinator had been appointed to promote the role of volunteers. It was clear that few volunteers would be existing service users as they tended not to want that level of commitment. The Member considered the Older Person Café to be very important and it was therefore important that the new facilities offered this and that if the identified venue proved to be unsuitable there should be more work undertaken to help RVS find an alternate premises. Having paid staff was seen as being crucial to the success of the Centre. It was noted that a befriending pilot had started for people unable to access the Centre. The Committee was also advised that Arriva had started running a 'Talk on bus' from Maidstone to Tenterden which featured activities for passengers and it was suggested that a similar service was needed in Medway.

## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

The Head of Adults 25+ Partnership Commissioning and Better Care Fund said that there was a need for capital investment to bring the proposed premises up to the required standard for use and that joint working was ongoing to ensure future sustainability. It was noted that a report would be presented to Cabinet in October 2018 and that further updates would be provided to the Committee and to Cabinet as required.

Another Committee Member said there were a significant number of potential service users in the Brompton area but that there was a need to address lighting and security concerns as well as the large steps that currently provided access to the facility. A Member was in favour of the Council supporting the facility but said that RVS also needed to take responsibility for ensuring future sustainability.

### **Decision**

The Committee supported the continued identification and consideration of buildings within the Council's Estate that could provide a low cost property for RVS, provided comments for Cabinet and requested that a briefing note be provided to the Committee to update Members on progress.

## **442 Sunlight Centre Surgery and Twydall Branch Surgery Proposal Update**

### **Discussion**

The Committee was updated on the proposal, discussed extensively at the August 2018 meeting, to reprocure GP service contracts currently spread over five sites as a single contract, with GP provision at three sites. This would have seen the Sunlight Centre in Gillingham closing, with the service relocating to the Balmoral Healthy Living Centre and the closure of the branch surgery at Twydall. Medway NHS Clinical Commissioning Group (CCG) had undertaken patient engagement with the Committee having determined the proposals to be a substantial development or variation of health services in Medway.

There was a strict timeline for reprocurement with a new contract needing to be put in place to maintain the provision of GP services at these locations after the end of March 2019, irrespective of whether GP services were procured for three or five sites. The Primary Care Commissioning Committee had taken the concerns of the public and the Committee into account and had decided to reprocure services for all five GP sites and to undertake extended public engagement and consultation with regards to future provision. The CCG had been advised that it was not appropriate to undertake engagement and consultation until after the new contracts had commenced. In view of this and the Medway Council elections in May 2019, the decision had been taken to delay engagement until Summer 2019. Any resulting changes to GP provision at the five sites would now not take place until at least April 2020. The CCG would continue to update the Committee at regular intervals throughout the process.



## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

A Committee Member welcomed the announcement that GP services would be reprocured for all five locations and hoped that the Committee and the public would be fully consulted on future proposals. Another Committee Member welcomed the decision, noting that the campaign by the public to retain services demonstrated the strength of feeling locally. She commended the CCG for having taken this and the Committee's views into account. The Member emphasised the need for all the relevant information to be fully considered and health scrutiny legislation to be fully complied with ahead of future decisions being taken and asked for assurances that services would not be removed from any of the five GP surgeries ahead of a final decision being taken. The Director of Primary Care Transformation at the CCG provided assurance that services would be maintained at all five sites and acknowledged that further work was required if Balmoral Garden was to be able to host additional services in the future.

A Member of the public said that telephone calls to the DMC branch surgery in Twydall were now being redirected to Balmoral Gardens. The Director of Primary Care Transformation was not aware of this change and undertook to investigate further with the GP practice.

### **Decision**

The Committee welcomed the decision made by Medway NHS Clinical Commissioning Group to reprocure services at all five existing GP locations covered by the current contracts and noted that services would continue to be provided at the Sunlight Centre and DMC Branch Surgery in Twydall.

## **443 Transforming Health and Care in East Kent**

### **Discussion**

Transforming Health and Care in east Kent involved reviewing the delivery of health and social care services provided in that area. Two options were being considered which would see differing configurations of services at William Harvey Hospital, Ashford, Queen Elizabeth the Queen Mary Hospital, Margate and the Kent and Canterbury Hospital, Canterbury. A range of specialist services would be impacted by changes. Services that would be impacted, for which more than 5% of the total number of patients treated came from Medway, included coronary procedures, renal inpatient services and haemophilia outpatient surgeries. Services which fell just below the 5% threshold included paediatric surgery and vascular services. The impact of the proposed changes on travel time for the Medway population had been considered with a detailed analysis of travel times based on Super Output Areas (SOA) having been provided to the Committee as a supplementary agenda. This considered the differences between the William Harvey Hospital and Kent and Canterbury Hospital for the ten most impacted SOAs in Medway. A simpler analysis of train travel times had also been provided.

The Chairman advised that the Kent Health Scrutiny Committee had determined the proposals to amount to a substantial variation to the health

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

service in Kent and that, therefore, if Medway also deemed them to amount to a substantial variation, the matter would need to be further considered by the Kent and Medway Joint Health Scrutiny Committee.

The Programme Director of the Kent and Medway Sustainability and Transformation Partnership advised that for service users in East Kent, the changes proposed covered the whole of their healthcare provision, whereas for Medway, only a relatively small number of patients would be affected. It was therefore the view of Sustainability and Transformation Partnership that the proposals did not amount to a substantial variation in the health service for Medway residents.

A Committee Member said that quality of care and accessibility should be the most important factors in determining the location of services. The Member accepted the prevailing view that larger scale, specialised health services would be better able to provide services and that the changes in travel times for Medway patients travelling to East Kent hospitals would be relatively small but she was concerned about other services, such as stroke and vascular service, which if current proposals came to fruition, would move away from Medway Maritime Hospital. As the largest urban area in the South East, outside London and with a growing population, it was important for services to be provided locally. It was therefore important for Medway to be fully included in the decision making process for the East Kent proposals. Consequently, the Member considered that the proposals amounted to a substantial variation to the health service in Medway. The Member was also concerned about the future accessibility of Ashford in view of the likelihood of sections of the M20 between Maidstone and Ashford being closed at times for lorry parking, a particularly in the event of a no deal Brexit.

The Programme Director noted that the proposed reconfiguration would not involve any services moving away from Medway, rather they would be moving from one East Kent hospital to another. There were many acute hospitals across the country that provided 24/7 emergency care without the provision of stroke or vascular services. Health services had undertaken planning for Brexit including looking at the ability to move patients at speed between hospital sites in different parts of Kent and Medway

In relation to travel times, for services moving from the Kent and Canterbury Hospital to the William Harvey Hospital, 7.58% of the Medway population would have a car journey travel time of 5-7 minutes longer, 31.82% of 0-5 minutes longer, 33.41% of 0-5 minutes shorter and 27.20% of 5-12 minutes shorter. These figures would be reversed for services moving from William Harvey to Kent and Canterbury.

Other Members agreed that the proposals amounted to a substantial variation. Although the number of Medway patients affected was relatively small, the Members felt that they had a duty to protect the interests of the people of Medway and help to ensure that services were provided in the appropriate place. One Member was concerned that Kent and Canterbury Hospital was not yet suitably equipped to effectively deliver extra services while another felt that



## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

the needs of more rural areas, such as the Hoo Peninsula had not been properly taken into account. Another Member asked what the implications would be for delivery of the changes should the Committee determine that the proposals amounted to a substantial variation, in view of the fact that the Kent HOSC had already done so.

In relation to the Hoo Peninsula, the Committee was advised that the mapping exercise had considered all areas, including rural areas. There was a mandated process that had to be followed in relation to the proposals. This included a pre-consultation case for change, which had been completed, followed by the submission of a pre-consultation business case to NHS England. Once approved, clinical commissioning groups would then decide whether to go ahead and consult on the proposals. The intention was to present the pre-consultation business case to NHS England by the end of the year.

### Decision

The Committee:

- i) Discussed and noted the contents of the report.
- ii) Reviewed and commented on the activity flows into east Kent.
- iii) Agreed that the changes in location of east Kent services represented a substantial development of, or variation to the health service in Medway.

### 444 Medway NHS Foundation Trust (MFT) Update

#### Discussion

Medway Maritime Hospital had received a rating of requires improvement in its most recent Care Quality Commission (CQC) inspection, the same rating as in the previous year. The report highlighted the improvement journey of the hospital with progress having slowed during the previous winter. The most recent inspection had not inspected any areas that had previously been rated as good. A Well Led inspection and use of resources assessment had also been undertaken by the CQC with the rating for Well Led having reduced to requires improvement. The safety of services had been maintained and improvements made previously sustained.

It was anticipated that performance would improve sufficiently in the next year to enable the hospital to achieve a good rating. The last inspection had identified 12 must do actions for the hospital to take with there also being 28 should do actions. These were being progressed. The CQC was due to inspect End of Life Care, with the Trust looking forward to being able to demonstrate the significant improvements made. The improvements being made by the hospital were being guided by its transformation plan, 'Better, Best, Brilliant.' One target for the current year was to reduce the average length of patient hospital stays by two days.

The hospital had established an Acute Frailty Unit which enabled frail, elderly patients to be cared for in the best environment possible, with the required

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

medical expertise available. 80% of this group were being discharged to an appropriate setting for that person within 48 hours of the patient having been identified as being ready for discharge. Work was also taking place to meet the target of seeing Emergency Department patients within four hours of admission. In relation to ambulance handovers, the Trust now had the best performance of any of the acute trusts across Kent, Surrey, Sussex and Medway.

MFT aimed to position itself in the Kent and Medway healthcare system as a specialist emergency centre. It was acknowledged that acute hospitals were not always the best environment for the provision of extended health services. In relation to dermatology services, MFT had provided notice to the CCG that the service was considered to be fragile and could not meet the demand for referrals. There was currently a national staff shortage in dermatology. Work would continue with Medway CCG until the end of March 2019 to investigate how the identified issues could be resolved. There was also a need for the hospital to look at how it could continue to deliver stroke services as the recommended option was developed for the provision of hyper acute units at three hospital sites in Kent and Medway, the preferred option for which did not include Medway. In relation to vascular services, a need had been identified for the establishment of a single arterial centre in Kent. There was now a proposal for interim provision at the Kent and Canterbury Hospital in Canterbury. This was disappointing as MFT considered that it could have hosted the service, particularly in view of the fact that the Kent and Canterbury Hospital did have full acute healthcare provision. The Committee was advised that a Transformation Board of local health providers and partners was looking at how to develop stronger local care at front door. This Board included Council representation.

The latest staff survey was being undertaken. The response rate for the previous year had been comparable to the national average with the lack of change in staff satisfaction from the previous year being thought to be down to the period of significant change that the hospital was undergoing. It was not anticipated that the results of the latest survey would show significant improvement in view of the financial challenges facing the Trust. Over 3,000 of the 4,400 hospital staff had attended the hospital's 'You are the Difference' programme', which aimed to help embed positive changes to staff culture and encourage staff to take personal responsibility for the hospital's improvement journey.

In relation to finances, the Trust was required to deliver £21 million of savings in the current financial year, which it was well on course to achieve with an additional £1.2 million in savings having been identified. It was important to ensure that quality of care and patient safety were not compromised as a result of the savings made.

A Committee Member asked what factors made Medway a more appropriate site for the interim vascular service than the Kent and Canterbury Hospital. The Chief Executive of MFT said that South East Clinical Senate guidance stated that where a hospital provided vascular services, there should be appropriate

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

support services in place. It was considered that Medway had a strong intervention radiology service. It also had a fully functioning Emergency Department and was a trauma site. Other services, such as Neurology could also require vascular surgery. The Kent and Canterbury hospital did not have this range of services.

A Member said that the case put forward by MFT in support of it hosting stroke and vascular services did not appear to have demonstrated workforce mitigation measures as well as some of the other Kent hospitals. This was disappointing given that Medway faced similar workforce challenges to other Kent hospitals. The Member did not accept the suggestion that the situation had changed since the public consultation and emphasised that she felt Medway was better placed to provide stroke and vascular services than a number of other hospitals. The Member also asked what the financial impact on the hospital would be of not hosting particular stroke and vascular services in the future and also asked about capital investment at the hospital.

The Chief Executive said that there was no evidence to suggest that other hospitals were better placed to deal with workforce challenges and that Medway had a stronger interventional radiology service. It also had a well staffed and run emergency service and a good trauma service. It was considered that MFT had done more to attract staff to work at the trust than some other hospitals in Kent. Stroke services would continue to be provided by MFT until there was a viable alternative for the people of Medway. There was an expectation that Medway would continue to be fully paid for services provided and that the new hyper acute units would not recruit Medway staff while a service was still being provided locally. It was anticipated that, subject to the preferred option identified by the NHS of hyper acute stroke units being developed at Darent Valley, Maidstone and William Harvey Hospitals, 80% of Medway stroke patients would be taken to Maidstone. Some related services, such as the treatment of Transient Ischaemic Attacks (TIAs) would remain at Medway.

In relation to locating the interim vascular option at the Kent and Canterbury Hospital, clinicians were also concerned about the ability to treat people within recommended timeframes and the supporting non-acute provision. The Kent and Canterbury and MFT would appoint an independent clinical lead to take forward development of the services.

The repair and replacement of lifts at MFT were part of a three year programme. It was acknowledged that there had previously been a lack of investment in essential maintenance and that it would take time to address this.

MFT had just launched its new rehabilitation unit. This development had already received international recognition, with the MFT team having been invited to present a paper in the Netherlands. They had also been invited to present their work in Montreal with McGill University having selected Medway to partner with on a related project.

## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

It was noted that it was likely to be the Chief Executive's last attendance at the Committee before she left her role to return to Australia. Members of the Committee thanked the Chief Executive for all her hard work in leading the significant improvements made by the hospital during her tenure and the strong partnership working with the Council. The Chief Executive also thanked the Committee for its support.

### **Decision**

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

### **445 Single Pathology Service for Kent and Medway**

#### **Discussion**

The report set out the proposal to establish a single Pathology service in Kent and Medway as part of the National Pathology Network Strategy. The Strategy described configurations of networks of pathology providers and challenged them to say how stable pathology services could be created. A decision had been taken to create a service for Kent and Medway rather than investigating establishment of a shared service with south London.

It was recognised that pathology had an aging workforce and that there was a need to invest in technology. Delivering an effective service rather than financial savings was the key driver for the establishment of a new service. Regular engagement was being undertaken with staff to keep them informed as the proposals were developed. It was acknowledged that there was a need to create a more secure and sustainable workforce. It was considered that it was most likely that a hub and spoke model would be developed but no preferred option had yet been identified. An outline business case had been developed with a full business case due to be developed in December 2018. Expertise from NHS England and the Royal College of Nursing was being utilised to support development of the proposals.

Progress had already been made in relation to send away blood testing services. It had been identified that trusts across Kent and Medway were paying different prices for this service. These contracts had been renegotiated so that all trusts would pay the same.

A Committee Member highlighted recent problems experienced by the existing shared Medway and North Kent Pathology service, which had included blood tests going missing and delays in results being provided. The Member questioned what the impact of a centralised service would be on blood tests where results were required urgently. It was also suggested that there needed to be communication with the public about the issues encountered and the rationale for change.

The Chief Executive of Medway Foundation Trust said that the North Kent Pathology Service had experienced problems. This was a joint venture between

## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

Medway and Dartford designed to merge their pathology services. It was acknowledged that some of the difficulties the service had experienced should have been foreseen with it having been predominantly Medway patients affected by the difficulties. The merger had involved chemical pathology moving from Medway to Dartford in June 2018. Four serious issues had been identified. Affected patients had been telephoned and written to with affected tests having been redone. No patient harm had yet been identified. Some of the problems had been caused by IT systems not being able to communicate with each other. Work was being undertaken with NHS England and NHS Improvement in relation to development of an action plan. It was likely that the Programme Board would ask for an independent review to be undertaken to investigate the problems.

It was confirmed that any centralisation of pathology services would require acute testing to be retained at each hospital site. This would be the case for tests where results were needed in under two hours.

### **Decision**

The Committee noted and commented on the review of pathology services across Kent and Medway.

## **446 Kent and Medway Strategic Commissioner Update**

### **Discussion**

There was a need for a well governed strategic commissioner across Kent and Medway and it was recognised that a permanent arrangement was needed to reflect the scale of changes in Kent and Medway. There had been significant concern expressed at the June 2018 meeting of the Committee about an apparent lack of transparency in relation to the development of the strategic commissioner and lack of information previously made available to the Committee. It had been agreed that the Committee would receive updates as often as required. It was considered that the plans to develop the strategic commissioner were robust but that progress had slowed down in the previous six to eight months with other areas having made more progress than Kent and Medway. Three design workshops had taken place, made up of members of all the Kent and Medway CCG governing bodies with a resulting next steps discussion paper currently being considered by the CCGs. It was anticipated that much of the early work in the development would be delivered by existing staff of the CCGs with the steering group to oversee work made up of clinical chairs, the two managing directors for the Kent and Medway CCGs and Councillors from Medway and Kent County Council. A key challenge would be moving to strategic arrangements while retaining full transparency and accountability for services.

The Steering Group was due to meet to more clearly define what the future arrangements of commissioning should be with the pace of the work needing to increase to implement the plans, including the development of an Operating Framework. It was anticipated that the Strategic Commissioner would be in



## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

place in shadow form by summer 2019 for it to become fully operational from April 2020. Its development would be overseen by a joint committee with it being anticipated that this would meet in public.

A Member of the Committee welcomed the increased transparency and potential for improved efficiency and reduced duplication as long as the needs of the local population were fully taken into account, including the relatively high health inequalities in Medway. In relation to the legal duty under the Health and Social Care Act to re-commission services worth more than £650,000 every five years, it was questioned whether there had been a calculation of the services that exceeded this value and whether existing providers were disadvantaged by the process and how fairness in tendering processes was being ensured.

The Director of System Transformation at the Kent and Medway Sustainability and Transformation Partnership said that the new arrangements would aim to ensure consistency of outcomes across Kent and Medway in view of the increasing health inequalities experienced over the last five years. It was considered that there needed to be a different approach to commissioning, moving away from the current quasi market system to one where providers are required to work together to meet the needs of communities under a contractual framework set by the Strategic Commissioner. The current commissioning system had resulted in problems as the level of activity required had often not been understood at the time of services being commissioned resulting in there being services delivery difficulties and costly additions to contracts. It was noted that a third of patients in an acute hospital at any one time did not need to be there. There was, therefore, a need for commissioners and providers to work together, pooling resources to address this.

The Chief Operating Officer of Medway NHS Clinical Commissioning Group said that the CCG had clear legal advice that it needed to re-commission services within the current procurement framework and that it could be subject to legal challenge by potential providers if it did not do this. There was no evidence that existing providers were at a disadvantage.

The Director of System Transformation said that an 'open book' approach to finances had been trialled in West Kent by the local CCG and hospital trust. This involved all parties having an understanding of the contribution that each resource made to the local healthcare system and collectively working to provide better care outside an acute hospital setting.

A Committee Member questioned why the Committee should be confident in the ability of a Strategic Commissioner delivering meaningful changes in view of the previous contractual challenges. The Director of System Transformation said that the aim was to move away from the current contractual environment. It was anticipated that future arrangements would involve significantly less people than at present with management costs being reduced. Expectations of the outcomes that groups of providers would be expected to achieve would be clearly set out. Previous contract failures had been caused by poor data and demand being underestimated as a result. The new commissioning



## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

arrangements would aim to overcome this with providers sharing knowledge and working together to deliver services that meet the prescribed outcomes.

A Member said that the contract problems highlighted should not have happened given that CCGs had been established to commission the correct care for local communities at an affordable cost. The Member was very concerned that in some cases, the scope of a contract had not been clearly defined before being agreed. The Director of System Transformation said that engaging GPs in the commissioning of local services would be important and that the Strategic Commissioner would be looking to re-establish capability and capacity in the local system.

### Decision

The Committee noted the report.

## 447 Medway Adult Mental Health Strategy 2018 to 2023

### Discussion

The draft Adult Mental Health Strategy had been jointly developed by Medway NHS Clinical Commissioning Group and Medway Council. The development of the Strategy was important in view of the prevalence of mental health issues amongst the population, the increasing population and an increasing severity of need. The Strategy set out the case for change based on a needs analysis undertaken by the Council and feedback from stakeholders. The key focus of the Strategy was on the strengthening of preventative services. This included providing high quality responsive services to support people in crisis and supporting people to live well and manage conditions. The Strategy highlighted the importance of developing mental health services as part of the development of the Medway Model and ensuring that mental health is given the same priority as physical health services as part of development of local care services.

Members of the Committee asked a number of questions which were responded to as follows:

**Factors affecting mental health** – A Member highlighted a number of contributory factors that could lead to poor mental health, such as homelessness, unemployment, housing difficulties, relationship problems and debt and emphasised that mental health was a wider social issue than just being health specific. The Member was concerned whether there were sufficient resources available locally to tackle the challenge. The Head of Mental Health Commissioning at the CCG agreed that mental health was a wider concern than just being a health problem. The aim was to ensure the provision of adequate community services as well as acute services. One aim of the Strategy would be to increase the number of people seen by Medway Talking Therapies. Currently, 19.8% of people diagnosed with depression accessed the service. The 2021 target was for this to increase to 25%. Funding for services was challenging with the aim being to find new ways of providing services.

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

Grant funding had been used to support homeless people with mental health problems. This saw a social worker spending half their time working with homeless people to help them access mental health services. The charity Porchlight now employed two employment advisors specifically for Medway using grant funding, while the Meghan Community Interest Company offered peer support.

**Local Plan** – In view of the forecast population increase in Medway and a decreasing number of GPs, a Member asked whether information from the Strategy would be included in the Medway Local Plan. It was confirmed that the CCG was working closely with the Council in the development of the Local Plan and to ensure that the correct health services were available once the Local Plan was agreed. The Chief Operating officer of the CCG did not recognise the figure quoted by the Member that the number of GPs in Medway would reduce by 25%. The Council's Local Plan lead officer had attended several CCG events in advance of production of draft Local Plan and had been fully involved in providing information to support Plan development.

**Increasing demand for services** – It was confirmed that the increased demand for mental health services was due to a combination of better diagnosis and an increasing local population. People were becoming more aware of mental health issues and the link between good mental and physical health and were becoming more prepared to talk about mental health issues.

**Referral and Communications Challenges** – A Member highlighted the difficulty that people could face in getting a referral for mental health treatment due to high thresholds, that GPs did not always have adequate information to facilitate an effective referral and the risk of relapse once support ended. The Member noted that a number of Committee Members had visited the Kent and Medway Partnership Trust (KMPT) Benchley Unit, which treated people with a personality disorder. It was clear that progress was being made in terms of provision for the most seriously affected people.

The Head of Mental Health Commissioning said that funding for mental health provision was being increased year on year with there being £1million extra available in the current year. Funding was determined as part of a ten year long term plan. Funding was provided for investment in specific areas to ensure it was spent on the intended activity. There was a lack of knowledge of the mental health services available and how to access them. Care Navigators would be working with GPs to help address this and ensure that the GPs were aware of the services available.

**Mental impact of physical injury** – A Member asked what work was being undertaken to help patients who had suffered physical injury with any resulting mental trauma. The Committee was advised that the CCG worked with Medway Foundation Trust and the hospital's liaison service. However, it was unlikely that a patient would be referred to the liaison service unless a mental health need had been identified at the time of treatment. This would be discussed further with the liaison service. Work was also being undertaken to better

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

understand the needs of people who frequently attend Accident and Emergency, particularly from a mental health perspective.

**Mental Health Model and Three Conversations** – A Member asked for an explanation of what a diagram of the proposed Mental Health Model contained in the report and also how staff were being prepared for the implementation of the Three Conversations approach within Adult Social Care. It was confirmed that the diagram in the report indicated how people would be supported. The circles at the centre of the diagram showed the support that people would access most frequently while the outer circles indicated services that would be accessed less frequently as the aim would be for successful intervention to have occurred before the person's health reached crisis point.

The Three Conversations Model had been implemented in Adult Social Care over the previous eighteen months and had gradually been extended to cover the whole service. The Committee had previously been provided updates on progress. It was acknowledged that traditional approaches towards social care, such as assessing the needs of a person and then identifying an appropriate package of care to support this need did not always work effectively for someone with mental health needs. Three Conversations considered how people could be better supported on an ongoing basis. Discussions were taking place with the CCG and other partners to consider how to embed Three Conversations across the healthcare system. It was noted that the Community Support Outreach Team supported people following a crisis or episode of mental health difficulties. This included working with people to provide support and help them to gain access to appropriate services and help avoid the need for long term support.

**Continuity of care** – A Member emphasised that this was crucial in the diagnosis and treatment of a mental health problem. It was acknowledged that ensuring continuity of care from GPs was a challenge. The Committee was informed that efforts were made to ensure that a patient had the same care co-ordinator throughout their mental health treatment and that work was taking place within the crisis and home treatment teams to look at how continuity of care could be ensured. This was challenging in a 24/7 service. The age at which those who had received services as a child could continue to be treated before transitioning to adult services was now 25 which helped to facilitate a smoother transition.

**Safeguarding** – A Committee Member highlighted that safeguarding concerns raised about people with primary mental health needs that had progressed to a full enquiry had increased from 14 in a year to 16, which was a significant percentage increase. The Assistant Director of Adult Social Care said that the increase highlighted the increasing awareness of the importance of safeguarding and that the increase could therefore be considered to be positive. A Safeguarding Awareness week had recently been held, jointly with Kent County Council, with the theme having been exploitation and social isolation. The Director of People – Children and Adults Services added that one area of growing awareness in relation to safeguarding was self-neglect and it was

## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

anticipated that referrals for adults with long term mental health needs would increase further.

### **Decision**

The Committee commented on the draft strategy prior to its consideration by the Health and Wellbeing Board and presentation to Cabinet for approval.

### **448 Director of Public Health Annual Report 2017-18**

#### **Discussion**

The Committee was informed that the Director of Public Health is statutorily required to produce an annual report setting out issues that impact on the health and wellbeing of the local population. Health protection had been identified as the focus for the 2017/18 report which covered nine areas - Infectious Diseases and Foodborne Illnesses; Seasonal Flu; Screening; Emergency Preparedness; Sexual Health and Blood Borne Viruses; Tuberculosis; Health Care Associated Infections; Air Quality and Vaccinations.

There had been 140 recorded outbreaks of infectious diseases in Medway in the last five years, which were mainly linked to gastrointestinal diseases. The majority of the outbreaks were associated with noro-virus. Encouraging uptake of seasonal influenza vaccination was one way of reducing winter pressures on the health and care system. Uptake rates had increased locally. Last year had seen a number of significant outbreaks of seasonal influenza nationally and regionally, but there had been relatively few institutional outbreaks in Medway compared to other areas. This was considered to be due to strong partnership working. A new type of flu vaccination had been introduced for over 65s. This vaccine has been found to be more effective in this age group. The challenge was to persuade groups, such as pregnant women and those with chronic health conditions to get themselves vaccinated. There was a target of 100% of staff working in an acute hospital setting to be vaccinated. The Council was committed to ensuring all key frontline care staff were vaccinated and 29% of the social care workforce had been vaccinated so far, which was a significant improvement compared to the previous year. Vaccination programmes were funded by NHS England and supported by Public Health England with the Director of Public Health being responsible for holding these bodies to account to ensure effective provision for the Medway population.

Health screening was challenging as the people most likely to attend screening were not those who were the most likely to experience health problems. One particular challenge was to increase the rate of bowel screening.

The Local Health and Resilience Partnership was responsible for ensuring the Kent and Medway health system was able to respond effectively to incidents that require an NHS response. This could include epidemics of communicable disease, winter pressures and adverse weather, for example summer heatwaves. The Director of Public Health liaised with the NHS to seek

## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

assurance and to test preparedness plans to ensure they were fit for purpose and could protect the population.

The rates of sexually transmitted diseases were relatively low in Medway with the highest infection rate being amongst 15 to 24 year olds. Services to tackle these diseases in Medway were considered to be good with the service having been retendered.

Medway had a low prevalence for TB and was well below the threshold of 40 cases per 100,000 population which was considered high. Latent TB and the need to increase understanding of it was one challenge face by Medway.

There was a need to ensure that patients could be treated safely and effectively in health care settings without picking up infections that impact on their care and health. NHS Medway CCG and other colleagues within Public England and NHS England were working to address the issue of health care acquired infections.

Medway currently had four air quality management zones. Overall, air quality in Medway was good but there were particular issues in some areas. Vehicles emissions were generally the cause of pollutants, however given Medway's geography and proximity to major national arterial transport networks, tackling these issues required partnership action. An Air Quality Action Plan and Air Quality Communications Strategy had been developed to help local residents and businesses address issues that could be managed within Medway.

The Committee was informed that Healthwatch Medway already held and shared information with the public about how to stay healthy and improve their health with Healthwatch looking forward to continuing to work with Public Health on prevention and information sharing.

A Committee Member noted plans to make notification of the hygiene standards at food premises mandatory at national level. It was suggested that Medway could formally request that food establishments do this ahead of any legislation. The Director of Public Health advised that Medway already had a local food hygiene inspection scheme in place and over 93% of local food businesses had been assessed as good or very good in 2017. This was an increase of 3% from the 90% that had been graded at these levels in 2016.

In relation to child vaccination records, there had previously been difficulties in determining whether the data provided by the local NHS England team responsible for collating this information, accurately reflected the levels of children vaccinated in Medway. The Member questioned how reliable the data now was and also noted that the 95% vaccination target that was required to avoid disease outbreaks in the population was not being met nationally or locally. There had been outbreaks of measles in Europe as vaccination levels dropped and it was asked what was being done to increase vaccination levels. The Member also queried whether there was sufficient seasonal influenza vaccine available as there had been reports of shortages.



## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

Officers advised that the challenges in relation to childhood vaccination data had been resolved following the national reprocurement of the Child Health Information system. There had been a local measles outbreak in the Gillingham, Chatham and Swale area. An Outbreak Control team had managed the outbreak and produced a full report with the outbreak having been relatively limited compared to that seen in some other areas. Work was being undertaken to ensure that people were able to access two courses of measles and mumps vaccine. Production issues associated with the new flu vaccine had been largely resolved. Patients were able to obtain the flu vaccine at pharmacies and so any delay in being able to obtain a GP appointment should not cause delay in being vaccinated.

A Member asked how causes of poor air quality were being identified. She considered that Medway's aspiration to become city of cycling was made problematic by its hilly topography. It was suggested that cycle routes across Medway should be joined up via the river Medway as this would provide easily cyclable routes. The cost of buying an electric vehicle was currently prohibitive with there being limited charging availability. The Member considered therefore, that aspirations and recommendations in relation to these issues were not realistic. Another Member agreed that some of the recommendations were not realistic and said that resolving air quality challenges would be challenging against a backdrop of an ever increasing population and increasing number of cars.

The Director of Public Health advised that the number of air quality exceedances in Medway had reduced in the last couple of years and that mobile monitoring stations were used to ensure that issues were detected early. Measures were also being taken to reduce particulate pollution. The issues raised in relation to cycling would be referred to the relevant team. With regard to electric vehicles and sustainable forms of transport, Council policy was to encourage their use. It was acknowledged that the purchase of an electric vehicle was not realistic for a lot of people at present. However, the price of electric vehicles was expected to gradually fall and there would be other options, such as leasing, for people unable to buy a vehicle outright.

### **Decision**

The Committee:

- i) Considered the comments of the Health and Wellbeing Board.
- ii) Noted the Director of Public Health's Annual Report for 2017-18, in particular its findings and recommendations.
- iii) Requested that hard copies of the report be provided to Members.

## **449 Council Plan Performance Monitoring Report Quarter 1 2018/19**

### **Discussion**

The report sets out performance in relation to the Council priority relevant to the Committee – 'supporting Medway's people to reach their potential.' There had



## Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018

been good performance against the indicator for the percentage of long term packages that are placements and work was ongoing to embed the Three Conversations approach in Adult Social Care. This aimed to support people to be independent in their own homes and to reduce the number needing to move to residential or nursing homes.

The uptake of direct payments was continuing to increase. If the current trajectory continued, the target for uptake would be met at the end of the current financial year. The good performance in reducing Delayed Transfers of Care (DToC) attributable to Adult Social Care was highlighted. There had been significant improvement just before Christmas 2017. This had helped the healthcare system to cope with winter pressures with this performance having been sustained since. Medway was now seen as being an exemplar of good practice nationally. Through Better Care Fund (BCF) programmes additional initiatives had been developed to help sustain good DToC performance. This included the procurement of a home care bridging service to provide interim support while an ongoing package of support was being arranged.

A Member expressed concern in relation to performance for settled accommodation for adults with learning difficulties and for people with secondary mental health problems. This had long being an issue for the Council and the Member was concerned that there had not been significant improvement. She also noted that there was little in the Local Plan about mental health or developments to accommodate people with longer term mental health or learning difficulties.

The Assistant Director – Adult Social Care said that there was a focus on addressing all underperformance, particularly regarding clients with learning difficulties in settled accommodation. Extra Care schemes were currently limited to people aged 55 plus but consideration was being given to making future schemes available for younger adults with learning or mental health difficulties. An Accommodation Strategy had been developed to identify gaps in current provision and where additional provision could be developed to meet need. Work was taking place with a range of providers locally to develop more supported living that would meet the needs of clients with learning disabilities. Work was also taking place to identify people who had needed to move out of Medway in order to obtain suitable accommodation with a view to supporting them to return. There was some mental health funding available to support the homeless. Work was taking place with housing with a dedicated social worker being part of the initiative to support clients with mental health difficulties. There was evidence that there had been good outcomes in the first month of operation.

A Member highlighted the case of a young man, with mental health difficulties, living away from home who had then returned to Medway and had been placed in housing that the young man or his family considered to be unsuitable. It was requested that special consideration be given to people with mental health difficulties when offers of accommodation were made. The Assistant Director of Adult Social Care requested that further details be provided so that he could investigate the individual case. It was also noted that the Transforming Care

## **Health and Adult Social Care Overview and Scrutiny Committee, 16 October 2018**

Programme was supporting increasing numbers of adults with learning disabilities to live in the community and that this was a significant transformation.

The Director of People – Children and Adults Services noted that the Shared Lives scheme linked to the Council's Accommodation Strategy. Evaluation had suggested that the scheme was doing well but was not currently being fully exploited.

### **Decision**

The Committee considered the quarter 1 performance of the measures of success used to monitor progress against the Council's priorities.

### **450 Work programme**

#### **Discussion**

Proposed changes to the work programme were highlighted to the Committee.

#### **Decision**

The Committee considered and agreed the Work Programme, including the changes set out in the report and agreed during the meeting.

**Chairman**

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